# MEMORIAL HOSPITAL AND MANOR

# Experience The Bridge Difference

# Patient Admission and Discharge Information Packet

Our commitment is

EVERY PATIENT, EVERY TIME.

1500 East Shotwell Street Bainbridge, Georgia 39819 Voice: 229.246.3500 Website: <a href="www.mh-m.org">www.mh-m.org</a> Email: Patients@mh-m.org

Welcome to Memorial Hospital & Manor:

Thank you for choosing Memorial Hospital and Manor for your healthcare needs. The staff of our facility is truly committed to providing each patient with a premier patient care experience. Our purpose is to provide you with the best possible care. Our goal is to always meet your needs compassionately and efficiently, and to provide you with an atmosphere of courtesy, quality, and respect.

Please be advised that Memorial Hospital and Manor is smoke-free (indoors and outdoors), and there is absolutely no smoking permitted on our premises. This is strictly enforced to support a healthier environment for our patients, visitors, families, and staff.

Memorial Hospital and Manor has partnered with HealthStream Research<sup>TM</sup> to conduct patient satisfaction surveys by telephone. Following your stay with us, you may receive a telephone call from HealthStream. This call will only take a few minutes, and your feedback will be very valuable to us for monitoring the quality of services provided and improving care for our patients.

Patients are randomly selected to participate in the survey, and if you are chosen, we would greatly appreciate your responses to the questions. If you are called, the name and telephone number that displays on the caller ID is HealthStream Research (301) 575-9366. We are grateful for your time and feedback in evaluating your care.

Our facility is committed to serving the needs of our patients, providing excellent service for "Every Patient, Every Time," and we are committed to exceeding your expectations. We hope that you take the time to interact with our staff, and let them know when you feel that they have done an exceptional job. We would love for you to take the time to let us know as well!

If you have any questions, comments, or concerns about the survey process or your stay with us, please let a staff member know your thoughts. If you have any issues or concerns during your stay, you may contact our Patient Representative at (229) 254-6670 or via email at <a href="mailto:Patients@mh-m.org">Patients@mh-m.org</a>. Or, if I can help in anyway, you can reach me directly at (229) 243-6109 (office) or (229) 254-9286 (cell).

Thank you for your confidence in Memorial Hospital and Manor; we will not let you down. We also hope that you will pass along comments about your positive experience to members of our community. We want everyone to know that we are committed to providing excellent service to the residents of Decatur County, and surrounding communities, as well.

Sincerely,

Billy Walker

Billy Wich

Chief Executive Officer, Memorial Hospital and Manor



This packet contains important information about your stay with us, and your care after you leave our facility. Please keep this and any other information as a reference for your personal use. Thank you for choosing our facility to meet your healthcare needs.



### **Patient Information Packet Contents**

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# **General Information**

- Cafeteria
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- **➢** Gift Shop
- Hospitalist Defined
- > Hourly Rounding
- Medical Records
- Personal Belongings
- Smoking
- Spiritual Assistance
- > Telephone Numbers
- > Television Channels
- Vending Machines
- Visitor Information



<u>Cafeteria:</u> We provide food and beverages to all patients that are staying overnight with us. For other patients, food may or may not be provided, depending on the length of time you spend in our facility. We have a cafeteria in our facility that serves breakfast, lunch, and supper. The cafeteria is located on the first floor, across from the double elevators. You and your family may purchase meals from the cafeteria during their normal hours of operation which are: Breakfast from 07:30am-09:30am; Lunch from 11:30am-01:30pm; and Supper from 05:00pm-07:00pm.

Vending machines are also available in the hallway outside of the Emergency Department.

**Call Lights:** We understand that there may be times when you need assistance; for those times, we have equipped every room with a method of calling for help. This is referred to as a call

button, or call light. A button to call a staff member is located beside your bed, and when pressed, it will notify the nursing station that you are in need of assistance. Once you have pressed the button, someone from the nursing station may ask you for specifics, and then will notify someone assigned to your care to assist you. If someone has not responded to your request in a reasonable amount of time, please press the call button again. If at any time you feel that your requests are not being handled appropriately, please request to speak to the Charge Nurse.





**Gift Shop:** We have a Gift Shop available on the first floor in the front lobby of the hospital. The normal hours of operation for the Gift Shop are Monday through Friday from 09:00am-05:00pm. The Gift Shop has a large selection of gift items, jewelry, stuffed animals, candy, books, and flowers. You can reach the Gift Shop by dialing ext. 138.

**Hospitalist Defined:** We currently utilize a Hospitalist program for all patients that are admitted into our facility on our Medical/Surgical floor and in ICU. A Hospitalist is a Medical Doctor that only sees, treats, and visits with patients that are admitted to the facility. During your stay with us, your regular primary care provider or admitting provider will not normally make rounds or visit with you while you are here. Instead, our Hospitalist will oversee your care while you are a patient with us, and will communicate necessary information to your regular Physician or Provider.

This program allows the hospitalist to spend more time with you, and focus on your healthcare while you are a patient with us, while still allowing your normal Provider to continue to see patients in the office setting. Your regular Provider and the Hospitalist work together to ensure that the highest level of care is provided to you at all times.

**Hourly rounding:** Our Nurses are committed to providing the highest level of service to all of our patients. To ensure that they are meeting your needs, they should visit with you at least once every hour. This is referred to as hourly rounding, and should be completed without fail in each Nursing unit. During this visit with you, your nursing staff will ask you how you are feeling, if you need anything, if you have any questions, or if you need assistance in anyway. They may also ask about your pain levels, and check the status of any medications or testing. If hourly rounding is not occurring, please notify the Charge

Medical Records: Information contained within your medical record is protected by HIPAA (Health Insurance Portability and Accountability Act), and is strictly monitored to ensure that we follow all HIPAA guidelines and regulations. Information contained within your medical record can only be released with a written authorization from the patient or guardian. Copies of records are available from the Health Information Management Department located on the first floor of the hospital.

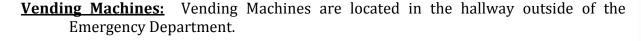
**Personal belongings:** Personal belongings should be left at home, or sent home with family members. During your stay with us, we cannot guarantee the oversight of any personal belongings that you may have with you. We do not accept responsibility for misplaced or lost personal items including cash, dentures, hearing aids, valuables, telephones, etc.



Nurse.

**Smoking:** In the interest of promoting a healthy and safe environment for all patients, visitors, and staff, our facility and grounds are completely smoke-free. Smoking is prohibited in any area within the facility or on the grounds outside of the facility.

**Spiritual Assistance:** We have an organized group of local ministers that are available to assist you with any spiritual or emotional needs. Someone from this group is always on call, and available to you as needed. If you would like to speak with someone about a spiritual or emotional need, please notify your Nurse or the Patient Representative. A list of chaplains that are on-call is available in every Nursing unit.







**Telephone Information:** Every patient room is provided with a telephone that can be used during your stay. For assistance at any time with dialing or calling, please dial "0" for the operator. The use of cellular telephones and other electronic devices are permitted within the facility.

## **Telephone Quick Access:**

Local calls: <u>Dial "9"</u> and then the telephone number.

Long distance calls: Dial "0" for the operator. To place a long distance call, you must charge the call to your home number, credit card, or call collect to the number that you are dialing. The operator must assist you with long distance calls.

Room to room or room to office: Dial the extension or room number to call a room or office from inside the facility.

**Room from outside:** Dial (229) 243-6+ room number to call a patient's room directly from outside of the facility.

INTERNAL TELPHONE EXTENSION NUMBERS			
Every Department within our facility has a direct department extension that you can call for assistance. You may call these Departments by dialing the numbers indicated.			
Administration	105	Manor II	181
Business Off/Patient Accounts	143	Medical/Surgical	151
Discharge Planning Services	372	Patient Representative	343
Emergency Department	200	Pharmacy	163
Gift Shop	138	In-patient Physical Therapy	262
Health Information Mgmt.	174	Outpatient Physical Therapy (dial 9)	243- 8124
HIPAA Officer	202	Provider Relations	266
Human Resources	161	Radiology	180
Intensive Care Unit	146	Registration/Patient Access	114
Kirbo Women's Ctr./OB/GYN	120	Respiratory Therapy	144
Laboratory	188	Same Day Surgery	157
Manor I	183	Operator	0

# **Television Channels:** Every patient room is provided with a television for your viewing pleasure. A directory of the television channels has been provided.

2	WTXL-27 Tallahassee, ABC	46	Headline News
3	WALB-10 Albany, NBC	47	Fox News
4	WMBB-13 Panama City, ABC	48	CNBC
5	WCTV-DT2 Tallahassee, MyNet	49	MSNBC
6	WSB-2 Atlanta, ABC	50	Discovery
7	WTWC-40 Tallahassee, NBC	57	History
8	WFSU-11 Tallahassee, PBS	58	SyFy
9	WTLH-49 Tallahassee, FOX	59	Comedy Central
10	QVC	60	El
11	WCTV-6 Tallahassee, CBS	61	AMC
12	WABW-6 Albany, PBS	62	We
13	The CW	63	A&E
14	HSN	64	Bravo
<b>15</b>	WTVY-4 Dothan, CBS	65	Outdoor Channel
17	ionTV	66	Speed
18	CSPAN	67	TruTV
22	WMGR-22 Bainbridge, IND	68	ABC Family
24	Lifetime	69	Hallmark
25	The Weather Channel	70	Animal Planet
26	WALB 24/7 Weather	71	TLC
27	MTV	72	Shop NBC
28	CMT	73	SOAPnet
29	VH1	74	Spike
30	BET	75	Travel Channel
31	ESPN	76	Food Network
32	ESPN 2	77	HGTV
33	ESPN Classic	78	Univision
34	Nickelodeon	80	WTWC-DT2 The CoolTV
35	Cartoon Network	81	WFSU-DT2 The Florida Channel
36	TV Land	82	WFSU-DT3 Create
37	Disney Channel	83	WFSU-DT4 Florida Knowledge Network
38	Fox Sports (FS) South	84	WABW-DT2 PBS Kids
39	TNT	85	WABW-DT3 PBS World
40	USA	86	WTWC- The Country Network
41	Disney XD	87	CSPAN 2
42	Sport South	88	CSPAN 3
43	TBS	92	TBN
44	FX	93	INSP
45	CNN	94	EWTN



<u>Visitor Information:</u> Visitors are an important part of your recovery and healing process. Visitors are encouraged to visit with you during normal visiting hours. Certain conditions and situations may require special considerations or restrictions, but this will be discussed with you. Normal visiting hours for most units are 07:00am-09:00pm. In the Emergency Department and Intensive Care Unit, visitors may be limited to number and hours depending on the care of the patient. Children visiting in the Kirbo Women's Center must be at least 8 years old unless they are siblings of the newborn.

While you are visiting, we ask that you follow these guidelines:

- Limit the number of visitors to two at a time in semi-private rooms
- Keep your visits brief, ensuring that they do not over-tire the patient
- Do not disturb other patients or their families
- Be respectful of others and their privacy
- Do not block corridors in the hallway while waiting for your turn to visit
- Do not visit if you are sick with a cold or contagious illness
- Maintain a quiet and peaceful environment
- Do not allow children to visit unless supervised by an adult
- Conduct yourself in an appropriate manner at all times
- Be respectful of our healing environment
- Honor visiting hours
- Follow all guidelines at all times

In certain situations, overnight visitors may be allowed if necessary to the health and well-being of the patient. In these instances, a recliner or cot may be provided to allow for adequate rest for the visitor. Certain restrictions do apply, and all questions should be directed to your Nurse. Keep in mind that we must provide adequate rest for all patients, including those that may be located in the same room with you. We do not wish to disturb other patients during the night with visitors unless absolutely vital to the well-being of our patients.

# **Patient Information**

- Patient Rights
- Patient Responsibilities
- Patient Satisfaction
- Patient Representative/Advocate
- Safety
- Infection Control and Prevention
- Pain Assessment
- > HIPAA
- Concerns and Grievances
- Discharge Planning and Resources Available
- Patient Billing Information

### **PATIENT RIGHTS:**

- 1. You have the right to access health care regardless of race, religion, creed, sex, national origin, diagnosis, disability, or source of payment.
- 2. You have the right to have considerate care provided with respect, dignity, and privacy and with respect to your personal values, cultures, and beliefs.
- 3. You have the right to be informed about and participate in decisions regarding your own health care, including an explanation of expected and unexpected outcomes of treatment and procedures. You may appoint a representative to make informed decisions about your care.
- 4. You have the right to privacy and confidentiality regarding your medical care, including the following:
  - To refuse to talk with or see anyone not officially connected with the hospital or those not directly involved in your care
  - To wear appropriate personal clothing as long as it doesn't interfere with treatment
  - To be examined in a surrounding designed to assure privacy and to have a person of your own gender present during certain parts of a physical exam
  - To expect that any discussion involving your case will be conducted discreetly
  - To have your medical records read only by individuals directly involved in your treatment or the monitoring of the quality of care received
  - To expect all communications and records to be treated as confidential
  - To request a transfer to another room if another patient or visitor is disturbing you
  - To be placed in protective privacy or to access protective services when necessary for personal safety
- 5. You have the right to expect the hospital to take reasonable steps to maintain a safe environment, including the physical environment, as well as any equipment used in connection with your treatment.
  - Your safety is of the utmost importance to us during your stay here. All of our employees are committed to ensuring that you have a safe and comfortable environment to recuperate. Please be sure to use your call button for assistance, if needed, for getting in or out of bed, walking, showering, bathing, cleaning spills, etc.
- 6. You have the right to know the identity and professional status of anyone involved in your care.
- 7. You have the right to receive verbal or written communication from people outside the hospital. You may have access to an interpreter when there is a communication barrier. You have the right to effective communication.



Security

8. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution or withdrawing life-supporting procedures.

- 9. You have the right to the appropriate assessment and management of pain.
- 10. You have the right to consult a specialist by your own request and expense.
- 11. You have the right to be free from all forms of abuse, neglect, or harassment as a patient at this facility.
- 12. You have the right to access information contained in your medical record within a reasonable time.
- 13. You have the right to be free from restraints of any form that are not medically necessary and are used as a means of coercion, discipline, convenience, or retaliation by staff.
- 14. You have the right to refuse treatment to the extent permitted by law.
- 15. You should be informed of any continuing health care requirements following discharge from the hospital, and you should not be transferred to another facility unless you have received a complete examination of the need for the transfer.
- 16. You have the right to receive an itemized billing of all hospital charges for services rendered.



17. You have the right to be informed of the hospital's rules and regulations.



- 18. You have the right to obtain information regarding Advance Directives.
- 19. You have the right to a grievance process. You may contact the Patient Representative at (229)254-6670 for comments or concerns regarding your patient rights or if you are not satisfied with any hospital services. The Administrator-On-Call may be contacted by notifying your Nurse. Grievances may be lodged with the State Agency via telephone at 404-657-5726, or at the office of:

Regulatory Services, Healthcare Section 2 Peachtree St. NE 33<sup>rd</sup> Floor Atlanta, GA 30303

### **PATIENT RESPONSIBILITIES:**

- 1. You are responsible for providing to your healthcare providers, complete and accurate information about present complaints, past illnesses, medications, and other personal health matters. You are also responsible for reporting changes in your conditions and perceived risks and safety concerns related to your care.
- 2. You are responsible for asking questions when you do not understand what you have been told about your care.

- 3. You are responsible for following instructions and recommendations of your physician related to care, service, and treatment. It is your responsibility to express concerns you might have about your ability to follow and comply with the proposed plan or course of treatment. Every effort will be made to adapt the plan of care to your specific needs and limitations. When such adaptations are not recommended, you are responsible for understanding the consequences of the treatment alternatives and not following the proposed course.
- 4. You, and/or your family as appropriate, are responsible for the outcomes if you do not follow the recommended care, services, or treatment plan.
- 5. You and your family are responsible for following the hospital's rules and regulations concerning patient care, conduct, and safety.





- 6. As a patient at our facility, you are entitled to have visitors during your stay. These visitors may be limited in number, length of visit, age of visitor, etc. All visitors should follow the guidelines set forth in the Patient Visitor Policy.
- 7. You are responsible for showing respect and consideration for other patients and their families as well as the hospital's personnel and property. This includes, but is not limited to, helping control noise and disturbances, following the no smoking policy, and respecting other's property.



- 8. You, and/or your family, as appropriate, are responsible for promptly meeting any financial obligations agreed to with the hospital.
- 9. You are responsible for your personal belongings. You should send any valuables home with family or request that they be placed in Memorial Hospital and Manor's locker. If a request to lock personal valuables is made, you will be required to sign a verification of the valuables with two witnesses and receive a copy of the list. Upon discharge or your request, your items will be returned to you, and your list verified again. This facility is not responsible for personal valuables kept in patient rooms.



10. If you, the patient, are found by your physician to be incapable of understanding these responsibilities, have been judged incompetent in accordance with law, or exhibit a communication barrier, your family or surrogate decision maker will assume the above responsibilities for you.

### PATIENT CONCERNS, ISSUES, GRIEVANCES, OR COMPLAINTS:



- 1. You have the right at any time during your stay with us, to file a complaint or notify us of issues, concerns, complaints, grievances, or problems.
- 2. A Patient Advocate, or known as the Patient Representative, is maintained by this facility to help resolve your concerns, and handle any issues that you may have.
- 3. If at any time during your stay, you would like to speak to the Patient Representative, you may contact her directly at 229-254-6670, 229-243-3374, via fax at 229-243-3304, or via email at <a href="mailto:Patients@mh-m.org">Patients@mh-m.org</a>.
- 4. If your concern or issue occurs outside of normal business hours, you may notify your Charge Nurse that you would like to speak to the Administrator on Call. The Charge Nurse can contact the Administrator on Call to address the situation.
- 5. If you would like to send your concern of issue to us in writing, you can do so via email to <a href="mailto:Patients@mh-m.org">Patients@mh-m.org</a>, via fax to 229-243-3304, or via mail to:



Memorial Hospital and Manor Attention: Patient Representative 1500 East Shotwell Street Bainbridge, Georgia 39819



### **PATIENT ADVOCATE:**

Your Patient Advocate is an employee of our faiclity that looks out for your best interests while also handling any concerns or issues you may have during your stay. The Patient Advocate is known as the Patient Representative, and may be reached via:



Cellular Telephone: 229-254-6670 Landline Telephone: 229-243-3374 Internal Extension: extension 343 Fax Transmittal: 229-243-3304

Email: Patients@mh-m.org

Mail: Memorial Hospital and Manor
Attention: Patient Representative

1500 East Shotwell Street Bainbridge, Georgia 39819

### PATIENT SATISFACTION:

- 1. Our facility is committed to providing an atmosphere of courtesy, quality, and respect for all patients, and for ensuring that we provide the best care possible for Every Patient, Every Time.
- 2. During your stay, you may be visited by the Nurse Manager from the unit where you are staying. He/she will talk with you about your stay, and gather feedback from you on those things that we could do to improve our services.



- 3. After your stay, you may also receive a telephone call from the Patient Representative to gather feedback from you about your stay. We use the feedback given to help us improve our services and our commitment to you.
- 4. Several weeks after your stay with us, you may also receive a call from HealthStream. HealthStream conducts patient satisfaction surveys on our behalf, and may contact you to participate in a brief survey about your stay with Memorial Hospital and Manor.
- 5. We value your input, feedback, and suggestions.

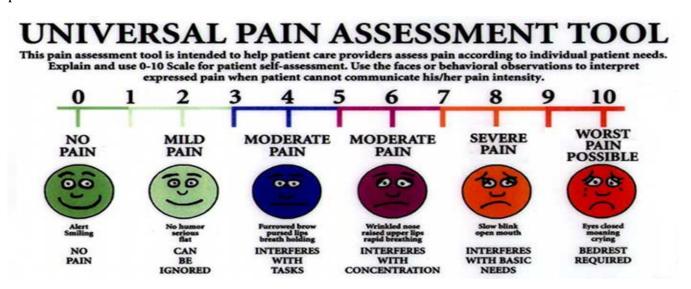


### **INFECTION PREVENTION:**

Keeping you free from being exposed to infectious diseases is another area that is very important to us during your stay. All of our employees are committed to ensuring we protect you by washing our hands frequently, wearing gloves, wearing masks, wearing protective clothing, changing exposed dressings or bandages, and other things that may help prevent infection or contamination. Please understand that it is our desire to keep you safe, comfortable, and protected from infectious diseases while you are here.

### **PAIN ASSESSMENT:**

We understand that some of our patients may be experiencing pain while they are under our care. Your Nursing staff should ask you frequently about your comfort and pain level so that we can make you as comfortable as possible during your stay. We do know that we cannot promise that you will be pain-free while under our care, but we will make every effort we can to ensure that you are as comfortable as possible. We ask that you understand that some pain may still be experienced, and is to be expected. When your nurse visits with you, she may ask you to rate your pain on a scale like below:



### **DISCHARGE PLANNING SERVICES:**

Once your Hospitalist or Provider begins to discuss your discharge plans with you, there may be equipment or resources that you will need to help in your continued recovery at home. We have someone in-house that can assist you with needs that you may have for when you are discharged. If you would like to discuss any assistance available, please contact our Discharge Planning Department at ext. 372, or inform the Patient Representative.

### **ADMISSION STATUS:**

While you are a patient in our facility, you may be classified as an in-patient or an observation patient. These determinations are left to your admitting Physician, your diagnosis, your medical needs, your treatment, and your length of stay. Admission status is related to how your insurance may pay for your stay with us. If you have questions about your admission status, please ask your Nurse.

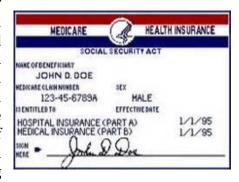
### **FINANCIAL INFORMATION:**

### **Registration:**

During the admission process, you were asked to sign forms and to answer questions about your health, insurance coverage, personal information, etc.

### **Insurance Coverage:**

A copy of your current insurance cards, and your Medicare or Medicaid card, if applicable, is needed to verify your benefits and to process your claim. As a courtesy to you, Memorial Hospital will submit your bill to your insurance company. You should remember that your insurance policy is a contract between you and your insurance company and you have the final responsibility for payment of your hospital bill. If your insurance carrier does not pay your account within a reasonable period of time, usually 60 days, you will be notified to make full and prompt payment. Any questions or disagreements concerning payments must be settled between you and the insurance company.



If you have certain tests or treatments in the hospital, you may receive bills from physicians that you did not see in person. These bills are for professional services rendered by these doctors in diagnosing and interpreting test results while you were a patient. Your hospital bill will not reflect charges from your personal physician, surgeon, anesthesiologist, radiologist, or pathologist. You will receive a separate bill from each of these physicians for their services.

### **No Insurance Coverage:**

A representative of Memorial Hospital's Patient Accounts Department will discuss financial arrangements with you if you do not have insurance coverage. This representative will also be able to assist you in applying for governmental assistance programs, such as Medicaid. A Patient Accounts Representative may be reached at Extension 143 to answer any questions concerning your account.

### Dismissal:

The Hospitalist, or your Provider, will decide when you are well enough to leave the hospital, and will write a dismissal order. The Patient Accounts Department will be notified of your dismissal. You, or your representative, may make financial arrangements. A Patient Accounts Representative can visit with you to assist with financial arrangements.

### **Ouestions:**

If you have questions about your bill, please contact our Patient Accounts Department at 229-243-6143. A Patient Accounts Associate should be able to assist you with any questions or concerns that you have in regards to your hospital bill.

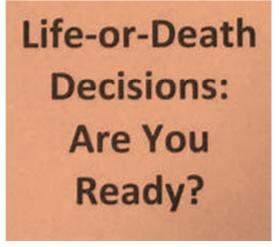
# **Advance Directives**

- Advance Directive Information
- > End of Life Care and Planning
- Durable Power of Attorney

### **Advance Directives: Your Right To Decide**

Questions about medical care at the end of life are very important today because of the ability of medical technology to prolong life, and because of highly publicized court cases involving comatose or dying patients. Georgia law allows you to sign Advance Directives so that your wishes will be followed, even if you become unable to communicate them to

your healthcare provider.



Any competent adult may sign an Advance Directive, which must be witnessed by at least two competent adults who (1) are not related to the patient by blood or marriage, (2) are not the patient's physicians or employees of the healthcare facility, and (3) have no financial claims or entitlements to the patient's estate. The best way for you to be in control of your medical treatment in such a situation is to record your wishes in advance.

### WHAT IS AN ADVANCE DIRECTIVE?

An advance directive is a written document that allows a patient to give directions about future medical care or to designate another person(s) to make decisions if the

patient loses decision-making capacity. Advance directives may include the Living Will and the Durable Power of Attorney for Healthcare. Through legal documents such as a "Living Will" or "Durable Power of Attorney for Healthcare," you can tell others what kind of treatment you would want in the future if you can no longer make decisions for yourself.



### DO I HAVE TO HAVE AN ADVANCE DIRECTIVE?

No, you are not required to have an advance directive to receive medical treatment. When you are admitted to the hospital, you will be asked if you have an advance directive, and your response will be documented on your admission form.

# **Education/Condition Information**

- Condition Information
- Educational information
- > Medication Side Effects- Pharmacist information
- > Stop Smoking Resources

### **Stop Smoking Now for You and Your Loves Ones**



As reported by the Patient Education Institute, studies show that smoking leads to 1/3 of all cancer related deaths within the US, and it is the number 1 cause of lung cancer death in men and women.

Smoking has also been proven to cause or aggravate symptoms associated with: Cancer, Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Bronchiectasis, Heart Disease, Heart attacks, Irregular heart rates, Strokes, Heartburn, Ulcers, Slower healing time, Crohn's disease, Cervical cancer, Infertility, and Inflammatory conditions.

Quitting smoking can have huge impacts in your overall health, and the way you feel, plus save you money. Here are steps that may help you as you decide to kick the habit.

- 1) **Get Ready**: Emotionally prepare yourself for quitting. Think about and discuss your reasons for quitting, and how quitting will affect your life in a positive way. Write your reasons down, review them every day, and say them out loud. Tell your family and friends why you want to quit.
- 2) **Pick a Quit Day**: Pick a day and mark it on your calendar. Tell your family and friends about your quit day. Talk yourself up and encourage yourself as your quit day approaches. A few days before your quit day, begin to try and taper off on the number of cigarettes that you smoke.
- 3) **Ask Family and Friends for Support**: Build a strong support system at home and at work. Ask friends and family for their support and to be available should you need them. Join a support group in your community or online. Reach out to other smokers that you know that have successfully given up the habit.
- 4) **Consider Nicotine Replacement Therapy and other Medications**: Talk to your Doctor of Healthcare Provider about nicotine replacement therapies and other medications that may be available to you to help you quit smoking or deal with the cravings.
- 5) **Make a Clean Start**: The day before your quit day, throw out all cigarettes, remove ashtrays, wash your clothes, clean your car, clean your house, remove the cigarette smell from those things around you, and throw out cigarette lighters.
- 6) **Get Through the First Day**: If you can make it through the first day without a cigarette, you are ten times more likely to be successful at quitting for good. Be prepared to not feel well, to experience headaches, to experience cravings, to experience hunger, to be agitated, to be tired, or to have a sore throat or cough. These are all normal responses as your body rids yourself of the chemicals found in cigarettes and other tobacco products. Hang in there, and give yourself time to adjust. Try to drink plenty of water and remain calm.

- 7) **Avoid Triggers**: As a smoker, you know those situations where you tend to smoke more frequently or that make you hard not to smoke. Avoid those things and places, and people for a little while until you get adjusted to not smoking. These might be normal routines for you, parties, bars, social gatherings, etc.
- 8) **Be Prepared for Temptation**: There will be times that you will crave a cigarette, and it is truly your choice how your respond. You can choose to continue on your journey with perseverance and stubbornness, and this will help you be successful with your overall goal of quitting the habit. When you feel the cravings hit, try to distract yourself by taking a walk, call a friend, do some type of activity, write, doodle, draw, or try sugarless candy, gum, flavored toothpicks, or sunflower seeds.
- 9) **Get Moving**: Try to get out and move for a while each day such as walking, bowling, tennis, biking, sight-seeing, and hiking. Movement is a good way to relieve stress and will also help control your weight and make you more active.
- 10) **Don't Give Up:** Don't give up on yourself and what you hope to accomplish; remember the rewards that you will see from quitting. If you stumble and have a cigarette, it is okay, stop again and refocus, learn from your experience, and try again. Keep trying until you are successful. Celebrate and reward your successes.
- 11) **Look for Resources:** Look online for resources available to you. Try: 800-QuitNow, smokefree.org, and the American Cancer Society. There are many resources and help available to people that would like to quit smoking.



ople that would like to quit smoking.			
The pulse and blood pressure return to normal	28 minutes		
	8 hours	Oxygen levels return to normal	
All carbon monoxide is eliminated the lungs start to clear mucus	24 hours		
	48 hours	Nicotine is eliminated	
The bronchial tubes relax and breathing becomes easier	72 hours		
	2-12 months	The circulation improves	
Lung function increases by 5 - 10%	3-9 months		
	5 years	Risk of lung cancer decreases	
Risk of lung cancer decreases to that of a non-smoker	10-15 years		

# **Discharge and Resource Information**

- What to do When I get Home
- Doctor's Appointments
- Follow-up Care
- Medications
- Diet Instructions
- > Special Instructions
- Physician and Resource List

Internal Medicine/Family Practice		
Dr. Omar Al Haddad	229-243-6900	
Dr. Sydney Cochran	229-246-6600	
Dr. Mallory McRae	229-248-8500	
Dr. Prysca Ngalame	229-243-6900	
Dr. Dave Phillips	229-248-8500	
Dr. Ileana Popa	229-243-6900	
Dr. Shawn Surratt	229-243-6900	
Dr. Philip Todaro	229-246-4888	
Angie Tyus, FNP-C	229-243-6900	
Dr. Katherine Wiegman	229-243-6900	

Cardiology	
Dr. Gordon Miller	229-243-0740
Cardiology Consultants SouthGA	229-551-0083

Gastroenter	ology
Dr. Douglas West	229-246-6090

Obstetrics/Gynecology		
Dr. Jason Moye	229-243-0152	
Dr. Ovidiu Popa	229-246-9744	
Dr. Don Robinson	229-243-0152	
Claire Wright, PA-C	229-243-0152	

Ophthalmology		
Dr. Aric Aldridge	229-243-8597	
Optometry		
Dr. James Cox	229-246-1600	
Dr. Frank Flowers	229-246-1600	
Dr. Lisa Martin	229-243-8597	

Orthopedics	
Southern Orthopedic Specialists	229-246-3608

Pediatrics	
Dr. Matthew Buck	229-246-1209
Deborah Flowers, FNP-C	229-246-1209
April Heard, FNP-C	229-246-1209
Dr. Mandy Moye	229-246-1209
Dr. Winston Price	229-246-1209
Dr. Mary Beth Smith	229-246-1209

Surgery	
Dr. Charles Walker	229-243-1700
Dr. Richard Zlotnik	229-243-1700

Urology	
SGA Urology Group	229-248-8705

EQUIPMENT		
Bainbridge Pharmacy	229-246-7200	
Grimsley Pharmacy	229-246-7733	
Rx Drug Center	229-246-1000	
Apria	850-383-1188	
Breathing Care Assoc.	334-793-9674	
Lane's Pharmacy	229-758-9111	
MRS Homecare, INC.	229-493-0071	
Option Care	800-464-8455	
Quality Home Care	229-377-8180	
Tri-State Medical	800-565-3715	

HOME HEALTH CARE		
Archbold Home Health	229-228-2736	
Care South	800-241-3363	
Gentiva Home Health	229-246-1941	
Visiting Nursing Association	229-246-6462	

HOSPICE SERVICES		
Gentiva Hospice	229-246-6330	
Hospice of Southwest GA	229-246-9965	

IV THERAPY & ENTERAL FEEDING		
Archbold Home Health	229-246-6462	
Bainbridge Pharmacy	229-246-7200	
Breathing Care Assoc.	229-793-9674	
Quality Home Care	229-377-8180	
Roberts Pharmacy	229-524-2313	
Vita Care (Rx Pharmacy)	229-246-1000	

IV THERALL & ENTERAL PEEDING		
Archbold Home Health	229-246-6462	
Bainbridge Pharmacy	229-246-7200	
Breathing Care Assoc.	229-793-9674	
Quality Home Care	229-377-8180	
Roberts Pharmacy	229-524-2313	
Vita Care (Rx Pharmacy)	229-246-1000	

HOME MAKER SERVICES		
Heart & Hands of Albany	888-465-8229	
ResCare Home Care	800-371-1992	
Southwest GA Nursing	800-371-1992	

RESPIRATORY SERVICES		
American Home Patient	800-895-4883	
Apria	850-383-1188	
Bainbridge Pharmacy	229-246-7200	
Better Breathing Home Health	229-524-2410	
Breathing Care Associates	800-239-9674	
Hometown Homecare	866-551-0089	
Lincare	229-891-2803	
MRS Homecare, INC.	229-493-0071	
Option Care	800-464-8455	
Rx Drug Center	229-246-1000	
Tri-State Home Medical	229-524-8911	

PHYSICAL THERAPY		
Memorial Hospital Therapy Svcs.	229-243-8124	
Gentiva Home Health	229-246-1941	
Regional Therapy Svcs.	229-246-4088	
VNA	229-246-6462	

SPEECH THERAPY SERVICES		
Therapy Associates of GA	229-246-4088	
VNA Speech Therapy	229-246-6462	

PRESCRIPTION ASSISTANCE	
Spring Creek Health	229-758-6064

# Notes

- Questions to ask before I leave
- Questions to ask my Doctor
- > My notes about my care after I get home
- Notes

# **Questions to ask before I leave: Notes:**


# **Employees**

# IN THIS SECTION:

Super Stars



We would love to hear about our Super Stars. Please complete this form for any employee that you feel was truly a shining star to you during your stay.

We are very confident that you will find that our staff diligently tries to exceed your expectations, and looks for ways that they can improve your time with us. We are very hopeful that maybe a couple of those staff members stood out to you as being a Super Star, and that you will take the time to recognize anyone that you feel went above and beyond to provide you with Exceptional Care. Please complete the following for any employee that you would like to say an extra Thank You to, or recognize as being a Super Star.

Employee Name:	Department:	
What did this employee do that made you feel like they were a Super Star? Explain how they provided Exceptional Care to you.		
Employee Name:	Department:	
What did this employee do that made you feel like they were a Super Star? Explain how they provided Exceptional Care to you.		



Thank you for trusting us with your healthcare needs. We hope your stay with us proved to you how much we are truly committed to our patients, and to providing the very best possible care for Every Patient, Every Time.

Sincerely from the Staff and Providers of Memorial Hospital and Manor.