The Healing Touch
REDEFINING ROLES IN CARE GIVING

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The legendary coach Vince Lombardi said it best when he stated, “the quality of a person’s life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavor.”

This quote can be used to describe the employees who work at South Georgia Medical Center.

In this edition of The Center Window, the editorial staff and I are pleased to profile some of the hardworking men and women who give 110 percent, all day, every day. No where is it more important to maintain a high degree of integrity and personal commitment to service than in health care. Our achievements are made possible because of the hard work and dedication of our employees.

Also in this edition, we recognize our affiliated physicians for their devotion and superior service. Since April is Alcohol Awareness Month and May is Mental Health Month, Greenleaf staff writes about alcohol use and abuse and how to recognize signs and symptoms of stress.

On April 19th through the 25th, SGMC will host the 4th annual South Georgia Classic at Kinderlou Forest Golf Club. A large number of hospital employees have volunteered their time to help with tournament logistics. During this week, we hope you’ll plan to come out and watch some great PGA golf.

Louis Smith Memorial Hospital in Lakeland is also recognized for receiving the Georgia Hospital Association’s Partnership for Healthcare Accountability award for Quality and Patient Safety. Congratulations, Louis Smith!

Our new cancer rehabilitation program is underway with generous community donations funding scholarships for breast cancer survivors.

Again, thank you for reading our publication. It is my pleasure to give you a glimpse into the daily happenings at SGMC and the incredible mix of talent that it takes for things to function cohesively.
Health care is only as good as the professionals who deliver the care. I feel we are blessed with the best.

SGMC just completed its 2010 Joint Commission (JC) inspection for accreditation.

While we voluntarily agree to undergo an unannounced survey from the Joint Commission every 18 to 36 months, we are required to be surveyed by either the JC or the Centers for Medicare and Medicaid Services because we receive Medicare and Medicaid reimbursements. The JC accreditation manual contains over 2,000 standards and elements of performance that hospitals, like SGMC, are required to comply with and are measured against.

Using a tracer methodology, the JC surveyors (which included nursing administrators and physicians) drilled the staff at every turn. They reviewed random patient charts tracing the patients’ experiences and treatments at SGMC. When the rigorous survey was over and the exit report presented, SGMC was commended by the surveyors for its low number of findings and the immediate response by SGMC staff to implement their recommendations. Throughout the week-long survey, our affiliated physicians and staff impressed the surveyors at every opportunity with their knowledge and performance.

As you can probably sense, I am still glowing with pride. Health care is only as good as the professionals who deliver the care. I feel we are blessed with the best. Our employees presented our practices, explained our hospital policies and procedures, and actually demonstrated two processes that were qualified to be national ‘Best Practices.’

Our patients take it for granted that the fire alarms will work, the blood supply is safe, the medical information is secure, nurses are properly licensed, patient rights are respected, and quality care is delivered. SGMC employees work diligently, day in and day out, to make sure our patients’ expectations are met or exceeded and that the Joint Commission’s quality standards are met.

In this edition of The Center Window, we hope to give you some insight into the various roles and responsibilities of our caregivers. It takes a special person to care for the sick and injured. The men and women who are featured represent our staff in general, and form the cornerstone of our continued success.

James McGahee, CEO
Louis Smith Memorial Hospital (LSMH), an affiliate of South Georgia Medical Center, received the first place 2009 Critical Access Hospital Patient Quality & Safety Award from the Georgia Hospital Association’s Partnership for Health and Accountability (PHA) at the Annual Patient Safety Summit.

The hospital was recognized for improving patient safety and elevating the quality of care by implementing a Bar Coded Electronic Medication Administration Record (eMAR).

Medication administration errors are unacceptable at any level, and “zero tolerance” for medication errors is indeed everyone’s goal. However, given the complexity and variability of the long-established manual processes for dispensing medications, errors are inevitable. To add to the problem, medication nurses are often subjected to many distractions during each med pass as patients and family members request services.

The e-MAR project involved strong system-wide support. Using tools provided by GHA/PHA and responses to their Safe Medication Use Assessments, a careful analysis was performed of the med errors that we were experiencing in our hospital. Even though only a few errors were experienced, our goal of “zero” prompted us to examine ways to eliminate all errors. Sixty-seven percent (67%) of the reported errors were attributed to “lapses in performance.” The team believed that the errors were not related to performance issues, but were attributable to poor system design.

Bar coding the medication administration process was started in October 2008. This involved making sure the patient always receives medications following the “five rights:” Right patient, Right drug, Right route, Right strength, Right time.

With this new system, a barcode scanner is used to scan the patient’s armband and then scan the medication bar code. If the patient is not supposed to be on that medication, the med-pass nurse is alerted and the medication is not given. If the medication is correct, the medication is administered and the dose is electronically recorded in the medical record.

Also, if a lab value is needed before a medication is given, or if a response to the medication is required, the eMAR system alerts the nurse and reminds them that input is needed.

After implementation, we were able to reduce medication administration errors from 1.10 errors per one-thousand doses to 0.31 errors per one-thousand doses, medications are given on time, dose omissions are near zero, and input of lab values and follow-ups must be performed to satisfy prompts and queries from the eMAR system.

The work done by the Medication Management Team has been instrumental in illustrating that technology used in major medical centers can be successfully implemented in small, rural hospitals like Louis Smith.

This event marks the second GHA first place award won by LSMH. In 2006, LSMH was recognized for its implementation of a Radiology PACS/ Teleradiology system. ■

Bill Wilson
Quality/Risk Manager &
Director of Ancillary Services
Louis Smith Memorial Hospital
Cancer survivorship has become the latest focus of a nationwide effort to improve the lives of anyone who has ever been diagnosed with cancer. With early detection and better treatments, the population of survivors in the U.S. is growing by approximately one million every year. It is a phase of cancer care whose time has come. For this reason the National Cancer Institute (NCI), in June of 2010, will bring together investigators, clinicians, and cancer survivors to share and learn about the most up-to-date cancer survivorship research. This year the conference is co-sponsored by the NCI, the American Cancer Society, LIVESTRONG, and the Centers for Disease Control and Prevention, and will be held in Washington, D.C. Pretty weighty sponsorship if you think about it. So why, in these tough economic times, would major organizations sponsor such a workshop? Because cancer survivorship has become a national public health issue. In the 1970s, a person’s chance of surviving a cancer diagnosis was about 50 percent. If you are diagnosed with cancer today, you have a 64 percent chance of long-term survival. That translates into 12 million Americans alive today after a cancer experience! At the Pearlman Cancer Center, we have been working to develop survivorship services that can be implemented here AND shared with other cancer programs in the State of Georgia and beyond.

While this wonderful increase in survival is great news, the aftermath of the cancer experience may include lasting physical, psychological, social and spiritual changes that affect survivors for the rest of their lives. The goal of cancer survivorship programs is to help rebalance the survivor for a healthy life post-cancer and suggest lifestyle changes that promote reduction in cancer recurrence. To be able to do this, we must first define the problems experienced by survivors. This article, the first in a series, will strive to do just that. In later articles, we will discuss components of a Survivorship Program and what the Pearlman Cancer Center at South Georgia Medical Center is doing to improve the lives of those we serve.
Scientists and physicians have followed long-term cancer survivors and report an extensive list of health issues that may trouble survivors for the remainder of their lives.

In 2008, the Pearlman Cancer Center surveyed over 800 local survivors to see what issues caused them the greatest distress. The list confirmed that the issues are the same here, and across the country. Let us look at a few issues that cancer survivors report:

**Employment Issues**
Up to 20 percent of individuals who worked at the time of diagnosis have limitations in work ability one to five years later. Half of those survivors are unable to work at all. It’s estimated that 13 percent of all survivors quit working for cancer-related reasons within four years of diagnosis.

**Psychological Issues**
It’s been reported that cancer survivors experience depression at a rate at least four times higher than the general population. Mental health services are used with greater frequency by younger survivors, those who were formerly married or had other chronic conditions in addition to their cancer.

**Social Changes**
Relationships often change because of the cancer experience, with good reasons. The effect of treatment may rob the survivor of the energy needed to invest in social interaction. Family roles often change to support the survivor. One survey reported that 58 percent of cancer patients had loss or decrease in sexual desire and function.

**Spiritual Distress**
Spiritual distress is often subtle and difficult to define for many of us, including cancer survivors. Some survivors may experience guilt related to lifestyle choices that they feel led to their cancer diagnosis. Others may report anger, fear, and loss of meaning or enjoyment in life. Uncertainty about the future and cancer recurrence are also reported as types of spiritual distress.

Because most of us will be affected by cancer in our lifetimes, either personally or through someone we love, the building of cancer survivorship services in our community is an important project for our future. In the next issue we will discuss the components of a Survivorship Program and what services we offer in our community to support those who have experienced cancer.

If you would like more information, there is a Cancer Survivorship Education program being offered monthly at SGMC through June 2010. To register for upcoming programs you can call 333-1610 ext 5 or go to www.sgmc.org and click on “Classes and Events.”

Mary Ann Heddon, RN, MSN, OCN
Clinical Trials Coordinator

Martha Griffis, RN, BSN, OCN
Cancer Education Specialist

Cancer survivor Billy Dykes with Cancer Education Specialist Martha Griffis
On March 30th, South Georgia Medical Center hosted a breakfast honoring our affiliated physicians for Doctors’ Day. The annual event included the presentation of a small gift from SGMC, coupled with handshakes and words of appreciation for our physicians’ devotion and superior service. As you can see from the extensive listing below, our community is blessed to have a diverse group of medical professionals who work tirelessly to restore health and wellbeing.

### ALLERGY/IMMUNOLOGY
- Alan J. Alvarado, MD
- Fauzia K. Durrani, MD

### ANESTHESIOLOGY
- Wiley L. Drury, MD
- Richard C. Feese, MD
- R. Grant Hollenbeck, MD
- Robert O. House, MD
- Kevin Kenworthy, MD
- Timothy J. Schlairet, DO
- James W. Warren, DO
- John L. Wright, MD

### CARDIOLOGY
- Joel L. Cohen, DO
- Glenn H. Evans, MD
- Paul M. Murray, MD
- Richard J. Nijem, MD
- G.E. “Trey” Powell, MD
- Kuldeep “Danny” Talwar, MD

### CARDIO-THORACIC SURGERY
- Julian E. Hurt, MD
- Charles P. Murrah, MD
- David L. Saint, MD

### DENTISTRY
- William W. Broadfoot, DDS
- C. Heather Colson, DMD
- Timothy T. Grantham, DMD
- Mili E. Hunt, DMD
- Joseph L. Kirbo, DDS
- Edwin L. Lamb, DMD
- Jeffrey A. Moritz, DDS
- Mark A. Retterbush, DMD
- Glenn T. Swindle, DDS
- J. Barclay Woodward, Jr., DMD
- Samuel Worthington, IV, DMD

### DERMATOLOGY
- William R. Howard, MD

### EMERGENCY MEDICINE
- Simon Adames, MD
- Mohsen Akhlaghi, MD
- Gerald W. Beltran, DO
- James T. Brown, MD
- Jeffrey A. Cohan, DO
- Steven G. Gevas, MD
- Lindsey E. Gould, MD
- Christopher Y. Hopkins, MD
- Ronson Hughes, MD
- Nicole H. Jasper, MD
- Trarv K. Jasper, MD
- Travis K. Jasper, MD
- David L. Kocherla, MD
- Cherryll A. LeBlanc, MD
- Jestina S. Mason, MD
- Anthony L. Mitchell, MD
- Wayne W. Oberti, MD
- James E. Owen, MD
- Jonathan R. Parrott, MD
- Howard L. Peters, MD
- Marc S. Plotkin, MD
- Ibrahim Quiñones, MD
- Joel Quiñones, MD
- Ethan Rogers, MD
- Sienna A. Steckel, MD
- Arasi Thangavelu, MD
- Jonathan Williams, DO

### ENDOCRINOLOGY
- Jennifer E. Lawrence, MD
- Enrico Ruffy, MD

### FAMILY MEDICINE
- Bennett P. Hogan, MD

### GASTROENTEROLOGY
- Scott D. Farquhar, MD
- Edward J. Fricker, MD
- James A. Sinnott, MD
- Eric M. Ward, MD
- C. Allen Woods, MD

### GENERAL MEDICINE
- S. Neil Meyers, MD

### GENERAL AND VASCULAR SURGERY
- Barry H. Braun, MD
- Mark A. Corbitt, MD
- Dallas M. Miller, MD
- W. Harvey Miller, MD
- David Parker, MD
- George P. Pennington, MD
- Quintin M. Pulido, MD
- Jerry G. Purvis, MD
- David W. Retterbush, MD
- Stephen T. Zeigler, MD

### INFECTIOUS DISEASES
- Guillermo Saurina, MD

### INTERNAL MEDICINE
- John D. Anderson, MD
- Timothy Brady, MD
- Brian C. Griner, MD
- Arvind Gupta, MD
- Thomas W. Hobby, DO
- Fredrick A. Koehler, MD
- K.G. Kumar, MD
- Prem Kumar, MD
- Lynn S. Lee, MD
- Hernando Moreno, MD
- Douglas Moss, MD
- Dhanraj Padhiar, MD
- Larry E. Smith, MD
- Joe C. Stubb, MD
- Joseph Thomas, MD

### NEPHROLOGY
- Ven Chung Chiang, MD
- Gerald S. Light, MD
- Dwight McLeish, MD
- Arunas Urbonas, MD

### NEUROLOGY
- Mahmood Eisa, MD
- Bipinchandra Patel, MD
- Hernan Posas, MD
- Jonathan Sule, MD
This donor report recognizes donors to Hospice of South Georgia from December 1, 2009 through January 1, 2010.

DONATIONS
Lyle Augsburger
Delores Bell
Carolyn Boles
Angela Carter Boles
Edith Close
Mr. and Mrs. Wade Coleman
W. E. Crane
Gloria Culpepper
Geneva Godwin
Betty Hadsock
Pat Hampton
Dianne Harrell
Katherine Lane
Messiah Lutheran Church
The Lunch Bunch

Tawny Chiuchiarelli
Mr. and Mrs. Jon Emery
Mr. and Mrs. George Clines
Mr. and Mrs. David Hammell
Vicky Hayes
Mr. and Mrs. Emory Lussi
Mr. and Mrs. William Mobley
Frances Norris
Mr. and Mrs. Carl Tinsley
Annette Ward
Marsha Watson
Mr. and Mrs. Henry Williams
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Carolyn Taylor

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Mr. and Mrs. Clayton Flowers

Mary Davis
Mr. and Mrs. Ray Kemp

Joseph C. Dawkins
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Billy Giddens
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Robert Hornbuckle
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Cleo Kent
Gloria Belford

Judy Kothe
Mr. and Mrs. Ray Kemp

William P. Langdale
Marabou Owners Association
Voigt’s Sheet Metal Works, Inc.
Vallye Blanton
Eileen Carter
Mr. and Mrs. Terry Conley
Cathy Conley
Mr. and Mrs. Jon Emery
Pernell Jones
William Killgore
Mr. and Mrs. John McElwain
Dr. and Mrs. Harry Mixon
Mr. and Mrs. Ray Register
Brenda Salanga
Mr. and Mrs. Briggs Smith
Mr. and Mrs. William Steel

Linda Jackson LeTourneau
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Gabriel Picon Malagan
Mr. and Mrs. Bernie Napier
Jack Martin
Voigt’s Sheet Metal Works, Inc.

Clark Payne
Mr. and Mrs. Jeffrey Coffey
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Mr. and Mrs. Robert Bell

Andrea Rhodes
Evelyn Sikes
Charlotte Sikes
Mr. and Mrs. Robert Stephens

RC Sadler
Judy Williams

Sara Smith
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Casie Rowell
Angela Seelhammer
Mr. and Mrs. Phillip Shadid
Mr. and Mrs. Michael Thompson

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Mr. and Mrs. Robert Touchton

Mr. and Mrs. Raleigh Mote
Mr. and Mrs. Gary Naufel
Casie Rowell
Angela Seelhammer
Mr. and Mrs. Phillip Shadid
Mr. and Mrs. Michael Thompson
NEW LEADERSHIP

CASEY CORBIN, CADC, CCS
OUTPATIENT PROGRAM DIRECTOR, GREENLEAF

SGMC welcomes Casey Corbin as the new Outpatient Program director at Greenleaf. Corbin is a graduate of Valdosta State University, a Certified Alcohol and Drug Counselor and Certified Clinical Supervisor. In his new position, Corbin has added new revenue streams at Greenleaf and hopes to offer a more structured paradigm within the existing counseling programs. Corbin is passionate about Greenleaf’s internship program. He says training is one of the favorite aspects of his new position.

“My goal is to make Greenleaf a more progressive organization by using a team-oriented approach to get clients where they need to be,” Corbin says. He has worked with patients with addictive diseases for the past 12 years and has been in management for the last six years. He is also a certified evaluator and treatment provider in the State of Georgia for the DUI Intervention Program.

Corbin considers family to be one of the highest priorities in life and enjoys being with his wife and children.

AMANDA PATTERSON, RN
EXECUTIVE DIRECTOR, HOSPICE OF SOUTH GEORGIA

SGMC promotes Amanda Patterson to her new position as executive director of Hospice of South Georgia (HOSG). Patterson has been employed with HOSG for a little over three years and has previously served as Patient Services Manager and Interim Director. Patterson has worked within the hospice industry since 1998 and says the favorite aspect of her position is having the opportunity to provide a more holistic continuum of care.

“I get great satisfaction knowing we are working to provide a service that offers support to individuals and their loved ones when they need it most at the end of their life,” Patterson says. Her main goal for HOSG is to be the premier provider for end-of-life care in South Georgia.

Patterson has two sons, Andrew and Caper. When she’s not working, Patterson enjoys making jewelry and reading.

MERRIE ZIPPERER, RN, BSN
CASE MANAGEMENT DIRECTOR, SOUTH GEORGIA MEDICAL CENTER

SGMC welcomes Merrie Zipperer to her new position as Case Management director. Zipperer has been employed at SGMC for 23 years. She worked previously as a staff nurse on 5-West and transferred to the Utilization Review department, now known as Case Management. She was also a clinical nursing instructor for Abraham Baldwin Agricultural College RN satellite program at SGMC.

In her new role, Zipperer oversees the functions of case management, social services and certification. “I appreciate the opportunity that SGMC has given me to grow in my career,” Zipperer said. “I am excited about the changes occurring in our department.”

The department has grown from three to fifteen staff members and includes an ED case coordinator. Zipperer is currently working to develop a case management model in the transfer center, and planning a case management pilot program on 4-Medical.

Zipperer enjoys reading, gardening and spending time with family.
Stress management is one of the more common topics that people tend to be interested in, read about and write about. This is likely because the experience and inevitability of stress in our lives is something most, if not all, people can relate to.

When stress is mentioned, it seems to carry a negative connotation due to the fact that most people think about the negative situations in life: maintaining finances or challenging debts, feeling overwhelmed by a seemingly never-ending “to do” list, facing health concerns, or navigating the conflicts and challenges in relationships with others. Stress can also be experienced in the most positive of situations, such as at times of personal achievement, professional promotion and relational advancement.

What matters during these times of stress is the way in which we manage our thoughts and feelings, and how we balance our obligations and responsibilities (whether assigned or assumed). There are essentially three levels of stress:

**LOW:** This level of stress may lead to feelings of boredom, fatigue, apathy, frustration, or general dissatisfaction in a situation.

**OPTIMUM:** This level of stress may lead to creativity, effective problem-solving, change, and progress.

**HIGH:** This level of stress may lead to problems with daily functioning, irrational decision-making, and engaging in self-destructive behaviors as a means of “relief” or “escape” from the stress. We further complicate this by reciting stress-producing messages to ourselves and, at times, to others. These messages influence feelings and emotions (i.e. frustration, anxiety, irritability, helplessness, hopelessness) and our behaviors or responses often follow suit.

So, how do you know when it is time to address your stress? This could be assessed through personal self-reflection or obtaining feedback from others. The most important thing you can do for yourself regarding stress is to remember that some things in life cannot be changed or avoided no matter how hard we may try. Our responsibility is in changing the way we perceive our stressors. We basically have two choices: we can “change the doing” (like avoiding unnecessary stressors or altering certain aspects of stressors) or we can “change the being” (like practicing acceptance of the situation or adapting to circumstances by adjusting our expectations).

During those times when you are struggling to manage the stress that you are experiencing, it is vital to your emotional, physical, spiritual, and relational health that you access the support that you need. Seek sources of inspiration and encouragement, and spend time with positive and uplifting people in your life. Support may also come from healthcare professionals, such as your primary care physician or local mental health providers.

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**Kelly D. Jones, LMSW**
**Kelly A. Williams, LPC**
**Greenleaf Counseling Center**

Symptoms of various stress levels may include:

- Boredom
- Fatigue
- Apathy
- Frustration

Problems with creativity • Difficulty with change

Irrational decision-making • Self-destructive behaviors

Greenleaf Counseling Center offers crisis intervention, assessment and referral through its free and confidential evaluation, which may be scheduled by calling 229-671-6700 or the 24-hour crisis hotline: 1-800-247-2747. For more information, visit us at www.greenleafcounseling.net.
Evolution of Birth Control

We’ve come a long way baby!

The often controversial topic of birth control may seem like a modern issue, yet it is not. Methods of contraception can be dated back as far as 3000 B.C. when the Egyptians began using animal intestines to serve as a barrier — the first attempts at using a condom. Another method the Egyptians developed is one that would easily make the modern woman nothing short of squeamish. Meet the pessary, a combination of honey, crocodile dung and sodium carbonate used to kill semen. The chastity belt made its first appearance in Europe during the 15th century and is considered to be an early attempt at abstinence-only education, albeit a rather forceful one.

Interestingly enough during the 15th and 16th centuries, although crude forms of condoms were being used, they were primarily used as a way to prevent sexually transmitted diseases. They were not popularized as a method of contraception again until a young Giacomo Girolamo Casanova began touting them as a way to prevent pregnancy. Casanova preferred to use the intestine of the lamb, and lamb-skin condoms are still being sold today.

In 1844, the American inventor Charles Goodyear created “the greatest invention of the nineteenth century” and patented the vulcanization of rubber, which led to the mass production of condoms. The U.S. contraceptive industry flourished from 1844 until 1873. Not only were condoms easily available, but many other devices specifically for women were quite popular, such as the sponge and diaphragm. That freedom from regulation came to an abrupt end, however, in 1873 when the Comstock Act was passed by Congress. This act, named after Andrew Comstock, made the use of contraception illegal and prohibited the advertising, information, and distribution of birth control and allowed the postal service to confiscate birth control sold through the mail. Nonetheless, in typical American fashion, individuals still found ways to purchase products and prevent pregnancy, although the stigma of punishment loomed over their heads. The federal ban on birth control would not officially be lifted until 1936.

The next great advancement in birth control did not come until 1960, the era of the birth control pill and the start of the sexual revolution. Margaret Sanger and Katherine McCormick are the two women who can be credited for the development of the birth control pill. Both women pioneered the effort, garnered funding, battled public opinion and were proven successful at the end of their struggle for women’s rights.

Great advancements in contraception remained fairly static until approximately ten years ago. SGMC affiliated physician Dr. Samuel Taylor, OB-GYN, and owner of Comprehensive Women’s Health, offered some information on modern birth control methods.
“Birth control has changed greatly in the past six to eight years. We now have the patch, the ring, the shot and the arm implant,” Taylor said. “The IUD has also become much more popular recently.”

The IUD, initially introduced in the 1970s, was quickly taken off the market due to serious complications and health risks. However, the newest IUD has been clinically proven to be a safe and effective form of long-term birth control.

“The birth control pill has also been reformulated to give women shorter menstrual cycles,” he said. Dr. Taylor also notes that the hormone levels in birth control, primarily the pill, have decreased significantly over the past 10 years.

New forms of hormonal birth control, not to be taken orally, have been developed and made popular because they can decrease some of the unpleasant side effects of the pill, most notably, nausea. According to Dr. Taylor, these types of non-oral birth control can decrease nausea because hormones are released directly into the bloodstream, not into the gastrointestinal tract.

It certainly cannot be argued that birth control hasn’t evolved and progressed dramatically from the times of the ancient Egyptians until the present. Science has given women the opportunity to have more control over their bodies with safe and effective options for preventing pregnancy. From an evolutionary, scientific, historical, physical and emotional perspective — we’ve come a long way, baby! ☝️

Holly Stalvey
Community Relations Assistant
They reach out to others in the time of need. With compassion and a generous spirit of giving, our staff works selflessly to make sure patient care protocols are followed, charts are documented, patients reach intended locations and tests and procedures are accurate and timely. They believe that a high degree of personal touch is as important as delivering state-of-the-art care. Their positive attitudes, professional skills and eagerness to serve make working with these individuals inspiring and rewarding. These employees are the cornerstones of our success.

“He with over 2,300 full and part time employees, selecting several to spotlight was extremely difficult,” said SGMC’s CEO James McGahee. “We honor the ones mentioned below, but we also honor the countless others who work diligently, day in and day out, for doing their jobs with skill, passion and conviction.”

Without question, the strength of our hospital lies in the talents and servitude of our employees. In good times and bad, they are here to serve those who seek our care. Let's take a glimpse into the lives and roles of these healthcare professionals.
Shirley M. Garland, RN, BSN

Like most businesses, SGMC has its share of operational challenges. What are the nurse-to-patient ratios? Are there any empty beds? Is the linen supply adequate? Are we within budget for nursing operations? Can you find a nurse to cover 3rd shift on 4-Medical?

Questions like these are the norm for SGMC’s Associate Nursing Administrator for Operations Shirley Moore Garland, RN, BSN. Shirley has worked at SGMC since 1973. She says it was a natural progression.

“I graduated from Valdosta High and went straight to LPN school,” she said. “As the oldest of nine children, it never occurred to me to leave Valdosta.

I worked in the Emergency department for the first 10 years of my career,” Shirley recalled. “Dr. Greer and Dr. Stump were my mentors. They saw things in me that I didn’t see in myself. They encouraged me to get my RN degree. I was never held back.”

Working full-time, Shirley attended ABAC to get her associate’s degree and VSU to get her BSN. Upon graduation, she went to work in the day-shift Head Nurse’s position in the Emergency department. Later, she accepted an Education Program Coordinator’s position at SGMC and worked as a nursing recruiter and clinical instructor for both ABAC and VSU. She became the first nurse manager of 5-West and later became responsible for 5-West, 3-West and GI Lab.

In 2000, Shirley went back to the bedside as a night-shift nurse. In 2005, she transferred to the Outpatient Nursing Unit. Later that year, she became the dayshift Administrative Coordinator. In 2007, the title changed to Associate Nursing Administrator for Operations. In this role, Shirley oversees four administrative coordinators and does whatever else needs to be done to keep the hospital running smoothly and efficiently. That could be anything from problem solving to starting a patient’s IV.

“I love it,” she said. “Nursing provides a much needed service to the community. Where else can you help patients get well? Where else can you have so many job options and work with so many wonderful people?”

Asked how her roles have changed over the years, Shirley says some things are different, like all the new technology, but other things have remained the same. “Nursing will always involve caring for patients and educating them to make informed decisions,” she said. “That’s what I like best — being a patient advocate.”

In her spare time, when Shirley is not supervising “the house” at SGMC, she loves to spend time with her husband, James, three grown children and 17-year old niece.

Heather Grenat, RN

It was a life-threatening event that nearly took her infant son’s life that led Heather Grenat to nursing.

That’s what I like best — being a patient advocate.”

“It’s very rewarding to see the healing and watch people get better and go home. I enjoy getting to know the patients and trying to show Christ’s love in all that I do.”
When her son was only a few weeks old, he developed breathing problems and suffered a pediatric cardiac arrest in SGMC’s Emergency department. The baby was resuscitated by ED physician, Dr. Jon Parrott, and skilled members of the ED and Pediatrics’ staffs. Once the baby was stabilized, Dr. Ted Kanne inserted a device to help the baby breathe through his nose while he was life-flighted to Children’s Hospital of Atlanta for follow-up care.

Although very frightening, lots of good came from this experience. Baby Ethan was successfully treated, and today, he is a happy, healthy four-year old. Mom Heather decided to go back to school and become a nurse. She is currently working as a registered nurse on 4-Medical at SGMC.

“When Ethan was sick, the nurses were so good to me,” she said. “They knew what I needed and how I wanted to be treated. It inspired me to become a nurse.”

Although it wasn’t easy, Heather went back to school with lots of support from her family and her church. “My mother is a cardiology nurse,” Heather added. “She kept Ethan while I went to class fulltime. My husband was very supportive and provided moral support and encouragement, too.”

Heather completed her Associates in Science degree at Georgia Military College and transferred to ABAC to complete her Associate’s Degree in Nursing.

Although she has only been practicing her profession for a little over a year now, Heather is very happy with her decision. “I love geriatric patients and working on 4-Medical,” Heather explained. “It’s very rewarding to see the healing and watch people get better and go home. I enjoy getting to know the patients and trying to show Christ’s love in all that I do.”

Marshall Ingram always dreamed of going into the Army, just like his Granddaddy. As a teen working in the kitchen at Smith Hospital in Hahira, he was also fascinated by the work of an X-ray tech named Ronnie, who looked so professional in his starched, white lab coat pushing the portable X-ray machine through the hospital’s corridors.

After high school graduation, Marshall enlisted in the Army and spent three years serving in Germany. When he returned to the States, he joined the Army Reserves and used his GI Bill benefits to enroll in the X-Ray program at Valdosta Tech. When he graduated from Val-Tech, he had job offers in Valdosta and Tifton.

“My mother was here, so the decision was easy,” Marshall explained. “She was one of the greatest influences in my life. I learned my work ethics from her. Even though she was sick with heart disease for over 20 years, she worked as a church secretary until she was 81.”

He said, “She encouraged me, and now, I encourage my son and daughter to always do a little extra, do more, give more than a day’s work for a day’s pay.”

Marshall has worked in SGMC’s Medical Imaging department since 1979. He said he was sold on computed tomography (CT) the first time he laid eyes on it. “My brother had a herniated navel and I always wanted to know what caused it. With CT technology, I could find out.”

So, after seven years of working in X-Ray, Marshall transferred to the CT Department. When the first CT Registry for the nation became available, Marshall took and successfully passed it making him a registered CT technologist as well as a registered X-Ray
technologist. He has been in the CT department ever since. While the technology has changed tremendously, Marshall’s loyalty, modesty, patience and faith remain constant. He firmly believes that one should always be professional, smile and do your very best.

“When we first began using CT, it took 30 minutes to scan the brain; today, with our 64-slice scanner, a brain scan takes 7 seconds,” he added. Another change Marshall described was the progression from printing images on film to using digital images on the computer...a system called Picture Archiving and Communication (PAC).

Faster scanning means that the CT department averages approximately 40 patients a day. The digital scans can be sent using the PAC system to physicians and hospitals around the world or placed on a CD.

To inspire others, Marshall said, “If you find what you like to do and do it well, you can go anywhere. You’ll never have to worry about finding a job. So, if you like what you do, you will always enjoy your work.”

Marsha Lawrence, Team Leader for Transport

“It’s not about us!” is the motto that Transport Team Leader Marsha Lawrence teaches her staff. “Good attitudes and customer service have to come first,” she said.

Marsha and the day shift Transport team come to work at 5am. Nevertheless, she expects all her staff to be appropriately groomed and smiling.

Using stretchers and wheelchairs, the team transports patients for both Inpatient and Outpatient procedures. The 11 transporters who work the day shift handle about 220 transports a day. Some patients are fairly healthy and some are critically ill. Marsha said it takes compassion and professionalism to handle both.

“With efficiency and patient safety in mind, we need to complete our transports in a timely manner,” Marsha explained. “I’ve been a transporter, dispatcher and supervisor and I know how long it takes to get from one place to another. When a department requests a transport, the request goes into a computer system that dispatches the calls in the order they were received. When we arrive at the floor, we get the transport order from the Nurse’s station, first. Once we sign the patient out, we go to the patient’s room.”

The transporters are required to knock on the door, introduce themselves and ask if the patient needs anything, such as help going to the restroom, before the transport begins. “This level of Customer Service is not standard throughout hospitals, it’s just something we feel it’s important to do,” she added. “I have two rules, first, make it my business to help somebody every day and second, learn something new every day.”

Over the past 15 years, Marsha said that increasing levels of responsibility have helped her to mature and move into the leadership role. Marsha said she likes the stability her position offers and she admires her supervisor who encourages her to learn all she can.

When Marsha leaves work at SGMC, she works as a hairdresser at a local salon. She also donates her time to help cancer patients who are experiencing hair loss through the Look Good, Feel Better program.

Marsha said she learned her work ethic from her parents. “My parents never stayed out of work,” she concluded. “My family was very stable. Work and church were all we knew.”

This work ethic serves Marsha well as she uses...
her skills and talents to make a positive difference in the daily lives of those she serves. Reflecting on those experiences, she said, “We see really sick people who are more grateful than we are. It is a constant reminder of my blessings.”

Nancibeth Shealy, RN, BSN

Nancibeth Shealy, RN has encountered a few twists and turns in her life. The daughter of a hard-working family practice physician in nearby Quitman, Nancibeth majored in biology at Valdosta State, thinking she would follow her father’s footsteps into health care. When her father died unexpectedly in mid-life, Nancibeth blamed the harsh demands of his medical practice for his untimely death. Upon graduation from VSU, Nancibeth wasn’t ready to use her biology degree to the fullest. For 10 years, she traveled extensively and worked as a division buyer for Belk.

“My life changed on September 11, 2001,” she explained. “A group of Belk buyers and I were in New York City, 20-blocks from where the Twin Towers fell. I watched it all in horror — the smoke, the fires, the people running. When all those people are hurting and you can’t help, it’s the worst feeling of helplessness you can imagine.”

Another twist of fate came in June of 2002 when Belk’s closed the Jacksonville buying office and the Valdosta manager offered Nancibeth a floor manager’s position. This was the nudge she needed to revisit her career choice. Feeling the need to serve others, she began pursuing her nursing degree full time. In 2006, she received her BSN and was hired as an ED staff nurse. Today, as an ACC, her job is to manage patient flow making sure patients get to an exam room as quickly as possible, get treated or stabilized and moved out to discharge, surgery or a patient care floor.

According to department leaders, in a few short years, Nancibeth has become widely respected by her peers and recognized for her great attitude and team spirit. She received the ED Excellence in Nursing Award in 2009.

“I love the challenge. I thrive on chaos,” she said. “The management and public relations skills I learned in retail have helped me manage people and problems in the ED.”

According to Nancibeth, working in the ED is second nature. “I was triaging people at the house at an early age. I learned what questions to ask and to know when to bother my dad and when not to,” she concluded.

For Nancibeth and her coworkers in the ED, they consider it a privilege to make a difference in their patients’ lives. “We are often the patients’ first view of the hospital,” she added. “Typically we see patients at their worst, so it’s more important than ever to be courteous and professional.”

Laura Love
Community Relations Director

“We are often the patients’ first view of the hospital. Typically we see patients at their worst, so it’s more important than ever to be courteous and professional.”
How to shake a bad mood

Bad mood? The worst thing you can do is wallow in it, according to Psychology Today experts. Instead, survey results of more than 300 people show exercise and listening to music as the best ways to beat a case of the blues. Bad moods usually emanate from tension and low energy, according to the study. And when it comes to exercise, even a short brisk walk can increase your energy, reduce your stress and improve your mood.

Psychologists believe listening to music may prompt you to remember a good mood or a good time and produce a conditioned response that makes you feel better. Other ways to beat a bad mood? Take up a new interest. Sign up for a class in something you've always been interested in but don't know much about. Start a new hobby like knitting or carpentry, or get out and volunteer for a cause you care about.

The bottom line is if you're feeling bad, sitting around brooding about it will probably not do you much good. Getting active will help you move beyond your present mood and connect you to new people and interests.

— First Draft

No Double-Dipping!

Research has proven that it is not OK to double dip in the chip dip. In one study, scientists took a bite of cracker and then dipped it into salsa, cheese dip, chocolate syrup and water. They did the same test with a fresh, unbiten cracker. Then they measured bacteria in the dips and the volunteers’ mouths. On average, three to six double dips transferred about 10,000 bacteria from the eater’s mouth to the dip. And each cracker picked up between one and two grams of dip. Salsa picked up the most germs from double dipping.

—Adapted from the New York Times

Reducing Eye Strain

Office workers, particularly computer users, often suffer from eye soreness, headaches, blurred vision, and dry, itching, or burning eyes. To reduce the risk of eye strain, the Environmental Health & Safety Department of Oklahoma State University recommends doing these three eye exercises once every 20 minutes:

1. Change focus by glancing at objects across the room or look out the window and focus on objects at least 20 feet away.
2. Cup your hands gently over your closed eyes and keep them closed for 60 seconds.
3. Look away from the screen and roll your eyes up and down, around, and side to side.

—Ideas Unlimited

The Truth About Spring Fever

Do you feel you have an extra little “spring” in your step as the weather warms? You can blame it on your physiology. Long-recognized by artists and poets as spring fever, scientists now say it is a physiological reality. Spring fever’s symptoms start popping up during the onset of the vernal equinox (March 20 or 21 depending on the year). In the Northern Hemisphere, people begin to feel more energetic, enthusiastic, and amorous. At the same time, they also begin to feel listless and restless. It’s easier to lose weight, your sexual appetite increases and lots of folks walk around, randomly smiling at strangers.

The culprit of such behavior is the chemical changes that take place in the body in part because of increased exposure to daylight. Like other animals, we humans are strongly connected physically to the seasons. Scientists cite a number of factors that cause spring fever:

• Increased light sends signals to the brain’s pineal gland, which then reduces its production of melatonin, a hormone that regulates our body clock and controls our mood and energy levels. As the days grow longer, the chemical disappears and leaves people feeling more energized and confident.
• Increased light also transmits to the hypothalamus, the section of the brain that regulates eating, sleeping and sex drive.
• Our other senses — sight, smell, and hearing — also wake up as blossoms and spring breezes assault them. Such stimuli can trigger strong emotions, from euphoria to sadness.

—Adapted from the Chicago Tribune
WORDS OF FAITH

A Touch of “Care”

Touch is one of the five traditional senses that gives you the ability to feel (e.g., handshake, hug, hot, cold, smooth, rough, hard, soft, etc.). However, touch is not only accomplished physically, but involves one’s mental, emotional, and psychological self.

I’ve come to believe that the right touch can be far reaching within the life of both the individual touching and the one being touched. An example of this touch was experienced by a woman with a medical issue located in the biblical text Luke 8:43-48. This woman sought out many within the medical community, but her issue persisted and remained seemingly untouched for twelve years. Finally, she persevered and pressed forward despite the opposition (the crowd, her pain, her gender and physical status of being unclean in society, etc.) until she reached Jesus. She extended her hand only to gently touch his external garment, but her touch reached His inner core. Immediately, she experienced healing from within and without.

Every touch may not yield healing in this manifested form in the lives of those dealing with physical and mental ailments and/or conditions. Thomas Moore’s book entitled “Care of the Soul” shares how many manifested ailments can be a reminder from one’s soul that “care” may be needed and not necessarily a “cure.” In some way, every healthy touch has the potential to empathically affect the heart of both the one that provides it and the one that receives it. This touch can be viewed as a way of providing “care” to both individuals. Care can be offered and received by anyone. One way to view “CARE” is as follows:

- **C**ompassionately providing comfort and concern to others;
- **A**ttending to the needs of others and sincerely assisting them;
- **R**easily rendering a tangible touch by helping someone who may not be able to return the same; and
- **E**ngaging others in one’s circle of influence and extending some form of encouragement.

We can all show others that we “CARE.” This is in no way to simplify or belittle how demanding and even overwhelming “CARE” can be in many instances. However, it is to say that everyone needs to receive “CARE” at some point in time if they are to effectively offer and extend it to others. A simple reminder to us all is that today, we extend a touch of “CARE” to others, and tomorrow, others may need to provide a touch of “CARE” to us. A special thank you goes out to all “CARE” givers. Your labor of love and touch extended to others will never be forgotten. May we all continue to provide a touch of “CARE” as we serve those in our community with excellence at SGMC.

Carolyn M. Waters, M.Div.
SGMC Chaplain

Luke 8: 45-46 “And Jesus said, Who touched me? … Somebody hath touched me: for I perceive that virtue is gone out of me.”
Tickets for the 2010 South Georgia Classic will be available for free, courtesy of First State Bank and Trust Company.
The Silver Cross Society recognizes an elite group of community members, employees and affiliated physicians who have pledged a minimum of $10,000 to the South Georgia Medical Center Foundation.

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**CORNERSTONE CLUB**

These members of the Cornerstone Club, who are dedicated in the advancement of health care made an annual commitment of $100 or more to the SGMC Foundation. Listed below are memberships for the past 15 months between December 1, 2009 through February 28, 2010.

**GOLD**

Dr. & Mrs. John D. Anderson
Mr. & Mrs. Brantley Jenkins
Betty W. Montague

**SILVER**

John W. Donahue
Lona Nitschke Everett

**BRONZE**

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Myra Jane Bird
Mr. & Mrs. James W. Bowen
Curtis & Jean Fowler
Owen & Nelda Harris
William & Bobbie Lester
Gretchen B. McCoy
Nita McRae
Mr. & Mrs. James E. Miley
Mr. & Mrs. Trey Sherwood
Betty B. Smith
Rita Suiter
Iris Webb
Mr. & Mrs. J. Edward Willis
Dr. & Mrs. Robert H. Wise
HEART! (Hospital Employees Achieving Resources Together!) is the employee-giving program which recognizes SGMC employees who support the SGMC Foundation. Below we have listed recent contributors from December 1, 2009 through February 28, 2010. The complete list of employee support is on the lobby wall plaque in the hospital.

**SILVER LEVEL**
- James Brown
- Ruby Craft
- Tracy Dousquet
- Berry Ivey

**BRONZE LEVEL**
- Janie Avery
- Kelly Bullard
- Nichole Dennard
- Judi Gast
- Sandra C. Griffin
- Bill Grow, Jr.
- Daniel Hall

Anita Hensley
- Kenyada Howard
- Roman Jose
- April McCluster
- Sharon Pickett
- Meredith Powell
- Tracy Roberts
- Amber Smith

**MEMBER**
- Megan Taylor
- Kristen Tuten
- Laci Weiss
- Rachel Hughes

The Heritage Circle recognizes a group of significant supporters who provide for the future of the SGMC Foundation through their estate plans.

Louise & J.Y. Brooks Estate*  Katie L. Grimbball Trust*  The Connie Harrell Estate*
Alice Judy Brown Estate*  Mrs. Roline A. Little*  Col. Vernon Pizer*
Mr. & Mrs. Eugene Brzezienski  Mr. & Mrs. John R. Snipes, Jr.  Leona Hudson Strickland Estate*
The Estate of Mrs. Lee Ila C. Dasher*  (in memory of Annette Dasher Johnson)
Forrest & Madeline Duren*  Aubrey Garrison
(in memory of Mrs. Ruby Garrison)

*Deceased

**GIFTS OF TRIBUTE**
These gifts are memorials or honorariums of any amount to honor or memorialize a friend or loved one. Below are all gifts of tribute received from December 1, 2009 through February 28, 2010.

**HONORS**
- Darlene Bauch  - Georgia Emerson  - Jack Hostetler
  - David Bauch  - Edna Jolley  - Vira Garmo
  - Mrs. Ruthie Cameron  - Mr. & Mrs. Eugene Brzezienski  - Rev. & Mrs. Peter Ingeman
  - Jason Bennett  - The Estate of Mrs. Lee Ila C. Dasher*  - Dr. & Mrs. Frank Corker
  - Jeanne D. Rountree  - (in memory of Annette Dasher Johnson)  - Catherine Joseph
  - Jessica H. Bennett  - Forrest & Madeline Duren*  - Greg, Diane, John Gregory &
  - Jeanne D. Rountree  - Aubrey Garrison  - Michael Joseph
  - Parks Bennett  - (in memory of Mrs. Ruby Garrison)
  - Jeanne D. Rountree  - "Deceased"

**HONORS**
- John & Becky Bowling  - Mr. & Mrs. Wade H. Coleman  - Mr. & Mrs. James Hurley
  - Mr. & Mrs. Jack Edwards, Jr.  - Mr. & Mrs. Joe Cordova  - Mr. & Mrs. John J. Langdale, Jr.
  - John & Becky Bowling  - John & Becky Bowling  - Eileen Langdale
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  - John & Becky Bowling  - Mr. & Mrs. William E. Dewar, Jr.  - Michael Joseph
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archie griffin

If you happen to see the February, 2010 issue of Georgia Trend Magazine, you can’t miss the article by Gene Asher that tells the story of Valdosta’s “renaissance man,” Archie Griffin.

The Valdosta native is described as an outstanding all-round athlete, successful business man, generous community volunteer and connoisseur of the arts.

Yes, it may seem out of character for a big, tough, football player to love opera, but it is one of Archie’s passions. His grandmother, Flora Wainwright, and he often traveled to Atlanta to see the touring opera companies perform. For the past two years, Archie, his wife Lee and a group of close friends, Joe Glenn and Marie Smith and Wright and Betsy Turner have organized a benefit opera performance, Bel Canto, to raise funds for the Pearlman Comprehensive Cancer Center at SGMC. Archie served as a volunteer on the Hospital Authority of Valdosta & Lowndes County for 27 years and was closely involved with the plans to develop the Cancer Center.

On Sunday afternoon, May 9, 2010 at 4pm, the world opera stage will come to Valdosta as the Second Annual Bell Canto is held at Park Avenue United Methodist Church. Opera stars from the Metropolitan Opera and other world-renowned venues will be here singing “beautiful music” for all to enjoy.

For ticket information, please call 229-249-4084 ext. 7.

SPEEDY RECOVERY DONORS

The SGMC Foundation Speedy Recovery program is a unique giving opportunity to send a friend or loved one a “Get Well Wish” during their stay at SGMC. Listed below are donors who participated in that program from December 1, 2009 through February 28, 2010.

Langdale Forest Products
SGMC

Every effort has been made to present a comprehensive list of our esteemed supporters. Please notify us of any accidental oversights, so that we may correct them in subsequent publications, Thank you.

SGMC Foundation, P.O. Box 1727, Valdosta, GA 31603-1727 • (229) 249-4084, ext. 7.
April is Alcohol Awareness Month. Sponsored by the National Council on Alcoholism and Drug Dependence since 1987, it is a time for citizens to focus on alcoholism and alcohol-related issues. Alcohol Awareness Month began as a way of reaching the American public with information about the disease of alcoholism — that it is a treatable disease, not a moral weakness, and that alcoholics are capable of recovery. A primary focus of Alcohol Awareness Month over the past ten years has been underage drinking and the devastating effects it can have on our youth.

Many parents don’t realize what their kids do do after school, at a friend’s house, or at a party. Teen peer pressure is one of the top reasons why kids start to drink.

Drinking is very common in our culture and the effects vary significantly from person to person. It’s not always easy to figure out where the line is between social drinking and problem drinking. While most people that drink will not develop into a problem drinker, the justification of “I can stop anytime I want” is challenged. A good test is for a drinker to try to go a full weekend without drinking. Those who experience difficulty or discomfort in this 72-hour experiment are urged to contact Greenleaf, Alcoholics Anonymous, and Al-Anon (for family members) to learn more about alcoholism and its early symptoms. Essentially, it is a community consciousness-raising effort about alcoholism and health-related issues and may serve as a trigger to recovery. At all other times of the year, truthfully answering some simple questions can reveal the need for treatment:

**Warning Signs of Alcohol Abuse**

Do you drink alone when you feel angry or sad? • Does your drinking worry your family?  
Do you have a hangover after drinking? • Do you ever forget what you did while drinking?  
Do you ever drink after telling yourself you won’t? • Do you get headaches after drinking?  
Does your drinking ever make you late for work?

Alcohol is a drug and can be every bit as damaging as drug addition. Alcohol use and abuse causes changes in the body and continued use and abuse can have serious effects on your health, your relationships and your profession.

For more information see Substance Abuse & Mental Health Services Administration’s website at: www.samhsa.gov. For personal and confidential assistance please contact Greenleaf for inpatient or outpatient services at 1-800-247-2747.

Casey Corbin, CADC, CCS  
Program Director, Greenleaf Outpatient

**Facts About Alcohol**

- Annually, more than 100,000 deaths in the U.S. alone are caused by excessive alcohol consumption.
- Nearly half of all fatal car crashes are alcohol-related.
- The average person age 14 and older drinks 2.18 gallons of alcohol a year.
- The more education a person has, the more likely they are to drink.
- Every day an average of 11,318 teens try alcohol for the first time.
- Alcoholism costs the U.S. between 40 and 60 billion dollars per year.

www.learn-about-alcoholism.com
CALENDAR OF EVENTS

MAY 2010

* Getting Ready to Quit Smoking Cessation Series
  May 5, 12, 19 & 26 • 7:30 to 8:30am • Dining Room 2 at SGMC • Light breakfast served

* Skin Cancer Screening
  May 6, 13, 20 & 27 • 5:30 to 7:00pm • Pearlman Cancer Center

* Women’s Health Fair
  May 8 • 10:00 to 2:00pm • Valdosta Mall • Open to all women

* Cancer Survivorship Education Series — A program for cancer survivors and family
  May 17 • 5:30 to 7:30pm • Dining Rooms 1&2 at SGMC • Refreshments served

* Seniors’ Walk
  May 26 • 8:00 to 10:00am • Senior Citizens Community Center, Valdosta

JUNE 2010

* Freshstart Smoking Cessation Series
  June 1, 8, 15 & 22 • 12:30 to 1:30pm • Dining Room 2 at SGMC • Lunch served

* Safe Sitter Babysitting — A one-day babysitting course for children ages 11-13
  June 18 or 25 • 8:30am to 3:00pm • Limited Space! • Cost $25 • Lunch provided

* Cancer Survivorship Education Series — A program for cancer survivors and family
  June 21 • 5:30 to 7:30pm • Dining Rooms 1&2 at SGMC • Refreshments served

JULY 2010

* Safe Sitter Babysitting — A one-day babysitting course for children ages 11-13
  July 9 or 16 • 8:30am to 3:00pm • Limited Space! • Cost $25 • Lunch provided

*Indicates pre-registration is required. Call 229.333.1610, ext. 5 for more information or to register. Programs are complimentary unless fee is noted.

PARENTING CLASSES

PREPARED CHILDBIRTH
(Two-night series)
6:30 to 8:30pm
May 12 & 17
June 7 & 9 OR 21 & 28
July 5 & 6 OR 19 & 21

BREASTFEEDING BASICS
6:00 to 7:00pm
May 17
June 21
July 19

INFANT CPR
7:00 to 8:00pm
May 20
June 10 OR 16
July 8

TENDER LOVING CARE
For Infants (Infant Massage)
6:30 to 8:30pm
May 10 OR 19
June 14
July 29

SO...MOM’S HAVING A BABY
6:30 to 7:30pm
May 26
June 23
July 28

POST-PARTUM
7:00 to 8:30pm
May 5
June 3 OR 30
July 26

SUPPORT GROUPS

LIFE WITH DIABETES
6:00pm
May 17, June 21, July 19
SGMC Diabetes Management Center.
Call 229.249.4121 for information.

MENDED HEARTS
6:00pm
May 4, July 6
SGMC Dining Room 1.
Call 229.245.6211 for information.

STROKE & HEAD INJURY
7:00pm
May 11, June 8, July 13
PCCC Conference Room.
Call 229.259.4292 for information.

SGMC BEST BUDDIES
(Breast Cancer)
6:00pm
May 25, June 22, July 27
PCCC Conference Room.
Call 229.259.4638 for information.

All parenting classes require pre-registration.
Call 229.259.4904, x6, or visit www.sgmc.org/events for additional information or to register. Location of programs given at time of registration. Some fees may be required.

Calendar subject to change.