Welcome to Sutter Santa Rosa Regional Hospital. While being in the hospital can be a difficult and confusing experience, I want to assure you that we are committed to making your stay as easy and comfortable as possible.

We have prepared this patient care guide to introduce you to our facilities, services and answer some frequently asked questions. Should you have additional questions, concerns or needs, please contact your nurse or call us directly at 707-576-4000 (24 hrs/day).

At Sutter Santa Rosa Regional Hospital, we practice patient-family centered care. So, we encourage you and your family to be an active participant in your health care decisions. Our five-star team of physicians, nurses and support staff is committed to working with you and your family to get you back to optimal health.

For almost 150 years, Sutter Santa Rosa Regional Hospital has been providing outstanding five-star care to North Bay residents. Our hospital has exceptionally high quality, award-winning standards, exceeding those of 90 percent of hospitals in the United States. We intend to provide this level of five-star care to every patient in our hospital.

We hope that this patient care guide helps explain what you can expect and ensures that your hospital stay will be comfortable.

Thank you for choosing Sutter Santa Rosa Regional Hospital.

Best of Health,

Mike Purvis
Chief Administrative Officer
An Overview
Sutter Santa Rosa Regional Hospital (SSRRH) is a community based, not-for-profit hospital. Our mission is the statement of our organizational purpose. Our values are the guideposts that lead us in our efforts to carry out our mission.

Our Mission
We enhance the well being of people in the communities we serve, through a not-for-profit commitment to compassion and excellence in health care services.

Our Vision
Sutter Health leads the transformation of health care to achieve the highest levels of quality, access and affordability.

Our Values
COMPASSION and CARING - We treat those we serve and one another with concern, kindness and respect.
HONESTY and INTEGRITY - We act openly and truthfully in everything we do.
EXCELLENCE and QUALITY - We exceed customer expectations by delivering premier clinical quality and maintaining the highest levels of safety.
COMMUNITY - We work to understand and best serve the diverse needs of our community.
INNOVATION - We continually create, seek out, and adopt new ways of providing value to our customers, rapidly moving from idea to execution.
TEAMWORK and TRUST - We recognize that the power of our combined efforts exceeds what we can accomplish individually, and we are accountable to each other and to our customers.
AFFORDABILITY - We deliver healthcare efficiently by using resources responsibly.
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Arrival and Admission
If you will be with us as an inpatient, you should arrive at the main entrance of the hospital. A hospital representative will greet you and will obtain various personal and medical information, including identification and insurance details. For your convenience, personal checks, Visa, and MasterCard are accepted for deposits and co-pays.

Admitting opens at 5:00 a.m. at the Main Entrance. If you arrive after 8:30 p.m., you should enter through the Emergency Department.

Room Accommodation
SSRRH offers all private rooms. The obstetrics department offers all private family-centered birthing rooms which allow patients and their families to participate in the birthing process in a comfortable, home-like environment.

Medications
A list of the medications (prescriptions and over-the-counter medications) that you use should be brought with you so that the drug and dosage can be recorded. You should plan to have a family member take all medications home for you during your hospital stay. During your stay, the hospital pharmacy will provide you with any medications that are required. The pharmacy fills only inpatient prescriptions since it is not licensed as a retail pharmacy.

Valuables
The hospital encourages patients to keep only very small amounts of cash on hand, as we cannot assume responsibility for the loss of personal property. If you have jewelry, credit cards or large sums of money with you, please ask a family member or friend to take them home. If this is not possible, you may ask to have your valuables kept in the hospital safe. Access hours for retrieving valuables from the safe are 7:00 a.m. - 4:00 p.m., or upon discharge.
Helpful Telephone Numbers

Sutter Santa Rosa Regional Hospital .................................. 707-576-4000
30 Mark West Springs Road, Santa Rosa, CA 95403

Financial Counselors .......................................................... 707-576-4463
707-576-4466

Business Services................................................................. 855-398-1633

Chaplaincy ................................................................. 707-576-4027

Social Services ................................................................. 707-576-4305

Case Management ............................................................. 707-576-4264

Nutrition Services (Dietary) .................................................. 707-576-4267

Gift Shop ................................................................. 707-576-4007

Billing Information ............................................................. 855-398-1633

My Health Online ................. www.myhealthonline.sutterhealth.org
Patient Identification
Your identification bracelet is our means of identifying you for treatment, medications, and emergency purposes. It is important that you keep it on during your stay.

Staff Identification
SSRRH’s staff can be easily identified by the photo ID badges that they wear. For extra safety, a special infant’s and children’s security system is in place at the hospital. Hospital policy requires that infants and children be cared for only by staff with proper identification or by the legal guardian or immediate family member of the infant or child.

Personal Articles
Personal articles such as toothbrushes, dentures, eyeglasses and hearing aids should be kept in the drawer of your bedside table when not in use. The hospital will provide special containers for dentures and hearing aids if needed. As a courtesy to other patients, we ask that you not use perfumed toiletries during your stay. For safety reasons, personal electrical appliances are not allowed.

Nurse Call System
A call light system is located at your bedside for your use when you need it. A staff member will answer your light in person or respond through the intercom system. Your bed is equipped with two half side rails that are pulled up to assist you to turn or reposition yourself while in bed.

Up and About
A gown and non-slipper slipper socks are available for your convenience. If you plan to leave the nursing unit for any reason, please tell the nursing staff.

Room Service
With At Your Request – Room Service Dining®, you can enjoy a unique dining experience similar to hotel room service. What makes this dining program so special is that you can order off an extensive menu whenever you want – as long as the kitchen is open and it conforms with your physician-ordered diet. Each meal is freshly prepared and individually delivered to your room in 45 minutes or less.
Placing Your Order

Review the menu and choose the foods you would like to order. If you are on a modified or restricted diet, your Room Service Operator will assist you with your selections. Family members can assist with orders by calling from home. You may pre-order your meals in advance if you wish. To do so, please inform our Room Service Operator when placing your order.

Orders may be placed between the hours of 7 a.m. and 7:30 p.m. by calling extension 45678 internally or 707-576-5678 from outside the hospital.

Guest trays are available for purchase - please ask the Room Service Operator or your nurse for more details.

Smoking

SSRRH is a smoke-free environment for health and safety reasons. Smoking is not permitted anywhere inside the hospital or on the campus.

Fire Safety

All hospital staff members are trained in fire and emergency procedures, and we regularly test the emergency fire alarm systems by conducting drills. When you hear the fire alarm, please stay where you are and let the staff know your location. Please do not open doors. An announcement over the public address system will let you know when the test is over. If there is any threat of fire, the fire safety crew will be on hand within minutes to escort you to a designated safety area.

Comments and Concerns

If you have questions or comments to make about your care at any time during your stay, please direct them to our staff. You may also voice your concerns during your hospital stay by calling 707-576-4000 (ask for Hospital Administration. Written comments and questions may also be mailed to—

Sutter Santa Rosa Regional Hospital
Administration
30 Mark West Springs Road
Santa Rosa, CA 95403
Translation Services
If you are unable to communicate in English, translation services will be provided (free of charge). Some languages less common to Sonoma County may require special arrangements. Hearing-impaired sign language interpreter services are available for free by calling 707-546-6869.

Telephones
A telephone is located beside all patient beds. If a telephone is not located at your bedside or is not functioning properly, a nurse can assist you. To make a call: Dial “9”+1+ area code + the seven digit telephone number. The operator will come on to the line to obtain billing information.

Wireless Network
A wireless network is available for our Patients and their guests to use during your stay in the hospital. To access Sutter Santa Rosa Regional Hospital’s Guest Network from your laptop:

Click on START
-Connect To
  -Wireless Network Connection
    -Choose SHGUESTNET
    -Connect
Read the notice then click on the ACCEPT button and you will be connected to the internet.

Please visit us on the web at www.suttersantarosa.org

Television
A television set is located in each patient room. Each bed is provided with a remote control device. Each television

Newspapers
Newspapers are available for purchase from machines located outside the hospital’s main entrance.
Gift Shop

Reading material, flowers, soft drinks, snacks and gifts are available for purchase in the Hospital Auxiliary Gift Shop, located near the main lobby. Proceeds from the shop are donated to the hospital and used to support hospital programs. The Gift Shop hours are:

- Monday- to Friday- 10:00 a.m. to 6:00 p.m.
- Saturday- 10:00 a.m. to 3:00 p.m.
- Sunday- 11:00 a.m. to 3:00 p.m.

Please note that hours are subject to volunteer availability.
Visitor Guidelines

Our patients’ families and visitors play important roles in ensuring the health and well-being of our patients.

- We believe that our patients determine the level of family participation in their care that will be most therapeutic.
- We acknowledge that partnering with patients and families in planning, evaluation, and care delivery improves care and best practices that are shaped by patients, families and professionals working together.
- We are committed to providing a safe, nurturing, and healing environment that is guided by patient and family-identified needs.
- We recognize that each family is a culture unto itself with different values and unique ways of functioning and that “family” is defined by the patient as the group of significant people that normally provide physical, psychological, or emotional support.
- You (or your representative, where appropriate) have the right to be informed of your visitation rights, including any clinical restriction or limitation on such rights.
- To receive the visitors whom you designate, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and your right to withdraw or deny such consent at any time.
- The hospital shall not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability.
- The hospital shall ensure that all visitors designated by you (or your representative, where appropriate) enjoy visitation privileges that are no more restrictive than those that immediate family members would enjoy.

The following guidelines are structured to facilitate patient and family-centered visitation throughout the patient’s stay. Unique and extenuating circumstances, however, may allow exceptions.

- All visitors including children must be free of signs and symptoms of illness such as coughs, runny noses or fevers and also including a history of recent exposure to infectious diseases such as colds, flu and chickenpox. Visitors may be screened by hospital staff for potential infection in order to visit patients.
- Children with coughs, runny noses, fevers, or a recent exposure to a childhood disease such as measles or chickenpox should not visit.
- In order to prevent the spread of infection we ask that you wash your hands prior to visiting our patients. You may also use alcohol based gel if your hands are not visibly soiled.

- Some patients require special precautions because they have an infectious disease. Please read any isolation signs posted on the door or ask the nurse about special precautions you should take.

- Family and significant others may visit our patients at any time during the patient’s stay with patient’s permission and the nurse’s discretion.

- Children under the age of 14 are allowed to visit only when accompanied by a responsible supervising adult and at the discretion of the nursing staff. Visiting children, under the age of 14 must be supervised by a responsible adult, other than the patient, at all times.

- We respect the wishes of each patient in regards to the selection of visitors.

- Please designate one member of your family as a spokesperson for other members to communicate with, as well as act as liaison for communication with our health care team.

- It may be necessary to limit the number of family members and/or guests in a semi-private room to respect the needs of both patients.

- Our staff will discuss with the patient and family the need for healthcare providers to have direct access to the patient at all times in order to provide care and ensure patient safety.

- There may be special circumstances when our staff may request families/visitors to leave the patient’s bedside for a limited time. We will explain the reason for the request, when guests may return, and where they may wait.

- To facilitate a restful, healing environment, *patient visitors are generally limited to two (2) at a time;* but may be altered based on patient condition treatment needs, patient request, space, safety and/or traffic limitations, impact on other patients, or nurse’s professional judgment.

- Smoking is not allowed anywhere inside the hospital or on the campus.

- Visitors are asked to check with nursing staff prior to bringing food or drink to patients.

- Absolutely no medications of any kind may be provided to patients by visitors.

- We ask that visitors dress in appropriate clothing and wear shoes. Visitors with heavy perfume and fragrance may be asked to wash off the fragrance.
• Acts of threats of violence, intimidation, vandalism, or verbal abuse and individuals under the influence of drugs or alcohol are not allowed under any circumstances. Anyone engaging in these behaviors will be told to leave.

• Children Visiting:
  • All children under age 14 must be constantly attended by a responsible supervising adult including waiting rooms, cafeteria and public areas.
  • Children may be asked to leave if their behavior disrupts the restful, healing environment.
  • Children may not generally visit patients who are in isolation. Exceptions may be permitted on a case-by-case basis.

• Waiting Rooms are provided for short-term temporary use by patient families and visitors. Visitors may be asked to leave if they are loud or disruptive to the environment required in the hospital. If overnight accommodations are required, local hotels and motels are available. Please contact the patient’s nurse or social worker for additional information.

Parking
Visitor parking is available in several locations, including directly in front of the hospital in the visitor section and in the lots to the north and south of the hospital. Handicapped parking is available in front of the three main entrances. Please avoid using spaces designed for outpatient services, emergency vehicles and physician parking.

Mountain View Bistro
Visitors are welcome to use the Bistro’s services during hours of operation. Vending machines are available inside for after-hours beverages, frozen meals, and snacks in the Bistro.

Room Service
Visitors are usually welcome to dine with hospital patients. Occasionally, safety concerns may require visitors to eat outside the patient rooms. Please check with the nurse before ordering a guest tray. Guest trays are available for purchase - please call the Room Service Operator at extension 45678 or ask your nurse for more details.
Visitor Lounges
Waiting areas for visitors are located throughout the hospital. Please ask your nurse to direct your visitors to the waiting area closest to your room.

Bus Service
Bus service is available to and from the hospital via Sonoma County Transit, Route #60.
You and Your Family’s Role in an Emergency:

What you need to know about Sutter’s Rapid Response Team

A Rapid Response Team is a group of nurses and respiratory therapists who are trained to help when there are signs that a patient is getting sicker. The purpose the Team is to help before there is a medical emergency.

Changes in Condition can happen at any time a patient is in the hospital. This includes just after surgery, during medical tests or when a patient is recovering from an illness. Family members may be the first to detect these changes.

Warning signs that a patient may be getting sicker:

- Changes in the pulse or breathing rate
- Changes in blood pressure
- New symptoms of pain, or new difficulty moving
- Changes in urinary output
- Confusion or other mental status changes
- When something just does not look or seem right

How patients and their family members can help:

- If you or your family members feel that your condition is changing or have care needs, please contact the nurse or charge nurse. They will work with your healthcare provider and other members of the team to ensure your needs are being met.
- If you feel your loved one’s condition is worsening and would like an evaluation by the Rapid Response Team, call pager 707-491-0069, once you hear a beep, enter patient’s room number and hang up. The team will come directly to the patient’s room. Explain your concerns to the team when they arrive. (It will slow the team if you enter a phone number. They are able to act best when they see the patient quickly.)
Your Health Care Team
Health care today is highly specialized. Your care is in the hands of not one, but many skilled professionals. Together they make up your health care team. You’ll meet many of these people during your hospital stay, while others work behind the scenes to help get you well. We hope you will feel free to address your questions and concerns to any member of SSRRH’s health care team.

SSRRH is the program sponsor for the only Family Practice Residency Program in Sonoma County. The resident physicians have all completed medical school and are here to gain valuable experience under the supervision of our specialized faculty. With your permission, these physicians may be involved in your care as appropriate to your condition.

Meeting Your Needs
An important part of providing you with very good care and service is hourly rounding. You will be visited by one of your caregivers every hour and during this time we will be:

• Checking on you and your well-being
• Monitoring your comfort and pain
• Helping you move and change positions
• Assisting you with trips to the bathroom
• Answering questions about your plan of care
• Updating your white board which contains pertinent information about your healthcare team and plan of care.

Your caregivers will also make sure that you have easy access to your bedside items. What does this mean to you, your family and visitors? It means we are anticipating your personal needs and monitoring your well-being on an active, hourly basis so that your family and visitors can focus on your recovery.

Here at SSRRH we also include patients in bedside report when nurses change shifts in order to ensure that information regarding your plan of care is well communicated and is accurate. In order to maintain your privacy, we will be asking you if you would prefer to include specific family members in this discussion. Please be assured that in the event you are sleeping during this time, staff will not awaken you.
You will receive a survey after you go home. We hope that you will take the time to give us your feedback. We use your feedback to recognize our staff and learn how to improve.

If at any time you feel that you are not receiving “very good” care or if you have any questions or concerns, please ask for the Charge Nurse immediately so we can address your concerns.

**Talking to Your Doctor**

In order to make an accurate diagnosis and to provide appropriate treatment, your doctor relies on the information that only you can provide. You can be an effective partner with your physician by listening carefully, asking questions, describing your symptoms or health concerns and participating in decisions about your healthcare.

Explain your problems or concerns. Describe any symptoms you have, when they started, how often they occur and how long they last.

Speak honestly and openly with your physician.

Ask about treatment options. Ask about your treatment plan. Ask about possible side effects or treatments or medications. Ask about diet and exercise.

Listen carefully to your physician. Repeat back what you heard, so that both you and your physician will know that you understand. Use a note pad to take notes.

Always tell your physician about all self-treatments you are using. Report all vitamins, herbal medicines, unusual diets, medications and over the counter drugs that you are taking.

Talk to your physician about any past or current alternative therapies you have used. If you are seeing any alternative providers, they must communicate and work with your physician to assure you do not experience adverse interactions.

**Hints for Your Hospital Stay**

- Move your ankles up and down and around in a circle frequently while lying in bed to promote good circulation.
- Breathe deeply several times and cough every few hours while awake to keep your lungs clear.
- Drink plenty of fluids (unless contradicted by your treatment plan).
• Participate as much as possible in your hygiene activities and be as active as your doctor/and condition allows. The more activity, moving and walking that you can do will help regain your strength.

• We encourage the participation of family and your loved ones to assist with personal hygiene.

• Learn as much as you can about your illness or procedure.

• Write down your questions if no one is readily available to answer them - so you don’t forget to ask them later.

• It is our goal that you will feel you are receiving very good care, however, if concerns about your hospitalization should arise, you or members of your family are encouraged to contact the Charge Nurse or Nurse Manager of the nursing department. She/he can help resolve issues and maintain the highest quality of service possible. Your nurse can help you contact the Nurse Manager for your area.

**Spiritual Services**

SSRRH is non-denominational. People of all faiths are welcome, and we are committed to doing what we can to meet each individual’s spiritual needs. Our chaplaincy service accommodates all religious affiliations and is available to all patients and their families. The service can arrange a visit from clergy of your choice. Any member of the health care team may contact the chaplaincy services worker for you or you may call the operator for assistance.

**Special Places**

We understand the stress that can accompany a hospital stay. We are pleased to offer several restful, attractive places for you to spend time during your visit, with your doctor’s permission. These include several lovely outdoor gardens and patios lined with blooming flowers and trees. Please ask our staff to assist you in locating these special places.

**Social Services**

Social services are provided by a social worker specifically educated and trained to help patients and families cope with the impact of their illness and to achieve the maximum benefit from available health services. The social worker will assist patients and their families with social, emotional, and lifestyle changes by providing counseling and
referrals to other community agencies which may assist with the patient’s recovery process. The social workers are available Monday through Friday during normal business hours and are on call on Saturday, Sunday and holidays.

**Discharge Planning**
Discharge planning services are provided to patients with catastrophic illnesses and complex medical conditions. Discharge planners help patients and their families to: manage the transition from acute illness to recovery; facilitate planning for extended care; and assist the social worker to ensure that each patient’s optimal well-being is supported through a full range of health care resources. Discharge planning services are available Monday through Saturday during normal business hours with seven days a week and holidays on call. Patients and families may ask their physician or nurse for a referral or they may call the social worker or case manager directly at 707-576-4309.

**Cough and Deep Breathing Instructions**
Your doctor wants you to do coughing and deep breathing exercises as much as possible to prevent infection in your lungs as rapidly as possible.

- Make sure your bed is in an upright position or sit up in a straight chair so that your head and shoulders are supported by a firm surface.
- You can use pillows to help you position yourself and support your stomach.
- Inhale deeply and then cough, using your stomach and chest muscles.
- Breathe in slowly through your nose until you can see your chest and stomach muscles rise.
- Exhale.

Practice these exercises every hour doing at least five (5) deep breathes each time.

If you have been given an incentive spirometer, do the exercise at least every two (2) hours while awake, as instructed by your caregiver during hospitalization and at home.
What is Pain?

Pain is an uncomfortable feeling that tells you something may be wrong in your body. Pain is your body’s way of sending a warning to your brain. Your spinal cord and nerves provide the pathway for messages to travel to and from your brain and other parts of your body.

Within and beneath your skin are thousands of receptor nerve cells that sense heat, cold, touch, pressure and pain. When there is injury or illness, tiny cells send messages along nerves into your spinal cord and then up to your brain. Pain medicine blocks these messages or reduces their effect on your brain.

Your nurses and doctors will ask you about your pain because they want you to be comfortable, and because they want to know if something is wrong. Be sure to tell your doctor and nurses when you have pain so they can work with you to manage your pain, establish your pain management plan, and answer any questions or concerns you may have.

Patients receiving pain care at this institution have the right to:

Describe his/her pain with the expectation that the description will be believed and respected as the best indicator of his/her pain.

- Be apprised of all information and options in order to be an active participant in the development, implementation, evaluation, and revision of his/her pain care plan.

- Receive pain care that is administered with respect and dignity by competent professionals who consider each patient to be a unique individual worthy of compassionate care.

- Expect that all reasonable safety and security measures will be taken in the provision of pain care services.

- Receive pain care that is monitored and evaluated on an ongoing basis to continually improve the quality of care delivered.

- Request review of alternative pain care approaches and refuse or request revision of the current pain care plan without fear of reprisal.

Why Manage Pain?

- To increase your comfort.

- To help you heal faster.
• To increase your physical activity and strength. To shorten your recovery time.

What are the Types of Pain?
• Acute pain is caused by an illness or injury or an operation.
• Chronic pain is pain that lasts at least 3 months.

Pain Rating Scale

How Can Pain Be Managed?

Medication: Pain medication may be given by a variety of methods. These include: by mouth (liquid or pills); by adhesive skin patches; by injection into arm or leg; or by injection into a vein. Pain medication may be given on a continuous, scheduled, or as-needed basis. You may discuss which method of medication administration would work best for you with your doctor(s) and nurses.

Other Pain Management Treatments: Several non-medication methods can also be effective in relieving pain either when used alone or with medicines. You may wish to learn more about:

• Visualization helps take your mind off the pain: Close your eyes. Breathe deeply. Picture yourself in a quiet, peaceful place. Imagine how you feel in that place.
• Relaxation helps relieve stress and pain: Close your eyes. Clench your foot muscles. Hold for a few seconds. Release. Repeat with the muscles in your calves. Work slowly up your body.
• Deep breathing relaxes your whole body: Inhale slowly and deeply as you count to 5. Hold your breath for a couple for seconds. Exhale through your mouth as you count to 10.
- Distractions that use your sense of hearing, seeing, touch and movement to focus attention on something other than pain. One effective distraction is music.
- Massage to soothe your skin and relax tense muscles. Massage increases circulation and can help reduce stress and pain.
- Cold or heat application to the skin. Cold may reduce muscle spasms, reduce inflammation or help stop the desire to scratch areas that itch. Heat may reduce soreness, decrease sensitivity to pain or relieve joint stiffness.
- Meditation decreases stress by helping you focus on one word or object while you breathe slowly and deeply.

**What Can You Do to Manage Your Pain?**
- Ask your doctor or nurse what to expect from your illness, injury or surgery and what to expect from hospitalization.
- Discuss your pain control plan with your doctors and nurses. Tell the doctor what medication has worked well, or not so well, in the past.
- If your pain medication is ordered on an as needed basis, request it as soon as the pain starts. It is harder to ease pain once it has taken hold.
- If your pain medication is not controlling your pain, tell your nurse or doctor.
- Use distractions like watching TV, listening to music or listening to meditation tapes.
- Ask your nurse or doctor if hot packs or cold packs would be helpful.
- Use relaxation exercises like jaw relaxation or slow rhythmic breathing.
- Prayer and meditation can be helpful for some people.
- Pastoral care chaplains and social workers are available on request to listen to your feelings and concerns.
- You may be asked to rate your pain on a scale of 0 to 10, or you may choose a word that best describes the pain.
- You may also set a pain control goal (such as having no pain that’s worse than 3 on the scale).
- Reporting your pain as a number helps the doctors and nurses know how well your treatment is working and whether to make any changes.
We acknowledge that hospitalization can be a stressful experience and that it is difficult to be away from your home, family and friends. In response to this, we have available several care methods that are intended to promote comfort, rest and relaxation.

Our staff is trained in gentle touch therapies, simple imagery techniques and the use of essential oils. Research has shown that these therapies can promote relaxation, reduce the effects of stress, reduce anxiety, fear and promote healing.

Within this brochure you will find a simple self care technique that you can perform for yourself. You will find that the more you use this tool it will promote a sense of well being while supporting healing.

**Essential Oils**

**What Are Essential Oils?**

Essential Oils [EO] have been used for centuries to reduce the symptoms of pain, emotional distress, as disinfectants and to promote a sense of peace and well being. Widely used in Europe, they are now the fastest growing complementary care intervention being adopted for use in hospitals in the United States.

EOs are the aromatic liquids extracted from plants, flowers, and trees. The chemical compounds found in these concentrated extracts are filled with healing properties. Their therapeutic effects range from physical emotional, mental and spiritual. Clinical evidence now shows the oils can support your healing by promoting:

- Rest and relaxation
- A sense of peace
- Sleep
- A reduction in pain
- Reduce worry and anxiety
- Spiritual well being
- Headaches
- Nausea

**How to Use the Essential Oils**

While you are in the hospital, we have several oils available from which to choose. Our method of application in the hospital is through inhalation. All the oils are wonderful but your personal preference is important. If you do not like the scent offered, please let us know.
Do You Have Any Allergies?

Though the report of allergies to the inhalation of essential oils is rare, it is important you let us know if you have allergies to any plant, flower or food substance.

The Oils we have available are the following:

- Bergamot is uplifting while being relaxing.
- Lavender is the most widely used with many healing properties. It can be used for anxiety, emotional distress, pain, to lift spirits, promote relaxation, and sleep.
- Lemon has many healing properties and can help relieve headaches and promote sleep. It is emotionally uplifting by releasing worries of the mind and fears of the heart.
- Peppermint is wonderful to treat and prevent nausea.

Self Care Technique for Healing

Self-care modalities are forms of Complementary and Alternative Healing Modalities that you can perform for yourself. These techniques can be self-taught or with the aid of personal instruction.

Self Help Acupressure

This self care technique comes from a healing tradition from Japan, called Jin Shin Jyutsu. It is an energy based therapy that uses gentle hand pressure to hold each finger. By holding each finger one at a time for 3 minutes each, you can help the body to relax, reduce stress, diminish pain, boost your immune system, and provide an increased sense of peace and well being.

When you perform this self help technique begin by exhaling and dropping your shoulders. This simple gesture signals the body to begin to relax. If you are comfortable doing so, close your eyes. Give yourself total permission to take this time just for yourself. Relax as you proceed to hold each finger. Be gentle, no need to rub or squeeze.

- **Holding the thumb** will help one to dissipate worry and nervous tension. Holding the thumb may help relieve stomachache, nausea and headaches.
- **Holding the index finger** can help ease fear, mental tension, and backaches.
- **Holding the middle finger** helps if one is angry or feels frustrated. Holding the middle finger can help fatigue by encouraging deep rest.
- **Holding the ring finger** helps if a person is feeling overwhelmed by grief. Also, holding the ring finger can be helpful in supporting breathing.
• **Holding the little finger** helps release anxiety and nervous tension. Hold the little finger to promote a sense of security and peace.

![Hand Positions](image)

**Simple Breathing Technique to Reduce Stress**

Focusing your attention on your breathing can promote comfort in two ways. It helps the body release tension and slows the brain wave frequency to further support relaxation. You may find it helpful to close your eyes.

Begin by finding a position of comfort

Exhale and drop your shoulders

As you focus your attention on your nostrils, where the air goes in and out, breathe in through your nose, filling your lungs, allowing your abdomen to expand.

Now, breathe out slowly through your nose, relaxing your abdomen

• Count 1, breathing in, allowing your body to relax
• Breathing out, release tension
• Count 2, breathing in, allow your body to become calm
• Breathing out, release discomfort
• Count 3, breathing in, allow your mind to become quiet
• Breathing out, release any emotional distress
• Count 4, breathing in, receive a sense of well being, know that all is well
• Breathing out, release any discomfort
• Count 5, breathing in, receive a sense of peace
• Breathing out, release any concerns you might be having

Remain in this quiet place as long as you wish.
Imagery for Self Help Practice

Imagery is using the power of your mind to stimulate the senses, such as sound, vision, smell, and body felt sensation, to promote healing. The body does not know the difference between ‘thinking’ about something versus an actual experience. For example, if you think of a loving person in your life, the body will respond by feeling loved.

Begin by allowing yourself to become comfortable. Breathe in slowly and deeply. With each breath allow your body to become even more relaxed, calm and peaceful.

When you feel ready, using your mind, visiting a place that you love being. This could be a place you go to on vacation, or a place in your home or even one that you imagine, a make believe place.

- Just notice what comes to you.
- Feel how it is to be here. Allow your body to receive all the good things that are present. Notice the sounds, the quality of the air, the colors. Notice who might be here with you.
- This is a place you feel loved, cared for and deeply nourished. All is well. You are safe.
- Take in all these wonderful sensory experiences. As you do, feel yourself receiving positive energy that is nourishing and healing your body.
- Breathe in all these wonderful feelings.
- Feel the qualities of love and peace and calm surrounding you.
- Breathe in receive all the wonderful sensory input.
- Breathe out. Release any discomfort you might have felt.
- Allow yourself to remain in this special place, knowing that it is helping your body to heal.

Music and Healing

Music has been used for healing for centuries. Modern research is verifying, simply by listening to the music you enjoy, it can reduce anxiety and pain which can promote healing.

We have several choices to choose from. Experiment with which ones work best for you. Here are some information on music and its physical effects.
Listening to ‘New Age’ music promotes a ‘meditative’ state, slowing the breath to promote a feeling of calm.

Listening to classical music, such as Mozart, reduces stress and improves the immune function.

Listening to romantic music is soothing and reduces stress.

Creative Journal

Expressing yourself in words, poetry and images can help you to relax by releasing tension. This creative journal process is a great healing tool. You can begin this process while you are in the hospital. To further support your healing process, you may wish to continue your journal when you leave the hospital.

The process of free writing and drawing can help you to:
- Express your thoughts and feelings
- Sort through issues and challenges
- Make conscious choices and decisions
- Get a clear picture about next steps for yourself, an
- Find meaning and purpose in your life.

We can provide you with a note book, pen, pencil and crayons.

The Journal Process

To begin, allow yourself to be fully relaxed. Close your eyes. Slowly breathe in and breathe out. With each exhalation allow yourself to release any tension you might be feeling. With every inhalation allow yourself to relax even deeper. Do this several times.

Turn your attention inward and ask yourself, “How am I feeling right now?” Allow the question to take you inward. When you are ready, make a drawing, a doodle or a scribble on your blank page. Look over what you did. What is your reaction to what you have made? Begin to write freely without editing.

This exercise is not about creating a beautiful picture or writing for anyone else but yourself. This basic process is a recipe for inner listening. It can help you get in touch with creative solutions to life challenges.
Prevent Healthcare Errors:

Everyone has a role in making health care safe — physicians, health care executives, nurses and technicians. Health care organizations across the country are working to make health care safety a priority. You, as the patient, can also play a vital role in making your care safe by becoming an active, involved and informed member of your health care team. This section provides simple advice on how you, as the patient, can make your care a positive experience. After all, research shows that patients who take part in decisions about their health care are more likely to have better outcomes.

To prevent health care errors, patients are urged to …

- Ask a trusted family member or friend to be your advocate.
- Your advocate can ask questions that you may not think of while you are under stress.
- Ask this person to stay with you.
- Your advocate can also help remember answers to questions you have asked, and speak up for you if you cannot.
- Make sure this person understands your preferences for care and your wishes concerning resuscitation and life support.
- Review consents for treatment with your advocate before you sign them and make sure you both understand exactly what you are agreeing to.
- Before you leave the hospital or other facility, ask about follow-up care and make sure that both you and your advocate understand all of the instructions.
- Your advocate should know what to look for if your condition is getting worse and whom to call for help.

Know what medications you take and why you take them. Medication errors are the most common health care mistakes.

- Ask about the purpose of the medication and ask for written information about it, including its brand and generic names. Also inquire about the side effects of the medication.
- If you do not recognize a medication, verify that it is for you.
- Ask about oral medications before swallowing, and read the contents of bags of intravenous (IV) fluids. If you’re not well enough to do this, ask your advocate to do this.
• If you are given an IV, ask the nurse how long it should take for the liquid to “run out.” Tell the nurse if it doesn’t seem to be dripping properly (that it is too fast or too slow).

• Whenever you are going to receive a new medication, tell your doctors and nurses about allergies you have, or negative reactions you have had to medications in the past.

Speak up if you have questions or concerns, and if you don’t understand, ask again. It’s your body and you have a right to know.

• Your health is too important to worry about being embarrassed if you don’t understand something that your doctor, nurse or other health care professional tells you.

• Don’t be afraid to ask about safety. If you’re having surgery, for example, ask the doctor to mark the area that is to be operated upon.

• Don’t be afraid to tell the nurse or the doctor if you think you are about to receive the wrong medication.

• Don’t hesitate to tell the health care professional if you think he or she has confused you with another patient.

Pay attention to the care you are receiving. Make sure you’re getting the right treatments and medications by the right health care professionals. Don’t assume anything.

• Tell your nurse or doctor if something doesn’t seem quite right.

• Expect health care workers to introduce themselves when they enter your room and look for their identification badges. A new mother, for example, should know the person to whom she is handing her baby. If you are unsure, ask.

• Take action and practice hand hygiene often. Use soap and water or an alcohol based hand rub to clean your hands. It only takes 15 seconds to practice hand hygiene. Ask those around you to also practice hand hygiene. Your doctors and nurses should practice hand hygiene every time they enter your room. You and your visitors should clean your hands before eating, after using the restroom, and after touching surfaces in the hospital room.

• Notice whether your caregivers have washed their hands. Hand washing is the most important way to prevent the spread of infections. Don’t be afraid to remind a doctor or nurse to do this.
• Know what time of day you normally receive a medication. If it doesn’t happen, bring this to the attention of your nurse or doctor.

• Make sure your nurse or doctor confirms your identity, that is, checks your wristband or asks your name, before he or she administers any medication or treatment.

Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.

• Ask your doctor about the specialized training and experience that qualifies him or her to treat your illness (and be sure to ask the same questions of those physicians to whom he or she refers you).

• Gather information about your condition. Good sources include your doctor, your library, respected websites and support groups.

• Write down important facts your doctor tells you, so that you can look for additional information later. And ask your doctor if he or she has any written information you can keep.

• Thoroughly read all medical forms and make sure you understand them before you sign anything. If you don’t understand, ask your doctor or nurse to explain them.

• Make sure you are familiar with the operation of any equipment that is being used in your care. If you are using oxygen in the hospital or will be at home, do not smoke or allow anyone to smoke near you while oxygen is in use.

Participate in all decisions about your treatment. You are the center of the health care team.

• You and your doctor should agree on exactly what will be done during each step of your care.

• Know who will be taking care of you, how long the treatment will last, and how you should feel.

• Understand that more tests or medications may not always be better. Ask your doctor what a new test or medication is likely to achieve.

• Don’t be afraid to seek a second opinion. If you are unsure about the nature of your illness and the best treatment, consult with one or two additional specialists.

• The more information you have about the options available to you, the more confident you will be in the decisions made.
Family and Visitors Help Keep Our Patients Safe

Exercise is important to healing. Thank you for assisting us in encouraging exercise and keeping our patients safe at the same time.

Patients with Red Socks must either be in a wheelchair or have someone walking with them if they go outside their room.

Patients are not allowed in the cafeteria. They are welcome to talk with their nurse about snacks or other dietary needs.

It is important for patient care that the nurse knows where the patients are at all times. Please inform the nurse when you are going and when you expect to return: “outside to walk, will be back in 10 minutes”.

IF YOU NEED ASSISTANCE CALL: _______________________

Your patient room number is: ________________
Advance Directive

This section explains your right to make healthcare decisions and how you can plan now for your medical care if you are unable to speak for yourself in the future.

A federal law requires us to give you this information. We hope this information will help increase your control over your medical treatment.

Who decides about my treatment?
Your doctors will give you information and advise you about treatment. You have the right to choose. You can say “Yes” to treatments you want. You can say “No” to any treatment that you don’t want — even if the treatment might keep you alive longer.

How do I know what I want?
Your doctor will tell you about your medical condition and about what different treatments and pain management alternatives can do for you. Many treatments have “side effects”. Your doctor will give you information about problems that medical treatment is likely to cause you.

Often, more than one treatment might help you — and people have different ideas about which is best. Your doctor can tell you which treatments are available to you, but your doctor can’t choose for you. That choice is yours to make and depends on what is important to you.

Can other people help with my decisions?
Yes. Patients often turn to their relatives and close friends for help in making medical decisions. These people can help you think about the choices you face. You can ask the doctors and nurses to talk with your relatives and friends. They can ask the doctors and nurses questions for you.

Can I choose a relative or friend to make healthcare decisions for me?
Yes. You may tell your doctor that you want someone else to make healthcare decisions for you. Ask the doctor to list that person as your healthcare “surrogate” in your medical record. A surrogate may be a family relative, friend, spouse, same-sex partner or any person you trust to make healthcare decisions on your behalf. The surrogate’s control over your medical decisions is effective only during treatment for your current illness or injury or, if you are in a medical facility, until you leave the facility.
What if I become too sick to make my own healthcare decisions?
If you haven’t named a surrogate, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time that works. But sometimes everyone doesn’t agree about what to do. That’s why it is helpful if you can say in advance what you want to happen if you can’t speak for yourself.

Do I have to wait until I am sick to express my wishes about health care?
No. In fact, it is better to choose before you get very sick or have to go into a hospital, nursing home, or other healthcare facility. You can use an Advance Health Care Directive (copy provided in pocket) to say who you want to speak for you and what kind of treatments you want. These documents are called “advance” because you prepare one before healthcare decisions need to be made. They are called “directives” because they state who will speak on your behalf and what should be done.

In California, the part of an advance directive you can use to appoint an agent to make healthcare decisions is called a Power of Attorney for Health Care. The part where you can express what you want done is called an Individual Health Care Instruction.

Who can make an advance directive?
You can if you are 18 years or older and are capable of making your own medical decisions. You do not need a lawyer.

Who can I name as my agent?
You can choose an adult relative or any other person you trust to speak for you when medical decisions must be made.

When does my agent begin making my medical decisions?
Usually, a healthcare agent will make decisions only after you lose the ability to make them yourself. But, if you wish, you can state in the Power of Attorney for Health Care that you want the agent to begin making decisions immediately.

How does my agent know what I want?
After you choose your agent, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent knows what you want. You can also write your wishes down in your advance directive.

What if I don’t want to name an agent?
You can still write out your wishes in your advance directive, without naming an agent.
You can say that you want to have your life continued as long as possible. Or you can say that you would not want treatment to continue your life. Also, you can express your wishes about the use of pain relief or any other type of medical treatment.

Even if you have not filled out a written Individual Health Care Instruction, you can discuss your wishes with your doctor and ask your doctor to list those wishes in your medical record. Or you can discuss your wishes with your family members or friends. But it will probably be easier to follow your wishes if you write them down.

**What if I change my mind?**

You can change or cancel your advance directive at any time as long as you can communicate your wishes. To change the person you want to make your healthcare decisions, you must sign a statement or tell the doctor in charge of your care.

**What happens when someone else makes decisions about my treatment?**

The same rules apply to anyone who makes healthcare decisions on your behalf — a healthcare agent, a surrogate whose name you gave to your doctor, or a person appointed by a court to make decisions for you. All are required to follow your Health Care Instructions or, if none, your general wishes about treatment, including stopping treatment. If your treatment wishes are not known, the surrogate must try to determine what is in your best interest.

The people providing your health care must follow the decisions of your agent or surrogate unless a requested treatment would be bad medical practice or ineffective in helping you. If this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another healthcare provider to take over your treatment.

**Will I still be treated if I don’t make an advance directive?**

Absolutely. You will get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you.

Remember that:

A Power of Attorney for Health Care lets you name an agent to make decisions for you. Your agent can make most medical decisions — not just those about life sustaining treatment — when you can’t speak for yourself. You can also let your agent make decisions earlier, if you wish.

You can create an Individual Healthcare Instruction by writing down your wishes about health care or by talking with your doctor and asking the doctor to record your wishes in your medical file. If you know when you would or would not want certain
types of treatment an Instruction provides a good way to make your wishes clear to your doctor and to anyone else who may be involved in deciding about treatment on your behalf.

These two types of Advance Healthcare Directives may be used together or separately.

To implement Public Law 101-508, the California Consortium on Patient Self-Determination prepared this information in 1991; it was revised in 2000 by the California Department of Health Services, to reflect changes in state law.

**How can I get more information about making an advance directive?**

Ask your doctor, nurse, social worker, or healthcare provider to get more information for you. You can have a lawyer write an advance directive for you, or you can complete an advance directive by calling our Social services Department at 707-576-4309 or call the hospital operator. You can also use the form at the back of this guide beginning on page 58.
If you need blood
If you need blood, you have several options. These options may be limited by time and health factors. You may need to check with your insurance company regarding its reimbursement policy related to blood transfusion.

Some surgeries do not require blood transfusions. Although you have the right to refuse a blood transfusion, this decision may hold life-threatening consequences.

If you have questions about your options relating to blood transfusion, please ask your physician.

Using your own blood (autologous donation)
Using your own blood can minimize the need for transfusion with donor blood. Using your own blood will reduce, but not eliminate, the risk of transfusion-related infections and allergic reactions.

Autologous blood donations are not an option for all patients. You may want to ask your doctor if it is safe for you to donate. Autologous blood collections may not be available at the hospital in which your surgery will be performed. Ask your doctor about the availability of the procedures, and if autologous donation is appropriate for you.

Donating before surgery
Blood banks can draw your blood and store it for your use. This process usually is performed for a planned surgery. Blood can be stored for only a limited period of time, so coordinating the donations with the date of surgery is an important consideration.

Donating during surgery
Immediately before surgery, your doctor may be able to remove some of your blood and replace it with other fluids. After surgery, the blood that was removed may be returned to you.

In addition, the surgeon may be able to recycle your blood during surgery. Blood that normally is lost and discarded during surgery may be collected, processed and returned to you. A large volume of your blood can be recycled in this way.

Either of these methods may minimize or eliminate the need to be transfused with someone else’s blood.

Donating after surgery
Blood that is lost after surgery may be collected, filtered, and returned to you. This process may minimize or eliminate the need to be transfused with someone else’s blood.
Using someone else’s blood

If you choose not to donate your own blood, or if more blood is required than expected, you will receive blood from community or designated donors, if necessary.

Community donors

Hospitals maintain a supply of community donor blood to meet transfusion needs. Volunteer (unpaid) community blood donors are screened through medical history, and then tested with the most accurate technology available.

Although blood and blood products never can be 100% safe, the risk is very small. As of 1998, infection with HIV (the virus that causes AIDS) occurs less than once per 500,000 (half a million) units of blood transfused. Hepatitis C infection occurs about once per 100,000 units, and Hepatitis B occurs about once every 60,000 units. Other infections are transmitted much less often.

Designated donors

Although the blood supply today is very safe, some patients prefer to receive blood from people they know “designated (or directed) donors”. There is no medical evidence that this blood is safer than that from volunteer donors. In some cases it may be less safe because donors known to the patient may not reveal embarrassing information about their personal history, assuming the blood tests will detect any infection. Since tests do not always detect viruses, blood donated by someone whose recent behavior put him at risk of HIV or other viruses could pass the screen measures, and transmit disease to a patient.

Designated donors must meet the same requirements as community donors. Advance notice is required to accommodate a request for designated donors, as additional processing may be required.

Questions

If you have additional questions about your options relating to blood transfusion, please contact your physicians. You can also obtain information by calling your local community blood center or hospital blood bank. Doctors and other health care professionals who work in blood centers are experts in blood transfusion therapy and may be helpful in answering your questions.
While you are a patient at SSRRH, you have the right to:

1. Exercise these rights without regard to race, color, national origin, religious creed, ancestry, medical condition, registered domestic partner status, age, sex, gender, sexual orientation, gender identity or expression, physical or mental disability (including pregnancy), genetic information, marital status, or any other basis prohibited by federal, state or local law.

2. Be informed of your rights, in advance of providing or discontinuing care, whenever possible.

3. Know the name of the physician who has primary responsibility for coordinating the care and the names and professional relationships of other physicians and non-physicians who will see the patient.

4. Have a family member or representative and your own physician notified promptly of your admission to the hospital.

5. Considerate and respectful care that safeguards cultural, psychosocial and spiritual values.

6. Receive care in a safe setting.

7. Be free from all forms of abuse or harassment.

8. Receive information about your health status, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. Participate actively in decisions regarding medical care including development and implementation of your care plan and to the extent permitted by the law. This includes the right to refuse treatment.

9. Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, the likelihood of achieving the desired results, alternate courses of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.

10. Formulate advance directives and have staff and practitioners who provide care comply with these directives or be informed if the hospital is unable to honor your advance directive wishes.
11. Identify a surrogate decision maker who can make health care decisions for you if you are unable and have all the patients’ rights apply to this person or others who may have legal responsibility to make decisions regarding medical care on your behalf.

12. Personal privacy.

13. Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual.

14. Confidential treatment of all communication, recordings/ films and records pertaining to your care and your stay in the hospital. Written permission shall be obtained before the medical records and / or films can be made available to anyone not directly related with the care.

15. Access information contained in your medical record within a reasonable time frame.

16. Request an amendment to and receive an accounting of disclosures regarding your health information.

17. Be free from restraints of any form used as a means of coercion, discipline, convenience or retaliation by staff.

18. Reasonable responses to any reasonable requests made for service.

19. Leave the hospital even against the advice of physicians.

20. Reasonable continuity of care and to know in advance, the time and location of appointment as well as the identity of persons providing the care.

21. Be advised if hospital/personal physician proposes to engage in or perform human experimentation affecting care or treatment. You have the right to refuse to participate in such research projects without fear or compromise to your care.

22. Examine and receive an explanation of the hospital charges regardless of source of payment.

23. Know which hospital rules and policies apply to your conduct while a patient.

24. Designate visitors of your choosing, if you have decision making capacity, whether or not the visitor is related by blood or marriage, unless:
   a. No visitors are allowed
   b. The facility reasonably determines that the presence of a particular visitor would
endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.

c. You have indicated to the health facility staff that you no longer want this person to visit.

d. To have your wishes considered for purposes of determining who may visit if you lack decision-making capacity and to have the method of that consideration disclosed in the hospital on visitation. At a minimum, the hospital shall include any persons living in the household.

These sections may not be construed to prohibit a health facility from otherwise establishing reasonable restrictions upon visitation, including restriction upon the hours of visitation and number of visitors.

25. Request a list of and assistance with accessing protective or advocacy services in the community.


27. If you suffer from severe chronic intractable pain, you may request or reject the use of any or all modalities to relieve your pain, including the use of opiate medication. Your doctor may refuse to prescribe you opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of several chronic intractable pain including methods that include the use of opiates.

28. Be informed of any continuing health care requirements following discharge from the hospital. Be informed that, with our authorization, the hospital may provide a friend or family member with information about your continuing health care requirements following discharge from the hospital.

29. Have complaints/concerns voiced by you or your representative addressed in a respectful manner, as soon as possible.

30. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling:

   Sutter Santa Rosa Regional Hospital
   Administration
   30 Mark West Springs Road
   Santa Rosa, CA  95403
   707-576-4000
The grievance committee, managed through the Performance Improvement Department, will review each grievance and provide you with a written response within 7 days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).

31. File a complaint with the State Department of Public Health regardless of whether you use the hospital’s grievance process. The State Department of Public Health’s phone number and address is: 2170 Northpoint Parkway, Santa Rosa, CA 95407, 707-576-6775.

32. If you have concerns regarding your care, please make every effort to bring them to our staff. Ask to see the Nurse Manager, Supervisor, or contact Hospital Administration. If you are uncomfortable with this reporting or are unable to do so, you may contact The Joint Commission at this toll-free U.S. telephone number, 8:30 a.m. to 5 p.m., Central Time, weekdays: 800-994-6610.

(Adapted from The Joint Commission; Speak Up. Help Prevent Errors in Your Care)

In accordance with Joint Commission on Accreditation of Healthcare Organizations, Medicare Conditions of Participation, Title 22 and other California laws.
The following is a statement of a patient’s responsibilities.

Providing information. A patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health. He/she has the responsibility to report perceived risks in their care and unexpected changes in his/her condition to the responsible practitioner. A patient is responsible for making it known whether he/she clearly comprehends a contemplated course of action and what is expected of him/her. The patient is responsible for providing feedback to hospital staff regarding their service needs and expectations.

Asking questions. Patients and families, as appropriate, must ask questions when they do not understand their care, treatment, and service or what they are expected to do.

Following instructions. Patients and their families are to follow the care, treatment, and service plan developed. They should express any concerns about their ability to follow the proposed care plan or course of care, treatment, and services. The organization makes every effort to adapt the plan to the specific needs and limitations of the patients. When such adaptations to the care, treatment, and service plan are not recommended, patients and their families are informed of the consequences of the care, treatment and service alternatives and not following the proposed course.

Education. Your clinical staff will be providing education throughout your hospitalization. You may wish to have a family member with you to support your learning process.

Accepting consequences. Patients and their families are responsible for the outcomes if they do not follow the care, treatment, and service plan.

Following rules and regulations. Patients and their families are to follow the organization’s rules and regulations.

Meeting financial commitments. The patient is responsible for assuring that the financial obligations of his/her health care agreed to with the organization are fulfilled as promptly as possible.

Showing respect and consideration. The patient is responsible for being considerate of the rights of other patients and hospital personnel, and for assisting in the control of noise, and the number of visitors. The patient is responsible for being respectful of the property of other persons and the hospital.
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY SUTTER SANTA ROSA REGIONAL HOSPITAL AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: April, 14, 2003

What this Notice is and Why it is Important
This notice is required by law to inform you of how your health information will be protected, how Sutter Santa Rosa Regional Hospital may use or disclose your health information, and about your rights regarding your health information. If you have any questions about this notice, please contact Sutter Santa Rosa Regional Hospital’s Privacy Officer at 415-715-4193.

Understanding Your Health Information
Every time you visit a physician, healthcare provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal documents of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A source of data for medical research and public health
- A source of data for planning facilities, marketing healthcare services, and fundraising
- A tool for educating health professionals
- A tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.
Your Health Information Rights
You have the following rights related to your medical and billing records kept by Sutter Santa Rosa Regional Hospital:

Obtain a copy of this notice. You will receive a copy of this notice at your first visit. Thereafter you may request a copy of this notice or any revisions from Admissions, by calling 707-576-4880.

Authorization to use your health information. Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

Access to your health information. You may request a copy of your health information that Sutter Santa Rosa Regional Hospital keeps in your medical or billing record. Please submit your request in writing to our Medical Records Department. There may be a charge for the costs of providing you with copies.

Amend your health information. If you believe the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing and directed to Sutter Santa Rosa Regional Hospital Medical Records Department.

Request confidential communications. You may request that when we communicate with you about your health information, we do so in a specific way, e.g., at a certain mail address or phone number. We will make every reasonable effort to honor your request.

Limit Sutter Santa Rosa Regional Hospital’s use or disclosure of your health information. You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

Accounting of disclosures. You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or healthcare operations. Disclosures that we make with your authorization will not be listed. We will provide one list per year free of charge, but may charge for subsequent lists in the same year.
Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and businesses associates, and provide this notice about our privacy practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclosure your health information, we will also change this notice. The new notice will be posted in each of our admission and registration areas, and from our Privacy Officer.

Except for the purposes related to providing your treatment, collecting payment for our services, performing necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to take back any disclosure we have already made with your permission.

Examples of Uses and Disclosures for Treatment, Payment and Healthcare Operations:

We will use your health information to facilitate your medical treatment.

For example: Information obtained by a nurse, physician, or other members of your healthcare team will be recorded in your record and used to determine the course of your medical treatment. Your provider may document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they take and their observations as appropriate. In that way, the physician will know how you are responding to treatment. We will also provide your physician or other healthcare providers involved with your treatment (e.g. specialists, consulting physicians, anesthesiologists, therapists, etc.) with copies of various reports that should assist them in treating you.

We will use your health information to collect payment for health care services we provide.

For example: A bill may be sent to you or your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. In some cases, information from your medical record is sent to your insurance company to explain the need for or provide additional information about your treatment.

We will use your health information to facilitate routine healthcare operations.

For example: Members of our medical staff or quality improvement teams may use information in your record to assess the care you have received and how your
progress compares to others. This information will then be used in efforts to improve the quality and effectiveness of the healthcare and other services we provide. Sutter Santa Rosa Regional Hospital is an affiliate of the Sutter Health network. We may permit Sutter Health to use your health information to support necessary business, financial, and clinical functions. Examples of these functions may include: auditing our clinical procedures, analyzing our cost of care, arranging for patient satisfaction surveys, and determining the need for new healthcare services.

We will use your health information to help us educate medical staff, clinical staff, and students.

For example: Sutter Santa Rosa Regional Hospital has associations with a variety of schools involved in the education of health professionals. All staff, instructors, and students must sign a confidentiality agreement before accessing any health information maintained by Sutter Santa Rosa Regional Hospital.

We will use your health information to notify your family and friends about your condition.

For example: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or your general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to facilitate the person’s ability to assist in your care or make arrangements for payment of your care.

We may use your health information to inform persons about your death.

For example: We may disclose health information to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties.

Examples of Uses and Disclosures for Other Purposes

Appointment Reminders: We may contact you to provide appointment reminders.

Alternative Treatments: We may use your health information to provide you with information about alternative treatments such as biofeedback, massage therapy, or stress reduction.

Directory Information: We may include your name, location, and general condition (e.g., good, fair, critical) and your religious affiliation in our directory information. This information is used to assist persons who wish to visit you, deliver gifts, or inquire about your condition. We will give you an opportunity to restrict this information.

Marketing: We may use your health information to inform you about our healthcare services, treatment alternatives or other health-related benefits and services that may be of interest to you.
Public Information: We may use basic information (name and general condition) to inform friends, colleagues and, in some cases, the media, of your status in the hospital, should they call and inquire about you by name. You may restrict this information and request “No Information” status at any time. We will not publicly release any other information without your consent.

Fundraising: We are a community-based, not-for-profit medical center that depends extensively on charitable support. We may use limited information about you, such as your name, address, demographic information, and the dates you received treatment, to inform you of opportunities to support Sutter Santa Rosa Regional Hospital and its services and programs.

Research: We may contact you to request your participation in an authorized research study. If the study provides any type of healthcare treatment, the researcher will explain the benefits and risks of the treatment, how your health information will be used during the course of the study, and whether any of your health information rights are affected. You will need to authorize the use of your health information and agree to any suspension of your rights to participate in the study; however you may revoke this authorization at any time. In some cases, we may disclose your health information to researchers when an institutional review or privacy board has approved their research. Prior to giving any information, special procedures will be established to protect the privacy of your information.

Workers’ Compensation: We may disclose your health information to the extent authorized by and necessary to comply with laws relating to workers’ compensation or other similar programs established by law.

Organ Procurement Organizations: Should you be an organ or tissue donor, we may disclose your donor status and health information to organizations engaged in the procurement, banking, or transplantation of organs, consistent with applicable laws.

Public Health: We may disclose your health information as required by law to public health or legal authorities charged with preventing or controlling disease, injury or disability.

To Avert a Serious Threat to Health or Safety: We may use and disclose your health when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or their agents health information necessary for your health
and the health and safety of other individuals.

**Law Enforcement:** We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.

**Food and Drug Administration (FDA):** We may disclose to the FDA your health information relating to adverse events with respect to food, nutritional supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

**Device Manufacturers:** If you receive a medical device that is implanted or which is used to for life support functions, we may disclose your name, address and other information as required by law to the device manufacturer for tracking purposes. You may refuse to authorize the disclosure of your name and contact information.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include medical records transcription services, patient satisfaction survey agency, and a copy service we use when making copies of your medical record. When these services are provided by contracted business associates, we may disclose the appropriate portions of your health information to our business associates so they can perform the job we have asked them to do. To protect your health information, however, we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.

**Special Situations**

**Military and Veterans:** If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

**National Security and Intelligence Activities:** We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose your health information to authorized officials so they may provide protection to the President and other governmental leaders, or conduct special investigations.

**Regulatory Oversight:** We may disclose your health information to appropriate health oversight agencies, public health authorities or attorneys, when required by law. Your health information may also be disclosed if a workforce member or business associate believes in good faith that Sutter Santa Rosa Regional Hospital has engaged in unlawful
conduct or has otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem
If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact Sutter Santa Rosa Regional Hospital’s Privacy Officer at 415-715-4193.

If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, you may contact Sutter Santa Rosa Regional Hospital’s Privacy Officer or file a Statement of Concern by calling 415-715-4193.

You may also send a written complaint to the United States Department of Health & Human Services, Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue SW., Room 509 HHH Building, Washington, D.C. 20201.

Sutter Santa Rosa Regional Hospital will ensure that the care you receive at our facility will in no way be affected adversely if you file a complaint.
Hospitals that achieve accreditation and licensure are required to submit to formalized, comprehensive evaluations by on-site surveyors who assess compliance with health, quality and safety standards and regulations. These surveys are conducted regularly and involve participation from the entire hospital organization.

**Joint Commission Accreditation**

Sutter Santa Rosa Regional Hospital is fully accredited by the Joint Commission. Joint Commission accreditation means that a hospital voluntarily sought accreditation and met national health, quality, and safety standards. The Joint Commission conducts on-site surveys to review the hospital's medical and nursing care, physical condition, life safety program, special care units, pharmacy services, infection control practices, and other areas that affect patient care. We understand how important reliable information is to you and your family when making healthcare decisions. Visit the Joint Commission web site (www.qualitycheck.org) to learn more about quality and safety in healthcare.

**Complaints or Concerns**

Our hospitals are accredited by the Joint Commission (JC) and have been awarded its Gold Seal of Approval. The Joint Commission serves to help ensure and monitor the quality outcomes and patient safety of patient care in hospitals, clinics and home care agencies. Our organization is committed to providing safe and quality care to all patients served.

**We Would Like to Hear From You**

If you feel the care provided has in any way compromised patient safety or failed to meet accepted quality of care standards, please do not hesitate to contact our Risk Manager at 707-576-4386. We will endeavor to address your concerns as promptly as possible.

If after contacting us, you feel we still have not adequately addressed your concerns, please feel free to contact The Joint Commission by either calling them at (630) 792-5000 or writing to JCAHO at:

**E-mail:**
complaint@jcaho.org

**Fax:**
Office of Quality Monitoring
630-792-5636
Mail:
Office of Quality Monitoring
The Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

If you have questions about how to file your complaint, you may contact the Joint Commission toll free, at 800-994-6610, 8:30 to 5 p.m., Central Time, weekdays.

Licensure
Sutter Santa Rosa Regional Hospital is licensed by the State of California Department of Health Services. The State of California requires hospitals to be licensed by the California Department of Health Services (DHS). An on-site survey is conducted to assess compliance with state and federal regulations. The survey includes physical plant evaluation, kitchen and dietary services, patient care, pharmacy services, and other areas that affect patient care. We understand how important reliable information is to you and your family when making healthcare decisions. Visit the Public Health web site to learn more about quality and safety in healthcare.

CMS Standards
Sutter Santa Rosa Regional Hospital is recognized by CMS as meeting the Medicare standards. The Centers for Medicare and Medicaid (CMS) has developed Conditions of Participation (CoPs) that health care organizations must meet to participate in the Medicare and Medicaid programs. These standards are used to improve quality and protect the health and safety of beneficiaries. CMS also ensures that the standards of accrediting organizations recognized by CMS (through a process called "deeming") meet or exceed Medicare standards.
We Care About What You Think
SSRRH’s doctors, staff and volunteers are committed to providing a high degree of quality care and service. If at any time during your stay you are not completely satisfied with any aspect of your care, please ask to speak to the Nurse Manager. Following your stay, a patient satisfaction survey will be mailed to your home. We encourage you to complete the survey to help us improve our care and services. All responses are confidential. Written comments and questions may also be mailed to:

Sutter Santa Rosa Regional Hospital
Administration
30 Mark West Springs Road
Santa Rosa, CA 95403

Discharge Planning
Our staff is available to help you prepare for continuing care after your hospital stay. These arrangements may include ordering equipment such as wheelchairs, hospital beds, etc. for your home use, supplying lists of rehabilitation centers, skilled nursing facilities and board and care homes, or arranging details of your transfer home or to another facility. Depending on your needs, a social worker may also refer you to the home health liaison nurse. If a social worker hasn’t contacted you, you may call 576-4000 or you may ask your nurse for the social worker overseeing your discharge.

Checkout Time/Preparing for Discharge
Your doctor will advise you when you may go home. Please plan to check out by 11:00 a.m. Before discharge, your nurse will review with you your physician’s instructions about diet, activity, medications and follow-up care. Please make prior transportation arrangements with family or friends so the transition from hospital to home is as smooth as possible.

Tips for Taking Your Medicine after Discharge
1. If you are allergic to any medications, carry an allergy card or wear a medic alert to identify you and your allergies.
2. Use the medicine only for yourself.
3. Take only the dose or amount prescribed for you by your doctor. Consult your doctor if you feel you need to increase or decrease the dose.
4. Keep medicine in its original container.
5. Be very careful with drugs that look alike.
6. Shake liquid medicine prior to pouring dose.
7. Follow any special instructions on the container (store in refrigerator, do not expose to light, avoid driving or operating machinery, do not take while drinking alcohol).
8. Take all of the medicine prescribed, even if your symptoms are gone.
9. Know the names of the medicines you are taking and the reason you are taking them. Write down the names, amounts, and times of the medications you take and keep it in your wallet or purse.
10. Discard the medicine after the expiration date. Check with your doctor if you need more.
11. Be sure there is adequate light when taking medicine - read your label carefully! You could get the wrong one!
12. Tell medical professionals about all the medicines, vitamins, herbals & dietary supplements you are taking.
13. Ask your doctor or pharmacist about possible side effects of the medicines.
14. If you forget the instructions or have questions, don’t hesitate to call your doctor, pharmacist or nurse.
15. Keep all medicine out of the reach of children.
16. Tell your pharmacist if you want childproof or regular caps.
17. If you are taking over the counter medicines, (i.e., aspirin, cold tablets), ask your pharmacist if they are compatible with your prescription medicines.
18. If you would like help planning a medicine schedule, ask your pharmacist, doctor or nurse.
19. Contact your pharmacy about disposal of outdated or unused medication. Do not give your unused medications to another person.
20. Call ahead for medicine refills. Do not wait until you have taken the last pill since many times the pharmacist must first have the doctor’s approval.
21. Sometimes a generic medicine will be substituted for a brand name medication. Generic brands are less expensive but are the same medication and dosage.
Home Care
Sometimes patients require home care following their discharge from the hospital. Home care can offer the supervision of a registered nurse, follow-up therapies, visits from a home health aide, equipment and other services.

Business Services
As a courtesy to you, our Business Services Department will bill your account directly to your insurance carrier. To accomplish this, you may be asked to provide billing information at the time of registration. If you should have any questions or concerns about the bill for services that you receive, please contact the Business Services Department at 855-398-1633.

Financial Counseling Services
If you have questions regarding your financial responsibilities or wish to inquire about financial resources that may be available to assist you in covering the cost of your care, please feel free to contact SSRRH’s financial counselors at 707-576-4463, 707-576-4466 or your case manager may facilitate this process.

Supporting SSRRH
Donations in support of SSRRH are welcomed and gratefully accepted. If you would like to make a tax deductible gift to a specific department or program send your donation to: Fund Development Dept, Sutter Santa Rosa Regional Hospital, 30 Mark West Springs Road, Santa Rosa, CA 95403. For more information, please contact 576-4009. Or if you would like to become a hospital volunteer, please contact the hospital Auxiliary Office for more information at 707-576-4006. Thank You.

Cough and Deep Breathing Instructions
Your doctor wants you to do coughing and deep breathing exercises as much as possible to prevent infection in your lungs as rapidly as possible.

1. Make sure your bed is in an upright position or sit up in a straight chair so that your head and shoulders are supported by a firm surface.

2. You can use pillows to help you position yourself and support your stomach.

3. Inhale deeply and then cough, using your stomach and chest muscles.
4. Breathe in slowly through your nose until you can see your chest and stomach muscles rise.

5. Exhale.

Practice these exercises every hour doing at least five (5) deep breathes each time.

If you have been given an incentive spirometer, do the exercise at least every two (2) hours while awake, as instructed by your caregiver.
Smoking Cessation

What Happens When You Stop Smoking?
Your body will begin to repair itself as soon as 20 minutes after you stop smoking. Here is a list of common changes that you can expect.

- **20 minutes after last cigarette:**
  - Blood pressure drops to normal - Heart rate drops to normal
  - Body temperature returns to normal (hands/feet)

- **8 hours:**
  - Carbon Monoxide level in blood drops to normal - Oxygen level in blood increases to normal

- **24 hours:**
  - Chance of heart attack decreases

- **48 hours:**
  - Nerve endings start to re-grow

- **72 hours:**
  - Bronchial tubes relax, making breathing easier - Lung volume increases

- **2 weeks to 3 months:**
  - Circulation improves - Walking becomes easier
  - Lung function increases up to 30%

- **1 to 9 months:**
  - Lungs (cilia) begin to heal, increasing mucus, cleaning lungs and reducing infection

- **5 years:**
  - Lung cancer death rate for an average smoker decreases from 137 to 72 per 100,000 people

- **10 years:**
  - Lung cancer death rate for an average smoker drops almost as low as the rate of nonsmokers
  - Pre-cancerous cells in the lung are replaced
  - Risk of other cancers decreases (mouth, larynx, esophagus, bladder, kidney, and pancreas)
Other Information
Talk with your doctor, healthcare provider or pharmacist if you have questions or want to discuss alternatives to help you quit smoking.

If you are considering use of nicotine replacement therapy to reduce withdrawal symptoms as you quit smoking, first ask your doctor if it is a safe option for you.

Other Resources
• Sutter Health: http://www.sutterhealth.org
  For more information about How to Quit Smoking Go to:
  “Health Information”
  “Health Information Library”
  Search by Keyword: “Smoking”
• American Lung Association: 1-800-LUNG-USA (1-800-586-4872), or
  http://www.lungusa.org
• California Smokers Help Line: 1-800-NO-BUTTS (1-800-662-8887)
  For more information and telephone counseling services.

Information for You, a Friend or Family Member
Tobacco use is the single most preventable cause of disease and premature death in America.

As a tobacco user, giving up tobacco is the most important thing you can do for your health or the well-being of your family.

Congratulations! You have made the first and most important step to beginning your life as a nonsmoker. You understand that you need to quit smoking, and the following information can be used to help you through the next steps in beginning your life ‘smoker-free’.

Quick Facts about Tobacco
An estimated 430,000 Americans die each year from diseases caused by smoking (that’s more than alcohol, cocaine, crack, heroin, homicide, suicide, car accidents, fires, and AIDS deaths combined).
Secondhand smoke causes lung cancer in nonsmokers and breathing problems or ear infections in children. Secondhand smoke is responsible for 3,000 US deaths every year.

**Effects of Smoking**

**Short Term:**
- Hair and clothes smell - Teeth/Fingers stained
- Taste buds deadened
- Reduce sense of smell
- Increases blood pressure - Lungs receive less oxygen

**Long Term:**
- Heart Attack
- Difficulty Breathing

**Cost of Smoking:**
- Skin wrinkles
- Bad breath
- Stuffy nose
- Throat is irritated
- Stress on heart
- Stroke
- Lung Cancer

If you smoke 1 pack/day ($7.00/pack) you are spending $2,555 a year! That could buy...
- 196 CD’s
- 63 pairs of jeans
- 255 movie tickets
- 2- 37” HDTV’s and 2 DVD players
- 110 pizzas

*What could you buy with that money?*

**Why Should You Stop Smoking?**
Check those that apply to you.

_1. Improve my personal appearance by eliminating such things as stained teeth and fingers, bad breath, coughing, and smoking odor on clothes. Prevent wrinkles and keep my skin nice._
2. Regain my sense of taste and smell, feel more energized and active, sleep better, and eliminate ‘hairy tongue’ and ‘smokers cough’ or wheezing.

3. Regain control of my behavior, gaining a sense of freedom, and owning myself again.

4. Reduce health risks, such as the risk of heart disease, cancer, emphysema, and chronic bronchitis. I do not want a heart attack or to have problems breathing.

5. Reduce risk to unborn children and provide a healthy environment for children and others living with me.

6. Save money.

7. Increase productivity by regaining the time I now spend maintaining my smoking habit.

8. Other reasons:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**Tips for Quitting**

Quitting smoking can be a difficult but very rewarding decision for you and your friends or family. To help you begin living your life smoke-free, review the following tips for success.

- **Think about your reasons for quitting.**
  Write them down and carry them with you. You can read them every day or when the going gets tough.

- **Choose a good time to quit and set a quit date.**
  Stick with it. Sign a contract. Announce it to family and friends who support your decision.
• **Think about when and why you use tobacco.**
  Do you use tobacco for a pick-me up? When you are bored? When you are angry, upset, and/or worried? When you are driving your car? When you are with others who are using tobacco?

  A couple of weeks before your quit date, wrap your cigarette pack with paper, pencil and rubber band. When you smoke write down the time of day, how you feel, and how important that cigarette is to you. This can help you identify your reasons for smoking.

• **Have a plan before you quit.**
  If you use tobacco for a pick me-up, plan to exercise or take a walk instead. When you’re bored, plan to call a friend, listen to music, go for a walk, or play with your pet. JUST GET BUSY! When you’re upset, angry, or worried, call a friend, write it down, or talk to someone you trust.

• **Think good thoughts.**
  “I will do this.” “I’m worth it.” “I’m in control” “I’m proud of myself.”

• **What if you smoke after quitting?**
  This does not mean you’re a smoker again- do something now to get back on track. Don’t punish yourself- think about why you smoked and decide what to do the next time it comes up. You’re still a non-smoker.
CALIFORNIA PROBATE CODE SECTION 4700-4701

4700. The form provided in Section 4701 may, but need not, be used to create an advance health care directive. The other sections of this division govern the effect of the form or any other writing used to create an advance health care directive. An individual may complete or modify all or any part of the form in Section 4701.

4701. The statutory advance health care directive form is as follows:

ADVANCE HEALTH CARE DIRECTIVE (California Probate Section 4701) Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapacitated or if you want someone else to make those decisions for you, even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

(a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition;
(b) Select or discharge health care providers and institutions;
(c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication;
(d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation;
(e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death.
Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

PART 1
POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

(name of individual you choose as agent)

(address) (city) (state) (ZIP Code)

(home phone) (work phone)
ADVANCE HEALTH CARE DIRECTIVE FORM

OPTIONAL: If I revoke my agent’s authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

(name of individual you choose as first alternate agent)

(address) (city) (state) (ZIP Code)

(home phone) (work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

(name of individual you choose as second alternate agent)

(address) (city) (state) (ZIP Code)

(home phone) (work phone)

(1.2) AGENT’S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

(Add additional sheets if needed.)

(1.3) WHEN AGENT’S AUTHORITY BECOMES EFFECTIVE: My agent’s authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box.

If I mark this box ( ), my agent’s authority to make health care decisions for me takes effect immediately.

(1.4) AGENT’S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT’S POSTDEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

(Add additional sheets if needed.)
ADVANCE HEALTH CARE DIRECTIVE FORM

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

PART 2
INSTRUCTIONS FOR HEALTH CARE

If you fill out this part of the form, you may strike any wording you do not want.

(2.1) END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

☐ (a) Choice Not to Prolong Life
I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR

☐ (b) Choice to Prolong Life
I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2.2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

(Add additional sheets if needed.)

(2.3) OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

(Add additional sheets if needed.)

PART 3
DONATION OF ORGANS AT DEATH
(OPTIONAL)

(3.1) Upon my death (mark applicable box):

☐ (a) I give any needed organs, tissues, or parts, OR

☐ (b) I give the following organs, tissues, or parts only:

☐ (c) My gift is for the following purposes (strike any of the following you do not want):

(1) Transplant
(2) Therapy
(3) Research
(4) Education
ADVANCE HEALTH CARE DIRECTIVE FORM

PART 4
PRIMARY PHYSICIAN (OPTIONAL)

(4.1) I designate the following physician as my primary physician:

(name of physician)

(address) (city) (state) (ZIP Code)

(phone)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

(name of physician)

(address) (city) (state) (ZIP Code)

(phone)

PART 5

(5.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

(5.2) SIGNATURE: Sign and date the form here:

(print your name)

(sign your name) (date)

(address) (city) (state) (ZIP Code)

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual’s identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual’s health care provider, an employee of the individual’s health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

First witness

(print name)

Second witness

(print name)
ADVANCE HEALTH CARE DIRECTIVE FORM

(address)

(city)  (state)

(signature of witness)  (signature of witness)

(date)  (date)

(5.4) ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

(signature of witness)  (signature of witness)

PART 6
SPECIAL WITNESS REQUIREMENT

(6.1) The following statement is required only if you are a patient in a skilled nursing facility—a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

(print your name)

(sign your name)  (date)

(address)  (city)  (state)  (ZIP Code)