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FOR IMMEDIATE RELEASE

New AEDs and training expected to save lives

Oakes, ND July 22, 2016 – Sudden cardiac emergencies can happen to anyone, anytime, or anywhere. Having Automated External Defibrillator (AED) resources available to the public, especially in rural areas, can save lives.

Oakes Community Hospital is a partner of a Catholic Health Initiatives (CHI) regional collaborative to receive \$595,920 through a federal grant placing 256 AEDs throughout rural Minnesota and North Dakota in proximity of where people live, work, learn, and play. The grant also covers training for up to 675 first responders and volunteer users of these life-saving devices.

The Health Resources and Services Administration awarded the three-year grant to 12 CHI rural hospitals within its Fargo Division including **Oakes Community Hospital** through its Rural Access to Emergency Devices Grant Program. The third and final year of the grant closes in August. The total estimated cost for the AED Collaborative project is \$1,034,720 over the full three years. Of this, HRSA has awarded \$595,920, 58% in federal funds for three, 12-month budget periods. The remaining \$438,800, 42% is funded by nongovernmental sources.

In year three of the grant, **Oakes Community Hospital** placed **two** AEDs throughout its service region at the following locations:

- **The Jim, Oakes, ND**
- **Oakes Community Clinic**

During the first and second years of the grant, **Oakes Community Hospital** placed **three** AEDs throughout its service region at the following locations:

- **The Ranch House, Fullerton, ND**
- **Prairie Pot Hole, Fullerton, ND**
- **Good Oil, LaMoure, ND**

“Our healing mission calls us to make the communities we serve healthier,” says **Becki Thompson, Oakes Community Hospital President**. AED placement locations were determined and prioritized at the local level maximizing impact. “Our goal with the AED grant program is to increase access to AEDs within our service region and improve chances of survival for anyone experiencing sudden cardiac arrest.”

Saving lives

Sudden cardiac arrest (SCA) is a condition in which the heart suddenly stops beating. Blood no longer flows to the brain and other vital organs. SCA can be fatal if not treated within minutes.

SCA is a leading cause of death in the U.S. and the American Red Cross estimates 350,000 people to experience SCA in the coming year. Improved access to AEDs and training could potentially save 50,000 lives annually.

Time is of the essence when a person is experiencing a SCA, and emergency treatment with a defibrillator can be lifesaving. The Red Cross calculates that every minute defibrillation is delayed, the chance of survival is reduced approximately 10 percent.

“AEDs are effective in restoring regular heart rhythm during sudden cardiac arrest,” says **Kim Ketterling, Vice President of Patient Care Services**. **Ketterling** serves as the local CHI project coordinator for the AED grant collaborative. “They are relatively easy to use for people with limited or no medical backgrounds.”

AEDs in your community

Unique to the rural areas of northern Minnesota and North Dakota, barriers to health care such as geography, weather, distance and transportation, and spotty radio or cell phone coverage can impede emergency response time. Other significant commonalities are the fact that aging populations, poverty, and access to medical professionals throughout the region increases many individuals' vulnerability to health crises.

Communities expressed a need for access to life-saving technology, however, many organizations, including first responders in some instances, lack the resources to replace aging AEDS or are unable to fund the purchase and training for new AEDs.

In order to receive an AED, recipients either send three individuals to Red Cross certified training or provides proof of current certification for those individuals. Recipients then complete monthly maintenance checks to ensure the batteries and unit are fully operational.

It is the goal of CHI's regional collaborative to see increased utilization and survival rates as community access grows. CHI hospitals taking advantage of the AED grant program are located in Albany, Baudette, Breckenridge, Little Falls and Park Rapids of Minnesota, and Carrington, Dickinson, Devils Lake, Lisbon, Oakes, Valley City, and Williston of North Dakota.

About **CHI Oakes Hospital**

The CHI Oakes Hospital is a 24-Hour Emergency Level V/Trauma Center. It is a 20-bed critical access hospital providing various inpatient and outpatient services to approximately 14,000 people in southeastern North Dakota. The hospital is part of a larger values-based organization, Catholic Health Initiatives (CHI).

The CHI Oakes Hospital is ranked highly in the entire CHI system in the categories "likely to recommend" and "overall satisfaction."

The medical staff consists of providers that are multi-specialists in family practice, internal medicine, cardiology sports medicine, and geriatrics. There are also a number of specialists on our courtesy staff that provide services such as cataract and orthosurgery. The physicians team up with the highly trained nursing staff to provide excellent patient

care. The hospital is a 20-bed facility that offers quality healthcare in a progressive environment.

The CHI Oakes Hospital has a dynamic nursing team with excellent skills. All nurses receive ACLS Certification and cross training to all areas of the hospital

About CHI

Catholic Health Initiatives, a nonprofit, faith-based health system formed in 1996 through the consolidation of four Catholic health systems, expresses its mission each day by creating and nurturing healthy communities in the hundreds of sites across the nation where it provides care. The nation's second-largest nonprofit health system, Englewood, Colorado-based CHI operates in 19 states and comprises 102 hospitals, including four academic health centers and major teaching hospitals as well as 30 critical-access facilities; community health-services organizations; accredited nursing colleges; home-health agencies; living communities; and other facilities and services that span the inpatient and outpatient continuum of care. In fiscal year 2015, CHI provided almost \$970 million in financial assistance and community benefit – an 8% increase over the previous year -- for programs and services for the poor, free clinics, education and research. Financial assistance and community benefit totaled more than \$1.6 billion with the inclusion of the unpaid costs of Medicare. The health system, which generated operating revenues of \$15.2 billion in fiscal year 2015, has total assets of approximately \$23 billion.

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