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Sixth Annual Dancing for Our Stars
Benefiting the MemorialCare Heart and Vascular Institute at Long Beach Memorial
SATURDAY, FEBRUARY 1, 2014
The Pacific Ballroom at the Long Beach Arena
300 E. Ocean Blvd., Long Beach, CA 90802

For more information contact Susie Garrison at sgarrison@memorialcare.org or 562.933.1955
Welcome to the 2012 – 2013 Annual Report
for Memorial Medical Center Foundation, Long Beach Memorial and Miller Children’s Hospital Long Beach

Sometimes the boldest of ideas are the simplest.

Build a garden for patients to meditate, warm themselves in the sun and enjoy an afternoon breeze. Use a gentle, well-placed touch or stroke of the hand to calm a baby and create a bond.

A bright future can be seen in the actions of the present.

Infants and children remain in the same room with the same specialized staff before and after heart surgery, making them feel secure and cared for.

When I look into the future, it’s so bright it burns my eyes.

Oprah Winfrey

This Annual Report is published to provide information about the not-for-profit Long Beach Memorial, Miller Children’s Hospital Long Beach and the Memorial Medical Center Foundation committed to providing high-quality, cost-effective patient care and to members of the Long Beach Memorial board of directors, employees and the media to inform about the Annual Report Publication Team

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President, MMCF

CEO, LBM/MCHLB/CHLB

Diana Hendel, PharmD

Immediate Past Chair

Secretary

Joseph Maga, Jr., CPA

Annual Report Publication Team

Brett Beck

Michele S. Roeder, MBA

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Guadalupe Padilla, MD

Chair

Bill Arntzen, MD

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Memorial Care Medical Group

Memorial Medical Center Foundation

1350 Medical Center Drive

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90805

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On the Cover
Shaun Setty, MD, medical director of Congenital Cardiovascular Surgery, a position supported by an anonymous donor, performs heart surgery on an infant.
Dear Friends,

**Bold ideas** and a **bright future** is the theme of this year’s Annual Report, and it describes well what happens on this campus every day.

On the following pages, you will see the incredible new Todd Cancer Pavilion, and can read how it has affected patients, staff and donors. Building a cancer center to resemble a spa is a **bold idea**. Shortly before the Pavilion opened, I had the opportunity to take a couple on a preview tour. They were so moved by what they saw, they made a gift to name a room.

To enhance healing toward a **bright future**, we are delighted to highlight the new area within the Pediatric Intensive Care Unit reserved just for cardiac care. Shaun Setty, MD, medical director of Congenital Cardiac Surgery, and Marco Ayulo, MD, director of MCHLB Pediatric Cardiac Intensive Care, are doing an amazing job treating the smallest of hearts – those of infants and children.

Doctors, nurses, therapists, researchers and educators keep this campus alive and striving for an ever-higher level of care. They do so with skilled hands, the latest knowledge and compassionate touch. This is very apparent in the story “Touching the Lives of Families,” which highlights Compassionate Beginnings*, a new program in our Neonatal Intensive Care Unit. The Memorial Medical Center Foundation (MMCF) was able to bring this program on campus with a grant to train nurses in the techniques of healing touch.

For the staff at MMCF, we strive to make **bright futures** possible. For us, it’s all about relationships. We help donors and their families build their legacies, through outright and testamentary gifts, to provide sustainable support for clinical capital, patient programs, research and education.

Susan Melvin, DO, is a family medicine physician and chief medical officer at Long Beach Memorial. Over the course of many years, two of her patients, Don and Barbara Kolat, developed a close relationship with her. The Kolats were so grateful for her care, they asked, “What can we do for you?” Dr. Melvin inquired about whether they would consider leaving a provision in their Will/Trust to support medical education. Because of that discussion and the relationship with Dr. Melvin, and the death of both Don and Barbara, an endowment to support the Family Medicine Residency Program will soon be funded.

This is my 29th year at MMCF, and I continue to value the relationships I have built. To actually sit down with you and help you shape your philanthropic legacy is both a privilege and an honor. So many of you never saw yourselves as philanthropists, but after an open and honest discussion, your innermost philanthropist comes out.

Next August, this Foundation will have had 50 years of relationships, and the staff looks forward to working with you as we celebrate your impact on our community. We hope you have **bold ideas** to help us celebrate our **bright future** together.

**James F. Normandin**
President
Memorial Medical Center Foundation

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*PS. On October 24, a reception was held to celebrate Dr. John Messenger’s 42 years of patient care. If you would like to honor Dr. Messenger, please consider making a gift of cash, securities or property to the Memorial Medical Center Foundation for the John C. Messenger, MD, Education and Research Endowment at the MemorialCare Heart and Vascular Institute.*
2013 – 2014 MMCF Board of Directors

From left, seated: Christine Walker, Sandy Wells, Louise Ukleja, Deborah Massaglia, Jim Normandin, Mari Hooper, Candice Stacy, Kathy Lingle and Diana Hendel, Pharm.D. From left, standing: Tom Shadden, Charles Fullerton, Peter Ridder, Gil Dodson, R. Whitney Latimer, Kevin Tiber, Gary Van Arnam, Jon Masterson, William Webster, MD, Bill Durkee, Jack Dilday, James Cordova, John Felder, John Wang, Ron Piazza and Alex Bellehumeur.
To Our Friends and Neighbors,

Long Beach Memorial, Miller Children’s Hospital Long Beach and Community Hospital Long Beach have a mission to improve the health and well-being of individuals, families and our communities through innovation and the pursuit of excellence.

But our mission is much bigger than words alone can describe.

We recognize that it goes far beyond the boundaries of our campuses. We have a goal of providing high-quality health care to the entire community – regardless of age, gender, ethnicity, religious affiliation, socioeconomic status or ability to pay in times of an emergency. This is what drives us forward.

With health care reform, or more appropriately health care transformation, on the horizon, you may ask, how will our mission be impacted? Health care reform is changing culture, and it’s changing the way the private sector, including non-profits such as MemorialCare, is approaching the business of health care. What it means for the industry is that many changes already underway – including improved population health management, pay for performance and bundled payments to care providers – will continue to gain momentum.

Our efforts to forge closer partnerships with physicians, expand our continuum of care and better manage patients with chronic conditions, all position us well as health care reform proceeds.

Here are four things that I expect we’ll see:

First, the number of individuals who have access to affordable health care insurance will increase, and the number of people who previously did not qualify for medical care but will now do so, will expand. This will give us a chance to care for more people outside of just the emergency room.

Second, I expect we’ll see further consolidation as hospitals continue to join with medical groups and develop care plans for patients that include primary care physicians and specialists. This will create a more coordinated care environment with greater efficiency. We will see more reliance on electronic medical records to quickly share patient information between care providers, and a greater involvement of patients and their families in medical care decisions – patient and family centered care.

Third, the quality of health care nationwide will continue to improve as reimbursements are more closely tied to performance, as evidenced-based practice proliferates, and as patients and their families become even more involved in their health care.

Lastly, we will see an even greater emphasis on wellness and prevention. Expect more attention on tackling childhood obesity and other community concerns, and a greater focus on end-of-life care and related circumstances.

Caring for our community is our legacy, and we have the opportunity to make the right kinds of changes. To make a positive impact on how people will experience health care over the next 20 to 40 years is the charge before us. We accept the challenge, and you can be certain that we will be leading this discussion, and leading the transformation, in the years to come.

That … is our mission.

Diana Hendel, PharmD
CEO
Long Beach Memorial
Miller Children’s Hospital Long Beach
Community Hospital Long Beach
A Bold Dream

by Carol A. Beckerman

Transforming an administrative building into a world-class cancer center must have seemed a daunting challenge to some. To accomplish such a feat in this day and age with a budget of only $31 million – impossible.

But to dream boldly is what Cathy Kopy, executive director of the MemorialCare Todd Cancer Institute (TCI), and her team of advisory board members, physicians, nurses, patients, donors and the staff of TCI did. And that dream is now a reality – the Todd Cancer Pavilion (TCP).

Patient Promise
Every staff member who works in the TCI signs this pledge.

A Promise to Our Patients

You are the reason we exist. We will partner with you and your family, treating you with dignity and compassion.

We will treat all of you: mind, body and spirit; understanding that you are unique.

We will encourage open and honest communication, and respect your decisions.

We will celebrate your courage and determination, and are honored to take this journey of healing and hope with you.
Lobby
The two-story lobby is 2,000 square feet of light. The ribbon art behind the reception desk represents the 16 most common cancers.

Rhonnie Gobas volunteers once a week. Often she finds herself at the reception desk where she greets all who enter the building. “When people come in for the first time, their jaws drop. I can imagine people wanting to have their wedding in this lobby.”
Breast Center
The Center sees more than 30,000 patients annually and performs more than 40,000 procedures. Each imaging room is decorated with art, while two of the main corridors share a view of the etched glass wall behind Carrie.

Carrie Chittick, RT, is a radiology technologist in the Breast Center, which has four ultrasound rooms and six digital mammography systems. Carrie is also a breast cancer survivor and a mentor. “As an employee I am so proud to have patients come here. I would feel comfortable bringing my own daughter, sister or mother. It is beautiful, relaxed, calm and special. I know we do good work and now we have a facility to match.”

Gretchen M. Stipec, MD, is one of three board-certified staff radiologists, fellowship trained in breast imaging. “This place has been a dream since I’ve been here. From the front desk to the technologists, we are trying to make this the best possible experience for patients – and the building adds to that. It is especially nice in the dressing rooms, where the waiting area is so beautiful. The treatment rooms where we do biopsies, is far more private than in the past, each room is equipped with everything we need.”
Ambulatory Infusion Center
This area of the Pavilion was designed for both privacy and the opportunity for support and companionship from other patients. The individual bays are large enough to accommodate family who wish to stay with their loved ones during therapy. The environment is more homelike, rather than clinical and sterile.

Beverly Reynolds is both a patient and a donor. “My first tour of the building occurred the day I was trying to decide if I wanted to become a donor. The construction wasn’t yet complete. I was really impressed. They’ve created such a calm, peaceful, tranquil atmosphere, while addressing all the needs of cancer patients and survivors.”
Infusion Pharmacy
This specialty pharmacy prepares more than 12,000 infusions each year. The individualized treatments are made inside clean rooms, under sterile hoods. Staff must pass through two separate air locks and work in a hood that has HEPA filtered air.

Michael Nitake, PharmD, MBA, is the lead pharmacist. Previously, the pharmacy was one block away from the original infusion center. “We were so segregated before. Now it’s great to be part of this dedicated group where we meet with the nursing team to coordinate care. Our new computer system is integrated so that the nurses can see what we are doing and vice versa. This process allows us to work in a timely and efficient fashion. It is a beautiful place to work and the real team effort makes it more fun.”

Integrated Medicine
The components of this program reside on the third floor of the TCP and include a rehab gym, a multipurpose room, lymphedema treatment rooms, a retail boutique, massage, acupuncture, and other spaces.

Mary Welch, RN, MS, FNP-C, is one of two TCI nurse navigators – nurse practitioners with many years of oncology experience – who provide guidance through the cancer maze, from diagnosis through treatment, with an eye toward long-term wellness. “We help patients sort out what the next steps are in their care. I determine if they need other services or support, and, if necessary, will make introductions or appointments. Patients should know that right here in Long Beach they can find the treatment and care they need. We have a cancer coach, social workers, pharmacists, mentors, chaplains and the Beat the Odds program, to name just a few. The Todd Cancer Institute and this building were obviously designed with the patient in mind.”
“We have been taking care of cancer patients for more than 100 years and will be here for the next hundred years – or until a cure for cancer has been found.”

Cathy Kopy
Executive Director
Todd Cancer Institute

Holly Adams, MSW, LCSW, oncology social worker, works with outpatients within the TCP, and facilitates the patient support groups. “In this building I can be much more efficient since the departments I work with are all in one place. Also, I now have access to patient areas I never worked with before, like cancer rehab. The new building gives me a lot more opportunities [for group and one-on-one meetings], in a more patient-friendly space. We’ve received really positive feedback from patients, who find the space not only beautiful, but peaceful as well, which is exactly what was intended.”

Rooftop Garden
The Zen-like space is planted with native plants and was built to provide an outdoor area that is tranquil and relaxing.

Cathy Kopy, MS, finds the garden to be one of her favorite places to unwind. “The building is a huge step forward in our journey to provide the best integrated cancer care. We’re not done yet. Physician specialists will be moving into the multidisciplinary center where they will have access to each other, as well as the TCI staff so that it is easy to expedite and coordinate care. We are expanding the use of our electronic medical records system, Epic, so that patients will have one integrated medical file. We keep looking for ways to improve the care we give to our patients.”
Repairing the Smallest Fragile Hearts

by Greg Hardesty
Alma Vaca gazed at her 8-month-old son resting in his room in the Pediatric Intensive Care Unit (PICU) at Miller Children’s Hospital Long Beach (MCHLB). “I see him as a blessing,” she said. “I see my miracle moving around.”

A Special Place Just for Them
Josue was recovering in the PICU from a second surgery after his birth on November 9, 2012, with a rare congenital cardiac lesion called pulmonary atresia with intact ventricular septum. A normal human heart has two ventricles, large chambers that collect and expel blood. Josue was born with just one.

Josue is among those MCHLB patients who, since late last year, have benefited from ongoing advancements in how children with life-threatening heart defects are treated in the PICU. As a precursor to a broader plan to expand the PICU by adding a new cardiac wing, four rooms were remodeled to house cardiac-only patients such as Josue. They are cared for by a team of specially trained nurses and physicians devoted to seeing patients through the entire process of intake, postoperative recovery and discharge.

“It’s all part of Miller Children’s commitment to family-centered continuity of care,” said Shaun Setty, MD, a pediatric cardiovascular surgeon and medical director of Congenital Cardiac Surgery at MCHLB.

Dr. Setty performed two bypass procedures on Josue – the first when he was 3 days old – to allow his heart to function more normally. When Josue is 3 years of age, he will undergo a third and final surgery to mitigate the heart defect. “But, he will need to monitor his cardiac function throughout his life and make appropriate changes when necessary,” Dr. Setty said.

The four new rooms are symbolic of a transformation over the last decade or so in the treatment of children, teens and young adults, according to Dr. Setty. “Pediatric intensive care in patients with congenital heart disease has become its own specialty,” he said.

Everything Focused on the Continuity of Care
“Philanthropic gifts were used to remodel the new cardiac-only rooms, which were previously general pediatric intensive care rooms,” said Jim Normandin, president of the Memorial Medical Center Foundation.

Planning to expand the PICU has begun. A master plan calls for construction to begin in early 2015, to transform all four wings of the third floor at MCHLB. “Each private room will have the latest technology, designed for patient and family centered care,” Jim said. “This definitely will need community support.” He explained that construction costs would be paid by state bonds earmarked for children’s hospitals, but that philanthropic support is needed for equipment. There will be naming opportunities for donors, and gifts will be used to create an endowment for future equipment, patient programs, continuing medical education and research projects. Jim called Dr. Setty a “pre-eminent” pediatric cardiac surgeon, adding: “We have an incredibly good PICU with excellent staff. We need to expand to meet the needs of the community.”

As a pediatric intensivist, Marco Ayulo, MD, specializes in pediatric critical care medicine. Young patients with congenital heart disease, he said, have specific needs and requirements that are best served in rooms and units designated for them. Nurses who tend to these patients must undergo an extra level of training. “By creating these rooms,” said Dr. Ayulo, director of MCHLB Pediatric Cardiac Intensive Care, “we are highlighting the fact that they have different needs than the general PICU patients.”

Caroline Kwong, RN, MSN a pediatric cardiac nurse specialist, oversees training and education for PICU nurses, and the approximately 30 nurses specially trained in cardiac care. The four rooms, she noted, can handle patients “of any acuity and any age.” Caroline said designating the rooms for cardiac patients wasn’t just cosmetic. “The rooms serve a very important function,” she said. “This is all about patient care and safety, and getting patients back to their rooms so they can get better as quickly as possible and go home.”

“It’s important for patients and their families to have the same team of nurses and doctors all the way through to discharge,” Dr. Setty said. “For the patients especially, it gives them peace of mind when they see the same faces through the entire process and the care continuum is unaltered.”

Alma agreed. “It’s comforting knowing that Josue is in a place he knows and is familiar with,” she said. “The doctors and nurses are all caring and understanding, and that’s something that helps us. They’re there for you, and they care for you.”

From left: Caroline Kwong, RN, MSN, pediatric cardiac nurse specialist, Josue, Jose and Alma Vaca; Shaun Setty, MD, medical director of Congenital Cardiac Surgery.
Walking Again x2

by Alex Kecskes

“I’m learning to drive and taking a trip to the Panama Canal!” exclaimed Bailey Spillane, the 26-year-old former nanny from Long Beach.

Bailey Spillane

Last August, a devastating car accident left Bailey essentially a paraplegic. After emergency surgery, she was transferred to Long Beach Memorial’s (LBM) Acute Inpatient Rehabilitation unit. After discharge from the hospital, she continued her recovery at LBM’s Transitional Rehabilitation Services (TRS) unit, where she was given a second chance at life.

Dr. Ann Vasile, a physical medicine and rehabilitation physician, noted, “Bailey injured her spinal cord by compression from fractures in her vertebral bones. She has shown some neurologic recovery, and we look forward to helping improve her function and quality of life.”

At TRS, clients are seen in a functional “house” in a typical neighborhood environment, rather than a clinical setting. Clients spend three to six hours, three times a week, working with therapists who help them re-integrate into their home, community and leisure activities. Clients and their families are actively involved in all aspects of treatment.

“They’re really good at figuring out who you are, and how to return you to the life you had, as much as possible,” said Bailey. “Without the help, care and love I received from my therapists, I wouldn’t be willing to try so hard every day,” she added. She now uses leg braces and a walker to cover short distances without help. “When something like this happens to you, it’s a life-altering situation, and you start thinking about all the things you can’t do. But at TRS, they show you what you can do. They open the door to so many possibilities – physically and occupationally,” said Bailey.

Bailey Spillane loves painting figurines as part of her occupational therapy. She is making great progress in recovering her ability to walk after a serious auto accident.
Physical therapist Diana Roe was impressed with Bailey's positive outlook. “After the initial shock in confronting her disability, Bailey was rolling with the punches, always asking what’s next?” said Diana. She went on to explain the TRS difference. “Our setting focuses on real life – functional situations. We work on different skills, and if I see one skill plateauing, we’ll focus on something else or determine what’s causing a client to plateau.”

Bailey’s occupational therapist, Gera-Lyne Delfin-Hagerstrand, helped Bailey with her tasks of daily living. “We worked on cooking, and getting her safe and independent in the kitchen. We address things like going to the store to run errands and giving clients the confidence to do things safely on their own.” Bailey’s therapy is ongoing, but that’s not stopping her from vacationing in Panama.

**Joseph Mejia**

“I’m walking, working and playing soccer again!” exclaimed 23-year-old Joseph Mejia, who thought his soccer days were over. Joseph experienced a debilitating spinal injury, which left him too weak to even walk. “Last October, I woke up one morning and couldn’t move my legs,” said Joe. Rushed to the ER, he was told by doctors that two discs in his back had popped out and were cutting off the nerves to his spine.

Jason Koh, MD, co-medical director of LBM Rehabilitation Services, remarked on Joe’s condition and subsequent progress. “Joe had just undergone a surgical decompression of his spine, then suffered a fall, causing bleeding of the spine and necessitating another surgery. He essentially came to us as a paraplegic. He couldn’t walk and was bedridden.”

What separates LBM’s Rehab unit from others? “The team-based approach,” said Dr. Koh. “All our nurses are rehab certified and go through extensive training. The therapists are all neural rehab trained, and they use new technologies and techniques that allow patients to recover much faster.”

Diana Roe, PT, explained Joe’s progress. “At first, Joe could only walk short distances using a walker. We focused on strengthening his legs and improving his balance. Joe was amazing. He just kept trucking along and getting stronger, eventually walking with good posture and balance.”

Joe’s occupational therapist, Gera-Lyne Delfin-Hagerstrand, explained how TRS helped him. “We needed to build his endurance to stand for extended periods while working in the kitchen and performing pre-vocational activities. Initially, he’d have to sit to prepare a meal; at the end, he could stand for an entire hour without getting fatigued.”

Joe is walking proof the TRS formula works. “They helped me work out the tightness and spasms in my legs, and helped me transition from a walker to a cane to walking unassisted. I’m now back at work, delivering and unpacking bags of ice. I’m even playing soccer again,” said Joe. “My therapists were awesome. They knew when to push me, which gave me more confidence. I consider them practically part of my family.”

**Bailey and Joseph Face Off at WiiHab Championship**

For the past three years, the Memorial Medical Center Foundation has sponsored a fundraising event to support the MemorialCare Rehabilitation Institute at Long Beach Memorial. Patients and their physicians team up and face off against other teams to battle for the title of WiiHab Champion in a Wii Virtual sports tournament. In 2012, the event raised $92,000 to purchase a TeleRehab VersaCare telemetry monitoring system and a Functional Electric Stimulation Leg and Arm Bike. This July, Bailey and Joe enjoyed participating in the championship, which raised nearly $35,000.
Baby Sophia enjoys receiving the gentle stroking from her mother Veronica Hazelwood and Susan Gadwa, RN, as part of the Compassionate Beginnings® program.
Touching the Lives of Families

by Kimberly Yap

It had been more than a month since Veronica Hazelwood had given birth to her daughter Sophia, yet she had never held her. All she could do was place her hands through the openings on the side of the isolette in the Neonatal Intensive Care Unit (NICU), while Sophia remained perfectly still. At a time when Veronica wanted to bond with and comfort her medically fragile daughter, she couldn’t. Or so she thought.

Compassionate Beginnings

Sophia was born with gastroschisis, a condition causing her intestines to be outside her body. She was kept sedated until the first procedures could be completed and she could heal. According to Kalena Babeshoff, founder, Foundation for Healthy Family Living, and creator of Compassionate Beginnings (CB), “the birth of a preterm or sick infant can have a profound effect on parents’ ability to successfully transition to parenthood, including forming an attachment and bonding.”

CB is an innovative progression of touch and massage taught to NICU parents and staff at Miller Children’s Hospital Long Beach. Even while Veronica sat gently “cupping” Sophia’s head and feet through the isolette, she was beginning to establish a relationship and loving bond. “Touch is a basic human need,” said Jody King, RN. “Even minimal developmentally appropriate touch can calm the baby and give him or her a feeling of safety.”

Special Bond

The first day Veronica was able to hold Sophia outside of her isolette, she held her skin to skin. One of Sophia’s primary nurses, Annie Petteys, RN, placed her on her mother’s lap and demonstrated compassionate touch techniques. Veronica began with gentle massage on Sophia’s legs. “She locked her eyes on me and watched my face while I was doing the massage,” said Veronica. “It was such a special moment.”

“This program allows parents to connect with their baby in such a loving and positive manner,” said Susan Gadwa, RN, another of Sophia’s primary nurses.

Sophia also enjoys touch and massage on her back and on top of her head. Her eyes close halfway and she gets a smile on her face. “It is absolutely enchanting to watch and so wonderful for her healing,” said Susan.

“Both fathers and mothers may experience helplessness in protecting their baby,” said Kalena. “Many parents feel they don’t know how to communicate their love and are afraid they will hurt their baby.” As relationships develop there is less fear, guilt and stress. Sophia’s father, Andrew Morales, has been successful with CB’s methods. He often massages Sophia’s legs and her favorite place, her eyebrows. “When he touches her eyebrows, she closes her eyes and goes to sleep,” said Veronica. “It’s so cute.”

The Benefits

“I saw the benefit of gentle touch while training parents to be connected with their fragile babies,” said Jody. “The first thing you notice is a calming and physical relaxation in the babies.”

“They open their eyes and focus on you. These kinds of interactions are important, so babies can feel loved and connected to their parents, families and caregivers. The parents are able to better read their babies’ cues and therefore are better equipped to respond to them – reducing stress for all.”

Studies have shown the benefits include fewer blood transfusions, greater weight gain, reduced oxygen requirements, improved sleep/wake cycles and decreased stress. Brain development research repeatedly points to the importance of secure and responsive caregiving.

“This is a way to learn much deeper communication within families,” said Susan. “You really are face-to-face and watching each other.” That’s the start of bonding. Parents can recognize their growth and ability to read all the cues, while they are getting positive reactions and seeing positive behaviors develop.

Beyond the NICU

Sophia is healing nicely and tolerating increased feedings. Veronica and Andrew are looking forward to bringing Sophia home after her more than three months in the NICU. “We have been waiting for quite a while,” said Veronica. Once she is discharged, the plan is to continue practicing compassionate touch at home.

“Anything that makes her happy,” said Veronica. “And this does.”
"It all started with a patient of mine, Kenny. I always encourage my patients with incurable disease to make a list of the things they’ve always wanted to do and experience in their lifetime – a bucket list. It’s a difficult thing to think about, so many don’t make a list," said Nilesh Vora, MD, director of Palliative Care at Long Beach Memorial.

The Beginning

"To my surprise, Kenny took the time to make his bucket list," recalled Dr. Vora.

Kenny Kozikowski was diagnosed with Stage IV metastatic colorectal cancer. In December 2011, he was admitted into the Palliative Care Program under the care of Dr. Vora. Palliative care is a medical specialty that focuses on enhancing a person’s quality of life by providing relief from symptoms, such as pain and anxiety. While this specialty is not reserved just for those who are terminally ill, it is frequently a part of an end-of-life plan. The Bucket List Project is a recent addition to the services offered to those patients.

Following completion of Kenny’s bucket list, the Palliative Care Program team worked with staff at the Memorial Medical Center Foundation to establish a fund to support this endeavor. With seed money in hand, Dr. Vora, Christian Lu, MD; Jennifer Park, LCSW; and Michelle Becker, NP, all members of the Palliative Care Program, collaborated to create what has now become The Bucket List Project. This provides the opportunity for adults in Palliative Care to make their lifetime wishes come true. "There are many foundations like this out there for kids, but none really available for adults to have their final wishes granted," said Dr. Vora. "But we are building it here at Long Beach Memorial."
Before his death in May 2013, Kenny’s enthusiasm and perseverance helped build this great project. Through Facebook, with help from his friends and family, and support from the team at Palliative Care, Kenny was able to attend the Ellen DeGeneres Show and have a professional portrait taken of himself. As Dr. Vora described, Kenny’s final wish was to leave a legacy and let people know that he was here, happily living until the last moments of his life.

Through mixers held at the team members’ homes, and other fundraising efforts, they raised more than $15,000 – not including the non-monetary gifts and support from their sponsors. To date, the Bucket List Project has granted the wishes of four patients, including Lizzie Knox’s sister Patricia Martens.

Patricia was chosen by the team to have her Bucket List fulfilled before her passing in August 2013. Lizzie witnessed the impact the project had on her sister. What was on her list? A spa day, a Harley motorcycle ride along the coast, and a day at the Wharf eating her favorite seafood. “Seeing my sister, it was just so wonderful for her. It was special in a way that most people will never really have a chance to experience.”

In addition to being terminally ill with metastatic breast cancer, Patricia was schizophrenic and diabetic. Because of the schizophrenia, she was never able to work. So as an adult she lived on a small income. The Bucket List Project gave her an opportunity to do things that she previously never had the means to do.

“The choices that she made, like the spa day and the motorcycle ride, were just so much fun for her. At the time, it never dawned on me that she was hurting so much. As she was getting the massage, she kept saying, ‘oh, honey, this feels sooo good.’ It was something so simple but so great for her,” said Lizzie. “She was walking on air when we left. Dr. Vora, Michelle and Jennifer are three of the most giving people I’ve ever met. They work tirelessly to help their patients live better,” she added.

The team at the Palliative Care Program at Long Beach Memorial prove their dedication to patients, each and every day – from making wishes come true, to the day-to-day services they offer patients, their families, and friends.

Dr. Vora summed it up best. “We work to increase the quality of all of our patients’ lives. We are not only here to ease the end of life. We are here to help people live better.”
Eighteen Years and Counting

by Kimberly Yap

Ten years ago, Lisa* received no support from her family and friends for deciding to have and keep her baby. But Lisa had educated herself. She knew, with the right help and treatment, she could prevent transmitting the HIV virus she carried to her son.

Her physician didn’t have the knowledge, or ability, to treat pregnant women with HIV. So he referred her to the Bickerstaff Pediatric Family Center (BPFC) at Miller Children’s Hospital Long Beach (MCHLB). Lisa couldn’t have been happier.

There have been zero perinatal HIV transmissions from positive mothers to their babies under the Center’s care in 18 years – 18 reasons to celebrate.

Impacting Individuals and the Community

“Each patient is different, from a perinatal infected teen, to a drug affected person with mental health needs, to an executive who has adopted an exposed baby, to the physicians and dentists infected. All who, if they desired to do so, were able to go on and have healthy babies,” said Nancy McKee, MSW, social worker.

Ron Smith’s* two foster children are BPFC patients. “We found out about the Center while we were going through our training to be foster parents,” said Ron. When the first HIV-positive child came into their home, they met with Audra Deveikis, MD, BPFC medical director, to discuss entering him in the program. “We compared the program here to other hospitals and, through our research, determined this was the best place for us,” said Ron.

The Center is a primary referral site for pregnant, HIV-positive patients, such as Lisa. And, it is the only approved California Children’s Services provider for HIV-positive children in the area. The staff conducts research in partnership with the National Institutes of Health, and participates in national and international research projects impacting all age groups – infants, children, adolescents and adult women.

“We are working with new medications all the time and new ways to treat HIV during childhood and pregnancy,” said Dr. Deveikis. “This research network is working on a protocol to produce a cure and we will be part of that.”

Brighter Futures

“In the U.S., one out of three infected people are HIV-positive and unaware of their diagnosis,” said Dr. Deveikis. “However, with treatment we can decrease the risk of transmission to their partners and children, so it’s important for everyone, especially pregnant women, to be tested.”

Lisa and the foster children are receiving treatment and living normal, healthy lives. The HIV virus in their blood is below the level of detection. Test results actually come back as “undetectable.” “We use the test to determine if medications are working,” said Sherry Hytrek, PA-C. “If they are working well, the virus will be undetectable, the CD4 (T cells)† will increase, and patients can be expected to live a near normal life span.”

Thanks to grants it receives and the continual support of the Bickerstaff Family Foundation and the Robert DeFields Endowments, BPFC has been successful for 18 years and counting.

* To protect confidentiality, names have been changed.
† CD4 cells or T cells send signals to activate the body’s immune response when they detect “intruders,” such as viruses or bacteria.

The staff at the Bickerstaff Pediatric Family Center work together to care for patients and their families.
Designing Better Care for a Brighter Future

by Kimberly Yap

In patient and family centered care, striving for excellence means empowering patients through a partnership with their health care team.

Advocating for Families
Six years ago, Maria Andrade gave birth to Elias at Miller Children’s Hospital Long Beach (MCHLB). As a 26-week-old preemie, Elias was born with many chronic conditions, spending his first six months in the Neonatal Intensive Care Unit (NICU). Maria attended parent workshops. The more she learned about preemies and their care, the more she advocated for her own son. After one year, she volunteered as a parent mentor. “Making a difference in families’ and children’s lives is the most rewarding thing for me,” said Maria.

Soon, Maria found herself involved in a more formal capacity as a member of the Patient and Family Advisory Council (PFAC). This group, comprised of 18 former patients and caregivers along with administrative staff from MCHLB, Long Beach Memorial (LBM) and Community Hospital Long Beach (CHLB), meets monthly to share patient stories, discuss exceptional experiences and identify opportunities for improvement. “We are empowering patients and families by engaging in meaningful conversations to bring change to our practices and processes,” said Stephanie Stembridge, Patient and Family Centered Care coordinator, LBM/MCHLB/CHLB.

Maria added, “We have a dialogue, hear different points of views and take into consideration our own experiences. We all have different passions and things to contribute to the committee.” “These experiences impact the way we deliver care,” said Stephanie.

Helping Seniors
Nancy Blair and her family have been actively involved with CHLB. Her father, Dr. Frank Blair, Jr., who passed away in 2011, spent the last five years of his life in and out of the hospital, and Nancy was always there to advocate for him. “The journey was paved for me to see how it was to help someone as they are leaving this lifetime,” she said.

At the request of CHLB, Nancy joined the Council in January of this year. “It’s nice that the hospitals are listening to patients and families,” said Nancy.

PFAC members assist with special projects, in addition to providing a vital patient and family perspective. Nancy was assigned to a project evaluating CHLB emergency room processes. “It was very enlightening, both as a patient and as a family member,” said Nancy. “It was much more involved than I thought, and I was impressed that new policies were put into action so quickly.” “The PFAC has made tremendous strides this last year,” said Stephanie. Making this advisory council yet another avenue of progress to achieving better care with a brighter future for all patients.

From left: Stephanie Stembridge, Patient and Family Centered Care coordinator; Michael Hernandez, RN, director Emergency Room CHLB; Nancy Blair and Maria Andrade.
Research Saves Lives at Both Ends of the Spectrum
by Alex Kecskes

How a Phone Call Can Save Patients’ Lives
A recent study by a team of nurses revealed that a post-discharge phone call, asking a series of questions regarding diet, medication management and symptom assessment, can prevent readmissions after heart failure, and may even prevent the loss of a loved one.

As many as 5 million Americans are afflicted with heart failure, which accounts for more than 1 million hospital admissions each year. Despite advances in treatment to improve outcomes, heart failure remains a growing health problem that results in loss of life. Many who survive are readmitted for treatment within 30 – 90 days. These readmissions are often due to preventable factors, such as forgetting to take needed medications, diet, inadequate social support, and failure to seek prompt medical attention when symptoms worsen.

To prevent readmissions, the heart failure teams at Long Beach Memorial and Orange Coast Memorial came together to develop a post-discharge telephone intervention research study. Facilitated by a generous grant from the Memorial Medical Center Foundation (MMCF), Dr. Peggy Kalowes, RN, PhD, CNS, and a team of nurses studied whether nurse-driven telephone intervention would save lives, reduce hospital readmissions (30 day and overall) and improve the quality of life for recently discharged heart failure patients, when compared to usual heart failure care.

Dr. Kalowes notes that many heart failure patients directly benefited from the study. “One 72-year-old male, who had previously experienced eight hospital readmissions or ER visits, experienced only three readmissions during the yearlong trial,” said Dr. Kalowes. “Heart failure patients like these often have multiple health conditions, yet this patient was able to better manage his diet and medications, and recognize early distressing symptoms. He was one of our true success stories.”

“Study findings showed reduced ER visits and readmissions overall, providing strong scientific evidence to support the effectiveness of routine telephone monitoring of discharged heart failure patients. This can be a practical, cost-effective method for preventing readmissions,” said Dr. Kalowes. “These calls can improve patient knowledge in managing their disease, improve their quality of life, and may even reduce the risk of early death.”

She underscored the importance of financial support from MMCF. “Any type of scientific study often takes up to a year to complete, and needs financial support. The Foundation’s values and beliefs in seeking better care and outcomes for patients are consistent with the goals of nursing services’ research,” said Dr. Kalowes.

Research Project Team
From left: Darice Hawkins, RN, MSN, CNS; Kevin Catipon, RN, BSN; Peggy Kalowes, RN, PhD, CNS, principal investigator; Cindy Peters, RN, MSN, ACNP, co-investigator; Bernadette Wayne, RN, BSN; and Patricia Long, RN, MSN, ACNP. Not present: Emily Tin, LVN; Sojin Jeong, RN, MSN; Brenda Lamond, RN; Helen Nguyen, RN, BSN; and Alaine Schauer, RN, BSN.
How Prompt Action Can Save an Infant’s Life
Study suggests prompt, proactive, antifungal therapy in critically ill infants can save lives.
by Alex Kecskes

Neonatal candidiasis is a serious fungal blood infection that has taken the lives of many infants. At high risk for this type of infection are premature newborns who are a month old or younger with low birth weights, requiring an assisted breathing apparatus, and receiving antibiotics and/or intravenous nutrition. They may even have had recent abdominal surgery. In these cases, the fungus, which colonizes in the gastrointestinal tract or skin, can enter the bloodstream to cause a life-threatening infection.

Led by Dr. Jennifer Le, PharmD, MAS, BCPS-ID, the study’s principal author, the review of medical records at Miller Children’s Hospital Long Beach underscored the importance of acting proactively with antifungal drugs as soon as doctors suspect an infection. “When pediatric neonatologists suspect a fungal infection, they initiate therapy promptly,” said Dr. Le. “In our study, nearly 80 percent of the infants received antifungal therapy within 48 hours.”

The research suggests that if an infant has low birth weight and other risk factors for neonatal candidiasis, doctors should begin antifungal therapy and get a blood culture. “The definitive test is fungus growth in the blood, which is usually not available until 24 to 48 hours after blood draw,” explained Dr. Le. “However, doctors should begin therapy if there’s a high suspicion of infection – before waiting for the blood culture to reveal it,” she added.

Dr. Le noted that much of her work would have been impossible without the generous support of the Memorial Medical Center Foundation (MMCF). “I’ve been very fortunate in the last 12 years to have MMCF support of my research,” she added.

“Time to Initiation of Antifungal Therapy for Neonatal Candidiasis” was published in the June 2013 issue of “Antimicrobial Agents and Chemotherapy.” To date, there have been no other published studies evaluating the effect of time to initiation of antifungal therapy in critically ill infants. The study acknowledges that more studies are needed to properly evaluate the time to initiation and outcomes in critically ill infants with candidiasis.
Jennifer Pugh, MSN, RN, CPNP, demonstrates for nursing students the virtual newborn in the Skilled Nursing Lab as part of their new student orientation.
Creative Thinking with Bold Solutions

by J.L. Garcia

During the nursing shortage in the early 2000s, California was number 50 of 50 states, having the highest deficiency of registered nurses. Fifty of 50!

Schools of nursing could not increase their capacity to train new nurses because educators were in short supply. Many schools faced budget cuts – decreasing the students admitted and trimming resources allocated to programs. “The statewide shortage of nurses forced all hospitals to outsource to meet the needs of the community. Our annual expenditures for outsourced staff reached $33 million,” said Susan Crockett, RN, director of Workforce Development, Long Beach Memorial (LBM) and Miller Children’s Hospital Long Beach (MCHLB).

As LBM’s outsourcing of registered nurses was peaking, the challenge was transformed into a solution. Byron F. Schweigert, PharmD, then LBM/MCHLB CEO, and Senior VP Judy Fix, RN, MSN, met with Robert Maxson, then president of CSULB, and Loucine Huckabay, RN, PNP, PhD, CSULB Nursing Department director, to establish a nursing program partnership.

Susan said, “We came up with the idea of doing six sequential trimesters over 24 months. All the training is on our campus.”

“A two-year employment contract is extended to graduates following completion of their education,” explained Susan. To date, the hospitals have contracted with more than 680 of the 1,488 nurses who graduated from CSULB in the past 10 years. And of those new nurses, 1,008 graduated because of our program.”

A Paradigm Shift
Previously, a large percentage of nurses graduated with two-year associate degrees. Few held master’s or doctorate degrees in nursing, creating a shortage of qualified instructors.

While dramatically increasing the number of nursing students through this partnership program, the medical center also supports its own nursing staff with on-campus opportunities for graduate degrees. To date, 92 graduates have completed both the BSN and MSN programs. Currently, 53 baccalaureate students and 105 master’s students are enrolled.

Katie Capps, RN, BSN, a 2011 graduate, expressed how significant this program was to her professional development. “It was great being in the same hospital, getting to know the infrastructure, staff and daily procedures, while taking classes.” Now finishing her two-year contract with LBM, Katie looks back with appreciation for the mentorship she was offered. “My instructors and mentors were an incredible influence. I am beginning my MSN program and will hopefully contract once again with Long Beach Memorial.”

Jennifer Pugh, MSN, RN, CPNP, was president of the CSULB California Student Nursing Association while getting her BSN. She always knew she wanted to be in pediatrics and was determined to take her career as far as possible. “Although all departments at LBM and Miller Children’s are highly active, getting to work in pediatrics during my BSN rotations confirmed and strengthened my desire to work with children,” she stated.

Upon her BSN completion, she did just that. “I was one of the first to advance clinically with a pediatric certification, then went back to school and got my nurse practitioner license at CSULB,” stated Jennifer.

After completing her MSN, Jennifer was offered a position as a clinical instructor – an offer she happily accepted. Today, she is the nursing manager at Miller Children’s Outpatient Specialty Center of Torrance. She continues as a CSULB clinical instructor where she was awarded Clinical Adjunct Faculty of the Year in 2012.

“I’m very fortunate to have been in that trimester program, making those connections early on. It’s amazing to have come full circle, from being a BSN student through the LBM/CSULB partnership, to now teaching incoming students and managing practicing nurses. I am fortunate to be able to grow within both organizations,” she said.

From the BSN and MSN programs, to family nurse practitioners (FNP), pediatric nurse practitioners (PNP), clinical nurse specialist (CNS) certifications and doctors of nursing practice (DNP) – a myriad of educational opportunities now exist, because creative thinking gave birth to bold solutions.
Training the Next Generation
by Greg Hardesty

At any given time, about 125 residents can be found making their rounds at Long Beach Memorial (LBM) and Miller Children’s Hospital Long Beach (MCHLB) – testament to the robust medical education program that has long been a hallmark of the hospitals.

Poonam Kaushal, MD, is one such resident. She’s in her third and final year of the UC Irvine Children’s Pediatric Residency Program, which includes a regular rotation at Miller Children’s – a “great place,” she says, for doctors in training.

“The faculty is very dedicated to teaching and very approachable,” Dr. Kaushal said. “We have a good faculty-to-resident ratio, so we’re constantly getting feedback and learning across all the rotations we do.”

Anh Nguyen, MD, is in her third year of the UC Irvine Internal Medicine Residency Program. “The other two hospitals where I rotate are public, and this being a private community hospital, we learn a different perspective of the health care system – how it’s run, and the control systems that are in place,” Dr. Nguyen said. “This is a very good hospital. I’m getting a lot of hands-on experience and see many very sick patients, so I learn a great deal from this challenging population.”

Of the 25 residency programs at LBM/MCHLB, only two – Family Medicine, with 24 residents, and Podiatry, with six – are based at the hospitals. The remaining programs are for residents who rotate through LBM/MCHLB.

Dr. Kaushal said the role of the LBM Residency Program is unique because the relationship between the program and the hospital is one that effectively balances service with education. “The faculty members encourage residents to take ownership for their patients and encourage autonomy in critical thinking and contributing to the patient’s treatment plan,” Dr. Kaushal said.

Dr. Nguyen plans to specialize in nephrology, the study and treatment of kidney function. She knows when she finishes her training, she will look back fondly at her rotations at LBM. “This is a hospital that helps patients get the best possible health care they can,” she said.
Always Looking Forward

Plans are underway to make the Residency Program at LBM even better.

A proposal has been submitted to create a new Primary Care Internal Medicine Residency Program at LBM in partnership with UC Irvine’s Department of Medicine. The UC Irvine Internal Medicine Residency Program does not have a separate track for primary care, and officials there are working with LBM to create such a track. Partial funding and the primary training site would be at Long Beach Memorial.

The plan stems, in part, from a critical shortage of primary care physicians. One study projects a deficit of 45,000 primary care doctors in the U.S. by 2020. The reason? More and more new doctors are deciding to go into specialties because of perceptions about working conditions, as well as lifestyle, salary and career interests.

“Among those who decide to do general internal medicine, the majority will go into hospitalist medicine. Only a small minority will go into ambulatory primary care, and there’s always a shortage of primary care internists,” said Angie Nguyen, MD (no relation to Anh Nguyen), director of Internal Medicine Teaching Service, LBM, and associate program director, Internal Medicine Residency Program, UC Irvine.

“The goal of the planned new residency program in Primary Care Internal Medicine is to attract and train doctors who are interested in primary care from the beginning, and retain them in the Long Beach area to practice after residency,” Dr. Nguyen said.

The proposal calls for a three-year program, with 12 residents total, four residents admitted each year. Lloyd Rucker, MD, vice chairman for Education, UC Irvine Department of Medicine, stated in the proposal that the goal is to create an “innovative, prestigious and effective” Primary Care Internal Medicine Residency Program at the hospital, with a planned launch in 2015.

“What we’re trying to do is construct a program that will be exciting for residents so they will want to stay in primary care medicine,” said Edward Quilligan, MD, designated institutional official of Graduate Medical Education and executive director of Medical Education, Memorial Health Services.

Philanthropic support from the Memorial Medical Center Foundation provided the seed money to evaluate the proposed new residency program, which could serve as a model for other hospitals seeking to develop or improve their primary care residency programs.

It is a win-win situation to have residents on campus 24/7. Dr. Angie Nguyen reflected, “While residents are gaining experience every day, the patients, in turn, have around-the-clock physician access to address their questions and concerns, as well as to handle emergencies. Excellent patient care is possible because the residents are here working every day with the nurses and attending physicians.”
Enjoying a PIE mixer are clockwise from left: Sarah Soss with Kevin and Jennifer Peterson; Diego Lopez and Joen Garnica; Michael Cunningham, Mari Hooper, Gil Dodson; Pat Mahoney and Dann Froehlich; and Jerry Maize and Dan Lasker.
What can happen when businesses join together to support their local community? The answer is, just about anything.

Established in 2002, Partnerships in Excellence (PIE) is a unique program through which local businesses can support the Memorial Medical Center Foundation in providing high-quality health care to a diverse and growing community.

This year, the PIE group chose to support patients of the MemorialCare Breast Center at the MemorialCare Todd Cancer Institute. The Center’s staff has a strong commitment to early detection and accurate diagnosis of breast cancer. State-of-the-art technology, on-site multidisciplinary experts, second opinion services and support groups are among the services offered.

PIE is partnering with the Center to purchase new breast imaging technology: digital tomosynthesis, which creates a 3-D picture of the breast using x-ray images from many angles. This information is digitally assembled to produce clear, highly focused images. Early results with tomosynthesis are promising. Researchers believe this new technique will make breast cancer easier to detect in dense tissue and make breast screening more comfortable.

The new equipment will be installed at the MemorialCare Breast Center in the new Todd Cancer Pavilion.

**PIE Membership**

This year, three companies joined the Partnerships in Excellence program. Brascia Builders, GJ Property Services and Mercury Security are the newest partners to support excellence in health care in our community.

A special salute to the four members who helped found this organization more than a decade ago, and are still actively involved in the program: Creative Productions, The LBL Group, Med Art and Queen Beach Printers. Their continued support of this program has made it possible for many patients to receive “that extra measure of care.”

To join this philanthropic group, please contact April Barnes: abarnes@memorialcare.org or 562.933.1655.

**Partnerships in Excellence**

**Applaud them. Support them. Join them.**

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**The Businesses that Make a Difference**

**Leadership Level**
- CABE Toyota
- Corridor Recycling/
The Dodson Family
- Harris & Ruth Painting
- Kelty Co.
- Earl B. and Loraine H.
  Miller Foundation
- P2S Engineering, Inc.

**Executive Level**
- BANCAP
- Terry and Bonnie Cairny
  City Plumbing
- Hillside Medical Plaza
- John M. Philips Oil Field Equipment
- Signal Hill Petroleum
- TABC, Inc.
- Walter’s Wholesale

**Senior Level**
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- Friedman’s Appliances
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- The LBL Group
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- AirFlite
- Bret M. Powell Electrical Contractors
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- Mr. Rooter Plumbing of Long Beach
- Precision Air Balance Co., Inc.
- Queen Beach Printers, Inc.
- Service Mailers, Inc.
- Wertz & Company

**Partner Level**
- ADG Commercial
- Airtronix, Inc.
- Choura Events
- Coldwell Banker Coastal Alliance-Louella Hundt
- CX&B
- Dann Froehlich Design
- Ergonomics Comfort Design, Inc.

**Home Instead Senior Care**
- Howard Fletcher III
- Kingdom Partners Solutions
- Robert and NancyAnn Latimer
- Long Beach Chamber Med Art
- Mercury Security
- Miles & Kelley
- Nicolai Family Partners
- ProCare One
- Splick-it!
- Total Network Solutions
Volunteering for a **Bright Future**

**by Carol A. Beckerman**

In case you didn’t know, volunteers make the world go ‘round. Really. What would we do without them? They staff events and gift shops, escort patients to procedures and raise money to enhance patient care. Here are a few of the events they support and a closer look at two volunteers who work directly with patients and their families.

**Team Spirit Breast and Ovarian Cancer 10K Walk**

Team Spirit was founded on the belief that we can do more to fight against and raise awareness of breast and ovarian cancers. The 2012 event proved this belief is still as strong today as it was in 2000 when the first walk was held. The walkers raised $300,000 to benefit programs such as Women Guiding Women, a peer mentoring program for newly diagnosed gynecologic and breast cancer patients. This year’s event was attended by a special guest – U.S. Olympian Shannon Miller, who is not only the most decorated gymnast in American history, but is also an ovarian cancer survivor.

To get involved with Team Spirit, call Susie Garrison at 562.933.3500.

**Twenty-eighth Annual Champions Run for Life**

At the Jonathan Jaques Children’s Cancer Center (JJCCC), a new patient is diagnosed with cancer approximately every three days. The Annual Champions Run for Life raises funds for psychosocial services and programs to support these patients and their families. At the 2012 Torch Run, a record 2,300 people came together to raise $268,000 in support of these programs. Among those who came out to run with the kids were Rico Rodriguez, who plays Manny Delgado on the Emmy Award-winning show, “Modern Family” and his sister Raini Rodriguez, who plays Trish on the Disney Channel’s “Austin & Ally.”

For information about JJCCC, call Renae Furlow at 562.933.8604.

**Memorial Women’s Hospital League of the MemorialCare Center for Women**

The Books for Babies program volunteers delivered more than 3,000 books to newborns and their mothers. This wonderful program has received praise from former First Ladies Barbara and Laura Bush. This group also supports the Stork Club, a monthly orientation for expectant mothers.

For further information, please call 562.933.4483.
Spotlight on Kathy Coulter and Pete Amico

When Kathy Coulter retired from the telephone company as a manager of customer service, she decided she didn’t want to sit around. She was used to having a high profile position and working with people. So she made up her mind to keep doing both – only now as a volunteer. And the families of patients having surgery at Long Beach Memorial are grateful.

Kathy was no stranger to hospitals and dealing with health challenges. First, her father had multiple health issues, and then, in 2004, her husband succumbed to lung cancer. Kathy herself has had a kidney transplant. She understands how difficult it is for families waiting to hear about a loved one in surgery. As a result, she worked with the Volunteer Department to establish a position as a surgical family liaison. Three days a week she comes in at 10 a.m., looks over the surgery schedule and gathers information from the Recovery Room staff about the status of patients. Next, she goes to the lobby in search of waiting families. She relays information from hospital staff to the families and vice versa, until the loved ones are allowed to directly see the patient. Sometimes the hardest part is the waiting, but with Kathy there, the wait is so much easier.

There are tough guys, and then there are tough guys. Pete Amico doesn’t really look like a tough guy – at least, not if you see him with the kids in Miller Children’s Hospital Long Beach (MCHLB). But as a retired commander in the detective division of the LA County Sheriff’s Department, Pete must have been a pretty formidable force of his own after spending 36 years putting away the bad guys. Pete initially worked with children as a volunteer in 1985, when the Sheriffs joined with the Department of Children and Family Services to develop the 999 for Kids program, aimed at assisting physically and mentally challenged children throughout LA County who were victims of child abuse, neglect and family violence.

Pete volunteers through the MCHLB Grandparents program and loves visiting with the hospitalized children – keeping them and their parents company and cheering them up with his own “tough guy” ways.
Dedicated Fundraisers

by Ashley Cordes

Charitable acts help Miller Children’s Hospital Long Beach (MCHLB) thrive. Charitable acts have emotional, spiritual and social benefits for the givers, creating a win-win situation for all. The following support groups are making a difference where it counts – with our children.

The **MCHLB Auxiliary** is a 160-member strong organization that donates to projects supporting pediatric patients. Volunteering a whopping 22,000 hours of their time last year to support MCHLB patients, the Auxiliary is staying true to their motto, “Have a Heart and Help a Child.”

Members staff two gift shops on the medical campus, generating more than $400,000 in revenue yearly, while participating in other fundraising activities and events, including a Santa’s workshop, spring fair and birthday club for patients.

The group’s annual fashion show raised $50,000, a considerable part of their $125,000 donation toward the much-needed remodeling of a family waiting room in the original part of the Neonatal Intensive Care Unit. The new room allows families to be closer to their newborns at a vulnerable time and features amenities to make them feel at home.

Many members, including President Linda Dilday, are touched when they see the faces of the children the Auxiliary helps. A family carrying a baby who had received chemotherapy came to the annual holiday party to enjoy the festivities. “It just warms your heart when you see what that little baby had gone through and still had a smile,” said Linda.

Over the past 67 years the Auxiliary has raised approximately $13 million, all for the well-being of children.

**To join the Auxiliary, contact Linda Dilday at 714. 848.2987.**

The **Steel Magnolias** is a philanthropic group committed to supporting children with behavioral and developmental conditions treated at the Stramski Children’s Developmental Center – an MCHLB outpatient specialty center. Combining the strength of steel and softness of a flower, the Steel Magnolias give deserving families the opportunity for comprehensive care for their children with special needs.

This year, the Steel Magnolias raised $200,000; one-half was earmarked for operations and the other half will be added to the Stramski Center Endowment. “Patients and their families have unique and difficult challenges, which the knowledgeable and caring Stramski staff help manage. Our job is to help provide the financial support for these crucial services,” said President Carolyn Bixby.

The group looks forward to continuing their mission to “Help Children’s Health Blossom.”

Please contact the Steel Magnolias at www.thesteelmagnolias.org or 562.331.8007.
The 2012 - 2013 Award Recipients
by J.L. Garcia

One way to ensure excellence in health care is to recognize and reward it.

The Munzer Family Award
Rudy and Daphne Munzer knew that the entire community benefited from the medical education and research programs at Long Beach Memorial (LBM) and Miller Children's Hospital Long Beach (MCHLB). "We want to encourage this excellence by recognizing outstanding physicians," they said. And so The Munzer Family Award was established to acknowledge and promote a physician for his or her superior achievement in patient care, medical education and clinical research. We are proud to recognize Jennifer Ann McNulty, MD, as the 2012 recipient of this award.

In 1998, Dr. McNulty completed her perinatal fellowship at the MemorialCare Center for Women. She has since been highly involved in resident education and has demonstrated leadership in the Center’s mission of providing excellent care for women. Her leadership helped establish a hemorrhage protocol for obstetric patients. In addition, her involvement was instrumental in instituting a Women's Health Best Practice Team, which she has chaired for three years. Dr. McNulty also began and maintains the weekly obstetrical lecture for physicians-in-training, and has served as the residency and medical student education coordinator since 2003.

The Murphy Distinguished Service Volunteer Award
In 1999, the Murphy Distinguished Service Volunteer Award was created by the Murphy Family and funded with their philanthropic gift through the Memorial Medical Center Foundation. This year’s award recognizes two service volunteers who exemplify “compassion, commitment and care” at LBM and MCHLB.

Tiffany Tso was nominated by colleagues for her dedication to the hospitals and the delivery of excellent care to its patients. From her willingness to be readily available to work whenever she is needed, to the positive attitude she brings with her every week, Tiffany truly exemplifies the three pillars of the award. Her nomination letter stated: “Tiffany is always willing to stay after hours to help out. Every patient needs things other than medicine to feel better, and she provides that weekly.”

Phil Infelise was nominated by his colleagues for 15 years of exemplary dedication as a volunteer. As a former patient of the MemorialCare Heart and Vascular Institute, and a survivor of two heart attacks and bypass surgery, he dedicates his Thursdays to providing care to those facing heart disease. He is dedicated to offering the same support he was given during his first visit. His nomination letter stated: “Mr. Infelise is a warmhearted and spirited individual. He genuinely understands the importance of giving back. Today, at 88 years old, he has no plans of retiring from his mission to serve the community by helping others live healthier and happier lives.”

Murphy Distinguished Service Volunteer Award winners Phil Infelise and Tiffany Tso.

From left: Edward Quilligan, MD, Dan Munzer, Jennifer McNulty, MD, and Joseph McNulty.
Around Town – Recap
by Carol A. Beckerman

Making a significant impact at Long Beach Memorial and Miller Children’s Hospital Long Beach takes dedication, time and, most importantly, community support. That impact is made possible every year through the tremendous hard work and philanthropic spirit of community volunteers.

The following are some of the groups who raised thousands of dollars and donated countless hours for the benefit of others. Their generous support this past fiscal year has demonstrated what the power of philanthropy can do to touch the hearts and lives of those in the community in which we all live.
Everyone is a winner at the 2012 Long Beach Marathon.

Kohl’s Cares for Kids at the 2012 iWalk.

The 2012 Bike Fest Tour of Long Beach raised $167,500 to support the patients and families of the Jonathan Jaques Children’s Cancer Center.

The team from Miller Children’s Hospital Long Beach puts their best foot forward for the Long Beach Marathon, which raised $11,000 to benefit patients.
Foundation, Corporate and Government Grants
Fiscal year ending June 30, 2013

In 2012, grants funded numerous programs, equipment and capital projects that physicians and clinical leaders designated as critically necessary. For example, grants helped create a newly renovated critical care floor for high-risk pregnancy patients to enhance newborn outcomes. Grants enabled the specialized care team at the Center for Women’s Cardiac Health and Research to screen more than 600 women, focusing on early detection and prevention of heart disease. Also, grants were a key source of support for art therapy interventions as part of inpatient care for hospitalized children and adolescents.

We thank the people behind the following entities for their support:

Andre Sobel River of Life Foundation
Bandai America Incorporated
Bickerstaff Family Foundation
BP Corporation North America, Inc.
City of Long Beach
Cystic Fibrosis Foundation
Edwards LifeSciences
First 5 LA
Freeman E. Fairfield Foundation
Harbor Community Benefit Foundation
Hyundai Motor America
In-N-Out Burger Foundation
Kohl’s
L.A. Care Health Plan
Earl B. and Loraine H. Miller Foundation
The Kenneth T. and Eileen L. Norris Foundation
Port of Long Beach
Southern California Edison Foundation
St. Baldrick’s Foundation
Sunair Children’s Foundation
Toyota Motor Sales, USA, Inc.
Valero Energy Foundation
Joan M. Wismer Foundation
Carl E. Wynn Foundation

The St. Baldrick’s Foundation organizes “head shavings” to raise monies and awareness of childhood cancers.

Hyundai Motor America gave $75,000 in support of Pediatric Cancer Research.
In-N-Out Burger Helps New Parents

by Cheryl Riddle

A new baby in the family is one of life’s greatest joys. However, adjusting to a new member of the family can also be stressful and sometimes frustrating. A grant from the In-N-Out Burger Child Abuse Foundation is helping to make this adjustment easier for families of new babies at Miller Children’s Hospital Long Beach (MCHLB).

The Foundation awarded MCHLB a grant to provide new parents with an educational booklet and DVD to help them understand their baby’s crying. "The Period of Purple Crying" helps parents cope with the time in their new baby’s life when periods of crying may increase.

The letters in PURPLE stand for:

- P – Peak of crying
- U – Unexpected
- R – Resists soothing
- P – Pain-like face
- L – Long lasting
- E – Evening

This DVD lets parents know that early, increased crying is normal and does not mean there is something wrong. It offers ways to comfort the crying baby and steps to take when comforting does not work and a parent’s frustration level rises.

This educational outreach seeks to reduce incidents of “shaken baby syndrome.” Crying is the number one reason parents shake their baby, and cause unintended injury. Every year, tens of thousands are injured and more than 1,500 babies die. These injuries can result in blindness, speech and motor problems, cognitive deficits, as well as neurological devastation.

Sandra Murray, MD, medical director Child Abuse and Protection Team at MCHLB, said “This program has demonstrated it is effective in increasing the knowledge about crying, and that it’s okay to leave the baby in a safe place and take a break.” Dr. Murray continued, “It is our goal at MCHLB to educate parents and caregivers of infants about crying, so that these serious injuries and deaths can be prevented.”

Since 1984, In-N-Out Burger has generously helped abused and neglected children. The In-N-Out Burger Child Abuse Foundation was established in 1995 to assist children who have been victims of abuse, and to prevent others from suffering a similar fate.

MCHLB is honored to partner with In-N-Out Burger to provide education and support to their youngest patients and their families.
Everlasting Legacies

The following 142 named endowments represent groups and individuals who have made a commitment to provide excellent health care for this community far into the future at Long Beach Memorial and Miller Children’s Hospital Long Beach. When creating their endowment with the Memorial Medical Center Foundation, some have chosen to direct their funds in support of a particular area of interest; others give to wherever the need is greatest. Donors may name their fund to honor the memory of a loved one, while others choose to do so anonymously. If you are interested in creating a lasting legacy of your own, please contact Jim Normandin: 562.933.1667 or jnormandin@memorialcare.org.

Robert DeFields spent his career as a funeral director. While he faced death every day, he saw how most people avoided the subject of their own mortality. But not Robert.

Robert knew for many years that he wanted to support patient programs and research for HIV/AIDS. In 2005, after much research, Robert came to Miller Children’s and met with Audra Deveikis, MD, medical director of the Bickerstaff Pediatric and Family Center (see page 18). Not one to simply write checks, Robert became not just a donor, but a volunteer as well. He delights in working with the children at the Center, especially during art workshops, where he can apply his jewelry-making skills.

As an involved donor, he created the Robert DeFields Endowment for the ongoing support of the Bickerstaff Center. Before undergoing a recent heart surgery, Robert updated his Will, leaving the remainder of his estate to support this worthy cause. Now Robert uses every opportunity to tell others about creating their own legacy.

Endowments
(as of June 30, 2013)

Anonymous
Ellen Antaya
JoAnne Arthur
Robert and Nancy Barry
Irene E. Baughey
Robert and Emiline Beamon
Edson D. Beebe, MD
Christian and Naomi Bement
Bickerstaff Family Foundation
Nelda Bird
Ray and Isidore Bloomfield
Eleanor Brawdy
Robert Brite
Harry and Frances Buffum
Wilma Burley
Marguerite M. and John H. Burns
D. Buschenfield
Mildred Carlton
Don and Hazel Carner
Helen Cartana and T.M. Mills
Mary Ceraghino
Children’s Auxiliary
Children’s Cancer Committee
Gordon D. Clark
Henry Clock Family
CMHA/Steel Magnolias
Lillie Cole
Lawrence and Frances Copeland
Helen Couch
James Craig, Sr.
Carolyn R. Cunningham
Nicholas Dallas
Robert DeFields
Harold DeGolia, MD
Richard DeGolia, MD
Leigh and Rachel Dunn
Myrvin Ellestad, MD
Joe Eskin
Clelia Fairbairn
Family Medicine
Julian Feldman
Dr. Jerry and Marilyn Finklestein
Naomi Fisher
Robert H. Frankenfeld, MD
Roger K. Freeman, MD
Eve and Duan George
Mary Grammar
Dona R. Grindle
Hal and Florence Grubbs
Harry and Myrtle Hachmeister
Halcomb/Agnew Family
Clare Hamman
Joseph Hasner
Eldon and Molly Hickman
Doris Hines
Millard Hines
Thomas J. Horn
Hubert Houssels
Clinton Hutchinson
Mafalda Digregorio Janswick
Norman Jaques Family
Betty Jones
Sarah Kanofsky
Milton M. and Sara J. Kaplan
Kaplan/Bial/Jalonack
Grace Karoly
John E. Kashiwabara, MD
Charles and Frieda Kuhn
Lowell R. Lamb
Alan La Valle
Doris Leser
Levinstein Family Fund
Virginia Madsen
Victor Maron, MD
Robert L. Martin
Edith Martinez
George Marx
MCH Hematology/Oncology
Medical Director Chair
John Messenger, MD
Earl B. and Loraine H. Miller
Miller Children’s Hospital
Phyllis L. and Everett H. Miller, Jr.
Herbert and Dorothy Milligan
Linda Moore
Munzer Family
Murphy Family Fund
James and Dorothy Nagle
Neonatal Medical Associates, Inc.
Nightingales
Svend “Ole” Olsen
Harold Parks
Daniel and Diana Parr
S. Gainer Pillsbury, MD
Pott Family
Phillip Pryne
Bennie C. Reagan
Donna Reckseen
James Allan Reep
Elizabeth Rees
Francis Reider
Carol Richards
Barbara K. Robinson Fund
For Breast Cancer Research
Mary Robinson
Sol Rodney
Edna Salman
Samuel Sargeant
Rudolph C. Schweitzer
Senior Services
Patricia R. Simmons
Gary Smith
Lillian Z. Smith
Anne Snow
Mathilda Karel Spak
Jack F. Stanton
Eileen Stolcis
Thomas and Dorothy Strawbridge
F. Calvert Strong
Robert and Helen Summy
Wilmier M. Talbert, Jr., MD
Howard and Ethel Thorpe
Malcolm Todd, MD
D. Tomlinson
Jacqueline L. Trepp
Mary and Gilbert Van Camp, Sr.
Gary and Marlene Vatcher
Ven-Dee Donor Advised Fund
Ray Vreeland
Cornette Fisk Wallace
Vivian Wariner and Florence Melchior
Robert J. Watts
Martha Weber
Weingart Foundation
Katherine White, MD
Raymond A. and Alice E. Whitmore
Rita J. Wiese
Janet K. Wilson
Leon and Dorothy Wiltse
Jack W. Witherspoon
Margaret Womack
Carl and Yoshie Woodman
Eudora Bell Wyatt
Gail Zotovich, RN
## Statement of Activities and Changes in Net Assets

**Year ended June 30, 2013**

<table>
<thead>
<tr>
<th>Revenues, gains and other support</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$2,367,000</td>
<td>$3,919,000</td>
<td>$101,000</td>
<td>$6,387,000</td>
</tr>
<tr>
<td>Special events revenues</td>
<td>2,125,000</td>
<td>-</td>
<td>-</td>
<td>2,125,000</td>
</tr>
<tr>
<td>Investment income</td>
<td>1,999,000</td>
<td>1,682,000</td>
<td>-</td>
<td>3,681,000</td>
</tr>
<tr>
<td>Realized and unrealized gains on investments</td>
<td>3,583,000</td>
<td>3,021,000</td>
<td>964,000</td>
<td>7,568,000</td>
</tr>
<tr>
<td>Other income</td>
<td>105,000</td>
<td>69,000</td>
<td>-</td>
<td>174,000</td>
</tr>
<tr>
<td>Net assets released from restrictions/re-designations</td>
<td>3,602,000</td>
<td>(3,602,000)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Change in value of split-interest agreements</td>
<td>-</td>
<td>(995,000)</td>
<td>184,000</td>
<td>(811,000)</td>
</tr>
<tr>
<td><strong>Total revenues, gains and other support</strong></td>
<td>13,781,000</td>
<td>4,094,000</td>
<td>1,249,000</td>
<td>19,124,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General and administrative</td>
<td>4,657,000</td>
<td>-</td>
<td>-</td>
<td>4,657,000</td>
</tr>
<tr>
<td>Program support for medical center</td>
<td>5,991,000</td>
<td>-</td>
<td>-</td>
<td>5,991,000</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>10,648,000</td>
<td>-</td>
<td>-</td>
<td>10,648,000</td>
</tr>
<tr>
<td>Increase in net assets</td>
<td>3,133,000</td>
<td>4,094,000</td>
<td>1,249,000</td>
<td>8,476,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net assets</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of year</td>
<td>30,367,000</td>
<td>69,379,000</td>
<td>37,971,000</td>
<td>137,717,000</td>
</tr>
<tr>
<td>End of year</td>
<td>$33,500,000</td>
<td>$73,473,000</td>
<td>$39,220,000</td>
<td>$146,193,000</td>
</tr>
</tbody>
</table>

Board and staff fiduciary responsibility is enhanced by the following:

**INVESTMENT MANAGERS**
- BlackRock - global allocation
- Capital World - global equity
- Dodge & Cox - global equity
- Epoch - global equity
- GMO - global allocation
- PIMCO - fixed income and global allocation
- Pointer Offshore - alternative strategies
- Silver Creek - alternative strategies
- UBS Trumbull - private real estate
- Walter Scott - global equity
- Wellington DIH - tactical real return

**INVESTMENT CONSULTANTS**
- Highland Associates
- Silver Creek - alternative strategies

**Finance Committee** establishes financial policies; approves and forwards to the Board all grant and financial requests and provides budget and investment oversight.

**Investment Committee** is a standing sub-committee of Finance to make investment policy; engage, monitor and dismiss, as needed, investment managers and consultants. Makes recommendations to Finance Committee.

**Finance Committee**
- Peter Ridder, Chair
- William Durkee
- James Emslie
- David Erickson
- John Fielder
- Roger Freeman, MD
- Charles Fullerton
- R. Whitney Latimer
- Gary Van Arnam
- Christine Walker

**Investment Committee**
- R. Whitney Latimer, Chair
- William Durkee
- James Emslie
- John Fielder
- Charles Fullerton
- Kathy Lingle
- Tom Shadden
- Gary Van Arnam
- Joe Zucchero
Balance Sheet

Year ended June 30, 2013

Assets

Current assets
- Cash and cash equivalents $2,933,000
- Current portion of pledges receivable, net 3,174,000
- Investments sales receivable -
- Other assets 3,176,000
- Total current assets 9,283,000

Investments
- Split-interest agreement assets 73,808,000
- Pledges receivable, net 31,522,000
- Restricted investments 1,013,000
- Other assets, restricted 48,684,000
- Total assets 169,113,000

Liabilities and net assets

Current liabilities
- Accounts payable 211,000
- Due to affiliates 1,000,000
- Notes payable 368,000
- Current portion of split-interest agreement liabilities 3,269,000
- Total current liabilities 4,848,000

Split-interest agreement liabilities 18,072,000
- Total liabilities 22,920,000

Net assets
- Unrestricted 33,500,000
- Temporarily restricted 73,473,000
- Permanently restricted 39,220,000
- Total net assets 146,193,000
- Total liabilities and net assets 169,113,000

Memorial Medical Center Foundation

Stewardship Report

Thanks again to the many Philanthropic Friends who help physicians, nurses, health care professionals and support staff provide “that extra measure of care” for patients at Long Beach Memorial and Miller Children’s Hospital Long Beach.

Distribution of Gifts and Income
July 1, 2012 - June 30, 2013 $10.1 million
- Clinical research, health care education and patient care initiatives at LBM/MCHLB $5 million
- Gift development and trust administration (includes management of charitable trusts, endowments and restricted funds) $3.1 million
- Income to Philanthropic Friends and/or their heirs (charitable gift annuities) $1 million
- Building and equipment $1 million
- Gifts restricted by Philanthropic Friends $73 million
- Endowments for our Centers of Excellence $39 million
- Unrestricted funds (where need is greatest) $34 million
- Charitable trusts and gift annuities from Philanthropic Friends with future designations for our Centers of Excellence $23 million

Allocation of Total Assets
As of June 30, 2013 $169 million
- Gifts restricted by Philanthropic Friends $73 million
- Endowments for our Centers of Excellence $39 million
- Unrestricted funds (where need is greatest) $34 million
- Charitable trusts and gift annuities from Philanthropic Friends with future designations for our Centers of Excellence $23 million

Annual Sources of Income
FY13 FY12

Total Assets $169,113,000 $161,000,000

Income and Growth
Philanthropic Gifts $9,846,000 $10,428,000
Support Groups $418,000 $400,000
Investment Income $11,249,000 ($1,703,000)

Contributions Back to Community
Education, Research and Patient Programs $5,033,000 $4,413,000
Capital and Equipment $958,000 $1,780,000
Consolidated Balance Sheet

Year ended June 30, 2013

<table>
<thead>
<tr>
<th>Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 3,141,000</td>
</tr>
<tr>
<td>Patient accounts receivable (less allowance for uncollectible accounts of $66,528,000 in 2013 and $71,200,000 in 2012)</td>
<td>$223,071,000</td>
</tr>
<tr>
<td>Due from affiliates</td>
<td>$178,424,000</td>
</tr>
<tr>
<td>Other receivables</td>
<td>$13,843,000</td>
</tr>
<tr>
<td>Other current assets</td>
<td>$14,197,000</td>
</tr>
<tr>
<td>Other current assets limited as to use</td>
<td>$399,000</td>
</tr>
<tr>
<td>Total current assets</td>
<td>$433,075,000</td>
</tr>
<tr>
<td>Investments</td>
<td>$73,808,000</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>$355,556,000</td>
</tr>
<tr>
<td>Restricted investments and other assets</td>
<td>$53,487,000</td>
</tr>
<tr>
<td>Split-interest agreement investments and other assets</td>
<td>$31,522,000</td>
</tr>
<tr>
<td>Other assets</td>
<td>$12,905,000</td>
</tr>
<tr>
<td>Total assets</td>
<td>$960,353,000</td>
</tr>
</tbody>
</table>

| Liabilities and net assets                  |     |
| Current liabilities                         |     |
| Accounts payable and accrued liabilities    | $105,757,000 |
| Estimated third-party payor settlements, net| $4,705,000 |
| Notes payable                               | $368,000 |
| Current portion of split-interest agreement liabilities | $3,269,000 |
| Other accrued liabilities                   | $33,200,000 |
| Total current liabilities                   | $147,299,000 |
| Long term portion of split-interest agreement liabilities | $18,072,000 |
| Other long-term liabilities                 | $38,123,000 |
| Total liabilities                           | $203,494,000 |
| Net assets                                  |     |
| Unrestricted                                | $643,767,000 |
| Temporarily restricted                      | $73,872,000 |
| Permanently restricted                      | $39,220,000 |
| Total net assets                            | $756,859,000 |
| Total liabilities and net assets            | $960,353,000 |

Consolidated Statement of Income

Year ended June 30, 2013

| Unrestricted operating revenues and other support |     |
| Net patient service revenues (net of contractual allowances and discounts) | $1,010,324,000 |
| Less: Provision for doubtful accounts             | ($57,403,000) |
| Net patient service revenues                      | $952,921,000 |
| Capitation premium revenues                       | $24,350,000 |
| Other operating revenues                          | $73,309,000 |
| Net assets released from restrictions             | $3,947,000 |
| Total unrestricted operating revenues and other support | $1,054,527,000 |

| Operating expenses                               |     |
| Salaries, wages and benefits                     | $469,608,000 |
| Medical and other supplies                       | $135,899,000 |
| Purchased services and other                     | $380,086,000 |
| Capitation claims expense                        | $15,861,000 |
| Depreciation and amortization                    | $39,737,000 |
| Total operating expenses                         | $1,041,191,000 |
| Excess of operating revenues over operating expenses | ($13,336,000) |

| Nonoperating revenues and expenses               |     |
| Investment income                               | $6,417,000 |
| Interest expense                                | ($3,000) |
| (Loss) Gain on sale of assets                   | ($38,000) |
| Excess of revenues over expenses                | $19,712,000 |
| Net assets released from restrictions for the acquisition of property and equipment | $3,012,000 |
| Other changes in unrestricted net assets        | - |
| Increase in unrestricted net assets             | $22,724,000 |
Community Benefits Report
Long Beach Memorial and Miller Children’s Hospital Long Beach
Give Back

Long Beach Memorial, Miller Children’s Hospital Long Beach and Community Hospital Long Beach are proud to serve the Greater Long Beach community. As not-for-profit health care facilities, we provide “community benefit” as well as medical services for all ages. Community benefit is a planned, well-organized, managed and measured way in which to meet identified community health needs.

In fiscal year 2012 – 2013, LBM/MCHLB/CHLB provided unreimbursed (uncompensated) services and programs with a value of $66,914,000. This includes charity care, complimentary educational programs for the public, research protocols and community service, and was delivered through more than 140 programs throughout the community. These efforts touched 240,139 lives.

<table>
<thead>
<tr>
<th>Total Community Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2012 – June 30, 2013</td>
</tr>
<tr>
<td>1. Charity Care $17,372,000</td>
</tr>
<tr>
<td>2. Unpaid Costs of Medi-Cal $0</td>
</tr>
<tr>
<td>3. Unpaid Costs of Medicare $33,625,000</td>
</tr>
<tr>
<td>4. Others for the Economically Disadvantaged $0</td>
</tr>
<tr>
<td>5. Education and Research $12,545,000</td>
</tr>
<tr>
<td>6. Other for the Broader Community $3,372,000</td>
</tr>
<tr>
<td>Total $66,914,000</td>
</tr>
</tbody>
</table>

1. Charity care includes traditional charity care write off to eligible patients at reduced or no cost based upon the individual patient’s financial situation.
2. Unpaid costs of public programs include the difference between costs to provide a service and the rate at which the hospital is reimbursed. Estimated costs are based on the overall hospital cost to charge ratio. In fiscal year 2013, MemorialCare participated in the Hospital Provider Fee initiative.
3. Includes other payors for which the hospital receives little or no reimbursement.
4. Costs related to the medical education programs and medical research that the hospital sponsors.
5. Includes many non-billed programs such as community education, screening, support groups, clinics and other self-help groups.

Costs are determined as part of the VHA community benefit package and are based on the hospital’s overall cost to charge ratio.

Staff from Long Beach Memorial participate at an employee health fair for International Transportation Services, Inc., in the Port of Long Beach.

A community helmet and bike safety event was held at the McBride Teen Center in Long Beach — a collaborative effort between Miller Children’s Hospital Long Beach, Kohl’s Keeping Kids Safe Program, Safe Moves and Jones Bicycles in Belmont Shore.
Honor Roll
Gifts of $10,000 and above from July 1, 2012, through June 30, 2013

OUR THANKS AND APPRECIATION
The Philanthropic Friends listed in the following Honor Roll gave gifts in the amount of $10,000 or more during the past fiscal year to help provide “that extra measure of care” at Long Beach Memorial and Miller Children’s Hospital Long Beach in support of patient programs, education, clinical research, medical equipment or capital expansion. Some gifts are given in memory or honor of a special person and/or are restricted for a specific institute, center, clinic, department or item. Gifts may be given in cash, securities, real estate or through a Will or Trust.

Thank You
To ensure tax deductibility, checks should be made payable to Memorial Medical Center Foundation, the 501(c)(3) tax-exempt organization under the U.S. Internal Revenue Code (federal ID 95-6105984) authorized to receive philanthropic gifts and grants for all entities of LBM or MCHLB. A notation may state “unrestricted” or any “specific restriction” to an institute, hospital, center, department, program or item at either hospital. For information, call 562.933.4483 or give online at www.lbmmcf.org.

Adams Family Foundation
Eric L. Affeldt
Allan B. Weiss & Associates
Andre Sobel River of Life Foundation
Anonymous
Bequest of JoAnne Arthur
Astro Aluminum Treating Company, Inc.
Jill Atterbury
The Baker Family Foundation
Bandai America Incorporated
Evalyn M. Bauer Foundation
Bickerstaff Family Foundation
Patricia M. Blomgren
Borzi Family Foundation
BP Corporation North America, Inc.
Bob and Mary Alice Braly
Dana Burley
Marty D. Burley, II
Susie Cardenas
City of Long Beach
Continental Development Corporation
James Cordova
County of Los Angeles
Cystic Fibrosis Foundation
Dameron Family Foundation
Howard and Elaine Davis
Jay and Lynne Davis
The Dodson Family and Corridor Recycling
Damon Dunn
Edwards LifeSciences
Epic Systems Corporation
David and Su Erickson
Venner M. Farley, EdD, RN, and Dolores Perretta
Farmers & Merchants Bank
Farmers & Merchants Trust Company
Bequest of Julian Feldman
Bequest of Stuart M. Fletcher
Alan L. and Cheryl S. Fox
FreeConferenceCall.com
Carl and Caroline Freeman
John and Palma Gallegos
Bertha Garrett
Jason and Patricia Gordon
Bequest of Mary Grammar
George W. Harben
Harbor Community Benefit Foundation
Harris & Ruth Painting Contracting, Inc.
Heag Co.
Heritage Foods
Steve and Joanna Hoekstra
Bequest of Dorothy Holeton
Mari Hooper
Hubert Houssels Trust
Hing and Shiowhwa Hung
Hyundai Motor America
In-N-Out Burger Foundation
Chester and Barbara Jablonski
Carlene M. Jaques
K.V. Mart Co.
Bequest of John E. Kashiwabara, MD
Supervisor and Mrs. Don Knabe
Kohl’s
Bequest of Barbara Kolat
Donald Krokus
Robert and Nancyann Latimer
Carter Lay Charitable Fund
The Cherese Mari Laulhere Foundation
Jerry Lessel Family Limited Partnership
Dena F. Levinstein Trust
LGA Family Foundation
Grace Lofgren Charitable Lead Trust
Lyon Apartment Companies
Judith Maizlish and Larry Maizlish
Jon and Marguerite Masterson
Matson Foundation
Bequest of H. Jack Meany
MemorialCare Imaging Physicians
Memorial Heart and Vascular Institute Physicians
Memorial Women’s Hospital League
Metro Ports
Miller Children’s Hospital Long Beach Auxiliary
Earl B. and Loraine H. Miller Foundation
Bettye Mitchell
Harry C. Moloshco
Daphne D. Munzer
Robert H. Murphy
Michael P. Nageotte, MD, and Monica Leff, MD
The Kenneth T. and Eileen L. Norris Foundation
P2S Engineering, Inc.
Bruce and Jenny Patterson
Pediatricx Medical Group, Inc.
Naomi Rainey
Ralphs/Food 4 Less
Beverly B. Reynolds
Barbara Ross Charitable Trust
Alice and Mitchell Rouse
John and Sarah Sangmeister
Schooner or Later
Ethel Severson
Bequest of George Sobey
Sodexo
Southern California Edison Foundation
St. Baldrick’s Foundation
Steel Magnolias of Stramski Center
Stericycle, Inc.
Sunair Children’s Foundation
Swim Across America
TDBU - Long Beach Employee Contributions
Dr. and Mrs. Gregory S. Thomas
Tichenor Support Foundation
Toyota Motor Sales, USA, Inc.
Hannes Tulving, Jr.
Turner Construction Co.
Louise Ukleja
John and Alice Wallace
Jacqueline Wang
Patricia Lee Wang Foundation
Dr. and Mrs. William M. Webster
Wells Fargo Bank, N.A.
Joan M. Wismer Foundation
Carl E. Wynn Foundation
Joe and Karen Zucchero

“Every good act is charity. A man’s true wealth hereafter is the good he does in the world to his fellows.” Moliere
Memorial Seaside Legacy Circle (MSLC)

This special group honors Philanthropic Friends who express their philanthropy by funding life income gifts (charitable trusts, gift annuities, pooled income funds) and/or make bequests through Wills or Trusts. All these gifts are greatly appreciated.

If you are interested in joining this generous group of philanthropists, please contact Jim Normandin at: 562.933.1667 or jnormandin@memorialcare.org.

Seaside Legacy Members (as of June 30, 2013)

Benny Ahluwalia  
Robert H. Anderson  
Helen Apostle  
Jill Atterbury  
John P. Avery  
Mrs. Henrietta Babcock  
Elizabeth Baker  
Terry and Dianne Barkis  
Mr. and Mrs. William F. Bealer, Jr.

Janielle Beamon  
Mr. and Mrs. Wilhelm Beer  
Alex and Linda Bellehumeur  
Bob C. Benson  
Clyde and Patricia Bergendahl  
Bernard and Lois Beskind  
Joan Beyers  
Lawrence and Theresa Birtja  
Marjeanne Blinn

Patricia M. Blomgren  
Stuart and Frances Borden  
Warren H. Bossert  
Margaret Brainard  
Terry and Sharon Bridges  
Merilyn D. Brisson  
Charles R. Brockman  
Anne C. Brown  
Lorraine Brown

Dr. and Mrs. Raymond W. Kelso, Jr., surrounded by residents.  
Cheryl S. and Alan L. Fox  
Helene L. Rose
The employees of Long Beach Memorial (LBM), Miller Children’s Hospital Long Beach and Community Hospital Long Beach were a record-setting force of philanthropists for this year’s iGive campaign – proving that giving is an action of the heart.

This year, three was the lucky number for iGive, a successful employee giving program. iGive celebrated its third anniversary, with a record $370,000 raised and an estimated 300 percent increase in employee involvement since its first year.

Employees of all three campuses strive for excellence in working together to treat patients. With iGive, more than 2,000 employees took the extra step to go above and beyond – reaching into their own pockets to support patient care programs, clinical research, medical and nursing education and capital equipment.

Because even small donations add up, the campaign encourages employees to give as little as $3.84 per paycheck, creating a donation of $100 by the end of the year. “Employees giving just a little makes such a big difference for the patients,” said Kitty Mulvey, who works in the LBM Quality Assurance Department. “You can donate to a general fund or to a specific place where your heart really feels it.”

Kitty said she believes in the program because she has seen the benefits, including the creation of a program that provides free scales to low-income, congestive heart failure patients. These scales are crucial for patients to better monitor their weight at home.

Thanks to the generosity of participants from all departments, iGive is setting the bar higher for next year. In its fourth year, the campaign will raise its goal to $420,000 and create even more employee-philanthropists by involving 50 percent of staff – all with their own unique reasons for giving.
Welcome to the 2012 – 2013 Annual Report
for Memorial Medical Center Foundation, Long Beach Memorial and Miller Children’s Hospital Long Beach

Sometimes the boldest of ideas are the simplest.
Build a garden for patients to meditate, warm themselves in the sun and enjoy an afternoon breeze.
Use a gentle, well-placed touch or stroke of the hand to calm a baby and create a bond.
Have volunteers with customer service training assist families who have loved ones undergoing surgery.

When I look into the future, it’s so bright it burns my eyes.
William Shakespeare

A bright future can be seen in the actions of the present.
Infants and children remain in the same room with the same specialized staff before and after heart surgery, making them feel secure and cared for.

Virtue is bold, and goodness never fearful.
William Shakespeare

2012 - 2013 ANNUAL REPORT
This Annual Report is published to provide information about the not-for-profit Long Beach Memorial, Miller Children’s Hospita Long Beach and the Memorial Medical Center Foundation accredited by The Joint Commission.

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For information, call the Foundation at 562-933-4483.
Sixth Annual

Dancing for Our Stars

Benefiting the MemorialCare Heart and Vascular Institute at Long Beach Memorial

Saturday, February 1, 2014

The Pacific Ballroom at the Long Beach Arena
300 E. Ocean Blvd., Long Beach, CA 90802

For more information contact Susie Garrison at sgarrison@memorialcare.org or 562.933.1955