



# A Guide for Your Hospital Stay



St. Mary's  
REGIONAL MEDICAL CENTER

# TABLE OF CONTENTS

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About St. Mary's Regional Medical Center.....	4
Advance Directive .....	10
Automated Teller Machine (ATM) .....	27
Billing, Financial and Legal Information .....	32
Cafeteria .....	28
Compliments/Concerns .....	8
Going Home - Discharge Planning .....	44
Gift Shop .....	28
Meals .....	13
Medicare Information .....	33
Medical Records and Health Information Online .....	45
Menus.....	47
Other Hospital Services .....	46
Parking .....	27
Pastoral Care.....	29
Patient Rights and Responsibilities .....	15
Protected Health Information (PHI) .....	38
Personal Property/Valuables.....	13
Service Excellence Standards.....	6
Surgical Patients .....	21
Telephone Use .....	28
TRICARE® Information .....	34
TV Channel Guide .....	30
Visiting Hours .....	26
Visitor's Services .....	26

# Welcome



**KRISTA ROBERTS**  
Chief Executive Officer  
St. Mary's Regional  
Medical Center

## AT ST. MARY'S REGIONAL MEDICAL CENTER,

Thank you for choosing St. Mary's Regional Medical Center. Your experience is important to us and we promise to do all we can to create the best possible experience while you're here.

While you're a patient, your health, comfort and overall well-being are our main priorities. Our skilled and compassionate team will work to provide the best care possible.

We recognize that being hospitalized can be overwhelming, so we've created this guide to provide you with helpful information. If you or your family members have questions or concerns, please contact me at **580-249-3750** and your issues will be addressed as quickly as possible.

**Thank you for choosing  
St. Mary's Regional Medical Center.**

A handwritten signature in black ink that reads "Krista Roberts".

# ST. MARY'S REGIONAL MEDICAL CENTER

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## **Our Mission**

Our Mission is to serve our communities by caring for people.

## **Our Vision**

Our Vision is to be the provider and partner of choice for healthcare in Northwest Oklahoma.

## **Our Values**

**Service Excellence** – We provide personalized and professional service that exceeds the expectations of those we serve. (See page 6)

## **Continuous, Measureable Improvement** –

We will identify the key needs of our customers, assess how well we meet those needs, continuously improve our services and measure our progress.

**Employee Development** – We will hire and train talented people, providing opportunities for growth within the company.

**Ethical and Fair Treatment of All** – We will conduct our business according to the highest ethical standards.

**Teamwork** – People at all levels of the organization will work together to provide ever-improving patient care.

**Compassion** – We promise to honor the dignity, individuality and rights of everyone.

## **Our Ethics**

St. Mary's Regional Medical Center has established a code of ethical behavior in recognition of our responsibility for the quality of relationships with patients, families, staff, physicians, payers and the communities we serve. A copy of this code is available upon request.

## **Our History**

St. Mary's Regional Medical Center was founded in 1915 by Dr. G.A. Boyle as a 12-bed hospital named Enid Spring Sanatorium and Baths. The Sisters of Mercy Health System of St. Louis, Missouri, purchased the hospital in 1995 and made it a part of the Mercy Health System Oklahoma. In August 2000, the facility was acquired as a subsidiary of Universal Health Services, Inc. of King of Prussia, Pennsylvania.

St. Mary's Regional Medical Center was the first in the region to offer services such as Magnetic Resonance Imaging (MRI) scans, Computed Tomography (CT) scans, nuclear medicine, an Intensive Care Unit (ICU), cardiac catheterization, comprehensive neurological services, inpatient rehabilitation, wound care/hyperbaric oxygen therapy and a special care nursery.

## **We Honor Your Privacy**

We will make every effort to keep information related to your stay at St. Mary's private. If you request that we do not give out information, our switchboard and information desk personnel will not have you listed in their records. Therefore, incoming calls or inquiries will not be forwarded to you, so be sure to inform friends and family members of your room number.

# SERVICE EXCELLENCE STANDARDS

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## OUR COMMITMENT TO YOU AND TO EACH OTHER

### Demonstrate Professionalism and Excellence in the Things I Do

- I will adhere to the established dress code and wear my ID badge above the waist at all times.
- I will effectively manage my time and the resources allocated to me.
- I will embrace change and strive for personal and professional growth and development.
- I will take ownership of issues by initiating resolution when recognizing that something needs to be done or changed.

### Treat Everyone as a Guest

- I will make everyone, including my co-workers, feel welcome by acknowledging their presence with a smile and a pleasant greeting.
- I will offer assistance to anyone I encounter in the hallway who looks lost by asking, "How may I help you?" or "May I escort you to your destination?"
- I will always say "Please" and "Thank you" and end every conversation by asking, "Is there anything else I can do for you?"
- I will protect the dignity and privacy of others by knocking before entering a room, by asking upon exiting the room whether the individual would like the curtain/door closed, and by never discussing confidential information in public areas.

### Practice Teamwork

- I will treat everyone, including my co-workers, with kindness, respect and courtesy.
- I will maintain a positive attitude and "manage up" other departments and individuals.

If you would like to recognize an employee, volunteer or physician who demonstrated Service Excellence Standards during your stay at St. Mary's, please complete the PATS nomination form. Forms are available at the Information Desk and at all nurses' stations, and may be returned at either place.

## PATS NOMINATION FORM

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Please use this form to recognize an employee who has provided you with exceptional care based on the standards listed above. You may select which standard they exceeded in by checking one of the options below. Please return the form to your nurse or mail it in to the hospital.



### SELECT THE STANDARD DEMONSTRATED:

- Demonstrates Professionalism and Excellence in Everything
- Treats Everyone As A Guest
- Practices Teamwork

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Deserves PATS for:

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Form Completed By: \_\_\_\_\_

Date: \_\_\_\_\_



## YOUR VOICE MATTERS

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### **Speak Up!**

The single most important way you can contribute to the safety of your hospital stay is to be an active member of your healthcare team. That means taking part in every decision about your healthcare. Research shows that patients who are more involved with their care get the best results.

Remember:

- Speak up if you have questions or concerns.
- Ask a family member or friend to be your advocate (someone who can help get things done and speak up for you if you can't).

Don't be afraid to ask questions about your care so that you fully understand your treatment plan and expected outcomes. You and your family/friends will be able to better facilitate your recovery.

### **To Voice a Concern**

We know that hospitalization is never an entirely pleasant experience, but we will do our best to make you as comfortable as possible. If you have a concern, please don't hesitate to tell your physician or nurse. If you are not satisfied, you may report your concern to the following:

**St. Mary's Regional Medical Center  
Quality/Patient Safety Department**  
580-249-3677 or 580-233-6100

**UHS Compliance HOTLINE:**  
1-800-852-3449

**Secretary of Health and Human Services:**  
200 Independence Ave., S.W.  
Washington, D.C. 20201  
1-877-696-6775

**The Joint Commission:**  
Go to [www.jointcommission.org](http://www.jointcommission.org)

**Oklahoma State Health Department:**  
1000 N.E. 10th  
Oklahoma City, OK 73117-1299  
405-271-6576



## YOUR STAY WITH US

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### Be an Active Member of Your Healthcare Team

Healthcare workers across the country are working hard to make healthcare safety a priority. Everyone has a role in making healthcare safe – physicians, healthcare executives, nurses, technologists and you, the patient. You can play a vital role in making your hospital stay safe by becoming an active, involved and informed member of your healthcare team. Here are some tips to help make your stay safe.

### Advance Directive

We encourage you to become involved in decisions about your own care and to talk with your physician and family about those decisions. Planning ahead in the event that you cannot speak for yourself is especially important. An advance directive allows you to do this.

Advance directives for healthcare/living wills are available through consultation with Pastoral Care. Your nurse can assist you in contacting someone in Pastoral Care, or you can ask the hospital's telephone operator ("0") for the chaplain on call.

### Medication Safety

Tell your doctors and nurses about medications you are currently taking. This includes prescription and over-the-counter medicines, as well as dietary supplements such as vitamins and herbs. At least once a year, bring all of your medicines and supplements with you to your doctor. "Brown bagging" your medicines can help you and your doctor find out if there are any problems. It also helps your doctor keep your records up-to-date, which helps you get better quality care.

Tell your doctors and nurses about any allergies and adverse reactions you have to medicines, such as "I have a penicillin allergy, it gives me a rash." This can help you avoid taking a medicine that may harm you.

Ask your doctor or nurse to explain your medications in words you can understand.

Some good questions to ask:

- What is the name of my medication?
- What is the medicine for?
- How do I take this medication, with a meal, and for how long?
- What side effects are likely? What do I do if they occur?
- Is this medicine safe to take with other medicines or dietary supplements I am taking?
- What food, drink or activities should I avoid while taking this medicine?
- Ask for written information about the side effects your medicine could cause. When you are aware of what could happen you can be better prepared and can report a problem right away to get help.



## Infection Control

Infections can occur after many types of medical procedures. This is particularly true if you have surgery. Help prevent infections from developing in the hospital by doing the following:

- Wash your hands carefully, especially important after you have gone to the bathroom.
- Remind doctors and nurses about washing their hands before working with you.
- If you have an intravenous catheter or drainage tube, keep the skin around the dressing clean and dry. Tell your nurse promptly if the dressing becomes loose or gets wet.
- If you have diabetes, be sure that you and your doctor discuss the best way to control your blood sugar before, during and after your hospital stay. High blood sugar noticeably increases the risk of infection.
- If possible, ask your friends and relatives not to visit if they feel ill.
- Take antibiotics exactly as instructed. Do not stop taking them without checking with your physician. Don't insist that your physician give you antibiotics if you don't need them. Antibiotics have no effect on illnesses caused by viruses and can lead to developing resistance to antibiotics.
- Follow isolation guidelines. Ask your doctor or nurse to explain why isolation precautions are necessary.

## Help Prevent Falls

Be an active member of your care team. Know when you can do things on your own and know when to ask for help. Involve your family or visiting friends in your care, but they should not assist with any activity that has not been authorized by your hospital healthcare team.



- Shoes or slippers with non-skid soles are essential.
- If you feel dizzy, weak or unstable, do not move by yourself. Use your call button for your nurse or aide.
- Call for assistance to use the bathroom. Tell visitors to keep the path clear.
- If, after your healthcare team has approved, you are walking on your own, use only stable objects to help steady yourself - NOT IV poles, tray tables, wheelchairs or any other object that moves.
- Use handrails in the bathroom and hallways.
- Wear your glasses or hearing aids.
- Important items, such as your call button, should be easily accessible - not something you need to reach.

## Meals/Room Service

Room service is available for patients, patient family members and patient guests. A nurse or food service representative will explain your personal menu options and provide ordering instructions.

One of our culinary professionals will personally prepare you a delicious meal made to your specifications within your physician's instructions. On-site registered dietitians are available to schedule meals around special dietary requirements, tests or treatment schedules.

For more information, please call Food and Nutrition Services at x3619.

## Personal Property/Valuables

If you wear eyeglasses, dentures or hearing aids, be sure to store them properly with your belongings when they are not in use. Ask your nurse for a container labeled with your name to safely store your dentures. We make every attempt to keep your eyeglasses, dentures or hearing aids secure. **However, we cannot be liable for these items.**

If you have brought any valuables to the hospital (cash, jewelry or other important items), ask a friend or relative to take them home for you. You may also check some valuables into a small safety deposit box until your discharge. **We cannot be liable for any possessions not placed in our safe and itemized on a receipt.**

### **Rapid Response Team**

The Rapid Response Team takes action quickly and responds anywhere in the hospital when needed. The team may suggest medical action, including lab tests, medications or moving the patient to the intensive care unit.

### **Warning Signs that a Patient May be Getting Sicker:**

- Changes in the heart rate or breathing rate
- Drop in blood pressure
- Sudden confusion, slurred speech or mental status changes
- Something just does not “look right” or “seem right” with the patient

### **How You Can Help:**

If you see warning signs that a patient is getting sicker, contact the nursing staff immediately.

## **PATIENT RIGHTS AND RESPONSIBILITIES**

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### **Patient Bill of Rights**

**You can expect the medical center staff to:**

- Impose clinically appropriate limitations on patient visitation when visitation would interfere with the care of the patient, whether the reason for limiting or restricting visitation is infection control, disruptive behavior of visitors or patient or roommate need for rest or privacy.
- Inform you of your rights in language you can understand.
- Respect your personal dignity.
- Involve you in decisions regarding your healthcare.
- Protect your personal privacy and the confidential nature of patient records and communications.
- Promote patient and family involvement in all aspects of your care, including how to effectively manage pain.
- Provide complete, correct and current information to you and designated parties regarding diagnosis, treatment and prognosis to assist you in making treatment decisions.
- Explain the medical center rules and regulations you are expected to follow.
- Allow you to send and receive letters; make and receive phone calls.
- Explain the medical center billing process.
- Inform you of any research, experimental or educational projects that may affect your treatment as well as provide a description of potential discomforts and risks, a description of alternative services (including those that might prove advantageous to you) and a full



explanation of procedures to be followed (especially those that are experimental in nature).

- Inform you of your right to refuse to participate in any research, experimental or educational projects, and that your refusal will not compromise your access to services.
- Transfer you to a different room if, for any reason, you are not satisfied.
- Provide a reasonable response to your requests and need for treatment.
- Coordinate your transfer to another facility if St. Mary's Regional Medical Center is unable to meet your needs or to provide you with a needed service.
- Respect your expression of spiritual beliefs and cultural practices, as long as they don't interfere with your medical care.
- Let you exercise these rights without regard to gender, cultural, economic, educational or religious background or the source of payment for your care.
- Know the names of the physicians who have primary responsibility for coordinating your care, and the names of other physicians and non-physicians who may see you.
- Relay information from your physician about your illness, course of treatment and your prospects for recovery in terms you can understand.
- Provide information about any proposed treatment or procedures you may need in order to give informed consent or refuse treatment. Except in emergencies, this information shall include a description of the procedure or treatment, an alternate course of treatment or nontreatment, the risks involved in each, and the name of the person who will carry out the procedure or treatment.

- Inform the patient or surrogate decision-maker about unanticipated outcomes of care, treatment and services that relate to sentinel events considered reviewable by The Joint Commission.
- Inform you of your right to actively participate in decisions regarding your medical care, to the extent permitted by law, including your right to refuse treatment, and to explain the medical consequences of your actions.
- Assist you in contacting a member of the Ethics Committee should you have an ethical concern.
- Honor your advance directives within the limits of the law and the medical center's mission and philosophy.
- Assist with the development of advance directives if you so desire. Your care is not reliant on the existence of an advance directive.
- Give full consideration of privacy concerning your medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly.
- Advise you as to the reason for the presence of any individual.
- Treat all communications and records pertaining to your care and stay in the medical center confidentially. Your written permission must be obtained before your medical records will be made available to anyone not directly affiliated with your care and their written release also may be required.
- Provide reasonable responses to reasonable requests for service.
- Honor your right to receive care in a safe setting, and to be free from all forms of abuse or harassment.
- Respect your right to be free from restraints or seclusion of any form that are not medically needed or are used as a means of coercion, discipline, convenience or retaliation by the staff.

- Uphold your right to leave the medical center, even against the advice of your physician.
- Provide reasonable continuity of care and notice, in advance, of the time and location of appointments, as well as the identity of the physician administering the care.
- Relay notice from your physician, or a designee of your physician, of the continuing healthcare requirements following your discharge from the medical center.
- Give you the opportunity to examine and receive an explanation of your itemized statement of service, regardless of source of payment.
- Honor your right to review your medical record within a reasonable time after your request.
- Allow the exercise of the same rights by the person who may have legal responsibility to make decisions regarding medical care on your behalf.

No person will be discriminated against on the basis of race, religion, color, sex, age, national origin, disability, military status or any other characteristic protected by applicable federal, state or local law.

**You have the right to:**

- Obtain information and answers to your questions about pain and pain relief.
- Feel that the staff cares about your pain.
- Learn about the available pain relief treatments.
- Receive the services of a pain specialist, if needed.
- Have your complaint of pain believed by your doctor or nurse.
- Visitation

- Receive the visitors you designate, including, but not limited to, a spouse, a domestic partner (including same-sex domestic partner) another family member or a friend.
- Withdraw or deny such consent at any time (or your support person, where appropriate).
- No restrictions, limited or otherwise denied, on the basis of race, color, national origin, religion, gender, identity, sexual orientation or disability.
- All visitors shall enjoy full and equal visitation privileges consistent with patient preferences.
- Identify a Support Person:
  - Who may be a family member, friend or other individual who supports the patient during the hospital stay
  - Who may exercise the patient’s visitation rights in the event the patient is incapacitated or otherwise unable to do so
  - Who may or may not be the same person who would make decisions regarding medical treatment in the event of the patient’s incapacity
  - Who may be identified by the patient verbally or in writing

**Interpretive Services**

To assist patients with hearing or sight impairments, the medical center shall provide the following auxiliary aids upon request:

- Pencil and paper for communication
- Teletypewriter (TDD) installed in patient room
- Amplifier device for the telephone system
- Sign language interpreter

Other auxiliary aids may be requested by notifying the medical center of your need. To assist patients with limited English proficiency, the medical center shall provide a bilingual interpreter upon request.

If you have a concern with our service, please contact Administration at 580-249-3747.

Grievances also may be filed with the Oklahoma State Health Department at [www.ok.gov](http://www.ok.gov); 405-271-6576; in written form to Oklahoma State Department of Health, 1000 N.E. 10th, Oklahoma City, OK 73117-1299; or The Joint Commission at [complaint@jointcommission.org](mailto:complaint@jointcommission.org) or fax to 630-792-5636.

### **Patient Responsibility**

The Patient is Responsible for:

- Providing accurate and complete information concerning his/her present complaints, medical history and other matters relating to his/her health.
- Making it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.
- Following plans established by his/her physician, including the instructions of nurses and other health professionals, as they carry out the physician's order.
- Keeping appointments and notifying the hospital or physician when he/she is unable to do so.
- Accepting the consequences for refusing treatment or by not following physician's orders.
- Assuring the financial obligations for his/her hospital care are fulfilled as promptly as possible.
- Following the hospital's policies and procedures.
- Being considerate of the rights of other patients and hospital personnel.

## **SURGICAL PATIENTS**

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### **Help Prevent Errors in Your Care**

#### **A Speak Up<sup>SM</sup> Safety Initiative**

This section includes tips that can help you prepare for surgery, including making sure that you have the correct procedure performed at the correct place, or site, on your body. To support this goal, The Joint Commission has created the Universal Protocol to Prevent Wrong Site, Wrong Procedure and Wrong Person Surgery<sup>TM</sup>.

More than 40 professional medical associations and organizations have endorsed the Universal Protocol. For more information, ask your nurse.

### **At the Hospital**

You will be asked to sign an informed consent form, which verifies that you and your doctor have discussed the surgery that is to be performed on your body, the expectations that you have of each other and the risks associated with the surgery.

The staff responsible for your care will verify who you are, what kind of surgery you are having and the expected part of your body on which surgery is to be performed. You will be asked these questions many times. Staff will also double-check what you tell them against the documents provided by your doctor's office, including X-rays. You may find this irritating, but it is being repeated for your safety.



Before going to the preoperative area, you must remove any hairpins, jewelry, dentures, contact lenses and glasses. The staff will take care of these items by placing them in your personal belongings box and returning them to you after the procedure.

Depending on the type of surgery you are having, the doctor who will perform your surgery (or another member of the healthcare team) will mark the correct location on your body on which your procedure is to be performed. Called site-marking, this is a critical step in caring for your safety and preventing errors, especially if you are having surgery on one of your arms, legs, hands, fingers, eyes, ears, etc.

For example, if you are having a cataract removed only from your right eye, the surgeon will make a mark somewhere around your right eye. He or she may also attach a sticker to the right side of your head. This is a way to identify that the correct eye will be operated on.

If at all possible, the mark will be made before you are sedated. However, in some instances you will need to be sedated before the mark can be made. If this happens, a family member or friend may be asked to oversee the marking of the correct surgical site. If a family member or friend is not available, another member of the healthcare team will make sure that the correct site is marked.

Make sure that the only location marked is where your procedure is to be performed. It can be confusing if other sites are marked.

If you are having spine surgery, the mark will be made on the area of your spine on which your procedure is to be performed. However, this is just a “marker” to indicate that you are having spine surgery and to identify the general level of the surgery (neck, upper back, lower back). The exact location will be confirmed after taking and reviewing special X-rays in the operating room after you are asleep.

Ask your doctor if he or she plans to take a “time-out” with the surgery team just before beginning your surgery. During a time-out, the members of the healthcare team notify themselves that they are performing the correct procedure at the correct site and on the correct person.

## **Surgical Safety**

If you are having surgery, make sure that you, your doctor and the nurse all agree and are clear on exactly what will be done. For example: You may be asked several times to identify what surgery you are having and if it is on the left or right side.

- Follow your nurses’ instructions after surgery to prevent such events as urinary tract infections, lung infections and blood clots.
- If you are overweight, losing weight will reduce the risk of infection following surgery.
- If you are a smoker, you should consider a smoking cessation program. This will reduce the chance of developing an infection while in the hospital and may also improve your healing abilities following surgery.
- Carefully follow your doctor’s instructions regarding breathing treatments and getting out of bed. Don’t be afraid to ask for help, advice or sufficient pain medications!

## **Surgical Site Infections**

### **What is a Surgical Site Infection (SSI)?**

A surgical site infection is an infection that occurs after surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

### **Some things that St. Mary’s is doing to prevent SSIs:**

- Staff are cleaning their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.

- Removing some of your hair immediately before your surgery, but not shaving with a razor.
- Giving you antibiotics usually within 60 minutes before the surgery starts and stopping the antibiotic within 24 hours after surgery.

### **What can I do to help prevent SSIs?**

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you before surgery. Ask why you need to be shaved and talk with your surgeon if you have any questions.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.
- If you do not see your healthcare providers clean their hands, please ask them to do so.
- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to do so.

### **In the Recovery Room**

After your surgery, your doctor or nurse will ask about any pain you may have. Joint Commission-accredited organizations are required to evaluate your pain and provide appropriate relief through medication and other methods. Whenever you are asked to take a medication, especially a new one, ask what it is for and about its side effects.

This will facilitate the knowledge that you are receiving the correct medication. If you have questions or concerns about any medication, you should raise these with your doctor or nurse.

If you are given IV (intravenous) fluids, ask your nurse how long it should take for the liquid to “run out.” And tell your nurse if it does not seem to be dripping properly (too fast or too slow).

Remember to follow up with your doctor about any therapy or medicines that you may need in your recovery and when you can resume certain activities like work, exercise or travel.

### **When You Go Home**

Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.

- Always clean your hands before and after caring for your wound.
- Make sure you know whom to contact if you have any questions or problems after you get home.
- If you have any symptoms of an infection call your doctor immediately.
- If you have additional questions, please ask your doctor or nurse.

# VISITOR SERVICES, TELEPHONE AND OTHER SERVICES

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## Patient Visitation Rights

As the patient, you have the right to:

- Receive the visitors you designate, including, but not limited to, a spouse, a domestic partner (including same-sex domestic partner) another family member or a friend.
- Withdraw or deny such consent at any time (or your Support Person, where appropriate)
- No restrictions, limited or otherwise denied, on the basis of race, color, national origin, religion, gender, identity, sexual orientation or disability.

All visitors shall enjoy full and equal visitation privileges consistent with patient preferences.

## Visiting Hours

Visiting hours are from 7 a.m. to 9 p.m. in all but a few patient areas. Other visits may be arranged according to the patient's wishes. The following areas have specific visiting hours to allow patients as much rest as possible and to help speed their recovery.

## Silent Hospitals Help Healing

Thank you for:

- Silencing your cell phone
- Keeping your voice down
- Limiting movement in hallways
- Observing visiting hours
- Only one overnight guest per room

Our hospital is a healing environment. Aggressive behavior will not be tolerated. Examples of aggressive behavior include:

- Physical assault
- Verbal harassment
- Abusive/offensive language
- Threats of violence

We have a ZERO TOLERANCE for all forms of aggression. Failure to respond to staff requests to stop aggressive behaviors will result in security or police being called.

## Intensive Care Unit (ICU)

Visiting is usually limited to two visitors at a time. At times, a staff member may ask guests to wait in the ICU Waiting Room while the patient rests, receives medication or a treatment.

To allow our nursing staff to change shifts, visitors are permitted only between 7 a.m. and 5:30 p.m. and 7 p.m. and 9 p.m.

Patients who are critically ill are very susceptible to all types of illnesses. Therefore, children under 12 years of age are not permitted. We also request that if someone has been exposed to an illness or is sick, that they not visit the ICU. The ICU Waiting Room is on the third floor outside of the ICU. Friends and family members can be reached in the ICU Waiting Room at 580-233-6100, extension 9344 or extension 9330. Condition reports on ICU patients are available upon confirmation of a password.

## Rehabilitation Institute

Our patients are in daily therapy sessions, so guests are asked to visit on weekday evenings from 6 to 8:30 p.m. or on weekend afternoons.

## Parking

For your convenience, parking is available east and southwest of the medical center.

Transportation to and from the east parking lot is provided by the volunteer-staffed SaintMobile. Regular hours of operation are: Monday - Friday, 7:30 a.m. to 4:30 p.m.

## ATM

For your convenience, an automatic teller machine (ATM) is located near the front east lobby. No deposits can be made.



## Gift Shop

First floor near the main entrance. The Gift Shop provides a variety of personal care items, gifts, cards and books. Please dial extension 3096 for information or in-house delivery.

### Gift Shop Hours, Monday through Friday

9 a.m. to 4 p.m.

## Accommodations

The St. Mary's Hospitality House is located northwest of the hospital and offers inexpensive lodging to families of patients who come from a significant distance. Accommodations include private and double occupancy sleeping rooms with shared bathroom facilities in a family-style setting.

Rates are \$30 per night. Rooms are reserved on a first-come, first-served basis.

Full RV hookups with water, electricity and sewer are available for \$10 per day.

Registration for St. Mary's Hospitality House or RV hookup is available through the switchboard, or by dialing the main number, 580-233-6100.

## Cafeteria

Visitors and guests are welcome in our cafeteria on the lower level where we offer a salad bar, grill and hot entrée line. Vending machines are located on the same floor and in the Emergency Department waiting area.

### Cafeteria Hours, Monday – Friday

Breakfast 7 a.m. to 9:30 a.m.

Lunch 11 a.m. to 1:30 p.m.

## Patient Room Telephones

When making phone calls from the immediate Enid area or from within the medical center, it is not necessary to dial the area code.

All patient rooms are equipped with telephones. Outgoing calls may be placed at any time. To avoid disturbing other patients, no incoming calls are accepted between 10 p.m. and 6 a.m.

## To Call Out

Local calls Dial 8

Long distance Dial 0 + area code + 7-digit number

Long distance calls must be collect or charged to a third party or calling card.

## To Call Areas within the Medical Center

Dial 4-digit extension number.

## Housekeeping

Rooms are cleaned between 9 a.m. and 5:30 p.m. each day. For housekeeping, or if you have a problem with any of the furnishings in your room, please dial extension 3799.

## Mail and Live Plant Delivery

Stamps may be purchased in the Gift Shop (main lobby) and volunteers will take care of outgoing mail for you. Hospital volunteers deliver mail and live plants to your room. Mail that arrives after you've been discharged will be forwarded to your home address, when possible.

## E-Patient

St. Mary's E-Patient service is an easy way for family and friends to send you an encouraging note. E-Patient is located on our website at [www.stmarysregional.com](http://www.stmarysregional.com).

## Newspapers

Hospital volunteers deliver complimentary newspapers to patients.

## Pastoral Care

An interdenominational team of chaplains is available 24 hours a day to assist you with your spiritual, emotional and ethical needs. Just dial the operator ("0"). St. Mary's chaplains will gladly contact your local church upon your request. Your minister is also a welcome guest.

A chapel of all faiths (located on the third floor's west wing) is open 24 hours a day.

# CHANNEL GUIDE

<b>2</b> TV 14	<b>25</b> ESPN	<b>47</b> A&E	<b>71</b> Oxygen
<b>3</b> <b>KTBO</b> <b>TBN</b>	<b>26</b> ESPN2	<b>48</b> Fox News	<b>72</b> FXX
<b>4</b> <b>KFOR</b> <b>NBC</b>	<b>27</b> USA	<b>49</b> Inspirational Network	<b>73</b> Fox Sports Plus
<b>5</b> KOCO ABC	<b>28</b> CNN	<b>50</b> History	<b>74</b> Bravo
<b>7</b> KOCB CW	<b>29</b> Lifetime	<b>51</b> Disney	<b>75</b> Golf
<b>8</b> KOKH FOX	<b>30</b> TNT	<b>52</b> Hallmark Spanish	<b>76</b> BBC Amer
<b>9</b> KWTV CBS	<b>31</b> FX	<b>53</b> TV PG	<b>77</b> GSN
<b>10</b> WGN EWTN	<b>32</b> <b>TWC - Weather Channel</b>	<b>54</b> AMC	<b>78</b> AXS
<b>11</b> Public Access	<b>33</b> <b>TLC</b>	<b>55</b> CNBC	<b>95</b> Daystar
<b>12</b> <b>Local Education</b>	<b>34</b> NICK	<b>56</b> OWN	<b>97</b> Jewelry
<b>13</b> <b>KETA</b> <b>PBS</b>	<b>35</b> UP	<b>57</b> Investigation Channel	<b>98</b> QVC
<b>16</b> <b>KSBI</b>	<b>36</b> NBCSN	<b>59</b> <b>El Rey</b>	<b>99</b> HSN
<b>17</b> Newborn Channel	<b>37</b> Fox Sports	<b>60</b> <b>Animal Planet</b>	
<b>18</b> Newborn Channel - Spanish	<b>38</b> ABC Family	<b>61</b> Hoy	
<b>19</b> Local Info Channel	<b>39</b> <b>WE</b>	<b>62</b> Hallmark Movies	
<b>20</b> C-Span	<b>41</b> <b>TBS</b>	<b>63</b> Headline News	
<b>21</b> Telemundo Spanish	<b>42</b> <b>Discovery</b>	<b>64</b> MSNBC	
<b>22</b> KOPX ION	<b>44</b> HGTV	<b>65</b> C-Span 2	
<b>23</b> The Wellness Network	<b>45</b> SYFY	<b>66</b> <b>Tru-TV</b>	
<b>24</b> The Serenity Channel	<b>46</b> Cartoon	<b>67</b> <b>E Entertainment</b>	
		<b>68</b> <b>Travel</b>	
		<b>69</b> Food TV	
		<b>70</b> WGN	

# BILLING, FINANCIAL AND LEGAL INFORMATION

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## Charges for Service

Your room and furnishings (including the television and telephone), as well as nursing, dietary, laundry and housekeeping services, will be included in a daily service charge. Charges for additional services ordered by your doctor (X-rays, lab work, oxygen, medication, etc.) also will be added to this bill. **Depending on your treatment, you may receive separate billing statements from an anesthesiologist, emergency room doctor, radiologist or pathologist.**



## Filing Insurance Claims

**You are responsible for obtaining any precertification or authorization required by your insurance company. We do not interpret your policy benefits or assume responsibility for lack of coverage.**

We will file insurance claims for you if you assign benefits to be paid to St. Mary's Regional Medical Center. Once filed, your insurance company has 45 days to process and pay the claim.

In the event you are not covered by insurance, have a copay or deductible amount due, or need to discuss your financial options, a financial counselor is available in person to come to your room, in the financial counselor's office, or by telephone at 580-249-5806.

## AN IMPORTANT MESSAGE FROM MEDICARE

### Your Rights as a Hospital Patient

- You have the right to receive necessary hospital services covered by Medicare or your Medicare Health Plan ("your Plan") if you are a Plan enrollee.
- You have the right to know about any decisions that the hospital, your doctor, your Plan or anyone else makes about your hospital stay including who will pay for it.
- Your doctor, your Plan or hospital personnel should arrange for services needed after you leave the hospital. Medicare or your Plan may cover some care in your home (home healthcare) and other kinds of care, if ordered by your doctor or by your Plan. You have a right to know about these services, who will pay for them and where you can get them. If you have any questions, talk to your doctor, your Plan representative or a hospital representative.

### Your Hospital Discharge and Medicare Appeal Rights

#### Date of Discharge

When a doctor or your Plan determines that you can be discharged from the hospital, you will be advised of your planned date of discharge. You may appeal if you think that you are being asked to leave the hospital too soon. Should you remain in the hospital after your planned date of discharge, Medicare or your Plan will likely not cover associated charges.

#### Your Right to an Immediate Appeal Without Financial Risk

When you are advised of your planned date of discharge, if you think you are being asked to leave the hospital too soon, you have the right to appeal to your Quality Improvement Organization (also known as a QIO). The QIO is authorized by Medicare to provide a second opinion about your readiness to leave. You may call Medicare toll free, 24 hours a day, at 1-800-MEDICARE (1-800-633-4227) or TTY/TTD: 1-877-486-2048, for more information on asking your QIO for a second opinion.

If you appeal to the QIO by noon of the day after you receive a non-coverage notice, you are not responsible for paying for the days

you stay during the QIO review, even if the QIO disagrees with you. The QIO will decide within one day after it receives the necessary information.

### **Other Appeal Rights**

If you miss the deadline for filing an immediate appeal, you may still request a review by the QIO (or by your Plan, if you are a Plan enrollee) before you leave the hospital. However, you will have to pay for the appeal. You may file for this review at the address or by calling the telephone number of the QIO (or your Plan).

OMB Approval No. 0938-0692. Form No. CMS-R-193 (January 2003)

## **AN IMPORTANT MESSAGE FROM TRICARE®**

### **Your Rights While a TRICARE® Hospital Patient**

You have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to federal law, your discharge date must be determined solely by your medical needs, not by Diagnosis Related Group codes (DRGs) or by TRICARE® payments.

You have the right to be fully informed about decisions affecting your TRICARE® coverage and payment of your hospital stay and any post-hospital services.

You have the right to request a review by a TRICARE® Regional Review Authority (RRA) of any written notice of noncoverage that you may receive from the hospital stating that TRICARE® will no longer pay for your hospital care. The RRA employs groups of doctors under contract by the federal government to review medical necessity, appropriateness and quality of hospital treatment furnished to TRICARE® patients.

The phone number and address of your RRA is:

**Humana Military Healthcare Services, Inc.  
Utilization Management  
P.O. Box 74004, Louisville, KY 40201-9973  
1-800-334-5612**

TRICARE® is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

### **Talk to Your Doctor about Your Stay in the Hospital**

You and your doctor know more about your condition and your health needs than anyone else. Decisions about your medical treatment should be made between you and your doctor. If you have questions about your medical treatment, your need for continued hospital care, your discharge or your need for possible post-hospital care, don't hesitate to ask your doctor. The hospital's representative or social worker will help you with your questions and concerns about hospital services.

### **If You Think You're Being Asked to Leave the Hospital Too Soon**

Ask a hospital representative for a written notice of explanation immediately, if you have not already received one. This notice is called a "notice of noncoverage." You must have this notice of noncoverage if you wish to exercise your right to request a review by the RRA.

The notice of noncoverage will state whether your doctor or the RRA agrees with the hospital's decision that TRICARE should no longer pay for your hospital care.

If the hospital and your doctor agree, the RRA does not review your case before a notice of noncoverage is issued. But the RRA will respond to your request for a review of your notice of noncoverage and seek your opinion. You cannot be made to pay for your hospital care until the RRA makes its decision, if you request the review by noon of the first work day after you receive the notice of noncoverage.



If the hospital and your doctor disagree, the hospital may request the RRA to review your case. If it does make such a request, the hospital is required to send you a notice to that effect. In this situation the RRA must agree with the hospital or the hospital cannot issue a notice of noncoverage. You may request that the RRA reconsider your case after you receive a notice of noncoverage but since the RRA has already reviewed your case once, you may have to pay

for at least one day of hospital care before the RRA completes this reconsideration.

If you do not request a review, the hospital may bill you for all the costs of your stay beginning with the third day after you receive the notice of noncoverage. The hospital, however, cannot charge you for care unless it provides you with a notice of noncoverage.

### How to Request a Review of the Notice of Noncoverage

If the notice of noncoverage states that your physician agrees with the hospital's decision:

- Call the RRA at 1-800-334-5612 by noon of the first work day after you receive the notice of noncoverage and request a review.
- The RRA must ask for your views about your case before making its decision. The RRA will inform you by phone and in writing of its decision on the review.
- If the RRA agrees with the notice of noncoverage, you may be billed for all the cost of your stay beginning at noon of the day after you receive the RRA's decision.
- Thus, you will not be responsible for the cost of hospital care before you receive the RRA's decision.

If the notice of noncoverage states that the RRA agrees with the hospital's decision:

- You should make your request for reconsideration to the RRA immediately upon receipt of the notice of noncoverage by contacting the RRA in writing.

- The RRA can take up to three working days from receipt of your request to complete a review. The RRA will inform you in writing of its decision on the review.
- Since the RRA has already reviewed your case once prior to the issuance of the notice of noncoverage, the hospital is permitted to begin billing you for the cost of your stay beginning with the third calendar day after you receive your notice of noncoverage, even if the RRA has not completed its review.
- Thus, if the RRA continues to agree with the notice of noncoverage, you may have to pay for at least one day of hospital care.

The process described above is called immediate review. If you miss the deadline for this immediate review while you are in the hospital, you may still request a review of the TRICARE® decision to no longer pay for your care at any point during your hospital stay or after you have left the hospital. The notice of noncoverage will tell you how to request the review.

### Post-Hospital Care

When your doctor determines that you no longer need all the specialized services provided in the hospital, but you still require medical care, he or she may discharge you to a skilled nursing facility or to home care. The discharge planner at the hospital will help arrange for the services you may need after your discharge.

TRICARE® and supplemental insurance policies have limited coverage for skilled nursing facility care and home healthcare. Therefore, you should find out which services will or will not be covered and how payment will be made. Consult with your doctor, hospital discharge planner, health benefits advisor, patient representative and your family in making preparations for care after you leave the hospital. Don't hesitate to ask questions.

## PROTECTED HEALTH INFORMATION (PHI)

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Information about your health is private and it should remain that way. That's why this healthcare institution is required by federal and state law to protect the privacy of your health information. We call it "Protected Health Information" (PHI).

Staff members, employees and volunteers of this hospital/facility must follow legal regulations with respect to:

- How we use your PHI
- Disclosing your PHI to others
- Your privacy rights
- Our privacy duties
- Hospital contacts for more information or, if necessary, a complaint

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

### Using or Disclosing Your PHI

#### For Treatment

During the course of your treatment, we use and disclose your PHI. For example, if we test your blood in our laboratory, a technician will share the report with your doctor. Or, we will use your PHI to follow the doctor's orders for an X-ray, surgical procedure or other types of treatment-related procedures.

#### For Payment

After providing treatment, we will ask your insurer to pay us. Some of your PHI may be entered into our computers in order to send a

claim to your insurer. This may include a description of your health problem, the treatment we provided and your membership number in your employer's health plan. Or, your insurer may want to review your medical record to determine whether your care was necessary. Also, we may disclose to a collection agency some of your PHI for collecting a bill that you have not paid.

#### For Healthcare Operations

Physicians can use your medical record and PHI in periodic assessments of the hospital's quality of care. The PHI also can be used to educate medical students who are training in the hospital. Other uses of your PHI may include business planning for our hospital or the resolution of a complaint.

#### Special Uses

Your relationship to us as a patient might require using or disclosing your PHI to:

- Remind you of an appointment for treatment
- Tell you about treatment alternatives and options
- Tell you about our other health benefits and services

#### Your Authorization May Be Required

We may use or disclose your PHI, as summarized above, for the purpose of treatment, payment or healthcare operations or as required or permitted by law. In other cases, we must obtain your written authorization including specific instructions and limitations, if any, on the use or disclosure of your PHI. You may later revoke your authorization if you change your mind.

#### Certain Uses and Disclosures of Your PHI Required or Permitted by Law

As a hospital or healthcare facility, we must abide by many laws and regulations that either require us or permit us to use or disclose your PHI.

- If you do not verbally object, we may share some of your PHI with a family member or friend involved in your care.



- We may use your PHI in an emergency when you are not able to express yourself.
- We may use or disclose your PHI for research if we have obtained certain assurances to protect your privacy.

### **Required or Permitted Uses and Disclosures**

If you do not verbally object, we may include information identifying you in a visitors' directory of patients while you are an inpatient in our hospital. This information may include your name, general condition and religious affiliation, if any.

### **We Also May Use or Disclose Your PHI**

- When required by law, for example, when ordered by a court.
- For public health activities, including reporting a communicable disease or adverse drug reaction to the Food and Drug Administration.
- To report neglect, abuse or domestic violence.
- To government regulators or agents to determine compliance with applicable rules and regulations.
- In judicial or administrative proceedings as in response to a valid subpoena.
- To a coroner for purposes of identifying a deceased person or determining cause of death, or to a funeral director for making funeral arrangements.
- For purposes of research when a research oversight committee, called an institutional review board, has determined that there is a minimal risk to the privacy of your PHI.
- For creating special types of health information that eliminate all legally required identifying information or information that would directly identify the subject of the information.
- In accordance with the legal requirements of a workers' compensation program.

- When properly requested by law enforcement officials, for instance, in reporting gunshot wounds, reporting a suspicious death or for other legal requirements.
- If we reasonably believe that use or disclosure will avert a health hazard or to respond to a threat to public safety, including an imminent crime against another person.
- For national security purposes, including to the Secret Service or if you are armed forces personnel and it is deemed necessary by appropriate military command authorities.
- In connection with certain types of organ donor programs.

### **Your Privacy Rights and How to Exercise Them**

Under the federally required privacy program, patients have specific rights.

#### **Your Right to Request Limited Use or Disclosure**

You have the right to request that we do not use or disclose your PHI in a particular way. However, we are not required to abide by your request. If we do agree to your request, we must abide by the agreement.

#### **Your Right to Confidential Communication**

You have the right to receive confidential communication from the hospital at a location that you provide. Your request must be in writing, provide us with the other address and explain if the request will interfere with your method of payment.

#### **Your Right to Revoke Your Authorization**

You may revoke, in writing, the authorization you granted us for use or disclosure of your PHI. However, if we have relied on your consent or authorization, we may use or disclose your PHI up to the time you revoke your consent.

#### **Your Right to Inspect and Copy**

You have the right to inspect and copy your PHI. We may refuse to give you access to your PHI if we think it may cause you harm, but we must

explain why and provide you with someone to contact for a review of our refusal.

### **Your Right to Amend Your PHI**

If you disagree with your PHI within our records, you have the right to request, in writing, that we amend your PHI when it is a record that we created or have maintained. We may refuse to make the amendment and you have a right to disagree in writing. If we still disagree, we may prepare a counter-statement. Your statement and our counter-statement must be made part of your PHI record with us.

### **Your Right to Know Who Else Sees Your PHI**

You have the right to request an accounting of certain disclosures we have made of your PHI over the past six years, but not before April 14, 2003. We are not required to account for all disclosures, including those made to you, authorized by you or those involving treatment, payment and healthcare operations as described above. There is no charge for an annual accounting, but there may be charges for additional accountings. We will inform you if there is a charge and you have the right to withdraw your request, or pay to proceed.

### **What if I Have a Complaint?**

If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with the facility or the Secretary.

To file a complaint with us, please contact the hospital's Risk Management Department or call the UHS Compliance Hotline at 1-800-852-3449. Your complaint should provide specific details to help us in investigating a potential problem.

To file a complaint with the Secretary of Health and Human Services, write to:

**200 Independence Ave., S.W., Washington, D.C. 20201  
or call 1-877-696-6775.**

### **Some of Our Privacy Obligations and How We Fulfill Them**

Federal health information privacy rules require us to give you notice of our privacy practices. This document is our notice. We will abide by the privacy practices set forth in this notice. However, we reserve the right to change this notice and our privacy practices when permitted or as required by law. If we change our notice of privacy practices, we will provide our revised notice to you when you next seek treatment from us.

### **Compliance with Certain State Laws**

When we use or disclose your PHI as described in this notice, or when you exercise certain rights set forth in this notice, we may apply state laws about the confidentiality of health information in place of federal privacy regulations.

We do this when these state laws provide you with greater rights or protection for your PHI.

For example, some state laws dealing with mental health records may require your express consent before your PHI could be disclosed in response to a subpoena. Another state law prohibits us from disclosing a copy of your record to you until you have been discharged from our hospital. When state laws are not in conflict or if these laws do not offer you better rights or more protection, we will continue to protect your privacy by applying the federal regulations.

#### **EFFECTIVE DATE**

This notice took effect on April 14, 2003.  
Version #10403E

## GOING HOME - DISCHARGE PLANNING

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Your physician will tell you when you can go home. Sending flowers, gifts and extra clothing home ahead of time will help speed things up on the day you are discharged. Please contact Patient Accounts to make financial arrangements prior to your discharge by calling 580-249-5803.

Research shows that at discharge time, doctors think their patients understand more than they really do about what they should or should not do when they return home.

When you are being discharged from the hospital, ask your doctor or nurse to explain the treatment plan recommended for you at home. This includes asking about your medicines and finding out when you can get back to regular activities.

If your doctor provides you with a prescription, make sure you can read it.

### Discharge Planning/Case Management

A case manager is available to provide information on, and referral to, community agencies to make your post-hospitalization medical care as pleasant as possible.

The Discharge Planning Department has a complete list of agencies and organizations in Northwest Oklahoma and can assess your individual needs to identify those most suited to your situation. As part of the assessment, the case manager can identify those services reimbursable by Medicare and private insurance.

### After You Leave

We hope we've earned your confidence by providing high-quality medical care and services while you were a patient with us. We'll continue to monitor your progress and do our best to meet your healthcare needs.

### Follow-Up Calls

After your stay with us, you may receive a call about your experience at St. Mary's from Press Ganey®. Please be honest when rating our service. Thank you for your feedback.

### Medical Records

Oklahoma state law requires written authorization from the patient or the patient's legal representative prior to releasing medical records.

If you need copies of your medical records, you may log on to **stmarysregional.com** and fill out the online form, or you may send a written request listing your full name, other possible names used, birthdate, Social Security Number, phone number and dates of services at St. Mary's to:

**Health Information Management**  
**St. Mary's Regional Medical Center**  
**305 S. 5th Street, Enid, OK 73701**

Please allow 10 working days for mail-in requests to be filled. You may also visit the Health Information Management office in person to sign a release of information form. Please allow three working days for walk-in requests to be filled.

If you have any questions about the release of medical information, please call Health Information Management at 580-249-3804.

### Health Records Online

Health Records Online is a secure, online service from St. Mary's Regional Medical Center that lets you view select medical records online, from the comfort and convenience of your home or office. All you need is a computer and an Internet connection to see your healthcare records, including:

- Medications
- Health issues
- Completed procedures

For more information, visit [stmarysregional.com/hro](https://stmarysregional.com/hro)



## OTHER HOSPITAL SERVICES

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- Behavioral Health
- Cardiology
- Cardiopulmonary
- Change of Heart Cardiac Rehabilitation Program
- Clinical Laboratory
- Congestive Heart Failure Center
- Dialysis
- Emergency Services
- Intensive Care Unit (ICU)
- Maternal/Neonatal Care
- Neurological Services
- Oncology Services
- Orthopedic Services
- Pediatric Care
- Pharmacy Services
- Physical, Speech and Occupational Therapy
- Radiology/Medical Imaging
- Inpatient Rehabilitation Institute
- Sleep Disorders Center
- Wound Care and Hyperbaric Oxygen Therapy
- Women's Imaging

# ROOM SERVICE MENU

## *for* patients & their guests

CALL **3619**

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Place your order by dialing extension 3619  
Hours: 7:15 a.m. - 3:00 p.m.; 3:30 p.m. - 6:00 p.m.  
Please allow 30-40 minutes for tray delivery.

### **Dietary Guidelines for Americans**

Emphasize fruits, vegetables, whole grains, and low-fat or fat-free milk and milk products. Include lean meats, poultry, fish, beans, eggs, nuts and seeds. Consume a diet low in saturated fats, trans fats, cholesterol, salt and added sugars.

### **Make Your Calories Count**

Think nutrient-rich rather than "good" or "bad" foods. The majority of your food choices should be packed with vitamins, minerals, fiber, and other nutrients and lower in calories.

### **Focus on Variety**

Strive for a rainbow of fruits and vegetables for a wide range of vitamins, minerals and fiber. Eat a variety of foods from all the food groups to get the nutrients your body needs.

### **Know Your Fats**

Look for foods low in saturated fats, trans fats, and cholesterol to help reduce your risk of heart disease.

### **For Diabetic Management**

Please notify the nursing staff when you order your meal so we can check your pre-meal blood sugar. The timing of blood sugar checks and medications is critical in keeping your blood sugar as normal as possible.

### 1800 Calorie ADA Diet

Breakfast	3 CHO	1 MEAT	2 FAT
Lunch	3 CHO	3 MEAT	2 FAT
Supper	3 CHO	3 MEAT	2 FAT
Bedtime Snack	1 CHO	1 MEAT	

### 2000 Calorie ADA Diet

Breakfast	4 CHO	1 MEAT	2 FAT
Lunch	4 CHO	3 MEAT	2 FAT
Supper	4 CHO	3 MEAT	1 FAT
Bedtime Snack	2 CHO	1 MEAT	

### 2200 Calorie ADA Diet

Breakfast	4 CHO	2 MEAT	2 FAT
Lunch	4 CHO	3 MEAT	2 FAT
Supper	4 CHO	3 MEAT	1 FAT
Bedtime Snack	2 CHO	2 MEAT	1 FAT

*Patients may have vegetables as desired as long as they order the other items.*

### MENU KEY

♥ = Healthy Heart Diet	( ) = number of exchanges per food item	M = Meat
* = Dialysis Diet		X = Fat
‡ = Gluten-Free	CHO = Carbohydrate	V = Vegetable

*Not all options are appropriate for diabetics or other special diets.*

## BREAKFAST: CALL 3619

### EGGS

Scrambled Eggs (M) ‡*♥	Hard Boiled Egg (M) ‡*♥
Fried Eggs (M, X) ‡*	
Poached Egg (M) ‡*♥	

### OMELETS (2M, 1X)

Ham and Cheese ‡*	Heart-Healthy ‡*♥
Western ‡*♥	Garden ‡*♥
Cheese ‡*	

### BREAKFAST SANDWICHES

Bacon-Egg Pancake Sandwich (2CHO, 6X)	Ham/Egg on Biscuit or English Muffin (2CHO, 2M, 2X)
Breakfast Tortilla Wrap (1M, 1 1/2 CHO) *♥	Bacon/Egg on Biscuit or English Muffin (2CHO, 1M, 3X)
Sausage/Egg on Biscuit or English Muffin (2CHO, 2M, 2X)	

## CEREAL

Corn Flakes (CHO) \* ♥  
Rice Krispies® (CHO) + \* ♥  
Raisin Bran® (2CHO) ♥  
Cheerios® (CHO) + \* ♥  
All Bran (2CHO) ♥  
Mini-Wheats® (2CHO) ♥  
Rice Chex® (CHO) + \* ♥  
Oatmeal (CHO) \* ♥  
Cream of Wheat (CHO) \* ♥  
Grits (CHO) + \* ♥

## BREADS

Bagel (4CHO) \* ♥  
Buttermilk Biscuit  
(2CHO, 2X)  
Cinnamon Roll (4CHO, 2X) \*  
Doughnut (2CHO, 2X) \*  
English Muffin (2CHO) \* ♥  
Toast (1 CHO) \* ♥  
French Toast  
(2CHO, M, X) \* ♥  
Fruit Muffin (2CHO, X) \*  
Griddle Cakes (CHO, X) \* ♥  
Pop Tarts® \*  
Texas Toast (2CHO, X) \*  
Waffles (2CHO) \* ♥

## FRUIT AND SIDES

Bacon (X) +  
Canned Fruit  
(CHO) + \* ♥  
Cottage Cheese  
(2M) + \* ♥  
Hash Brown Potatoes  
(CHO, X) +  
Country Sausage  
(M, 1X) +  
Country Style Gravy (X)  
Fresh Seasonal Fruit  
(CHO) + \* ♥  
Fruited Greek Yogurt  
(CHO, 2M) + \* ♥  
Heart-Healthy Sausage  
(M) + \* ♥  
Sliced Ham (Reduced  
sodium) (M) + \* ♥

## HOT BEVERAGES

Coffee + \*  
Decaf Coffee + \*  
Hot Chocolate  
Hot Tea \*  
Decaf Tea  
Cappuccino

## BEVERAGES

Juices + ♥ *Not for Diabetics*  
Orange  
Cran-Grape \*  
Prune  
Tomato (V)  
Cranberry \*  
Apple \*  
Low Sodium V-8 (V)  
Milk  
8 oz. (1CHO) +  
Whole +  
2% +  
Skim + ♥  
Chocolate (2CHO) + ♥  
Soy - Vanilla (CHO) and  
Chocolate (1 1/2 CHO) + ♥

## COLD DRINKS

Iced Tea + \*  
Decaf Iced Tea + \*  
Lemonade + \*  
Lemon-Lime/Orange  
Gatorade® +  
Bottled Water with  
Crystal Light®  
(Orange, Lemonade,  
Fruit Punch) + \* ♥

## MILKSHAKES (3CHO)

Chocolate  
Vanilla  
Strawberry/Banana

## SMOOTHIES (M, 3CHO)

Strawberry ♥  
Peach ♥  
Strawberry, Orange,  
Banana ♥

## MENU KEY

♥ = Healthy Heart Diet  
\* = Dialysis Diet  
+ = Gluten-Free  
( ) = number of exchanges per food item  
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M = Meat  
X = Fat  
V = Vegetable

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## ENTREÉS: CALL 3619

### SANDWICHES

Hamburger (2CHO, 3M) *	Chicken Salad (2 1/2CHO, 1 1/2M, 4X) *
Cheeseburger (2CHO, 4M) *	Peanut Butter and Jelly (M, 3CHO) ♥
Turkey Burger (2CHO, 3M) * ♥	Buffalo Chicken Salad Wrap (4CHO, 5M, 2X, V)
Veggie Burger (3CHO) ♥	Jumbo Hot Dog (2CHO, 3M, 2X)
Grilled Cheese (2CHO, 2M)	Reuben Sandwich (2CHO, 3M, 2X)
BBQ Beef (2CHO, 3M)	Philly Cheese Steak * (3CHO, 3M, 2X, V)
Chicken Filet (2CHO, 3M) * ♥	
French Dip (3CHO, 3M) * ♥	
Fish Filet (3M, 2CHO, 2X) *	

### PERSONALIZED PIZZA (2M, 2CHO, X)

Pizza Crust *	Onion + * ♥
French Bread Crust *	Fresh Mushrooms + * ♥
Flat Bread Crust * ♥	Black Olives + * ♥
Gluten Free Crust (2 CHO) + * ♥	Tomato + ♥
Green Peppers + * ♥	Pepperoni +
Mozzarella Cheese + * ♥	Sausage +
	Canadian Bacon + * ♥

### MENU KEY

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### BUILD YOUR OWN DELI SANDWICH (3M,V, 3CHO, X)

Turkey * ♥	White Bread * ♥
Roast Beef * ♥	Marble Rye Bread ♥
Ham *	Sour Dough Bread * ♥
Chicken Salad *	Multigrain Bun ♥
Tuna Salad * ♥	Lettuce + * ♥
Swiss Cheese + * ♥	Tomato + ♥
American Cheese	Pickle +
Whole Wheat Bread ♥	Onion + * ♥

## ENTREES

### Chicken and Turkey

Seasoned Baked Chicken (3M)

✦ ✦ ✦

Grilled Chicken Breast

(3M) ✦ ✦ ✦

Southern Fried Chicken

(3M, 3X) ✦

BBQ Chicken (3M) ♥

Pan Grilled Chicken  
with Cranberry Relish

(3M, 1CHO) ✦ ✦ ✦

Stir Fry Chicken

(3M, V, 2CHO) ✦ ♥

Turkey Breast with Cranberry  
Relish (3M, 1CHO) ✦ ♥

Chicken Strips (2M, 2X, 1/2CHO)

Meatloaf (3M) ✦ ✦ ✦

Pot Roast (3M) ✦ ✦ ♥

Grilled Turkey Burger

(3M) ✦ ✦ ✦

### Beef

Beef Stir Fry (3M, V, 2CHO) ✦ ♥

Chicken Fried Steak (3M, 3X) ✦

Hamburger Patty (3M) ✦ ✦

Lasagna Rollups with

Meat Sauce (2M, 3CHO) ♥

### Pork

Ham and Beans

(2M, 2CHO, X) ✦ ♥

Ham Steak (3M) ✦ ✦ ✦

### Fish

Potato Crusted Cod

(3M, CHO) ♥

Blackened White Fish (3M) ✦ ✦ ✦

Herb Crusted Tilapia

(3M, 3X) ✦ ♥

Grilled Salmon (3M) ✦ ✦ ✦

Grilled Nordica Loin

(3M) ✦ ✦ ✦

Lemon Peppered Cod

(3M, X) ✦ ♥

Catfish (3M, 3X) ✦

Shrimp Cocktail (2M) ✦ ✦ ♥

### South of the Border

Chicken Enchiladas

(3M, 2CHO, 3X) ✦ ♥

Burrito with Chili and Cheese

(3M, 2CHO, 2X)

Cheese Nachos (M, 2CHO, 2X)

Soft Taco (CHO, 2M, X)

Chicken Quesadillas

(2M, 2CHO, 2X) ✦ ♥

### Additional toppings

Cheese (1M) ✦

Lettuce ✦ ✦ ✦

Tomato ✦ ♥

Onion ✦ ✦ ✦

Salsa ✦ ♥

Sour Cream (X) ✦ ✦ ✦

## SOUPS, SALADS & DESSERTS: CALL 3619

### SOUPS

Home Style Chicken

and Noodle (CHO) ✦ ♥

Vegetable Beef ( CHO) ♥

Tomato (CHO) ♥

Potato Soup (CHO, X)

Wisconsin Cheese (CHO, X)

Chicken or Beef Broth

### SALADS

Crab Stuffed Tomato

(M, 2X, V)

Chicken Caesar Salad

(3M, CHO, 2X, V) ✦ ♥

Chef Salad (3M, X, V) ✦ ♥

Santa Fe Chicken Salad

with Chipotle Dressing  
(4M, 1CHO, V, 3X)

Taco Salad

(2CHO, 3M, 4X, V) ✦

Cottage Cheese with Fruit

(2M, CHO) ✦ ♥

Tossed Dinner Salad (V)

✦ ✦ ✦

Fresh Vegetable Plate (V)

✦ ✦ ✦

Fresh Spinach-Strawberry  
Salad with Raspberry

Dressing (CHO, V) ♥

Fresh Fruit Plate (4CHO) ✦ ♥

### SALAD DRESSINGS

Ranch

Thousand Island

French

Italian

Raspberry Vinaigrette ♥

Lemon Poppy Seed

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## VEGETABLES AND SIDES

Green Beans (V) + * ♥	Steamed Rice (CHO) + * ♥
Broccoli Spears (V) + * ♥	New Potatoes (2CHO) + ♥
Sliced Carrots (V) + * ♥	Macaroni and Cheese (2CHO, 2X, 1/2M)
Cauliflower (V) + * ♥	French Fried Potato (2CHO, 2X)
Whole Kernel Corn (CHO) + * ♥	Fried Onion Rings (2CHO, 2X) *
Green Peas (CHO) + * ♥	Fried Okra (2CHO, 2X)
Spinach (V) + ♥	Fried Mushrooms (2CHO, 2X)
Corn On Cob (CHO) + * ♥	Refried Beans (2M, 2CHO, X)
Summer Squash (V) + * ♥	Grilled Vegetables (V, X) + ♥
Zucchini Squash (V) + * ♥	Sliced Tomato (V) + ♥
Mashed Potato (CHO) + ♥	Tater Tots (2 CHO, 2X)
Baked Potato (2CHO) + ♥	
Sweet Potato (CHO) + ♥	
Baked Sweet Potato (2CHO) + ♥	

## BREADS

Sliced White Bread (CHO) * ♥	Crackers (CHO) * ♥
Sliced Whole Wheat Bread (CHO) ♥	Texas Toast (2CHO, 1X) *
Dinner Roll (CHO) * ♥	Bread Sticks
	Garlic Bread Sticks (2CHO) *
	Cornbread (2CHO)

## DESSERTS

### Pie Choices:

Lemon Meringue
Chocolate Cream Pie
Coconut Cream
Apple Pie *
Brownie
Angel Food Cake with Strawberry Topping *
Cheesecake with Cherry Sauce
Molten Chocolate Cake
White or Chocolate Cupcake

## DIABETIC DESSERTS

Diet Cupcake (CHO) * ♥	1/2 c. Sugar Free Ice Cream (CHO) + ♥ *
Graham Crackers - 3 sq. (1CHO) ♥	1/2 c. Sugar Free Pudding (CHO) ♥
Angel Food Cake (2CHO) * ♥	5 Vanilla Wafers (CHO, X) *
1/2 c. Non-dairy Soft Serve (CHO) + * ♥	Sugar Free Cookies (Chocolate Chip) (CHO, X) *
1/2 c. Sherbet (2CHO) + * ♥	

Cherry Cobbler *
Chocolate Chip Cookies *
Peanut Butter Cookies *
Fig Newtons®
Ice Cream + *
Fruited Sorbet + *
Non-dairy Soft Serve (CHO) + ♥ *
Pudding (Chocolate/Vanilla)
Ice Cream Sundae with Nuts (Chocolate, Strawberry or Caramel)



# St. Mary's

REGIONAL MEDICAL CENTER

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