



## Keith's Corner

I wanted to take this opportunity to wish each of you a wonderful Thanksgiving and thank you for all that you do here. I am truly blessed to be able to work with such an exceptional team. I know that we are obsessed with finding the things we have opportunity to improve, and we should be. I want to remind you that this is a time when we need to sit back and take a moment to reflect on all of our blessings, no matter how small or large they may be. All of us are so richly blessed in so many ways and yet all we see are the things that don't fall into the category of "Blessing"! Take a minute to consider the love of friends and family, the warmth of your home, the comfort of a good meal and the care of a loving God and know that you are richly blessed!

Have a wonderful Thanksgiving and the traditional start to the Christmas season. And thank you for the kindnesses you show our guests every day. This community is blessed to have you!

Keith



## ANNOUNCING OUR COMMONSPIRIT MISSION FOR THE COMMON GOOD



*This month CommonSpirit Health announced our new Mission Statement, which will inspire and guide us for years to come:*

*As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.*

## Vision and Values Coming Next

Over the course of the next six months, the Vision and Values of **CommonSpirit Health** will be shared.

Next will be our Vision statement, which will convey what we intend to accomplish together as **CommonSpirit Health**.

In the New Year, we'll share our Values which will convey what we believe in, guide our thoughts and actions, and help shape our culture.





# MERCY NEWS

*Imagine better health.™*



## Masquerade™

### JEWELRY & ACCESSORIES

# \$5

*Open to the Public!*

*Open to the Public!*



# FUNDRAISING SALE

Tuesday, December 3<sup>rd</sup>

3 pm – 7 pm

Wednesday, December 4<sup>th</sup>

8 am – 3 pm

## Health Education Center

570 Chautauqua Blvd, Valley City, ND 58801

**Upcoming Event**



*Imagine better health.™*

FUNDRAISER FOR CHI MERCY HEALTH AUXILIARY

*Cash & Debit/Credit Cards Accepted*

# MERCY NEWS



***Join us in Celebrating  
the Holiday Season!!  
Annual Hospital Potluck***

***Thursday, December 5, 2019  
11:30 am – 1:00 pm  
Health Education Center***

*Executive Team will be serving pulled turkey on buns baked by Kristi.  
Please bring you favorite dish or dessert to share!*

***Years of Service Recognition at 12 noon***

Jessica	Coffel	5 Years
Callie	Cruff	5 Years
Renee	Wert	5 Years
Amanda	Chase	10 Years
Maria	Flores	10 Years
Karen	Burchill	20 Years
Lori	Hart	20 Years
Kari	Idso	20 Years
Julie	Halgrimson	25 Years
Alana	McClellan	25 Years
Kristi	Schneider	45 Years

**Upcoming events**

# MERCY NEWS

## Santa and Mrs. Claus



**are coming to CHI Mercy Health!!!**

**Sunday, December 8, 2019**

**1:00 to 2:30 pm**

**HEC**

Cookie  
Decorating  
1:00 pm!!



**Pictures with  
Santa and Mrs. Claus**

**1:30 to 2:30 pm**

# MERCY NEWS

## Why Use Plain Language Codes?

Hello Everyone,

**Situation:** At the Leadership meeting there was feedback from various managers that staff were questioning why we've moved to calling codes in plain language.

**Background:** In 2012 the Joint Commission recommended standardizing emergency codes. The use of plain language instead of colored codes is supported by: U.S. Department of Health and Human Services; U.S. Department of Homeland Security; The National Incident Management System (NIMS); and The Institute of Medicine. This affects healthcare facilities and other entities such as law enforcement.

**Assessment:** The use of plain language promotes transparency, increases safety, and aligns with national initiatives. Research suggests that plain language does not create additional fear among patients and visitors (In fact, it may decrease it). The goal is for anyone who hears the announcement to understand what is happening and respond accordingly. This can be particularly helpful for new staff or staff that work at multiple facilities.

**Recommendation:** This project has been in process for a long time. Many other organizations throughout the state have already adopted these changes. Currently CHI does not have any standardization for code calling. Our facility adopted these changes based on the recommendations of the national organizations I've noted above and our local emergency preparedness committee.

If you have additional questions related to this change, please direct them to your department managers. The managers will forward questions they can't answer to me and the emergency preparedness committee to review.

Thanks,

**Matt Sprague**  
MLS (ASCP)<sup>CM</sup>, MLT (ASCP)<sup>CM</sup>  
Emergency Preparedness Coordinator

## Radiology Registration Change

I wanted to let you all know that we have moved Jane from the Radiology Dept. and placed her at the front desk. She will continue to support Radiology, but will be doing it from the front admissions desk now rather than from the Department. The phone number to reach her has not changed and she will still field all calls for the department and handle them accordingly. Any labs or patients that need to be seen should be directed to the front admissions desk and she will take care of them there going forward. Thank you all for your understanding as we work thru this transition and please let me know if you have any questions or concerns.

**Richard Ray**  
Supervisor, Patient Access, Revenue Cycle Solutions  
**Conifer Health Solutions**



# Infection Prevention and You



## **Protecting you, your family and your community through community immunity (herd immunity)**

In light of the current Measles outbreaks occurring among 23 states, it is timely to talk about vaccine preventable diseases and the implications of community vaccination.

### **So, what is community vaccination or herd immunity?**

Community immunity is when a sufficient proportion of a population is immune to a contagious disease either through vaccination and or due to prior illness. This makes it unlikely to spread from person to person.

Community immunity is also the protection from contagious diseases that individuals benefit from as a result of living in a community where a critical number of people are vaccinated.

The bottom line is people who live in communities with high vaccination rates are effectively protected from and against vaccine-preventable infectious diseases. This is the case even if the person themselves is not able to receive certain vaccinations. A way to think of community immunity is that “vaccinating people protects not only them, but others in the community. So, if I’m protected, I can protect others.”

Over time, the immunity from the vaccine decreases. In this case, people need to get a booster shot. One way to check if you need a booster shot is to ask your doctor.

### **What implications does community immunity have for you?**

Community immunity comes with its fair share of benefits. For example, you and your family are protected. It also protects some of the most vulnerable people in our communities, such as: infants, expecting moms, people with weaker immune systems that can’t fight harmful or deadly infections, and others who cannot receive certain vaccines. Another benefit of community immunity is that it prevents outbreaks and epidemics of preventable diseases from happening.

### **Why do outbreaks of vaccine preventable diseases like measles still occur?**

According to the Centers for Disease Control and Prevention (CDC), in any given year, more measles cases can occur for any of the following reasons:

- an increase in the number of travelers who get measles abroad and bring it back
- further spread of measles in communities with pockets of unvaccinated people

### **So, what might happen if we stopped vaccinations?**

Diseases are becoming rare due to vaccinations. Before vaccines existed, many children became disabled or died from the diseases we are now able to prevent through vaccination. If we stopped vaccinating, diseases that are nearly unknown today would resurface, and we would notice an increase in epidemics of diseases that are under control today. For example, in 2000, Measles was eliminated (no continuous disease transmission for more than 12 months) from the U.S. Fast forward to 2019; from January 1, 2019 to May 10, 2019, there have been 839 individual cases of measles in 23 states across the U.S. This is the largest number of cases reported in the U.S. since measles was eliminated in 2000.

### **Who does community immunity affect?**

The who is you! What can you do to protect yourself and your family? The first step is to check your immunization records. If you don’t have them, get a copy from your primary care provider or health department. Next, talk to your primary medical doctor (PMD) about whether or not you or your family members need additional vaccines. Experts and researchers have developed a schedule for when certain vaccines should be received.

Happy Birthday



## *December*

*Sister Dorothy Bunce-*

*December 3*

*Annette Nielson—December 4*

*Danielle Brown-December 5*

*Grant Goven—December 5*

*Brenda Moritz-December 16*

*Clark Kruta—December 23*

Reverence  
Integrity  
Compassion  
Excellence

Reverence  
Integrity  
Compassion  
Excellence

Reminder  
You are able to  
**Donate Your Vacation Hours**  
to help out a *fellow team member*  
in need.

Donations are simply made through  
HR/Payroll Connection online and  
hours donated stay right here at  
CHI Mercy Health Valley City!

## Purpose:

Although the majority of paid time off is to be used for employee relaxation, employees can donate a portion of their vacation/PTO to the organization's vacation/PTO donation bank.

## Coverage/Eligibility:

Employees must maintain a minimum of 40 hours of their vacation/PTO whenever they donate to the bank.

### *Making a Donation to the Vacation/PTO Donation Bank:*

Employees can donate their paid time off in hourly increments, which will be converted to a dollar amount based on the employee's pay at the time of the donation. **Donations are tax-free and can be made at any time during the year.**

### *Receiving a Donation from the Vacation/PTO Donation Bank:*

If an employee has used all of his or her paid time off, it is possible to receive a donation from a local donation bank. The donated hours will be paid at the receiving employee's rate of pay. Donations are taxable to the recipient.

Before receiving a donation, an employee's request must be approved by the organization's local committee and/or Centralized HR Operations. The committee will use the following guidelines to determine eligibility:

- Employee's own serious medical condition
- Serious medical condition of a family member.
- President of the United States declared major disasters.

## BE **SAFE** ON ICE! WALK LIKE A PENGUIN



- ♥ In cold temperatures, approach walking surfaces with caution and assume that all wet, dark areas on pavements are icy and slippery.
- ♥ During icy and snowy weather, avoid wearing boots or shoes with smooth soles and heels. Instead, wear shoes or boots that provide traction on snow and ice; boots made of non-slip rubber or neoprene with grooved soles are best.
- ♥ Use special care when entering and exiting vehicles; use the vehicle for support.
- ♥ Bend forward slightly and walk flat-footed.
- ♥ Point your feet out slightly like a penguin!
- ♥ Don't put your hands in your pockets while walking. This raises your center of gravity and decreases your balance. You can also help break your fall with your hands free if you do start to slip.
- ♥ Spreading your feet apart and extending your arms out to your sides while walking on ice helps you to maintain your balance.
- ♥ Watch where you are stepping and **GO SLOWLY!**
- ♥ Take short steps (not long strides) and shuffle your feet for stability.



## November is *C. diff* Awareness Month

*Clostridioides difficile* (*C. diff*) is estimated to cause almost half a million illnesses in the United States each year. *C. diff* is a germ that causes diarrhea and colitis (an inflammation of the colon) and can be life threatening. Most cases of *C. diff* occur when you've been taking antibiotics, and about 1 in 5 patients who get *C. diff* will get it again.

See the attached fact sheet that talks about risks and prevention of this deadly Healthcare-Associated Infection!

### C. DIFF FACTSHEET

*Clostridioides difficile* (formerly known as *Clostridium difficile*) is a bacterium that causes diarrhea and colitis (an inflammation of the colon). *C. diff* infections can be deadly.

#### IMPACT



*C. diff* causes close to half a million illnesses each year and can affect people of all ages.<sup>1</sup>



1 in 5 patients will get *C. diff* at least once more.<sup>1</sup>



One in 11 people over 65 diagnosed with a healthcare-associated *C. diff* infection die within a month.<sup>1</sup>

#### RISK



People on antibiotics are 7 to 10 times more likely to get *C. diff* while on the drugs and during the month after.<sup>2</sup>



Extended stays in healthcare settings, especially hospitals and nursing homes, also increase risk.



More than 80% of *C. diff* deaths occur in people 65 and older.

#### SPREAD



*C. diff* spreads when people touch surfaces that are contaminated with poop from an infected person.



Or when people don't wash their hands with soap and water.



It can also happen when one healthcare facility fails to notify another when it transfers a patient with *C. diff*.

#### Healthcare professionals can help PREVENT *C. diff* by:



BE ANTIBIOTICS AWARE  
Antibiotics can be helpful, but they can also be dangerous. Use them only when needed and as directed.

Improving the way they prescribe antibiotics.



Using the tests that give the most accurate results.



Rapidly identifying and isolating patients with *C. diff*.



Wearing gloves and gowns when treating patients with *C. diff*—and remembering that hand sanitizer doesn't kill *C. diff*.



Cleaning surfaces in rooms where *C. diff* patients are treated with EPA-approved, spore-killing disinfectant (see List K).

[cdc.gov/cdiff](http://cdc.gov/cdiff)

<sup>1</sup>Table 3 from Lissa PC, Wu Y, Bamberg MM et al. *N Engl J Med* 2015;372:25-34. DOI: 10.1056/NEJMed1428111

<sup>2</sup>Henriksen MPW, Gourbas A, Orlowski DM, Kasperis E. *J Antimicrob Chemother* 2011. DOI: 10.1093/aic/akv108



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

