Unveiling
The Lundquist Tower
State-of-the-Art Medicine for the South Bay
Dear Readers,

It has been a remarkable year for the Torrance Memorial family and the community we serve. Earlier this year, we learned that the medical center was named a top hospital by US News & World Report for providing excellent care in seven specialties. I would like to thank the entire staff at Torrance Memorial who work day in and day out serving our patients with compassion and skill.

In September, we were proud to temporarily open the doors of the Lundquist Tower to celebrate the dedication and ribbon cutting of the building with more than 2,000 visitors. It was a special time in our history. We are appreciative of those in the community who came out for these celebrations and to those who have been so generous to support what we do. Now, in a few short weeks, the Lundquist Tower will truly begin serving our community when we officially open for patient care in November.

Please enjoy this issue of Pulse and learn more about the meticulous preparation involved in our transition to the Lundquist Tower.

Craig Leach
President/CEO
Torrance Memorial Medical Center
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ON THE COVER

Torrance Memorial celebrates the 390,000-square-foot, state-of-the-art Lundquist Tower, which opens to the public in November 2014.
At the Association of South Bay Surgeons, we’ve harnessed the collaborative power of multiple specialists and subspecialists into one comprehensive team of expert surgeons. For more than 20 years, we’ve provided quality care for our patients while paving the way for future medical innovations.
Next time you’re in a group of people, look to your left and then to your right. One of you probably has prediabetes, the precursor to full-blown type 2 diabetes, in which the body can’t use the hormone insulin properly. The most recent figures from the Centers of Disease Control estimate that 86 million Americans—that’s more than one in three adults—has prediabetes. Left unchecked, the symptom-less condition will escalate into type 2 diabetes, which is a lot harder to manage and brings with it the risk for complications like heart disease, stroke, blindness and limb amputations. November is American Diabetes Month, making this a great time to think about your own risk factors for prediabetes and type 2 diabetes, and those of the people you love. Here’s what raises your risk for developing this big killer:

> Being 45 or older
> Being overweight or obese
> Sedentary lifestyle
> Family history of diabetes
> Being African-American, Hispanic/Latino, Asian-American, American Indian or Pacific Islander
> History of gestational diabetes while pregnant
> Having high blood pressure

To find out more about how you can lower your risk, talk to your doctor or visit the National Diabetes Education Program site at ndep.nih.gov, and check out our piece on page 34 with the latest information on type 2 diabetes and how some kinds of bariatric surgery can even reverse the disorder.

Here’s wishing you and your loved ones the best of autumn and the holiday season and a happy, healthy start to 2015!

—Lorie Parch, Editor

FRANCESCA KRITZ
Fran Kritz writes the NewPublicHealth blog for the Robert Wood Johnson Foundation and has been a writer specializing in health and health policy for many years. She lives with her family in Silver Spring, Maryland. Fran’s favorite stay-healthy tip: Keep a mini-bottle of hand sanitizer handy and use it liberally.

CAROLE JAKUCS, RN, BSN, PHN
Carole is a freelance writer, certified public health nurse and health/fitness enthusiast who lives in the South Bay and writes for a variety of publications. Carole’s favorite stay-healthy tips: Be sure to get an annual flu shot, sleep a minimum of seven hours each night, stay hydrated and always ensure proper hand-washing.

JEFF BERTING
Jeff is an award-winning commercial and editorial photographer who loves pointing his lens at real people in their favorite environment. He lives in the South Bay with his wife and son and new daughter. Jeff’s favorite stay-healthy tip: Keep up the exercise and activities along with a good diet.
Torrance Memorial has the experience, expertise and advanced technology to keep you and your family healthy.

- Nationally Recognized Nursing Staff
- Proven Surgical Excellence
- Advanced Technologies

Visit TorranceMemorial.org/LundquistTower to find out how Torrance Memorial is advancing health care in the South Bay.
Sleep seems like something that should come easily, but an estimated 50 to 70 million adults have some kind of sleep problem, according to Centers for Disease Control figures. That’s a lot of lost Zzzs. But with so many demands and seemingly so little time, it’s not surprising that a lot of us cheat our sleep to gain a little more time to get things done.

That, though, could end up shortchanging your health in serious ways: Too little and/or poor-quality sleep has been linked to weight gain, depression, anxiety and diabetes, among other conditions. The bottom line is that snooze time is as important as a healthy diet and regular exercise when it comes to keeping disease and illness at bay and simply feeling your best. Here are some better-sleep tips from Dave Wallis, MD, who specializes in family practice and sports medicine.

MAKE YOUR BEDROOM BORING. This is one of the most important things we can do, says Dr. Wallis. Start by removing the television, books, magazines, gadgets and electronic devices—anything that distracts your brain from the room in which you sleep. “Your bedroom is for sleep and sex only,” he stresses. Everyone wakes up briefly throughout the night, but when you wake and your brain registers that you’re in a dark, uninteresting room, it makes it a lot more likely you’ll be able to go back to sleep quickly.

CALM DOWN BEFORE YOU SLEEP. Dr. Wallis recommends keeping your bedroom not only dark (installing blackout shades can make a huge difference) but also a little cool, and spending at least 30 minutes before bedtime following a routine that calms and soothes your body and mind. Start by powering down electronics and TV, then sip a cup of caffeine-free herbal tea, light a candle, take a calming shower or bath or listen to music you find relaxing.

SKIP THE SATURDAY AND SUNDAY SLEEP-INS. If there’s one piece of advice that will make the most difference in getting better sleep, says Dr. Wallis, it’s to be consistent about your sleep routine. “It’s not good for our sleeping patterns to only get five to six hours of sleep during the week and then sleep late on the weekends,” he cautions. “This will only create more bad sleeping habits. Try to go to sleep and wake up at the same time every day.”

CONSIDER SUPPLEMENTS. If making these changes to your sleep habits doesn’t help, Dr. Wallis says it may be worth trying a supplement such as melatonin, a hormone, or valerian root, an herb that comes in different formulations, including extracts, capsules, tinctures and teas. Talk to your doctor before trying any supplement or sleep aid that may interfere with other medication or a health condition, and to find out which formulation and dosage of a supplement is best for you.

And if nothing is improving your sleep despite your best efforts, consider that it may be time to reach out to your primary care physician to get to the bottom of what’s standing between you and a restful night’s sleep.
These tips from Debra Nessel, RD, will help you avoid putting on weight during the toughest time of the year and be a more mindful eater—making it easier to keep your weight in check all year long:

1. Take a few minutes of alone time every day to regroup, reflect or do absolutely nothing.
2. Fit in at least 15 minutes of moving your body every day, even if it’s just a walk around the block.
3. Don’t skip meals.
4. Pass up the worst holiday offenders, like fruit cake (470 calories per serving), green bean casserole (750 calories), candied yams (400 calories) and gravy (1373 mg of sodium per cup).
5. Write down everything you eat and drink.
6. Sit down when you eat (this goes for snacks too).
7. Eat slowly and savor every morsel.
8. At parties, take a minute to survey the buffet before selecting what you’ll eat. Choose what you really want, in a smaller portion, and take the time to completely enjoy it.
9. Drink at least eight to 10 glasses of water every day.
10. Shop and prepare holiday meals when you’re not hungry (you’ll be less likely to overeat).
11. If you want a second helping, wait 20 minutes before serving yourself and try to rate your hunger before you eat to ensure you’re really still hungry.

ASK A REGISTERED DIETICIAN

Q: What’s your best advice for not letting the holiday season derail healthy eating habits?
A: Cook big batches of healthy, filling foods. During the holidays I’ll cook up a big batch of lentils, quinoa, chili and vegetable soup; often it’s enough to make several lunches and dinners. Take advantage of vegetables that are pre-rinsed and cut. Frozen vegetables are healthy, inexpensive and quick to prepare. Pick up menus from local restaurants that offer takeout or delivery and choose the healthiest options, so when you’re really stretched for time you can call in an order of something delicious and good for you. — Debra Nessel, RD

BREAST CANCER SCREENING GOES 3D

Movies and TV aren’t the only things going 3D; so is breast cancer screening. That’s thanks to 3D digital breast tomosynthesis (DBT). Simply put, traditional mammography—whether film or digital—is “a two-dimensional image of a round, three-dimensional structure, namely your breast,” explains Patricia E. Sacks, MD, director of the Polak Breast Diagnostic Center at Torrance Memorial Medical Center.

“If you think of the breast as a solid ball, there may be a tiny pearl [potential cancer] within it. A 2D mammogram allows you to see the entire ball but not the pearl,” she says. With a 3D tomosynthesis mammogram, a physician can take tiny, 1-millimeter images of the breast in “slices” that allow a radiologist to see clearly what may lie within.

3D mammography technology is fairly new and not widely available—Torrance Memorial is the only center in the South Bay to have the machine—but it has been used in Europe for some time. Studies show tomosynthesis to be reliable for diagnosing breast cancer.

“The accuracy of a 3D mammogram is better than 2D. Using a 3D mammogram increases the detection of invasive cancer by 41% and increases detection of all breast cancers by 29%,” Dr. Sacks explains.

Because the 3D test is more accurate, “false positives,” in which a woman is called back because of a worrisome test result that proves to be nothing, are lower. “That’s a big plus; you don’t have to recall someone for additional views and more exposure to radiation and make them crazy,” notes Sacks. “We’re able to decrease that recall rate by 15%, at least.”

A 3D mammogram is useful for all women, including those with a strong family history of breast cancer, previous breast biopsies and/or a BRCA mutation, as well as those with dense breasts.

“When breasts are dense, our accuracy for [traditional] mammogram may not be better than 50%,” says Sacks. “By adding 3D, we really increase the chance of finding a breast cancer early.”
For the third year running, Torrance Memorial Medical Center has been ranked one of the best hospitals in California and the Los Angeles metro area by U.S. News & World Report, placing the hospital in the top 6% in the state on the magazine’s 2014–2015 rankings. The report recognizes Torrance Memorial for providing high-quality care in seven specialty areas: diabetes/endocrinology, gastroenterology/GI surgery, geriatrics, gynecology, nephrology (kidney health and disease), orthopedics and urology.

“We are very pleased to be recognized among the best hospitals in California,” says Craig Leach, president and CEO of Torrance Memorial. “That we have added yet another specialty area—gastroenterology/GI surgery—to our high-performance areas this year is a testament to our entire patient care team and its commitment to excellence and providing the best care to our local community.”

“The data tell the story—a hospital that emerged from our analysis as one of the best has much to be proud of,” says U.S. News health rankings editor, Avery Comarow. “A Best Hospital has demonstrated its expertise in treating the most challenging patients.”

U.S. News publishes Best Hospitals to guide patients who need a high level of care because they face difficult surgery, a challenging condition or extra risk because of age or multiple health problems. For more, go to health.usnews.com/best-hospitals.

VIVITY LAUNCHES
TORRANCE MEMORIAL JOINS SIX REGIONAL HOSPITAL SYSTEMS TO OFFER A FIRST-OF-ITS-KIND INSURANCE PRODUCT.

Anthem Blue Cross and seven top hospital systems have partnered to offer Anthem Blue Cross Vivity, an integrated insurance product, in Los Angeles and Orange counties. This is a first-in-the-nation partnership between an insurer and seven competing hospital systems that will align to enhance the health of all Anthem Blue Cross Vivity members and also share financial risk and gain.

The seven hospital systems, which all have hospitals ranked in the top 30 in Los Angeles County by U.S. News & World Report, are Cedars-Sinai, Good Samaritan Hospital, Huntington Memorial Hospital, MemorialCare Health System, PIH Health, Torrance Memorial Medical Center and UCLA Health.

Vivity continues the move away from traditional fee-for-service reimbursements that may incentivize increasing the volume of medical procedures performed by providers, and continues the trend of moving toward a structure that financially rewards activities to keep patients healthy. Anthem Blue Cross Vivity will provide members with a simpler experience and convenient access to some of the best primary care doctors, specialists and hospitals in the region at an affordable price.

When Vivity members go to the doctor, have a medical procedure or pick up a prescription, all they pay is their co-pay. They won’t have to worry about meeting deductibles or deciphering complicated medical bills.

CalPERS, the nation’s second-largest purchaser of health benefits and an early adopter of health care system innovations, has already agreed to use Vivity network doctors and hospitals within their Select HMO network in Los Angeles and Orange counties. This plan will be available to employers with 50 or more employees this fall with coverage starting on January 1, 2015.
The holidays mean indulgence; for a lot of us, it’s one of the best parts of the season. But just as you may keep an eye on what you eat to avoid extra holiday pounds, an important new study finds that it’s also a good idea to keep drinking in check—now and year-round, when it comes to your heart.

You probably already know that alcohol has long been associated with liver damage; on the flip side, maybe you’ve read about research showing that light to moderate drinking may help protect the heart. (The Centers for Disease Control defines moderate drinking as up to one drink per day for women and up to two for men.) The upshot is that it can be hard to know what to think about drinking.

A recent study published in the journal *BMJ* now casts doubt on any heart-healthy level of alcohol. And this isn’t just another study about alcohol. This new analysis looked at 56 different studies that examined drinking habits and cardiovascular health in more than 260,000 people.

Here’s what the *BMJ* researchers found: Some people carry a gene called ADH1B that affects how their body breaks down alcohol. In short, these folks are likelier to become nauseous and flushed when they drink, making imbibing less pleasant for them than for those who don’t have the gene. Not surprisingly, ADH1B carriers tend to drink less.

What’s interesting is that the researchers found that this group of low-level imbibers also had a 10% reduction in heart disease risk, as well as lower blood pressure and lower Body Mass Index (an estimate of body fat and an indicator of metabolic health). This led the study’s authors to conclude that cutting back on alcohol—even if you’re someone who doesn’t drink much—could still have important benefits for your heart and your health. That’s something we can all raise a (non-alcoholic) drink to.
NOVEMBER 11
CHAMBER TREE LIGHTING CEREMONY
Join your fellow citizens in honoring those who have served our country at this annual ceremony at Hermosa Beach’s Veterans Memorial.
Where: Veterans Memorial – Community Center, 710 Pier Avenue, Hermosa Beach
Info: For more information, contact the Hermosa Beach Community Resources Department at 310-318-0280.

NOVEMBER 19
6 to 9 p.m.
20TH HOLIDAY OPEN HOUSE AND 25TH ANNUAL PIER LIGHTING
This special evening will include a 6 p.m. Pier Lighting Ceremony with live entertainment, and at 7 p.m. Manhattan Beach’s mayor will flip the switch to illuminate the pier with holiday lights. Enjoy carolers and strolling musicians throughout downtown; Santa and his helpers will be located at the Bank of America parking lot from 6 to 9 p.m.
Where: Manhattan Beach
Info: Call 310-545-5313 or visit manhattanbeachchamber.com.

NOVEMBER 27
8 a.m.
35TH ANNUAL HARRY SUTTER MEMORIAL THANKSGIVING DAY TURKEY TROT FUN RUN
The city of Torrance Community Services Department invites the entire family to participate in this three-mile fun run on Thanksgiving morning, to be followed by a post-run prize drawing for mountain bikes, dinner vouchers, gym memberships and many other prizes. All registered participants will receive a commemorative Turkey Trot shirt.
Where: Torrance Crossroads Center, Torrance
Info: Call 310-618-2930 or visit torranceca.gov.

December 2–7
31ST ANNUAL TORRANCE MEMORIAL HOLIDAY FESTIVAL
The Holiday Festival is a one-of-a-kind event that includes beautifully decorated trees, entertainment, holiday gifts, children’s activities, a food court and special events, including a fashion show, dinner gala and a lunch with Santa for kids.
Where: Torrance Memorial Medical Center
Info: Go to torrancememorial.org or call 310-517-4606.

DECEMBER 4
5 to 9 p.m.
REDONDO BEACH HOLIDAY STROLL
Get a jump on your holiday shopping as you buy local to support South Bay businesses, starting with this Redondo Beach evening. Events include a parade (complete with marching bands), lights, decorations and plenty of retail therapy.
Where: Riviera Village, South Catalina Avenue, Avenue I and Elena Street, Redondo Beach

DECEMBER 5
6 p.m.
HERMOSA BEACH CHAMBER TREE LIGHTING CEREMONY
The Hermosa Beach Chamber of Commerce hosts this annual event, featuring the official lighting of the Hermosa Beach Holiday Tree. In addition, local shops and restaurants throughout downtown open their doors for holiday shoppers and diners.
Where: Pier Plaza, Hermosa Beach
Info: Call 310-376-0951 or visit hbchamber.net.
DECEMBER 14  
SKECHERS 26TH ANNUAL MANHATTAN BEACH HOLIDAY FIREWORKS  
Nothing says “Merry Christmas” like fireworks, right? That’s how it’s done in Manhattan Beach anyway, where every year the city celebrates its annual Holiday Fireworks Festival, one of the biggest holiday events in the South Bay.  
**Where:** Manhattan Beach Boulevard (overlooking the Manhattan Beach Pier), Manhattan Beach  
**Info:** Go to mbfireworks.com.

JANUARY 6 TO FEBRUARY 24  
(TUESDAYS) NOON TO 1 P.M.  
CHAIR YOGA FOR THE LYMPHATIC SYSTEM  
Problems with the lymphatic system can impair the body’s ability to fight infections. This yoga series gently clears and stimulates lymphatic flow, which will help boost the immune system to fight off winter colds and flu.  
**Where:** Torrance Memorial Medical Center  
**Info:** Call 310-517-4711 or visit torrancememorial.org/classes.

JANUARY 8 TO FEBRUARY 26  
(THURSDAYS) 11 A.M. TO NOON  
YOGA FOR OSTEOPOROSIS  
This class is for anyone interested in maintaining and building bone strength and balance, including those who have osteopenia or osteoporosis. A range of modifications using props and chairs will be offered to suit the needs of each student.  
**Where:** Torrance Memorial Medical Center  
**Info:** Call 310-517-4711 or visit torrancememorial.org/classes.

JANUARY 10 TO FEBRUARY 28  
(SATURDAYS) 11 A.M. TO NOON  
RESTORATIVE YOGA  
A powerful practice to deeply relax the body and mind. As you transition into a deep state of calm, the natural healing of the body and mind can begin. Each class starts with gentle opening poses, then uses props to provide support while you stretch and relax. Restorative yoga is a powerful antidote to the stresses of day-to-day living.  
**Where:** Torrance Memorial Medical Center  
**Info:** Call 310-517-4711 or visit torrancememorial.org/classes.

JANUARY 21 TO FEBRUARY 25  
(WEDNESDAYS) 1:30 TO 3 P.M.  
FALL PREVENTION AND BALANCE IMPROVEMENT  
Are you having trouble with balance? Learn a variety of disciplines designed to help you see significant improvement in your balance skills and reduce your risk of falling. The class is facilitated by a registered physical therapist and occupational therapist.  
**Where:** Torrance Memorial Medical Center  
**Info:** Call 310-517-4711 or visit torrancememorial.org/classes.
It may be hard to believe, but 2015 is nearly here. Which means that after all the busy-ness, fun and overindulgence of the end of the year, a lot of us will be atoning by setting New Year’s resolutions. Some 45% of Americans resolve to make a change in the new year, in fact. The top three resolutions, according to statistics from the University of Scranton: “Lose weight,” followed by “get organized” and “spend less and save more.”

If nearly half of us are optimistic enough to set a resolution, the sobering truth is that just 8% actually achieve it. A lot has to do with how you approach change. Here are five tips for improving your chances of success:

1. **Be specific.**
   When you’re very clear about exactly what you want to accomplish, you’re a lot more likely to reach your goal. Setting yourself a vague resolution, like “I will save more money,” is easier to ignore and harder to achieve than saying, “I will set aside $50 out of every paycheck starting on January 7.”

2. **Keep it realistic.**
   In many aspects of life, it pays to think big. But one of the most common reasons that resolutions fail is by setting a goal that’s too ambitious (so it eventually seems overwhelming and difficult to see progress along the way) and/or unrealistic for the way you live your life. If you haven’t seen the inside of a gym in years and you’re not an early bird, it will be very tough to sustain the motivation to work out five times a week at 5:30 a.m. Maybe planning to go two or three times a week is a more manageable first step?

3. **Do a little self-examination.**
   When we feel ready to change, it’s tempting to just dive in—to sign up for a new gym membership or enroll in a demanding class. But taking some time to understand what’s really going on in your head can improve the chances you’ll succeed. The most important question (and one only you can answer) may be: *Am I really ready for a change?* For example, if you want to do a better job of keeping your temper in check, consider the factors that trigger anger and frustration as well as alternate ways of responding. If you’d like to get your home office organized, think not just about where you’ll put things away, but also about how you’ll avoid papers and clutter piling up again.

4. **Surround yourself with support.**
   It’s hard to overestimate the importance of this aspect of resolution-setting. When you have family, friends, coworkers and neighbors on your side (perhaps you’re even helping each other reach a goal), the hard work of making a change gets a lot easier. It can even be that a furry friend is your “support,” getting you outside for daily walks even during chilly weather. Help may also come in the form of paid experts: A personal trainer can show you doable workouts to help you safely reach your fitness goals, and a financial planner is the ideal source for devising a realistic plan for getting out of debt.

5. **Recognize that setbacks are normal.**
   We all stumble from time to time on our way toward a goal. The challenge (and it can be a big one!) is learning how to accept this and get back on track as soon as possible. If you’ve resolved, say, to take off 20 pounds and you’ve gained back a few after a tough stretch at work, it may be necessary to take a deep breath, recommit to your original resolution and start again. After all, there’s nothing magical about January when it comes to setting a goal. Making a change that brings you closer to a healthier, happier life can start anytime.
WHEN SHOULD A CHILD STAY HOME SICK?

COLD AND FLU SEASON CAN BE ESPECIALLY HARD ON KIDS AND PARENTS. TORRANCE MEMORIAL PEDIATRICIAN RITA TENENBAUM, MD, OFFERS ADVICE ABOUT WHEN TO WORRY—AND WHEN NOT TO.

Colds and flu can strike anyone at any time, of course, but these ailments aren’t really equal opportunity. Some people are more vulnerable—especially the very old and the very young. That makes this time of year particularly nerve-wracking for parents.

The Centers for Disease Control recommends that everyone 6 months of age or older get an annual flu shot, ideally shortly after the updated vaccine—which is specifically designed to target each season’s strains—becomes available in October.

When kids do develop sneezing, sniffles or worse—the hint of a fever, an upset tummy, aches and pains—it can be tough for a parent to know when to keep their little one home from day care or school, as well as when it’s time to head to the pediatrician, urgent care or even the emergency room. The decision is especially fraught for moms and dads whose jobs don’t allow for much or any sick time.

Pulse spoke to Rita Tenenbaum, MD, a pediatrician at the Torrance Memorial Physician Network office in Hermosa Beach, to get her guidance for parents caring for a sick child.

First off, when should a child absolutely stay home from school or child care?

A child should stay home when he can’t keep up with his usual daily activities because of fever, cough, diarrhea or vomiting. Keeping a child at home for little things like a runny nose with no fever, a mild cough or a mild sore throat is unnecessary as long as you teach your child good hygiene like hand-washing and how to blow and wipe his nose so he doesn’t get other children sick.

That said, follow the policy of your child’s school or day care about whether or not mild illnesses are allowed. If your child has a rash, ask your pediatrician to check him before sending him to school.

When would you advise a parent to take their child to the pediatrician?

If your child is acting out of character, or symptoms are stopping them from doing what they like, or they cannot eat, it’s time to see the doctor. Toddlers and babies should be seen when they have a fever or rash, regardless of other symptoms.

But if your child is tolerating fluids (meaning he’s not throwing them up) and eating and sleeping but still running a low-grade fever (100.4° to 101°), it’s okay for you to simply keep an eye on him at home for a few days. If symptoms don’t improve, though, seek the advice of your doctor.

When does a child need urgent medical attention?

An urgent care center is a good place for older children with a minor illness or injury, such as a sprain or strain, irritated eyes or a sore throat, especially when you can’t get in to see your regular pediatrician. For kids under 2 years old, though, I recommend calling your pediatrician and asking where your doctor wants your child to be seen. Any significant head injury should be monitored in the emergency room, for example.

Are there signs to look for that indicate a child is okay to go to day care or school?

If your child has no fever or other major symptoms associated with the illness, she can return to all her regular activities comfortably and she doesn’t need a special diet that the school or day care cannot provide for her, she’s probably ready to go back. If, though, your child is too weak to play or stay alert in class, that’s a sign that she needs a bit more time at home.
Libraries are near-silent sanctuaries best used for reading, scholarly research and quiet reflection, right? Well, not always. The Torrance Public Library is about to change that notion over the coming months with the introduction of its “Get Moving. Get Informed. Get Healthy!” Project (called the GET Project).

The new health-focused program, which kicked off in September, features free teen Wii dance events; preschool story and healthy snack times; and calorie-blasting workouts for parents, among other programs—all held at the main library and its various branches.

“We and our partners are hoping to change the image of the library from just a static building,” explains Evan Coates, senior librarian and project coordinator. “We’re hoping that through the GET Project, people will see the library as a place to get information that will help them change their lives.”

The program runs through May 2015 with events at the main library and its five branches.

The GET Project was created in response to a recent medical report that raised concerns about South Bay residents’ access to reliable health information. The report, called the Community Health Needs Assessment 2013, was prepared by Torrance Memorial Medical Center. Among its findings: Many South Bay residents don’t know about all the resources for taking care of their health that are available to them within the community.

“We and our partners are hoping to change the image of the library from just a static building,” explains Evan Coates, senior librarian and project coordinator. “We’re hoping that through the GET Project, people will see the library as a place to get information that will help them change their lives.”

The library saw itself meeting a need in the community that wasn’t being met by other organizations, “Coates says. “Because we’re an informational institution and because people come to us to understand their bodies and the world of health, we’re especially well-equipped to give them health information in a non-biased way.”

Coates secured a $5,000 grant from the California State Library to fund the project.

About 50 health- and fitness-minded programs are planned over the coming months as part of the GET Project, thanks to the work of Coates and the library’s community partners: Torrance and Memorial Medical Center, Torrance Certified Farmers Market, Foundation for Wellness Professionals, H.E.L.P. (Healthcare and Elder Law Professionals), Torrance-South Bay YMCA and the Friends of the Torrance Library.

“All of us at H.E.L.P. are very pleased to have the opportunity to partner with the Torrance Library as part of the GET Project by providing a series of community classes focused on health and wellness issues,” says Britt Huff, executive director of H.E.L.P.

Also featured are free flu-shot clinics at the library, and the YMCA will offer busy parents options for 15-minute workouts that will fit into their day. Preschoolers can listen to a story book reading and then prepare their own healthy snack with fresh foods supplied by the City of Torrance Farmers’ Market.

Says Joyce Chan, manager of the farmers market, “We think that through the city of Torrance Library’s GET Project: A Healthier Family Initiative, healthy eating changes will be implemented and will last recipients for a lifetime.”

The market will also offer talks on selecting seasonal produce and a class on how to pickle vegetables and fruits.

The GET Project will conclude on May 9, 2015 with a Healthy Family Field Day, including traditional field day activities and sample sessions of popular class offerings, such as Zumba. Talks on senior health and homeopathy are also on tap.

“It’s wonderful to have the Torrance Library System educating the public on how to make healthier choices to live a better and more enriched life,” says Judy Kim, a local volunteer representative for the Foundation of Wellness Professionals and office manager of the Family Acupuncture Clinic in Torrance.

Some research shows that it takes about 30 days to form a healthy habit. “By giving the community nine months to work with the GET Project, we hope it’ll go a long way toward helping South Bay residents make healthy habits at home and stick to them,” Coates says.

For more information on the GET Project and its events and programs, call the Torrance Public Library at 310-618-5959 or go to torranceca.gov/library.
THE PROBLEM-SOLVER
FOR 36 YEARS, DR. GERALD REICH ENSURED EVERYONE WHO CAME TO THE ER GOT THE CARE THEY NEEDED.

WRITTEN BY JAMES F. MILLS | PHOTOGRAPHED BY DEIDRE DAVIDSON

When Gerald Reich, MD—who goes by Gerry—started working in the emergency room of Torrance Memorial Medical Center in 1978, a dozen eggs cost 48 cents, a gallon of gas was 63 cents and Jaws 2 beat out Grease as the top-grossing film of the year. Dr. Reich spent more than 3½ decades there, doing what he modestly calls “problem-solving”—caring for the wide range of health crises, from the simple to the life-threatening, that come through the ER.

“What we do in the emergency room is handle problems,” explains the 67-year-old Dr. Reich (pronounced “rich”). “That’s all we do. [Patients] wouldn’t be there if there wasn’t a problem, and we’re the problem-solvers.”

He finds it ironic that some of those with the most severe problems—patients who were unconscious when they arrived at the Torrance Memorial ER—probably have no idea who their doctor was. “The people I’ve helped the most have no recollection of who I am,” says Dr. Reich.

On August 1, 2014, after nearly four decades in emergency medicine, Dr. Reich retired from “problem-solving,” hanging up his scrubs and his title of medical director of the emergency department at Torrance Memorial to spend time with family and on the golf course. But getting the ER out of his system hasn’t been as easy as simply walking out the door.

A few days into retirement, Dr. Reich was golfing and realized he’d forgotten his phone; he asked to borrow his wife’s to call the ER and leave his number in case they needed him. “Then I realized I don’t have to do that anymore,” he says. “I guess it’ll take a while to get out of that habit. It’s in my blood.”

Being a doctor is quite literally in Dr. Reich’s blood. His is a family of physicians: Both his parents were doctors, as is his brother, Harry Reich, MD, who pioneered the laparoscopic hysterectomy. Two of Dr. Reich’s four children are also doctors. Daughter Kellie is an OB-GYN, and son Michael is in medical school.

At 6 feet, 8 inches tall, the native of Wyoming, Pennsylvania, was certainly hard to miss in the Torrance Memorial ER. (He jokes that when friends are trying to decide where to meet, they simply say, “We’ll meet at Gerry.”)

And yes, he does play basketball. He was good enough, in fact, to have played college basketball at Franklin & Marshall College and to have considered a professional career in the sport. He opted instead for medical school at the University of Tennessee, in Memphis, with a residency in emergency medicine at the University of Louisville, one of the first schools in the nation to offer an emergency medicine program.

“When I started working in ERs, the guy who did the CAT scans was on call. So we’d lose important time waiting for him to get there, and we had to make decisions without as much information,” recalls Dr. Reich. (These days, of course, a CAT scan technician is always available.)

When he and his wife, Peggie, decided to move to Southern California in 1978, they chose Rancho Palos Verdes for its good schools and relatively smog-free locale. Not long after arriving, Dr. Reich got a job working in the emergency department at Torrance Memorial Hospital. He became a partner in the group and, within a few years, medical director.

“My job used to be, to be the best emergency physician I could be,” says Reich. “Then my job was to hire people better than me. At that, I have been wildly successful.”

Over the years Dr. Reich has learned that there are three things patients need more than anything else from a physician when they come to the ER: a doctor who’s competent, who’s caring and who makes them feel special. “If you convey those three things to a patient, they feel they’ve been well taken care of,” he says.

Dr. Reich’s attitude of caring made him a natural with kids. He routinely greeted young patients with a high-five and explained what was happening to them in terms they could understand. “Injections and sewing don’t have to hurt,” he told them. “If you build trust, they’re OK. If they’re little kids, then they learn they don’t have to be scared of the doctor,” says Dr. Reich, who also coached soccer, basketball and Little League baseball over the years.

What will he miss most in retirement? “The satisfaction of helping people and the camaraderie of the ER, of working with other doctors and staff to solve people’s problems,” he says. We’ve never turned a patient away. All you had to do to be seen in my emergency department was show up. That’s all it took. We took care of everyone, gave them the best care we could. I’m proud of that. In 1986, it became a federal law that if you show up in an emergency room, they have to stabilize you. But I was here for eight years before that, and we never turned anybody away.”
When the 390,000-square-foot LUNDQUIST TOWER OPENS TO PATIENTS ON NOVEMBER 16, this beautiful, functional, state-of-the-art health care facility will be the culmination of seven years of planning, building and testing—not to mention untold hours of good, old-fashioned hard work. What patients will see, though, is a facility that, on the face of it, looks more like a world-class hotel than a hospital, full of special touches like plenty of NATURAL LIGHT, a peaceful healing garden with flowing water, SPECIALLY COMMISSIONED ARTWORK and features big and small that incorporate the best of the NATURAL AND TECHNICAL WORLDS. The seven-story, $480 million facility will also offer 256 private patient rooms, 12 larger, HIGHLY SOPHISTICATED OPERATING ROOMS and a cafe with seating for 200 people. Meet six people who helped make the Lundquist Tower a reality, ALL WORKING TOGETHER with the same shared mission: TO SERVE THE TORRANCE AND BROADER SOUTH BAY COMMUNITY by delivering the best possible health care.
When the Lundquist Tower opens in mid-November it will have been seven years almost to the day since the Torrance Memorial board, in conjunction with president/CEO Craig Leach, first approved the project. “It has been a long haul,” says Leach, “but we ended up coming in about $10 million under what was originally budgeted, and we were ready about six months earlier than our targeted move-in date, which is amazing for a project of this scope and size.”

The new tower will meet two key goals: giving the South Bay an earthquake-sound building and also the ability to better serve an aging population. “We know that the country is continuing to age and that as people get older they use more health care services, so we needed to be prepared for that change as it takes place over the coming decades.”

As Torrance Memorial’s leader on the Lundquist Tower, Leach is moved by the huge effort behind making the building a reality, including endless hours of work on the part of health care professionals, construction, technology and architecture experts and support staff. South Bay residents have been very generous as well, he says. “We’ve received $120 to $130 million in contributions from the community—that is a phenomenal statement of support and trust in what we’re doing here at Torrance Memorial. We will always be grateful for the support the community has shown.”
About 5½ years ago Torrance Memorial Medical Center CEO Craig Leach shared with Richard Lundquist that the hospital would have to become compliant with California’s earthquake building code requirements by 2029. Leach also shared plans for a new patient tower. Melanie and Richard were intrigued by the project on several levels: philanthropically, strategically and in terms of the impact it would have on the South Bay community.

There began the Lundquists’ involvement in what would become the Lundquist Tower, so named in honor of the couple’s donation of $50 million in December 2013. “It was the start of a partnership and collaboration between two philanthropists, a hospital, and the community,” says Melanie.

The couple’s first gift to Torrance Memorial, in 2006, was $13 million, with $10 million going to the Melanie and Richard Lundquist Cardiovascular Institute and $3 million for the expansion of the hospital’s emergency department. The Lundquists’ relationship with the hospital has long been a personal one; in the 1980s and 90s Melanie spent 11 years as a volunteer at the Information Desk.

“I was one of the Auxiliary volunteers in the blue coats. I observed many positive things happening,” she says. “The seeds were being planted and I saw the leadership, the vision, the fiscal responsibility. Donors don’t give to institutions; they give to relationships, and we have a wonderful relationship with Torrance Memorial and the people there.”

When the Lundquists decided to make their gift for the Tower, their hope for the building was clear. “We wanted to build on the current success and continue to strengthen Torrance Memorial Medical Center to become an even stronger regional medical center. With this philanthropic support, we hoped to affect the recruitment of talented physicians, while maintaining the team of physicians the hospital currently has,” explains Melanie. “Part of our goal was to create an environment of support to the physicians and to approximate a world-class teaching and training environment closer to home.”

“My vision is that the capabilities and prestige of the hospital will continue to grow to provide better and better health care for all the people in the region that will use the medical center,” she continues. The couple is especially grateful for the gratitude they’ve received from Torrance Memorial’s employees—some 300 thank-you notes to date, says Melanie.

“I say to them, ‘you earned it.’ Because of who they are and what they’ve done and how they’ve practiced at work every day, that gave us the opportunity to make this investment,” she adds. “They gave us all the right reasons to do this for the community. Having such a state-of-the-art facility allows everyone to move toward a new professional and personal best. It doesn’t get any better than that!”

“THE ENTIRE STAFF HAS DONE A FANTASTIC JOB BUILDING THE NEW HOSPITAL UNDER BUDGET AND AHEAD OF SCHEDULE. IT WAS A COLLABORATIVE EFFORT AMONG THOSE IN THE HOSPITAL AND OUTSIDE TO DEVELOP WHAT THE COMMUNITY REALLY NEEDS. WE’RE VERY PROUD TO BE PART OF IT.”
– RICHARD LUNDQUIST

RICHARD & MELANIE LUNDQUIST, HONORARY CAMPAIGN CO-CHAIRS
If there’s one person who knows every nook and cranny of the Lundquist Tower, it may be Connie Senner. As director of construction, Senner brought her 23 years of experience—all at Torrance Memorial—to bear on this highly complex project from day one, bringing together myriad groups to get the job done.

“I direct the general contractor and architect and assure that they execute work per their contract,” explains Senner. “I saw my role as keeping the project on track while assuring that the patients, staff, physicians and volunteers are not negatively impacted.”

For six years, Senner has been the one to answer the essential questions about the building’s construction—namely, “Are we on schedule?” (With the tower opening ahead of the targeted move-in date, colleagues are now more likely to ask her, “When are you going to take a vacation?”)

Senner was also responsible for ensuring the existing hospital wasn’t affected by the construction of the Lundquist Tower and communicating to those within Torrance Memorial and beyond what was happening at every turn. “Every week I distributed a house-wide email with photos from the field,” she says. “Our Media Services department has documented the project from the beginning with short construction update videos that I helped narrate.”

Now, though, Senner and her team can enjoy the fruits of their hard work. “When we get all of the patients moved over from the inpatient units, there will be a lot of high-fives,” she says. “Everyone worked very hard to assure that the Lundquist Tower serves the needs of the community for many years to come.”

CONNIE SENNER,
DIRECTOR OF CONSTRUCTION

“RATHER THAN JUST LOOKING AT BUILDING A HOSPITAL, WE FOCUSED ON CREATING AN ENVIRONMENT OF HOSPITALITY; YOU’LL FEEL IT FROM THE MOMENT YOU WALK INTO THE LOBBY.”
Ken Boehling may have been the construction manager on the Lundquist Tower for the past six years, but he's worn more than just a hard hat to do his job. Boehling worked with a variety of people and departments at Torrance Memorial and beyond to ensure the building got built, down to the last detail.

“My responsibilities included coordinating with staff, architects and consultants; hiring general contractors; and working on budgets,” says Boehling, who's been at Torrance Memorial since 1994. “During the construction I observed the work being done and resolved any issues as they came up.”

That may sound relatively simple, but a 21st-century hospital with cutting-edge technology is anything but. What may seem like a small problem can eat up tons of time.

“An example is locating a simple item, such as a TV, and the power and signal ports for the TV in a patient room,” he explains. “We spent a lot of time just choosing the size of the TV, then figuring out where to locate the power source and the bracket to secure the TV to the wall, and how to include interactive TV, patient-care programs, Internet access and, of course, movies.”
When the ceremony to dedicate the Lundquist Tower took place on September 13, the focus was wholly on a much-loved physician, Richard (Dick) B. Hoffman, MD, who served as president of the Torrance Memorial Foundation and practiced as a radiologist at the hospital for 38 years. Dr. Hoffman passed away in 2011 at the age of 74.

“The reason that the tower is dedicated to Richard Hoffman is that he was instrumental in bringing Torrance Memorial to the level it’s at today,” explains Melanie Lundquist. “He was there for the ground-breaking of the building and his greatest wish was to see the tower completed.”

Thiele brought 30 years of experience working with art in health care to the project; she’s collaborated with Torrance Memorial for more than 20. She worked on the Lundquist Tower project for five years, from inception to the installation of the art. “We wanted the artwork to coordinate with the architecture and design of the tower, while expressing to visitors, patients and staff the connection that Torrance Memorial feels to the South Bay community.”

“VISITING A HOSPITAL CAN BE INTIMIDATING AND DAUNTING. OUR INTENTION WITH THE ART PROGRAM IS TO OFFER A SENSE OF RESPITE AND COMFORT.”

CHERYL THIELE, PRINCIPAL AND FOUNDER, CREATIVE ART SERVICES, INC.

The Lundquist Tower was conceived with the holistic nature of healing in mind. Surgeries and medications can work miracles, but just as important are compassionate care and consideration of a patient’s mind and spirit. This is how art became an integral part of the new building. It was Cheryl Thiele’s job to bring together more than 400 works of art, representing nearly 200 artists working in paint, photography, glass, aluminum, ceramic and wood.

“Every work was specifically chosen and scaled for each location, which adds a sense of synergy and flow to the entire art program,” explains Thiele. “The art on every floor in the Tower has a theme that was carefully chosen based on the types of services offered in each department. Visiting a hospital may be intimidating and frightening; our intention with the art program is to offer a sense of respite and comfort, to show that we care.”

Many have benefited from Dr. Hoffman’s leadership, skills and mentoring. He was deeply respected by his colleagues and friends—like Melanie and Richard Lundquist. “When Dick came to the hospital over 40 years ago, it was struggling. When medical supplies were delivered they would arrive COD—Dick Hoffman put them on his credit card,” she says. “Not too many people are willing to do that. Dick was an extraordinary human being, an extraordinary doctor and he really cared for the community.”
When the state-of-the-art Lundquist Tower opens to the public on Sunday, November 16, everything from the operating rooms to the 256 private patient rooms to the gift shop must be 100% ready to go. Patient-care staff will have been trained on new systems, new equipment and an optimized workflow to ensure every single patient has the same seamless experience of high-quality care they’d have in any other part of Torrance Memorial Medical Center. Every patient in the Medical/Surgical, Progressive Care and Intensive Care units at the hospital will be moved that day to a private room in the Tower by a team that includes a physician, nurse and respiratory therapist.
And how does that ideal patient experience happen from day one in a new hospital? With a lot of time, preparation, collaboration and a few very high-tech “dress rehearsals.” In fact, team leaders among Torrance Memorial’s staff will have gone through so-called “Day in the Life” simulations of daily hospital operations in the new, 390,000-square-foot Lundquist Tower well before patients and staff move in, says Lisa Refuerzo, RN, MSN, ACNS-BC, director of clinical education at Torrance Memorial.

“The goals of the Day in the Life drills are to prepare the facility and staff, test systems to make sure everything works as expected; validate the new workflow and equipment; familiarize staff with everything that’s new to them; and find and resolve any issues that arise,” says Refuerzo.

That’s a tall order, which is why the hospital will hold four separate Day in the Life drills—in August, September, October and November—giving leadership and staff ample opportunity to understand how the new tower will function and address any concerns that come up, long before the first patient crosses the threshold.

“Evaluating floor plans and workflow processes on paper is very different from living life in a new building,” says Connie Senner, director of construction at Torrance Memorial. “The Day in the Life drills will help assure us that patient care is seamless in the new spaces. We have written scenarios that allow us to practice everything from transporting patients from one location to another to using equipment like the nurse call system and ceiling-integrated patient lifts and testing the emergency response for cardiac arrest and fire.”

The same pre-opening testing will be done for surgery, ultrasounds and CT scans, and for cardiac catheterization procedures, she adds, “ensuring that everything has its proper fit in the room and that everything works as it should.”

Preparation for the transition to the new building started first with considering all the scenarios—routine and not-so-routine—that physicians, nurses, technicians and support staff deal with on a daily basis, and the many steps they take to, say, bathe a patient, deliver meds, draw blood, prep for surgery and transition someone into the ICU—to name just a few patient-care tasks that happen dozens of times a day at Torrance Memorial. Some departments also needed to be relocated to the new building.

“The patient-care areas that will need to be moved into the new tower are the ICU, Burn ICU, Medical/Surgical Unit and Progressive Care Unit,” explains Senner. “We expect a total of about 150 patients will be occupying those units on move day.”

In addition, the hospital’s inpatient pharmacy, admitting and pre-testing services will relocate as well. “We also have some imaging and radiological services, a kitchen, cafe, gift shop, central services and sterile processing that established new services in the building,” Senner adds. “All of these require advance setup.”

With so many complex tasks to prepare for, it probably comes as no surprise to hear that this transition was 18 months in the planning, or that 240 people will be on hand for moving day. “Thinking about all of the tasks that needed to take place to accomplish a successful transition was overwhelming,” notes Senner. “We brought on a firm, HTS, that has a lot of experience transitioning hospitals. With their help, we broke down what needed to be accomplished into manageable phases.”

In collaboration with HTS and her colleagues, Refuerzo worked to take an interdisciplinary approach to training and orienting staff to the forthcoming changes so they would know what to expect and how to work safely and effectively from the get-go. Preparation for the staff started in January 2014 by identifying leaders from every department, explains Refuerzo.

From there the departments drafted Day in the Life scenarios that would be played out during the actual drill days, such as how meals would be delivered to patients and how security would be monitored. “Planning for the drills opened up our eyes to how well we were doing already and what else we needed to do in order to be successful,” Refuerzo says. “The simulations also gave employees a chance to work in their new work space.”

As with any highly complex transition with hundreds of collaborators and very high stakes, it was good communication that has made it all possible.

“Planning and preparing is the most difficult, but if you plan every detail and collaborate and communicate with your peers, consultants and across departments, it will make a whole world of a difference,” stresses Refuerzo. “Every department has their uniqueness and their own needs, but they are all dependent on one another. The drills brought this to light, and there was a great team effort.”

And while it has been a year-and-a-half of planning for this all-important transition in mid-November, Connie Senner says success wouldn’t have been possible without the care that went into creating the many features—seen and unseen—in the Lundquist Tower itself.

“The most complex component [of this transition] has been the years of design and planning that have been put into assuring that, while aesthetically beautiful and well-equipped, the building is also functional so that caregivers can provide outstanding care to the community,” she says. “We love our new building, but without those that occupy it and bring it to life, it is just a building.”
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Books have a remarkable ability to take us on a journey—whether it’s through the ups and downs of a comedian’s life or along for a nail-biting tale of suspense and intrigue. They also make great presents, of course. So if you’re looking for a little literary inspiration for holiday gift-giving, check out these recommendations—some older, some just published—all suggested by employees at South Bay bookstores.

**WRITTEN BY SAVANNAH NEVEUX**

**ANGRY OPTIMIST: THE LIFE AND TIMES OF JON STEWART**
BY LISA ROGAK
“A great read, especially if you’re a Jon Stewart fan. It delves into late-night talk show culture too.”

**MATURE CONTENT**

**YOU MIGHT REMEMBER ME: THE LIFE AND TIMES OF PHIL HARTMAN**
BY MIKE THOMAS
“This is a bittersweet biography because we know how it ends. It’s really an insight into one of the most beloved character and comedic actors of all time.”

**THE BONE CLOCKS**
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“This is a popular choice for book clubs. It’s written by the author of Cloud Atlas and is comprised of several mini-stories, all of which are tough to put down!”

**PLAIN TRUTH**
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“This story shows the naïveté and innocence of the Amish when a murder happens in their midst.”

**MOLOKA’I**
BY ALLEN BRENNERT
“In this tale, a little girl is sent to a leper colony in Hawaii. Set in the 1890s, it’s a dark read.”

**KILL THE MESSENGER**
BY TAMI HOAG
“This thriller tracks the story of a bike messenger in Los Angeles who finds himself accused of murder.”

**EAT THIS, NOT THAT! THE NO-DIET WEIGHT LOSS SOLUTION**
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“This book makes swapping out junk food for healthy food so simple and easy.”

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There’s quite a bit that Jerome Oppenheim still remembers about December 28, 2008, the day he very nearly lost his life. It was the Sunday after Christmas, and he and Pauline, his wife of 57 years, were at home getting ready to go to mass at St. Lawrence Martyr Catholic Church in Redondo Beach.

But shortly after that recollection, his memory goes dark. “All of a sudden, I felt lightheaded and said to my wife, ‘I don’t feel well,’” says Oppenheim, who was then 84. “It came on so suddenly; it happened just like that. That’s all I remember.”

What happened next was that Oppenheim passed out and collapsed. Fortunately, his son-in-law, Ed—visiting for the holidays with the couple’s daughter, Terry—was there to catch him. Pauline immediately called 911. “The paramedics arrived quickly and took Jerry to the nearest hospital—which was Torrance Memorial,” she remembers.

We all know that life can change—sometimes forever—in the blink of an eye. And our dearest hope is that if a medical emergency does happen, we’ll receive the best care possible from a caring team of professionals with the highest ethics. That’s what Oppenheim, a retired aerospace engineer, says he experienced in the emergency room at Torrance Memorial Medical Center at the hands of cardiothoracic surgeon John Stoneburner, MD, and his colleagues on that late December day six years ago.

Even amid the hundreds of patients Dr. Stoneburner has seen during his decades as a surgeon (he arrived at Torrance Memorial Medical Center in 1989 after training with world-renowned cardiovascular surgeons Dr. Michael DeBakey and Dr. Stanley Crawford at Baylor University in Houston, Texas), Oppenheim stands out among his most memorable patients. Why? Because his case was a particularly tough one, even for this seasoned physician.

Oppenheim had what Dr. Stoneburner calls a “traumatic presentation.” He had an acute type A aortic dissection with cardiac tamponade, which in laymen’s terms means there was a buildup of blood or fluid between the heart and its outer layers, which leads to pressure on the heart. Oppenheim’s carotid arteries, the major arteries in the neck that supply blood to the brain, face and neck, were also damaged, and he was unconscious.

“For a while he was literally at death’s door,” remembers Dr. Stoneburner. “Medications were needed to raise his low blood pressure, and he was on artificial support to maintain his circulation and keep him alive.”

Dr. Stoneburner had a dilemma to face, one that 21st-century surgeons encounter more often than ever: When should a physician bring all the resources of modern medicine to bear to save someone, even if it causes suffering, costs exorbitant amounts of money and simply delays the inevitable for just a brief time?

“Surgeons are faced with complex issues, especially now with improved technology,” says Dr. Stoneburner. “I’ve had other patients like Mr. Oppenheim, people who were in horrible situations, but we fight on and keep treating and they pull through.”

Understanding something about who Oppenheim was made Dr. Stoneburner’s decision about how to proceed much easier. “Once I learned of his history—that he had been in reasonably good health, was an active 84-year-old when this hit him, and had a loving and supportive family to care for him through a recovery—I felt I had to proceed with his surgery,” he says.

The doctor describes an extensive, complex procedure, including putting Oppenheim into a state of hypothermia (in which the body is cooled), stopping the heart and circulation so his aortic and carotid arteries could be repaired and then gradually warming his body back to a normal temperature. When Oppenheim woke from the nearly six-hour surgery, he knew that something had happened to him, but he wasn’t sure what, exactly.

“I saw tubes coming out of me everywhere. I knew my family was with me, and that gave me great comfort,” says Oppenheim, who was an avid golfer at the time of his health crisis. “I was so glad to be alive.”

Six years later, Oppenheim’s gratitude for the team that saved him hasn’t dimmed in the slightest. “I want to thank Dr. Stoneburner for saving my life. I’m grateful to my wife and family; my dear friend Dr. John Spalding, who kept me spirits up; my cardiologist, Dr. Michele Del Vicario, for visiting me every day; my parish priest Monsignor Lenihan, now deceased, who brought me daily communion; and everyone who visited me in the hospital and at home for all of their support.”

These days Dr. Stoneburner and Oppenheim don’t see one another often, only once a year, for Oppenheim’s annual heart MRI and checkup. But the news has been very good to date. The most recent test results show no sign of another aortic dissection.

Best of all, in September this father of three and grandfather of four was able to celebrate reaching a tremendous milestone: his 90th birthday.
"I SAW TUBES COMING OUT OF ME EVERYWHERE. BUT I KNEW MY FAMILY WAS WITH ME, AND THAT GAVE ME GREAT COMFORT. I WAS SO GLAD TO BE ALIVE."

THE COMPLETE HEART SURGERY TEAM

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The capabilities of the Torrance Memorial Lundquist Cardiovascular Institute’s Cardiothoracic Surgery Program include performing these procedures:

> Complex valve repair and replacement
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> Aortic root and arch surgery
> Surgical treatment of arrhythmias
> Percutaneous heart valve therapy
> Transcatheter Aortic Valve Replacement (TAVR)

These procedures as well as diagnostics and treatment are available at the medical center and, in addition to John Stoneburner, MD, are performed by Salman Azam, MD, and USC Keck Medical Center surgeons Jack Sun, MD, Craig Baker, MD, Michael Bowdish, MD, Fernando Fleischman, MD, and Amy Hackmann, MD.
When it comes to tough jobs, it’s hard to imagine one that’s much more emotionally and physically taxing than caring for burn victims and the dying. But that’s what Marie Herbrandson has done, week in and week out—first while managing the Torrance Memorial Intensive Care Unit (ICU) and the Burn ICU for four years, and now as lead RN of Hospice at Torrance Memorial Medical Center, where she has been since March 2014.

Although she truly loves her work, it was while in the ICU three years ago that Herbrandson realized she needed a change—something she could do that was just for her. So she started running. “I never ran until I started managing the ICU,” she remembers. “One of our cardiologists invited me to join his running group, and it was such a great stress reliever. After that, it was a snowball effect.”

Herbrandson and some of her co-workers next hiked Mount Baldy. Then a few trained for and ran the LA Marathon.

“The shared experiences we had in accomplishing something together outside of work really solidified our relationships, and it broke down a lot of barriers at work,” says Herbrandson, who was also part of the council that launched the hospital’s Vitality wellness program. “When you’re sweating and struggling together, the hierarchy disappears—we’re just friends supporting each other.”

Pulse writer Katie Griffith sat down with Herbrandson to find out more about her work in hospice care and her personal journey to better health.
HEALTHIEST PERSON I KNOW
Pulse: Why did you switch from working in the ICU and Burn ICU to hospice?

Marie Herbrandson: While working in the ICU, I realized how much denial there is in our culture about the inevitability of death. Many patients died in the hospital because their goals of care weren’t firmly established before they became ill. A lot of procedures can be painful and invasive; I wanted to explore less aggressive ways to approach end-of-life.

One of my relatives died while in hospice, and the program sent a violinist to his home so he could still have beauty around him. Hospice enabled this dignified man to die as he lived, and our service in hospice aims to provide inspiring experiences like that.

“One of my relatives died in hospice. The program sent a violinist to his home before he died so he could still have beauty around him.”
Pulse: What do you enjoy most about working in hospice care?

MH: I like the collaborative team approach to the care we provide. One of the most rewarding experiences is when members of the South Bay community call us to discuss what treatment options are available for their loved ones. Situations are rarely black-and-white, and most people need some guidance in making decisions about what the right choice is for them.

Families can really struggle with whether or not to choose interventions like IV hydration and feeding tubes. Everyone has good intentions for their loved ones, but as our bodies fail it becomes harder to know what the best option is sometimes.

It’s a very personal decision. Hospice isn’t all about death; it’s a supportive philosophy about enhancing our life while we still have time.

Pulse: How do you cope with the loss of patients?

MH: Some patients have been with our hospice service for quite some time, and deep attachments can be made—not only with the patients but also with their families. All the caregivers in our team support each other through our personal grief.

And we focus on the positive—when we made a difference and were able to keep someone comfortable and pain-free at the end of their life. It’s a privilege to be welcomed into people’s homes and to meet their family. Then we can truly see them as a full person with their life history all around them.

Pulse: What goes into helping people transition from life to death?

MH: Having a conversation about it early on really helps. When you know what you want for your end-of-life care, you can maintain more of a sense of control. A lot of anger can stem from a loss of control. Because so many people don’t talk about their feelings about end-of-life care, family members are often left to figure things out when the patient becomes acutely ill.

A sudden illness often brings together family members that perhaps haven’t spoken to each other in years, and everyone has to come together to make a decision they feel good about—often without really knowing what the patient truly wanted. It has happened in my own family, as well as with most of my friends who have had loved ones who become ill.

Again, it’s not common in American culture to talk about death, which is really unfortunate since we all know it’s inevitable. I think a healthy transition to death starts now, for all of us. If we embrace each day, perhaps we’ll be prepared when our time comes.

Pulse: What, exactly, does running do for you?

MH: As health care workers, we have to be reminded and encouraged to take care of ourselves, in addition to our patients. My mind tends to be hyperactive, and running is one of the few ways I can really relax. If you start a day running on The Strand, looking at the ocean and the sky, how can the rest of the day go wrong?

I use a lot of mantras, such as “So happy, so healthy, so lucky, so grateful” when doing long runs to help keep me going; it makes the experience more meditative. My best experience as a runner was a marathon I ran for a patient in the Burn Center whom I’d grown very close to. She remains the strongest person I’ve ever met; she gave me strength while I gave her my legs for the race.

With my new position in hospice, I haven’t kept up my usual training routine, but I’ve done the Long Beach Marathon every fall for the past four years. My next goal is to do a triathlon. I just joined a swim team and am working on my swimming because that’s more difficult for me than running. I do a lot of hiking on the Palos Verdes trails, and my son is an avid mountain biker—so he bikes the trails while I hike. It’s time together that we both really enjoy.

Pulse: What’s your advice for new runners or those who want to start running?

MH: My advice for someone who’s new to running is that you don’t have to be fast or svelte to be a marathoner. I’ve run nine marathons, a dozen half-marathons and numerous 10Ks. I’ve also run a couple of trail half-marathons; I enjoy the challenge of the terrain and the elevation changes. There’s a tremendous amount of love and support for people who just show up and try. Perseverance makes a marathoner—not the physique.
When type 2 diabetes comes to mind, you may picture someone older, perhaps overweight and not very active. While that snapshot of a diabetic is still accurate, the scary truth is that diabetes and its precursor, prediabetes, are now striking a much broader group of Americans. According to recent surveys by the U.S. Centers for Disease Control and Prevention (CDC), while type 2 diabetes was once largely diagnosed in the middle-aged and older, doctors are increasingly seeing it in teenagers and even children.

“Blame the rise on recent increases in both obesity and the lack of physical activity, which are often factors in type 2 diabetes and are affecting all ages,” says Cynthia Ro, MD, an endocrinologist affiliated with the Torrance Memorial Physician Network.

In June 2014 the CDC reported that 29.1 million people—or 9.3% of the U.S. population—have diabetes. Of that number, 21 million people have been diagnosed with the condition, but more than 8 million don’t even know they have it. That means that the undiagnosed aren’t getting the treatment they need to manage diabetes and keep it from progressing to very serious health complications, which can include blindness, amputations, stroke and heart attack.

These risks are, of course, what make diabetes one of the biggest killers. While diabetes ranks seventh among America’s leading causes of death, it often kills through stroke (the fourth-leading killer) and heart disease (#1).

Then there are the staggering numbers of people who have prediabetes, in which blood sugar numbers are elevated but not so high as to meet the threshold for type 2 diabetes. Prediabetics have no symptoms, but the condition can lead to full-blown diabetes and all its complications if left untreated.

The National Institutes of Health estimates that 86 million Americans have prediabetes, up from 79 million in 2010. That increase is also linked, in large part, to expanding waistlines and too much time on the couch, says Dr. Ro.

The number of Americans threatened by type 2 diabetes is staggering. But there’s plenty of good news too: losing weight (even a little), exercising more and drinking less soda can all help bring your blood sugar down to healthy levels. So can weight-loss surgery.

Written by Francesca Kritz
When we eat carbohydrates, including sugars, these are broken down by the body into glucose (also called blood sugar), which our cells need for energy. Cells rely on the pancreas, a gland below the stomach, to make insulin—a hormone used to deliver glucose to the cells.

When the pancreas functions normally it produces the right amount of insulin to move glucose from the bloodstream into the cells. If you have diabetes, your pancreas either produces little or no insulin, or the cells don’t respond as they should to the insulin that’s produced.

The result? Glucose builds up in the blood, overflows into the urine and is excreted, leaving the cells without a source of energy. When glucose stays in the bloodstream it can damage the heart, muscle tissue, eyes and other parts of the body.

Some of the factors that raise your risk for developing type 2 diabetes are ones you can control, like getting more exercise and maintaining a healthy weight. (Doing both of these will dramatically lower your odds of getting the disease; more on that below.)

Others, though, are things you can’t change, like your age (being older puts you at higher risk) and having a family history of diabetes. African-Americans and Latinos are at greater risk of diabetes, too, likely due to genetic factors.

Having a family history or a genetic predisposition to diabetes owing to your race or ethnicity may not, on its own, be enough to tip the scale into developing the disease. But combined with other factors such as excess weight and a lack of physical activity, and possibly exposure to toxins in the environment, it can be enough to boost your blood sugar to unhealthy levels.

Since diabetes is typically caused by a variety of factors, if you’re diagnosed with type 2 your treatment will be tailored to you specifically, says Dani Rodriguez-Brindicci, MS, RD, a clinical/outpatient dietitian at the Torrance Memorial Specialty Center. “Interventions that are right for you could include medication, exercise, weight control and in some cases bariatric—or weight control—surgery to improve or even reverse diabetes.” Your doctor, diabetes educator or diabetologist may bring up any of these.

**WHAT IS DIABETES, EXACTLY?**

**TYPE 2 DIABETES**
People with type 2 diabetes can’t make effective use of the insulin their body produces, and over time they may stop making insulin altogether.

Of all the diabetics in the U.S., 90% to 95% are type 2.

**TYPE 1 DIABETES**
In this form of diabetes, which is most often diagnosed in children and teens, the body stops producing insulin.

**GESTATIONAL DIABETES**
Gestational diabetes occurs in pregnancy due to the increase in hormones made by the placenta. This interferes with the ability of a woman’s pancreas to make enough insulin. A woman who has had gestational diabetes has an increased risk of developing type 2 diabetes later in life.
Decades of research have found that two things matter most when it comes to stopping diabetes in its tracks: losing weight (even a small loss can have a big impact)—or maintaining a healthy weight if you’re already there—and regular physical activity. Together these two can prevent type 2 diabetes from happening in the first place and reverse it if you’re prediabetic or even diabetic, in some cases.

Obesity can trigger the condition because excess fat seems to interfere with the body’s metabolism and can lead to insulin resistance—the inability of the body to use the insulin it produces. Studies have shown, too, that physical activity can improve and even reverse diabetes by helping glucose be more efficiently used by cells; this is because exercise can improve insulin sensitivity. Muscle tissue also uses glucose better than fat does, which is why building and using muscle through regular exercise helps to keep blood sugar on an even keel.

Even if you’ve already been diagnosed with diabetes, it’s definitely not too late to turn things around. Weight loss (or maintenance) and exercise still matter a lot, and you may need medication to help the pancreas produce more insulin and prevent the complications of glucose build-up.

The Diabetes Prevention Program (DPP), a large clinical trial funded by the National Institutes of Health, looked specifically at what works best to stop or prevent diabetes in people at risk for developing the disease. The DPP came away with several findings: most important, that intensive lifestyle changes, especially weight loss and regular exercise, reduced the development of type 2 diabetes by 58%. By comparison, the study found that metformin, often the first diabetes drug given, says Dr. Ro, lowered diabetes risk by just 31%.

Here are some guidelines that will help lower your risk of developing type 2 diabetes or prediabetes, or keep your blood sugar in check if you’ve already been diagnosed (bonus: they’ll also keep your weight down):

**DIET & EXERCISE**

“We can’t blame any particular food for triggering diabetes, but the easy availability of processed and convenience foods and the access to refined carbohydrates [such as crackers, breads, cookies, candy and pasta] has led to an excess intake of calories, fat and sugar. And that’s leading to the weight gain and the prevalence of obesity,” says Rodriguez-Brindicci, adding that these foods are not bad in themselves, but the amounts in which many of us eat them is a problem. “That, added to the decrease in levels of physical activity, is definitely leading to the rise in type 2 diabetes.”

Dani Rodriguez-Brindicci, MS, RD, recommends working with a nutritionist or diabetes educator to find realistic ways to modify your diet “and develop a meal plan that works best for you.” It’s also worth taking a hard look at the beverages you’re drinking; many contain sugar that can drive up glucose. Sugary sodas and coffee drinks are obvious offenders, but sports and energy drinks, juices and smoothies are often just as bad.

When it comes to exercise, the DPP found that being moderately active for 150 minutes a week was enough, combined with a low-calorie, low-fat diet, to drop diabetes risk significantly. That equates to just 30 minutes per day, five days per week, of an activity like brisk walking. And if you can work out longer or more vigorously, that’s even better.
While insulin is often the first choice for newly diagnosed type 2 diabetics and some prediabetics, there are many medications that can be used to treat type 2 diabetes, says Dr. Ro. Some improve the body’s sensitivity to insulin; others promote insulin secretion from the pancreas; and still others slow the body’s metabolism of carbohydrates.

“The choice of medication depends on the patient and how bad their diabetes is,” Dr. Ro says. “Some will need insulin right away because blood sugars are so high and oral medications will not be enough to achieve adequate control.”

Insulin therapy is necessary, she adds, if the pancreas isn’t able to produce enough insulin or if existing kidney or liver problems prevent someone from using oral medications safely.

While insulin has typically been given through injections or a pump device, the Food and Drug Administration recently approved Afrezza, a fast-acting form that’s inhaled. Over the past few years, Dr. Ro says there have been major breakthroughs in the treatment of diabetes, including new classes of medications called GLP-1 agonists and SGLT-2 antagonists that not only control blood sugar but are effective in promoting weight loss.

“Every patient with diabetes should receive an individualized treatment regimen based on their specific needs,” stresses Dr. Ro. “You should talk with your doctor to see which medications would best help control your diabetes.”

MEDICATION

Surgery can be an important tool for those who are both very overweight and have type 2 diabetes. Weight-loss surgery (technically known as bariatric surgery) has a lot of benefits, but there's one that's probably not so well-known.

“There’s a secondary but significant impact on diabetes from the surgical procedure: hormonal changes that improve insulin resistance,” says Aileen Takahashi, MD, medical director of bariatric surgery at Torrance Memorial. “In order to be a candidate for surgery, besides meeting all the medical criteria, the person has to accept that they must change their habits after the surgery is over. That means they must exercise regularly, and they have to improve their eating habits. If they don’t, then they won’t be successful with the weight loss, and the surgery is just a waste.”

But if a patient can make these changes, adds Dr. Takahashi, they’re likely to make an excellent candidate for a successful surgery. “What I tell the patients is that exercise and eating properly are the ways to lose the weight. Surgery can help control your appetite, and then when you do eat you’re satisfied with less. So if you have that help, then it’s easier to stay on track with proper eating habits.”

There are several kinds of bariatric surgery, and three of these procedures are performed by surgeons at Torrance Memorial: gastric bypass surgery, a less-invasive procedure called the gastric sleeve and gastric band surgery. Dr. Takahashi says to reverse type 2 diabetes, the best choices are gastric bypass or sleeve gastrectomy because these are metabolic operations, meaning they change hormonal levels that relate to glucose metabolism. (The gastric band, on the other hand, doesn’t lead to hormonal changes, so if you want to reverse type 2 diabetes and you choose gastric band surgery, weight loss becomes crucial.)

Prior to surgery, Dr. Takahashi says patients must attend pre-surgery classes at the hospital and support groups where they learn about different types of bariatric surgery and how to keep off weight long-term through better eating habits and physical activity.

“These are all-important to improve health and will lead to overall better glucose control,” says Dr. Takahashi. (See “Which Weight-Loss Surgery Is Right for You?” on page 38 for more on the types of bariatric surgery performed at Torrance Memorial.)

Even if improving your blood sugar and getting your type 2 diabetes under control is the main reason you choose to have bariatric surgery, the operation can offer other big health benefits. If the extra weight is kept off, your risk of cardiovascular disease will drop, and the surgery can ease symptoms of incontinence, joint and back pain, sleep apnea and reflux disease—and may even lower the risk of cancers that have been linked to excess weight, such as breast cancer.

BARIATRIC (WEIGHT LOSS) SURGERY

BIG REWARDS, SMALL STEPS

The Lundquist Cardiovascular Institute of Torrance Memorial Medical Center and the Torrance-South Bay YMCA recently combined efforts to expand the YMCA’s Diabetes Prevention Program. Thanks to a generous contribution of $225,000 from the Institute, the Y is able to give adults at risk of developing type 2 diabetes a chance to make lifestyle changes that can tremendously improve their health. The free 12-month “Big Rewards, Small Steps” program is designed to help adults adopt and maintain healthy lifestyle changes such as eating more healthfully and finding an exercise regimen they can stick to. Participants meet for 16 one-hour sessions led by a trained lifestyle coach. By the end of 2014 the YMCA’s Diabetes Prevention Program will have served more than 19,500 adults at more than 850 locations in 41 U.S. states. For more information and to enroll, go to ymca.net/diabetes-prevention. And to learn more about American Diabetes Month, go to diabetes.org.

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WHICH WEIGHT-LOSS SURGERY IS RIGHT FOR YOU?

“I tell patients that we make the decision about their surgery together,” says Aileen Takahashi, MD, who leads the bariatric surgery program at Torrance Memorial. The best candidates for weight-loss surgery are adults with a body mass index (BMI) of 40 or higher, or a BMI of 35 or higher with another condition, like high blood pressure, diabetes or sleep apnea. Other characteristics of an ideal bariatric surgery patient include being able to walk; having successfully lost weight before; having the support of family and friends to stick to lifestyle changes; and being willing to commit to changes such as eating a healthful diet and exercising regularly. Torrance Memorial Medical Center surgeons perform these three types of bariatric surgery:

GASTRIC BYPASS: The most common bypass is called a Roux-en-Y. In this procedure, the stomach is divided into two separate parts. The new, smaller stomach pouch is effective for weight loss because it prevents the patient from eating a lot of food. This new stomach is then attached to the lower portion of the small intestine so the rest of the stomach is “bypassed” during digestion. Gastric bypass also affects hormones that reduce hunger and improve the uptake of insulin by cells—making it a good choice for potentially reversing type 2 diabetes.

SLEEVE GASTRECTOMY: Typically just called “the sleeve,” this procedure involves removing most of the stomach and reshaping the rest. The new stomach pouch holds much less food. When eating fewer calories is combined with weight loss, the body in turn produces less ghrelin, an appetite-stimulating hormone that’s thought to interfere with the processing of insulin. “Some people want the least invasive or the simplest procedure, so the gastric sleeve is a better option,” says Dr. Takahashi. “If you have really bad reflux and heartburn, the sleeve may not be the best option because these conditions can sometimes get worse after surgery. Overall, though, the risks of sleeve gastrectomy are very minimal.” With this procedure, the stomach can hold relatively little food, so if you eat more than your stomach can hold, you may vomit. But with time the pouch will stretch somewhat. “Then you have more capacity to eat—which can make it easier to gain the weight back,” explains Dr. Takahashi.

ADJUSTABLE GASTRIC BAND: During this surgery a gastric band is implanted to reduce the capacity of the stomach; the patient then consumes fewer calories and is able to lose weight. How full you feel after eating will depend on the size of the opening between the pouch and the remainder of the stomach created by the gastric band; the size is usually adjusted by the surgeon during subsequent procedures through a port placed under the skin. Since band surgery doesn’t affect hormones, it’s not the best option for reversing type 2 diabetes.
In 2012, Christine Haeger’s doctors found that her weight—289 pounds at the time—was dramatically affecting her ability to manage her type 2 diabetes. Despite taking four diabetic medications, Haeger’s blood sugar often spiked, making her feel ill. When it dropped, she felt nauseous, sweaty and lethargic. One of her physicians was even considering adding a fifth diabetic drug to Haeger’s regimen.

But by this point Haeger was simply tired of feeling bad—and ready to talk about how surgery might help. “Dr. [Aileen] Takahashi presented surgery options, and at first she had planned on gastric bypass,” explains Haeger, now 65. Together, doctor and patient eventually decided on the gastric sleeve (aka sleeve gastrectomy) as the best choice.

“Deciding which procedure to go with was not an easy choice, but in the end the doctor and I opted for the gastric sleeve as the least invasive but still with a high probability of a positive effect on my diabetes,” says Haeger.

Like other bariatric surgery patients at Torrance Memorial, Haeger attended pre-surgery sessions at the diabetes center to learn about the procedure and what she’d need to do afterward. The experience, she says, re-taught her how to eat. “The nutritionists want you to eat protein first, then vegetables and then starch, and I used to do the opposite,” says Haeger.

“This approach is designed to get in the most important nutrients before a person who has had bariatric surgery becomes satiated,” explains Dani Rodriguez-Brindicci, MS, RD, a clinical/outpatient dietitian at the Torrance Memorial Specialty Center.

Haeger had gastric sleeve surgery in March 2013. “I was in the hospital overnight, and the recovery period was pretty quick, except that I had to drink just liquids for a long period of time after surgery,” she remembers. (This is necessary to prepare the body for solids, says Dr. Takahashi.)

Soon after, Haeger was able to stop taking three of the diabetes medications, and by October 2013 she had stopped all the drugs she was taking for diabetes. Her glucose levels were back to normal for the first time in more than 15 years.

These days, says Haeger, “I’m eating less of things that aren’t good for me, and I don’t miss them—my energy is so much higher. I go on five-mile walks a couple of times a week with my sisters and other family members. And when I work out I just feel like I want to keep moving. Before, I was more of a slug and just wanted to sit there,” she explains. “I would highly recommend the surgery and the doctor. It’s made a huge change in my life; I never thought I’d be rid of my diabetes.”
THAT HOLIDAY SPIRIT

FOR 30 YEARS VOLUNTEER CAROLYN SNYDER HAS PLAYED A KEY ROLE IN BRINGING THE TORRANCE MEMORIAL HOLIDAY FESTIVAL TO LIFE.

WRITTEN BY CAROLE JAKUCS, RN, BSN, PHN | PHOTOGRAPHED BY LAUREN PRESSEY
When Carolyn Snyder began volunteering at the Torrance Memorial Medical Center Holiday Festival back in 1984, the event—now 31 years old—was just in its first year. Snyder started as a volunteer after joining Las Amigas, the group that launched this popular event.

The organization’s goal for the festival was straightforward right from the start: to raise funds for the hospital. Even in its first year, an impressive $10,000 was gathered for the hospital’s foundation.

Since then, countless volunteers like Snyder have grown the Holiday Festival into a major annual community event hosting hundreds of guests; it has become Torrance Memorial Medical Center’s largest yearly fundraising event, in fact. In 2013 the festival generated nearly $750,000 in donations to assist in funding medical care, facilities upgrades and scholarships for students entering the health care professions.

Two special additions are part of this year’s lineup, she says, making a total of 36 beautifully adorned trees. The first new tree is called The Art of Healing and features ornaments that replicate the 26 pieces of artwork slated for patient rooms in the new Lundquist Tower. Cheryl Thiele, the hospital’s art consultant, donated the art for the tree.

The second tree is named In the Beginning. Explains Snyder, “It features ornaments themed from the Torah, which shares stories with the first five books of the Bible. It’s sponsored by Dr. Norman and Mrs. Robin Panitch, and Mrs. Panitch is creating and working on the tree. We love bringing new ideas to the festival each year, and this is one of them.”

During the festival’s early days, Snyder remembers its rather nomadic existence, moving location from year to year and sometimes even being held in small tents on the hospital campus. For a few years the festival took place in a garage at a hotel in Torrance before transferring to Wilson Park. In 1984 Mother Nature threatened, and the Torrance Fire Department was called in to help stabilize tents after a severe rainstorm.

Finally the event came back to the hospital campus, where it has remained. “This has worked the best, as most people in the community know where Torrance Memorial is located,” says Snyder.

The Holiday Festival is, though, just one organization to which this retired real estate agency owner has donated her efforts. Snyder has a long history of giving time to Torrance community groups—from coaching soccer to organizing banquets for South High sports to volunteering for Habitat for Humanity. She has also been a Little League president and was an active member of the PTA when her children were young.

As the mother of four grown children, grandmother of eight and great-grandmother of one, Snyder has instilled the value of giving back in her family too. “I was raised volunteering; my parents were active in many community groups,” says Snyder. “I live by the principle based on a quote from President Theodore Roosevelt: ‘Do what you can, with what you have, where you are,’ and I truly believe that. I donate my time to the community and monetarily when I can.”

In fact everyone in Snyder’s extended family plays some role in the Holiday Festival, which is a whole year in the planning. “My family has always supported me at this event—from decorating trees to sweeping floors to emptying the trash,” she says. “My grandchildren have grown up with the festival.” Her brother, Ray O’Dell, sees that the lights on every single Christmas tree are in working order and ensures that the trees look perfect before being displayed.

It’s probably no surprise to hear that a woman who has volunteered at the Holiday Festival for three decades is a big fan of the season. “My family and I love getting together, eating traditional holiday foods and opening presents. And I enjoy tree-decorating for the festival and at home so much that for a few years I had a corporate tree-decorating business.”

But it’s the volunteering that keeps Snyder coming back every year. “It brings me joy knowing that I’ve helped raise funds and friends for Torrance Memorial Medical Center,” says Snyder, who is co-chair of the 2014 festival. “Torrance Memorial is like one big happy family. For anyone who gets involved, it becomes a labor of love.”

One of the perennial highlights of the Holiday Festival is the dozens of exquisitely decorated Christmas trees. This year the trees are Snyder’s domain (co-chair Bev George oversees the event’s boutique), and she clearly revels in it.

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Over so many years as a volunteer, Snyder has held practically every possible role with the Holiday Festival, from tree designer and decorator to various chairmanships. But even as the event has grown larger and more complex over the years, one thing has stayed the same: the devotion of all who work on this much-loved community event.

Snyder feels deep gratitude to the many volunteers who give their efforts to this worthy annual endeavor, particularly at one of the busiest times of the year. By the time this year’s event begins, some 10,000 volunteer hours will have been spent in preparation.

“This festival is made possible due to the hard work of hundreds of volunteers,” says Snyder. “Dedicated and passionate, they design and decorate trees, make wreaths, sell tickets and prepare the gift boutique. It’s an event that’s rich in love and commitment.”

The 2014 Torrance Memorial Medical Center Holiday Festival runs Tuesday, December 2 to Sunday, December 7. At the festival’s formal gala on December 5, 32 of the Christmas trees will be auctioned off or sold, with proceeds going to Torrance Memorial. For more information, go to torrancememorial.org/holidayfestival.
When you’re in the hospital, it’s the small things that go a long way toward brightening your day: a warm smile from a nurse, your favorite magazine or a good book, a bright bouquet of flowers, maybe a sweet treat or a bunch of colorful balloons. That is why the new Auxiliary Gift Shop was never an afterthought in the long-time planning of the Lundquist Tower at Torrance Memorial Medical Center. Everyone involved knew the space had to be special and inviting.

The beautiful new 1,421-square-foot space—named through a gift of the Kenneth T. and Eileen L. Norris Foundation—is exactly that. The boutique will feature specially-chosen seasonal and year-round gifts, a wide range of books and magazines, fresh flowers, toys and snacks for patients and visitors alike.

“A gift shop is very important to a hospital, because you have people who are stressed about their loved one in the hospital and want to do something kind for them but don’t want to have to hop into the car,” says Lisa Hansen, chair and trustee of the Norris Foundation. “Also, it offers a distraction for those who are worried, to buy a magazine and maybe take their mind off of the situation.”

The Foundation’s gift, naming the shop the Kenneth T. and Eileen L. Norris Foundation Auxiliary Gift Shop, is in keeping with its history of supporting medical research, health care and hospitals. In 2013 they donated $340,000 to Torrance Memorial for a heart-lung machine. From 2002 to 2004, the Foundation donated $85,000 to the hospital’s nursing scholarship program during the height of the nursing shortage.

In addition to the Norris family’s support of medicine, the foundation also gives to groups focused on community, youth and cultural and education/science endeavors. Simply put, says Hansen, “We want to help create a better society for the people and community who live in it.”

When Hansen, Harlyne Norris—a trustee—and Walter Zanino, executive director of the Norris Foundation and a trustee, were considering how the Foundation might contribute to the new Lundquist Tower, they were struck by the fact that the hospital’s all-volunteer gift shop has always been self-sustaining. “The gift shop generates money that goes back to the hospital,” says Hansen. “I felt, this is how important volunteers are to the hospital—it’s stunning to me that Torrance Memorial has close to 1,000 volunteers.”

The gift shop has donated more than $5 million to Torrance Memorial, in addition to thousands of hours of service given annually by volunteers. “The [self-sustainability of the gift shop] was the big turning point in making our decision,” agrees Norris. “It’s a gift that keeps on giving.”

“That was very appealing to Mrs. Norris and me when we came,” notes Zanino, whose wife, Carla, has been a volunteer at the hospital for two years. “We knew that we could give this gift and it would continue on for many years into the future, probably creating a multiple of what we actually gave.”

For the Foundation’s leaders, the link to Torrance Memorial goes well beyond a simple donation. All three are residents of the South Bay, so the connection to the hospital is very personal.

“It’s just so fantastic, from a selfish point of view, that the hospital is in my backyard—in all of our backyards,” says Hansen. “I’m beaming with pride. We’re really proud of the work that Torrance Memorial does and that we have a partnership like we do, because it does such good work for the citizens of Torrance.”

Hansen, Norris and Zanino have also seen how, over the years, the hospital’s gift shop has been something of a crossroads for visitors, patients and staff who come through Torrance Memorial’s doors, making it a hub of what goes on at the hospital, day in and day out.

“What’s amazing is how well the hospital takes care of and puts their arms around the gift shops they have,” says Hansen. “I think the volunteers are super-excited about having this shiny new place; you can’t help but want to go in. A gift shop is a vital part of any hospital.”

Adds Norris, “It’s kind of a happy place too. We are proud to be a part of it.”
In anticipation of the November 2014 opening of the Lundquist Tower for patient care, Torrance Memorial Medical Center thanked its donors with an intimate black tie gala. Beginning in the Lundquist Tower lobby, donors were treated to tours of the building, an unveiling of the donor wall and plaque dedicated in the memory of Richard B. Hoffman, MD, and dinner and dancing under the stars overlooking the spectacular building.
Fifi Menzelos, Sam Menzelos

Guests tour an OR suite.

The celebration continues on the dance floor.

Jonathan Beutler, Sunny Beutler, Dr. Oi-Lin, Dr. Tei-Fu Chen

Louis Grazadio, Beth Grazadio, Sandy Yang, Frank Yang

Guests view the donor wall.

Richard Lundquist, Melanie Lundquist, Yael Hoffman, Rex Hoffman, MD, Craig Leach (president and CEO), Carole Hoffman, Erin Hoffman, Heidi Hoffman, MD, and Stuart Hoffman, MD, gather to honor the memory of Richard Hoffman, MD with a plaque that will be featured prominently in the Vasek Polak Grand Lobby.

Jackson Yang, Julie Yang, Jennifer Yang, Linda Yang, Joanne Yang, Stanley Yang, MD, Sandy Yang, Frank Yang

Priscilla Hunt, Ryan Moore, Sara Rossi, Saxon Nowotka, Brenda Nowotka

Elaine Jerome, Judith Gassner

Marc Schenasi, Laura Schenasi, Joy Theodora, Kevin Theodora
GRAND OPENING CELEBRATION

SEPTEMBER 19 AND 20
A Celebration of the Torrance Memorial Medical Center Lundquist Tower

More than 2,000 community members turned out to celebrate the dedication and ribbon-cutting of the 390,000-square-foot Lundquist Tower, scheduled for patient care in November. The event attracted visitors eager for this first glimpse into the beautifully appointed new hospital equipped with the latest medical technologies. In addition to the dedication and ribbon-cutting featuring elected officials and actors portraying hospital founders Jared Sidney Torrance and Helena Childs Torrance, highlights of the two-day open house included docent-guided tours, health booths, face painting, pet visitation dogs, volunteer clowns, a photo booth, food trucks and fire and police vehicles.
Ariel Aguirre, RN, 5N; Kia Duong, RN, ICU2; Katrina DeSocio, RN, PCU6; Grace Lechner, RN, 4N; and Stephanie Crespo, unit secretary, 4N, dress up as 1920s nurses to escort Mr. and Mrs. Torrance to the grand opening and ribbon-cutting. On the way they stop to pose for photos with Girl Scout Daisy Troop #14845 of North Torrance.

Craig Leach greets more than 400 guests at the ribbon-cutting and dedication.

Nova Kaelyn Arcilla provides face painting.

Craig Leach and a young visitor.

Pet visitation volunteers greet guests.

Actors playing Torrance Memorial founders Jared Sidney Torrance and his wife, Helena Childs Torrance, arrive via Ford Model A for the ribbon-cutting and dedication of Torrance Memorial’s Melanie and Richard Lundquist Tower.

Thousands learn about Torrance Memorial’s programs and services.

Young and old enjoy the photo booth and silly props.

Tour docent Tina Trudnowski shares the beauty of the Healing Garden.

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Nova Kaelyn Arcilla provides face painting.

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“EVENING UNDER THE STARS” GOURMET FOOD AND WINE FESTIVAL
AUGUST 2 | American Honda Campus

Community members gathered Saturday, August 2 at American Honda’s Torrance headquarters to sample the South Bay’s best cuisine in an elegant Hawaiian setting at the 28th annual “Evening Under the Stars” Gourmet Food and Wine Festival. Proceeds go toward construction of Torrance Memorial’s new Lundquist Tower and Pediatric Services. Guests were treated to musical performances by Grammy Award-winning artists Tia Carrere and Daniel Ho, as well as hula performances by Keali’i Ceballos and Halau Keali’i O Nalani. Attendees sampled fare from more than 20 restaurants and approximately 80 varietals of wine, while sommeliers from the Disneyland Resort educated guests about their samplings.

LOCALLY-OWNED SOUTH BAY CRAFT BREWERY TOUR

Torrance Memorial Medical Center’s Young Physicians and Professionals Alliance (YPPA) hosted a mixer at Smog City Brewery in Torrance on June 25. Attendees engaged in tasting various locally-made beers on tap and took a tour of the brewery. YPPA was established with the purpose of allowing physicians and area professionals to network with one another and inspire a new generation to support and advance Torrance Memorial Medical Center. For information on upcoming YPPA events and membership contact Laura Schenasi at 310-517-4708 or visit TorranceMemorial.org.
LUNDQUIST TOWER
PHYSICIAN OPEN HOUSE
SEPTEMBER 16 | The Lundquist Tower

Medical staff enjoyed a reception in the lobby of the Lundquist Tower, which included docent-led tours to three floors, refreshments and a presentation by Craig Leach, president/CEO, chief of staff Tom Simko, MD and benefactor Melanie Lundquist. In addition to offering tours of the building to medical staff, Torrance Memorial leadership thanked physicians for their partnership in practicing the highest quality of medicine at the medical center.
SOUTH BAY GIVES BACK

THESE THREE LOCAL ORGANIZATIONS HAVE THE HOLIDAY SPIRIT ALL YEAR LONG.

WRITTEN BY CAROLE JAKUCS, RN, BSN, PHN

HARBOR INTERFAITH SERVICES

WHAT THEY DO: Harbor Interfaith Services (HIS) serves the homeless and working poor, whether families or individuals, by offering emergency shelter, child care, transitional housing, rental assistance, a food pantry and links to job opportunities and educational resources.

WHY THEY DO IT: “The goal for our clients is to decrease dependence,” says Tahia Hayslet, executive director of HIS. “We encourage educational opportunities for our clients, supported by our community partners and the faith community.”

HOW TO HELP NOW: Every holiday season Harbor Interfaith Services supports 450 more families by giving each a donated food basket at Thanksgiving and Christmas. For more information or to donate or volunteer, call 310-831-0603 or visit harborinterfaith.org.

SOUTH BAY CHILDREN’S HEALTH CENTER

WHAT THEY DO: The center offers services to low-income children of the South Bay through its Child Guidance Clinic, Dental Clinic and the South Bay Youth Project. The Child Guidance Clinic provides mental health services for children, teens and young adults up to age 21, while the Dental Clinic offers oral and dental health care to infants through young adults up to age 24. The organization also offers parenting skills programs and domestic violence support groups for adults.

WHY THEY DO IT: “We provide evidence-based practices to treat depression, anxiety, ADHD and trauma,” explains Christine Byrne, executive director of SBCHC.

HOW TO HELP NOW: To learn more or to get involved in the center’s work as a donor or volunteer, call 310-316-1212 or visit sbchc.com.

SHAWL WOMEN’S HOUSE

WHAT THEY DO: SHAWL (Support for Harbor Women’s Lives) is a six-month residential treatment facility for women working to overcome alcohol and drug addiction; many residents are homeless and survivors of domestic and sexual abuse. Transitional housing is available for single women and families for up to two years.

WHY THEY DO IT: “Many of the women come to us broken, and they all have a story. But they have a future, too,” states Laurie Whalen-Martinez, executive director of SHAWL. “By the end of six months, most of our women are getting jobs.”

HOW TO HELP NOW: Donations (toiletries, household items, new clothing and shoes) are welcome. To learn more, call 310-521-9310 or visit shawlomenshouse.org.
Want to learn more about your Medicare options? Medicare Enrollment Period is October 15th to December 7th

Torrance Hospital IPA Can Help

Learn about the different types of Medicare insurance available to you including:
Medicare PPO, Supplement, RX, and HMO health plans.

Call our Medicare Resources at 310-257-7239 to schedule a FREE one-on-one with an health insurance advisor.

Or attend our FREE...

Medicare 101

To make a reservation call 310-257-7239 or visit www.thipa.org/Medicare101

*T is an Educational Program Not a Sales Meeting.

Torrance Hospital IPA (THIPA) is a non-profit multi-specialty physician network owned by nationally recognized Torrance Memorial Medical Center. THIPA has been serving the South Bay community for over 30 years. Our members have access to high-quality and personalized care from over 350 primary care and specialist physicians.
Located in the parking lot at Medical Center Drive and Skypark Drive.

Enjoy this one-of-a-kind event that includes beautifully decorated holiday trees, boutique, food court and local entertainment.

Funds raised by the Holiday Festival support the new Lundquist Tower.

Public Exhibit and Boutique Shopping Hours

- Tuesday, December 2 .........................................................................1:30 - 3:30 p.m.
- Wednesday, December 3 .....................................................................10 a.m. - 9 p.m.
  “Senior Day #1” – Free admission to seniors .................................10 a.m. - 2 p.m.
- Thursday, December 4 ........................................................................10 a.m. - 9 p.m.
  “Senior Day #2” – Free admission to seniors .................................10 a.m. - 2 p.m.
  Community Service Group Night – Special Rate $2 .......................4 p.m. - 9 p.m.
- Friday, December 5 – Closed to the Public
- Saturday, December 6 ........................................................................10 a.m. - 9 p.m.
  Community Appreciation Day / Free admission
- Sunday, December 7 ...........................................................................10 a.m. - 4 p.m.

$5 General Admission – Children 2 and under are free.

Special Events – Reservations Required

Festival Fashion Show – $125 per person – Tuesday, Dec. 2, 9:30 a.m. - 3:30 p.m.
Festival Night Dinner Gala – $300/person, $550/couple – Friday, Dec. 5, 6 p.m. - 11 p.m.
  Santa Lunch – $10 per person – Sunday, December 7, 11 a.m. - 1 p.m.