



PEP TALK

PULMONARY EDUCATION PROGRAM LITTLE COMPANY OF MARY HOSPITAL
August 2016

August 18, 2016 Picnic



Victor Park
from 11:30-2pm

PEP Pioneers Becomes a Non-Profit Corporation!

(by Kurt Antonius)

After months of filling out paperwork with the California Secretary of State, California State Attorney General Office and the Federal Internal Revenue Service, we are now classified as a 501(C) 3 non-profit organization!

What does this mean for us? Donors to PEP Pioneers, Inc. can now deduct contributions you make to PEP off their income taxes! We have long needed this classification and it will now be easier and financially beneficial for all of us to contribute to PEP.

Furthermore, PEP is now qualified under the IRS to receive tax deductible bequests or gifts. So now is a good time to look at your estate planning and think about giving to PEP Pioneers. It will help PEP and all the people that are part of PEP who are struggling with COPD.

And while you're at it, why not think about giving some money to the Pulmonary Education Research Foundation (PERF), an internationally recog-

nized pulmonary research foundation at LA BioMed located right in our back yard.

Many of our PEP Pioneer's members have participated in clinical trials there and PERF doctors have become an important part of our monthly luncheon speaker list.

SEP. Birthday Celebrations

(sorted by date)

4 Gail Connolly	15 Bill Feess
6 Mercedes Thompson	16 John Monaghan
9 Ellen Bullock	17 Anita Correy
11 Loretta Carson	24 Donna Marsh
11 Noriko Shintaku	25 Gretchen Lewis
14 Charleen Naughton	25 Beverly Poston
14 Bob Gellman	30 Helen Baker

Gym Improvements

(by Pat Cottrell)

Were you wondering why the Cardio-Pulmonary gym was closed for 3 days a few weeks ago? Well I will clue you in on this. Ken from Cardio and I were invited to join the staff for these 3 days. Once we arrived we were told that the goal of Phase I was to redo the facility for better productivity and service for our members / patients within the limits of the existing walls.

First we came up with our Criteria: what changes we really wanted and why. Then we plotted out what was involved from the time a person was referred to either program, until they left the program. At first that sounded pretty easy, until Lilli, our facilitator asked if there were any challenges along this path, and that got all of us to really thinking.

Next step was to use our imagination and dream of any and all changes to the gym; mainly the 'sky's the limit' within the confines of the existing walls. About this time Tiana, the clerk, came up with a wonderful 'out of the box' thought of moving the nurses' desk to the opposite wall. Wow! We loved that, and our 3 groups began working on how the rest of the gym would look: how we could remove 'bottleneck' areas, how we could make the gym easier for the members to use, how we could help the members be more independent and responsible in their own care.

We had many ideas; in fact there were 6 renderings, including one that was working with the nurses' desk as is. These 6 were evaluated and graded based on our original Criteria, and the top three were kept. From that we made our 'hybrid' choice, including changes in cardiac patient and nursing schedules which will allow time for more Cardiac classes, removal of several 'bottleneck' areas in the gym, and more space and better visibility for Strength and Balance. Many of you who have been to the gym recently have seen all of these layouts on the walls, and we are open to any suggestions you have for more improvement.

This powerful group is beginning Phase II with 'easier' changes including more visualization of information through out the gym, coordinating Cardiac staff and patients on the changes in hours beginning Sept 5, as well as preparation for moving of some sites within the gym. In the next few weeks you will begin seeing these changes materializing.

Gym Improvements

(con't)

All of the information of the 3 days will be presented to PLCCMC executives soon, and hopefully they will approve the Phase III changes of moving the desk to the opposite side of the room, and rearranging the machines.

The team of 12 spent the 3 days building teamwork, and finished the time with excitement and enthusiasm for the opportunities of change, both physical and better service that we can bring to our Cardio-Pulmonary Department.

In Memorium

We send our condolences to the families and friends of the following PEP member. She will be missed.

July 13 Pat Coldiron
(Pat survived a double lung transplant for 20 years)

Pedometer Usage

by Art Cottrell

Kurt and Bebe, our Ways and Means committee, are looking into having our members use a Pedometer to track how much we are walking and exercising our way to being healthier persons.

They gave me a pedometer on June 1st and I have worn it and recorded the info daily. Here are my results from: June 2nd To: August 2nd 2016 (2 Months):

Total Steps: 94,159 Daily Avg: 1544
Distance: 44.25 miles Avg. 0.73
Calories 4437 Avg 73.0

Calories are based on my average weight of 185 lbs, while miles are based on approximately 3 feet per step. Most importantly I increased my steps, distance and calories burned by 26% from June to July.

My walking varied day to day from as a few as 564 steps, which I walked

some days to a maximum of 5152 steps one day (that was Winery Day at San Antonio).

Now you may ask why I am doing this. This tells me that I need to walk more. Continuing to use the pedometer is an incentive for me to walk more and therefore get healthier. The goal is to 'beat myself', to walk more each month, and gain a better outlook on life as a COPD'er.

PEP is always looking for opportunities to make our (YOUR) lives better and more productive. After a little more research we will develop a program for pedometer usage. Any suggestions you have are welcomed.

Pulmonary Hypertension

(brief, edited, excerpt from PERF Monthly Newsletter – July 2016)

Pulmonary hypertension is high blood pressure that affects the lungs specifically by affecting the arteries in the lungs and in the right side of the heart, also known as the pulmonary circulatory system. These arteries and vessels become damaged and then form scars or thickening inside the vessel walls, restricting the flow of blood through the heart. This increases pressure and causes the right side of the heart to work harder and less effectively, and ultimately heart damage or a heart attack will occur.

Though there is no cure for pulmonary hypertension, there are treatments that can lower the blood pressure in the pulmonary circulation, lessen symptoms and slow the progression of the disease. Oxygen therapy reduces pulmonary pressures. In recent years several medications have been introduced that effectively reduce pulmonary pressures.

Signs of Pulmonary Hypertension

Often in the early stages there are no signs or symptoms – and when symptoms do develop, they may be misdiagnosed at first. Pay attention to the following symptoms if they occur, and report them to your doctor:

Shortness of breath may occur while attempting to exercise, which may

progress to shortness of breath with any exertion such as normal walking from one room to another and even to shortness of breath at rest. Other signs and symptoms can include dizziness, fainting, fatigue, chest pains, rapid heart rate, swelling in ankles and abdomen, and a bluish tinge around the lips and mouth area.

Not everyone will experience the same or all symptoms, so report your symptoms to your doctor even if you see only one or two of these symptoms that may indicate pulmonary hypertension.

Tests for Pulmonary Hypertension

It's important to know that this disease usually will not be found during a routine physical exam, so don't assume that if you have a physical exam, your doctor will detect the disease. Special tests must be conducted, and typically these will not be ordered unless you report your symptoms and your doctor believes that they are warranted. *(If you are concerned ask about this condition. ed)*

News and Notes Around PEP

(by Dan Buck)

Reminder—don't miss our annual picnic if you can possible make it. It's a great chance to socialize with people you don't always see at the luncheons or in the gym. And an opportunity to show off your pot luck skills. Special thanks to **Kurt Antonius** for long hours and hard work getting us qualified as a non-profit corporation!

PEP PIONEERS is an independent group of graduates of the Pulmonary Rehabilitation Program at Providence Little Company of Mary Hospital that is dependent on private donations and fundraisers to finance events and purchase equipment that benefit **all** of its members. Donations may be made to

PEP PIONEERS

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