

ED DAY

Wednesday, February 24, 2016

Winter Hall

Unit Minutes

Introduction/Opening

Brooke

Capsule Endoscopy

Julie

Julie talked about the Capsule Endoscopy. What is it? And why do we perform one? What is it? It allows the physician to visually see the small intestine. It goes where the endoscopy scopes cannot go. The patient swallows a small capsule, the size of a pill, which has a camera in it. As the camera passes through the small intestine it takes several pictures. In fact, it takes up to 50 thousand pictures in an eight hour time period. Why do we do this procedure? This wonderful camera can detect ulcers, tumors, Crohn's, any bleeding areas or cancer. There may be some issues on having this done. The patient may have a difficult time swallowing the capsule, if the patient has a pacemaker or a history of bowel obstruction. If this happens, there will be a decision to make on what to do. When a patient is scheduled for this procedure they will get an instructed diet to follow and it will be scheduled 2 weeks after it is decided that the patient will proceed with this process. The patient will digest the camera and after 24 hours it will pass through their system and be discharged through their bowel movement.

First Impression

Mel, Bonnie,
Carrie,
Theresa, Amy,
Courtney,
Mindy, Chris

Chris talked about phone etiquettes. Always answer the phone with a smile. Listen to the caller. Make sure they know you are paying attention to them and only them. If you put a person on hold make sure it's no longer than 2 minutes. If it is ask them if they would like you to take a message or would they like to continue holding. And always transfer with a warm voice. These are important questions to ask when you have the patient on the phone. Their name, date of birth, address, phone number, social security number, insurance information, to verify, if they are employed and where. Always be detailed when putting information into the system.

Mel talked about how the first impression is the most important. It takes about 3 seconds to make a first impression. So smile. A smile goes a long way. If a patient is having a bad day a smile may turn it around. And that smile makes us feel better inside also.

Mindy talked about A.I.D.E.T. She explained what the letters mean. A is for Acknowledge. Acknowledge that the patient is there. I is for Introduce. Always introduce yourself to the patient. D is for Duration. Inform the patient and their family members how long the procedure may take. If there is a delay, keep them informed of this also. E is for Explanation. Always explain what is going to happen and how long it will

take. T is for Thank you. Thank the patient for choosing us. They don't have to, they could go somewhere else. So for a summary, always acknowledge our patients, use eye contact, don't rush and Always Smile.

Achalasia

Allison

Allison introduced Achalasia to the group. She went to a conference in September. This is a esophagus disorder. Symptoms include dysphagia, chest pain and weight loss. The physician may sent a patient to get an EGD and then an esophagram manometry done to see if the patient has Achalasia. Once it has been identified as Achalasia the treatments would be medications but the last resort would be Botox injections.

Infection Control

Holly

Carbapenem Resistant Enterobacteriacial (CRE) was introduced to us by Holly. She went to a conference in September and found out some interesting things concerning the Endoscope, Dumdum scope and the ERCP scope. What is CRE? It is in the same category as the E. Coli. It is resident to penicillin. This bacteria, increased its numbers in the 90's. The outbreak was due to incomplete cleaning of the scopes. The patients that were at high risk were the ones that were in the Intensive Care Unit, and Immunocompromised system. No one knows how it is colonized or how to stop it from appearing. The best thing to do is to clean the scopes by the instructions. Do not deviate from that processes. Don't handle the scopes with bare hands, always use gloves. Dry, Dry, and Dry the scopes!!!

Add air time to the machine, then blow, with the force air hose, the scopes for an extra 2 mins before hanging them back in the cabinetry. Don't forget to blow out the valves also with the force air hose. All techs should be certified to clean the scopes. Always use the SGNA standards to cleaning the scopes along with the manufacture standards. Use your Personal Protected Equipment.

Thank Everyone!

Barb

Barb wanted to make sure everyone knew the physicians and her are very thankful for all their hard work to make our office run so well. To be aware that Colon Cancer Awareness is on Friday, March 4. To wear the blue shirts that was provided for us. Bio Feed Back was introduced by Dr. Alardin. This process will be coming soon. Fecal transplant still coming along well. We are almost ready to implant this process.

Performance Improvement

Jerilyn

Last year scores will be the same for us this year. We have increased on all the areas that needed to be improved. Please keep up the great work. There is one change instead of asking the Patient if they are having pain and what level is it, the nurses are to be concerned with the patients comfort.

Jerilyn also talked about the physicians debate coming up on April 19 at the Allen College. She is encouraging everyone to come to the event. The money raised at the event will go to People's Clinic. Last year there was \$10 thousand raised. This year they are hoping to double that. Blue Cross/Blue Shield is going to award Allen Digestive Health Center the

Blue Cross/Blue Shield recognition award this year during the event. The debate will cover Programs Implanting: Piro Scane- the measurement of liver stiffness. Do we need to do more or less liver biopsies?

Closing/Dismissed

Barb

Brook needs receipts for the cookbook. SGNA exam is coming soon. There will be prep classes before the testing date. The next Ed Day will be June 1.