

# SGNA news

Quarter Two 2016 | Volume 34

## How to Network Like a Pro

See page 4 for a fresh take on networking.

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## BUSINESS BRIEFCASE

## Management Tips for GI Professionals

We tap three speakers from the SGNA 43rd Annual Course to share their secrets for success



**Gail C. Crowe, BSN RN CGRN**

University of Iowa Health  
Care – Iowa City, IA  
Years Working in GI: 18

### Annual Course Session:

Create a team by Breaking the Mold:  
Florence Would Be Pleased

**Takeaway:** Our session will focus on the creation of a positive, patient-centered staff as we prepared to open an off-site procedure suite. We will look at how different personality traits and outlooks combine to support this and will pose some potential resources. We did have a unique opportunity and environment to develop our team. The principles won't change but the way that individuals can implement them in their home clinics or units are numerous.

## Number-one piece of advice

Stepping into a management role is always an exciting yet challenging opportunity. In my opinion, the number-one piece of advice is to recognize that you don't have to know everything, but you do need to be prepared for a steep learning curve and have a positive attitude.

Also, the best managers are actually the ones who are leaders first and managers second.

## Trends to watch

My GI experience has been in a tertiary care center. Practice management in this setting includes collaborating with administrators as well as providers at the local level and communicating with upper-level administration as far as resources and needs. Quality is forefront as the reimbursements are increasingly tied to these measures. Moving from a provider-centered model to a patient-centered model is also a trend as competition for healthcare dollars increases and patients become more savvy about obtaining healthcare.

## Top three management tips for success in GI

1. It is imperative that at all times, the management team be "on the same team." Although you may have differences of opinion, the question is always, "How do we get to yes?"
2. Listen to your employees. They have firsthand knowledge of things that you can address before they become large issues.
3. Be open to trying new technologies and procedures. Tap into the opportunities to learn from others. You can't make all the mistakes yourself.

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SGNA is an organization of 8,000+ registered nurses and other healthcare providers functioning in administrative, clinical, educational and/or research roles in the management of individuals with GI health problems.

SGNA News is published to provide association and industry information for the benefit of its members. Reference to any company or product within SGNA News should not be considered endorsement or approval.

## Mission & Purpose

The Society of Gastroenterology Nurses and Associates, Inc. (SGNA) is a professional organization dedicated to the safe and effective practice of gastroenterology and endoscopy nursing. SGNA provides education, training and evidence-based GI/endoscopy practice documents to enable our community to provide the very best patient care. With more than 8,000 members, SGNA is an influential voice on issues impacting the specialty. SGNA continues to collaborate with other healthcare organizations that share our ultimate goal of empowering GI/endoscopy professionals to deliver the best possible care. Additional information is available at [www.sgna.org](http://www.sgna.org).

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## PRESIDENTS PERSPECTIVE

# The Year in Review — Celebrating Our Achievements

Lisa Fonkalsrud, BSN RN CGRN, 2015–2016 SGNA President



It's hard to believe that my presidential year is coming to a close; it's been such a busy and exciting year. SGNA has accomplished so much with the help of many wonderful volunteers. Thank you to those who have given your time and talent on the national and regional level over the past year. Your efforts are the reason why SGNA is so successful!

Infection prevention continues to be an issue that is top of mind for GI professionals and patient safety is vitally important to SGNA. Earlier this year, SGNA released practice documents focused on infection prevention: the new document, "Standard of Infection Prevention in the Gastroenterology Setting," and the revised document, "Standards in Infection Prevention in Reprocessing of Flexible Gastrointestinal Endoscopes." Two free webinars were offered earlier this year to discuss each document. Both webinars had record-breaking attendance.

We just elected our first associate to the board to ensure the voice of the GI associate is heard. We are excited to welcome Kelly Shields, BSB/M AGTS, at our May Board Meeting in Seattle, WA. Kelly will bring a wealth of knowledge and talent to the board.

Education continues to be a reason for GI professionals to seek out membership or renew membership in SGNA and SGNA continues to deliver. This year, there is a newly released Associates Program, new budgeting and financial online modules for

nurse managers, and new online infection prevention programs. In 2015, SGNA offered 128.06 contact hours, with 13.25 offered free of charge thanks to our generous sponsors. Given the number of individuals who attended our programs, we awarded over 25,000 contact hours with 5,215 contact hours at no charge.

Evidence-based programs such as our Fellows and Scholars Programs continue to provide a wealth of knowledge to help us practice in our field. One project has answered a lingering question about endoscope hang time: "How long can endoscopes which have undergone high-level disinfection be safely stored before use? A Systematic Review" by Marilee Schmelzer, PhD RN and Glenda Daniels, PhD RN CGRN, has solved that question for us. A webinar led by Marilee and Glenda on this subject took place on April 20.

We made connections with colleagues from the Canadian Society of Gastroenterology Nurses and Associates (CSGNA), the European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA) and the Society of International Gastroenterological Nurses and Endoscopy Associates (SIGNEA) by sending delegates to their annual meetings. The SGNA Mentoring Program for Nurse Managers, now is in its third year, was just updated and got off to a great start in February. The first Medical Aid Scholarship was awarded to Diane Kouzmanoff Williford for a medical mission in Africa. It was indeed a busy year making connections with colleagues!

I am especially looking forward to the 43rd Annual Course in Seattle. The course will take place May 22–24 with pre-meeting events on May 20–21. This is a great opportunity to earn up to 41.75 contact hours, network with colleagues, meet with vendors and see vendor products, and take advantage of world-class education. I hope that you will join me in Seattle for this event!

Thank you for the honor and privilege of serving you as your SGNA president for 2015–2016. ●



## GIQuIC Update: “Procedure End Time to Room Ready” Measure

Nancy Schlossberg, BA BSN RN CGRN

The current healthcare environment demands endoscopy units in all settings increase efficiency in order to build procedure volume, decrease costs and deliver quality services. Metrics and benchmarks have been clearly defined in other areas of healthcare such as the operating room; however, endoscopy units lack accepted and rigorously studied metrics or benchmarks. Clearly, endoscopy units must define, then measure and compare performance metrics against their own industry-wide best processes and practices.

Reducing endoscopy room turnaround time is often used as a measure of endoscopy unit efficiency. The most profitable endoscopy units compress schedules to facilitate maximal volume of multiple consecutive procedures. Any non-productive downtime between procedures negatively impacts efficiency, revenue, and patient, staff and physician satisfaction. The traditional operating room 10-minute “wheels out to wheels in” metric may belie efficient GI/endoscopy experience. For example, following completion of the endoscopy, patient transfer from the procedure room might be delayed 30 minutes due to insufficient recovery room space, staff or other resources. While only 10 minutes

The data fields associated with the Procedure End Time to Room Ready measure are: (a) Procedure End Time, defined as the time when all therapeutic and diagnostic interventions are completed; which in many cases may be when the endoscope is removed from the patient; (b) Wheels Out Time, defined as when the patient is wheeled out of the endoscopy suite; and (c) Room Ready Time, defined as when the room is cleaned and ready to accept another patient.

Endoscopy units can then apply this endoscopy-specific best practice data into realistic scheduling algorithms that appropriately factor room turnaround time into improving efficient operations in their own settings.

The GI Quality Improvement Consortium, Ltd. (GIQuIC) is a joint initiative of the American College of Gastroenterology and the American Society for Gastrointestinal Endoscopy. The goal of GIQuIC is to support endoscopy units and their teams in raising the bar on efficiency, effectiveness and reliability in benchmarking.

For more information about GIQuIC, visit: [giquic.gi.org](http://giquic.gi.org). ●

***The goal of GIQuIC is to support endocopy units and their teams in raising the bar.***

elapsed between “wheels out to wheels in,” the endoscopy procedure room technically could not accept the next patient for 40 minutes.

To support GI endoscopy units—in particular unit managers—in their efforts to improve and optimize efficiency without compromising on quality, SGNA partnered with the GI Quality Improvement Consortium, Ltd., to develop an endoscopy unit quality measure. This measure, called “Procedure End Time to Room Ready,” was created for inclusion in the national registry, GIQuIC, which fosters the ability of endoscopists and endoscopy facilities to assess and benchmark their performance, and provides impetus for quality improvement in endoscopic care.

The measure went live in the GIQuIC registry in June 2014. Currently, five percent of units participating in GIQuIC are using the data fields that support this measure. SGNA and GIQuIC look forward to seeing that percentage grow. With increased usage and a growing denominator, our confidence will increase as we seek to establish a benchmark for room-ready or turnover time.



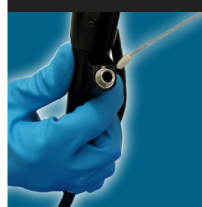
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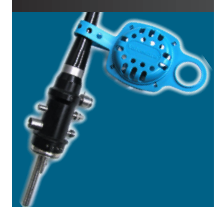
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## How to Network Like a Pro (and still have fun!)



The internet is filled with tips on how to network at events. It will tell you what to say and how to say it. It will tell when to follow up (not too soon, not too late). You can get advice on how to dress, how not to drink too much and what firmness makes for a good handshake (not too firm, not too soft). Before long, you get the impression that networking is a chore — neither fun nor easy to do.

That's a shame, because networking does not — and should not — be such a serious endeavor. Can you imagine going to a reception and meeting someone who spent hours memorizing the perfect elevator speech? Anyone who takes networking advice that literally is the last person you want to hang out with.

At the end of the day, networking is just meeting new people and finding out if you have anything in common. If you're open to that, then the rest will happen naturally. The great news is that if you're at the SGNA Annual Course, for instance, you already share lots of things in common with other attendees. You're already passionate about what you do, and so is everybody surrounding you. So there's really

no pressure to be "good" at networking. Just try to be the best version of yourself.

That said, here are some practical steps you can take to get the most out of networking:

### *Make New Friends ...*

For many, meeting new people is the reason they attend events like the Annual Course. There's no magic formula for meeting new people, but do try to balance quantity and quality. If you only meet one new person, but the two of you are like long-lost siblings, that's just as valuable as becoming acquaintances with 25 new people. If quantity is your goal, some people set a quota for how many business cards they'll try to collect. If that works for you, do it.

The only rule for meeting new people is to be open-minded. When you're in an education session, sit next to someone you don't know instead of the coworkers you see every day. During receptions, invite solo or first-time attendees into your group conversation. Conversely, if you're a solo or first-time attendee, say hi to the other person standing alone at a session or reception. Have no fear.

### *What Not To Say*

Here are some questions you might get while networking ... and what not to say in response:

#### ***Can I have your business card?***

**Bad:** "I just ran out."

**Worse:** "I forgot to bring them"

**Unacceptable:** "My assistant forgot to pack them."

#### ***Can we connect on LinkedIn?***

**Bad:** "I'm not on LinkedIn."

**Worse:** "What's LinkedIn?"

**Unacceptable:** "Let's connect on Snapchat."

#### ***What do you do?***

**Bad:** "I practice the art of gastroenterology and endoscopy nursing."

**Worse:** "You first."

**Unacceptable:** "Wouldn't you like to know?"





### *... But Keep the Old*

Networking isn't just about connecting. It's about re-connecting, particularly with the people you feel strongly about but don't see regularly. With these relationships, think about scheduling a specific time to meet during the event that's outside the scheduled events. In other words, send an email ahead of time that says, "Looking forward to seeing you at the Annual Course. Can we grab breakfast, dinner, coffee, etc.?" That way, you won't feel obligated to catch up during scheduled networking events, and you can concentrate on meeting new people.

### *Follow Up*

Again, there's no absolute rule on when or how to follow up with your network. For some, it will be as simple as connecting on LinkedIn and occasionally "liking" their posts.

It may be getting together once a year at the Annual Course. For others, including the people with whom you have a special connection, it may be more frequently than that. Ultimately, any follow-up is better than none at all.

### *Fast-Track Your Networking*

One final word about networking. Perhaps the single best thing you can do is get more involved in SGNA. As any active volunteer will tell you, this is a great way to experience quantity and quality in your network. The more involved you are, the more people in the field that you meet. As you work closely together to support the association, you'll also develop lifelong ties.

View course listings and registration information for the Annual Course at [www.sgna.org/2016annualcourse](http://www.sgna.org/2016annualcourse). ●



## *Networking: The Priceless Gift*

By Colleen Keith, MSN RN CGRN, SGNA Immediate Past President

I have told my SGNA story many times. It is the perfect picture on how networking with fellow healthcare providers can provide a synergy for advancing our GI nursing practice. In the 1980s, I began my GI nursing career. I attended my very first annual conference in New Orleans to better understand the specialty. My mother had given me money and I had to promise her I would have brunch at Brennan's, one of New Orleans most popular restaurants. I reluctantly went to Brennan's by myself and the course of events changed very quickly. A group of SGNA members identified my course bag and asked me to join them. The group was comprised of SGNA leaders. That day, I met lifelong friends. They encouraged me to be an active member and when I thought I had reached my fullest potential, they presented me with another new challenge.

I was determined the next SGNA Annual Course I attended, I would pay it forward and network with a new attendee. I attended the fall SGNA conference in Nashville, TN. I observed an attendee sitting in the hotel café by herself with a conference bag. I introduced myself and had lunch with her. We kept in contact and, as the years progressed, we served together on the certification board.

I probably would have never volunteered in SGNA without the encouragement from SGNA members. I work in a small rural hospital and I would not have ever imagined that I could take on a national leadership role. It was the active networking of my Indiana region and the encouragement of SGNA leaders that set me on a volunteer path that has been amazing.

Reflecting on the networking I have done over the years, I realize there are core activities that must occur to maintain the synergy of networking with colleagues. Networking must be an active process in your work life. Tell others about your networking experiences and how it impacted your practice. Never forget what one act of kindness and encouragement can yield for the future of our specialty.

I challenge every member to network with someone new. Keep in contact, be available, be a resource. Most of all, help others to see in themselves potential which they may not be able to imagine on their own. Encourage, celebrate, and most of all, enjoy all your new friendships! ●



## Mentor Matters

In the first installment of this column, members of the SGNA Mentorship Program weigh in on finding the right mentor and staying focused on your goals

### Meet the Mentors



**Dawn Easler, RN CGRN**

*Nursing Administrator  
Gastroenterology Associates of  
the Piedmont*



**Lisa Heard, MSN RN  
CGRN CPHQ**

*Program Director of Patient Safety  
CRICO – Harvard Risk Management  
Foundation*



**Betty McGinty, MS HSA  
BS RN CGRN**

*Director of Gastroenterology Services  
Northside Hospital – Atlanta, GA*

### How do I find the right mentor?

**Dawn:** One of the most valuable resources you can have in your career is a good mentor. The following tips will help guide you in choosing the right mentor.

- A mentor should be someone you respect. They should be someone who has great accomplishments in their own career.
- A mentor should be someone that challenges you. They will help you focus your thinking and boost your decision making. They should offer new and different perspectives.
- A mentor is a powerful role model. Choose someone who is “like-minded” in his or her career goals. A mentor is someone who serves as an example, an adviser, a sounding board and ultimately a friend.
- A mentor should be someone who has genuine interest in your career. The mentor should be involved in your success.
- A mentor should be someone who has good interpersonal skills. They should be someone who is a good listener, who asks thought-provoking questions and will give you candid and honest feedback.

Your relationship with your mentor should be mutually beneficial. As a mentee, your knowledge and experience is also important to the relationship. You should share your lessons and teach from your experiences. A mentor is committed to your success and deserves your gratitude and appreciation.

**Lisa:** Finding a mentor is not difficult; you may already know yours. These relationships often develop in subtle ways and evolve into a mentorship. The best advice is to look for the right person, regardless of their position. Your mentor may not be a person who is in a leadership position but perhaps a peer or colleague. Regardless, it is important to look for a mentor who is a role model you can look up to and who will take an interest in your career. It's up to you to identify the type of person you connect with. It may seem like you should choose a mentor from your professional field, but don't discount the value of a mentor from a very different profession or background. They may bring a new perspective to situations.

The relationship between a mentor and mentee should be mutually beneficial. They should empower each other and be willing

to listen. Mentorship has been known to give both the mentor and mentee valuable experiences. It may be professional insight or a lifelong friendship, or both. Being open to sharing your strengths and weaknesses with your mentor will help you grow as a person and a professional. Your mentor may have experienced similar situations that could help you overcome your challenges.

Being a mentee is a wonderful experience that can have a positive impact in your life. I have been fortunate to have several mentors throughout my professional career. All of these relationships evolved from professional collaborations and, in every case, helped me to succeed on my journey.

**Betty:** We find in thefreedictionary.com the definition of a mentor to be “a wise and trusted counselor or teacher.” *Merriam-Webster* describes a mentor as “someone who teaches or gives help and advice to a less experienced and often younger person.”

A mentor leads by example. He/she helps you to learn things rather than doing things for you. He/she may share efficiency tricks, offer advice/examples of alternatives for success, introduce



you to important resources/useful references and enlighten you with tricks of the trade. This person is positive, enthusiastic in the field and values ongoing learning and growth.

A mentor in life may be a professor, instructor, faculty, family member, sibling, neighbor or friend. I recall having a nursing instructor as my mentor in my earlier career days. A mentor in the workplace may be a colleague, business acquaintance, a former boss or a worker known to have an outstanding reputation. I found a mentor in the CNO of my former organization, and we have continued as friends. Finally, a mentor may be someone you've never met, perhaps someone you've read about and somehow felt a connection. I found Dr. Benjamin Spock to be my mentor author in regard to raising my three children.

A mentor —willing to share skills, knowledge and expertise —will accept the invitation to enter into a healthy mentoring relationship. Together, you will develop a plan for meeting schedules, topics to address, assignments to complete, and parameters for guidance and constructive feedback. One measure of success is for mentees to become mentors for others. It is important to understand that the relationship is reciprocal in nature and mutually beneficial.

### *How do you stay focused on your goals?*

**Dawn:** Staying focused on a specific goal requires your attention and energy for a sustained length of time. To stay focused on your goals, you must write them down. Writing the goal down solidifies it in your mind. Once you have clarified your goal, develop a plan for achieving it. Identify the steps involved in achieving the goal and any obstacles you may encounter along the way. If you have a plan, it becomes much easier to stick to it. Track your progress on a regular basis. Tracking your progress is the connection to the end goal. Every step you make toward your goal is rewarding. By tracking your progress, you will know if the plan needs to be tweaked to meet the goal. Lastly, surround yourself with positive

influences that will encourage you along the way. Share your goals with a friend and ask them to be consistent in reminding you to stay focused on your goals. Remember, no one accomplishes goals alone! You will need encouragement and support from others.

**Lisa:** Benjamin Franklin said, "Energy and persistence conquer all things." It is easy to lose track of our goals in our busy personal and professional lives. Using energy and persistence is key to success. Concentrating on one or two goals that are attainable can help. Prioritize and decide what is most important to you. Is it a professional or a personal goal that you want to focus on? Decide what you want to accomplish and set your sights on achieving your goal.

Having a plan will make it easier to stay on track, so establish your agenda. List the things you need to do and then measure your success. Simple "to-do" lists are helpful to keep you moving in the right direction. Another piece of advice is to gather support. Enlist friends, family or colleagues to help keep you motivated and to provide

morning I pull up my Outlook Calendar from my computer and transcribe onto my Vera Bradley organizer each event. As these events are accomplished or cancelled, I check them off on my organizer.

My organization is driven by organizational goals, which the patient care leaders define at the level of nursing, and then my GI leadership team translates them for our service line. We carry them to the level of the staff in the form of "SMART goals." All levels of the organization are measured by the goals that we have set. An example of a goal for my endoscopy unit is to achieve a staff turnover rate of less than or equal to 13 percent.

Staying focused upon goals starts with limiting them in number. I have learned that between one and three goals at a time is a manageable number. Keep a parking list of goals that you will later move to your list of current goals as others are achieved. Once one sets goals, he/she should stick with them. It is important to create a plan with action steps for each goal. Tracking results is important, as is the creation of milestones

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## *One of the most valuable resources you can have in your career is a good mentor.*

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encouragement when you need it. Track your results by journaling your efforts and your achievements. Doing this will help you to see what you have accomplished and serve as a blueprint to tackle more goals.

**Betty:** I like to describe myself as being goal-driven. I plan my every day on this basis, first of all by keeping a daily planner. You may think this is antiquated in this day and time, when we work with electronic calendars and schedules. However, every

along the way. A vision board that is used to post results on a regular basis is a popular way to accomplish this initiative. An example would be keeping up with patient satisfaction scores by posting them monthly. Don't forget to celebrate your successes along the way. A final idea for ensuring your attention to your goals is to identify a goal buddy to partner in keeping you on track. This may also be a reciprocal relationship (such as a weight-loss buddy). ●





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>> Continued from page 1

## Management Tips for GI Professionals



**Angela Diskey,  
MSN RN CGRN**

Roudebush Veterans  
Affairs Medical Center  
Indianapolis, IN

Years Working in GI: 10

**Annual Course Session:** Engaging Staff to Improve Efficiency and Overall Access to Care

**Takeaway:** The focus will be on strategies we have implemented in the past two years that have made a positive impact on both patients and staff. My hope is that others will walk away with some tips on how to lead others to bring about positive changes. Non-managers will also benefit from suggestions they can take back and propose to their managers and peers.



**Kathleen A.  
Mueller, RN CPC  
CMSCS CCS-P CCC  
PCS**

AskMueller Consulting LLC  
Lenzburg, IL

Years Working in GI: 27

**Annual Course Session:** ICD-10-CM Training and GI Practice Management Update

**Takeaway:** My session will focus on the coding and billing updates for GI and the issues with ICD-10 conversion. The major takeaway is to bring back techniques to reduce any further loss of revenue to the practice, improve documentation and quality of care, and increase practice compliance.

### Number-one piece of advice

It is important to maintain good communication and keep your team members informed. People do not want to be caught unaware or perceive that you are withholding information.

### Trends to watch

I see an increased emphasis on data tracking, analysis and retrieval. It will be important for managers to maintain meticulous records on such things as ADR, competencies and patient tracking. Infection prevention will continue to be on everyone's radar.

### Top three management tips for success in GI

1. Communicate! Continually tie their daily work into the mission of your organization.
2. Build relationships.
3. Encourage frontline staff to be innovative, take risks and take ownership.

### Number-one piece of advice

Don't forget where you once were within the practice. Management allows you the chance to put changes into place that you think will improve efficiency, foster work relationships and improve quality in the workplace, but this all starts with your ability to listen and be objective.

### Trends to watch

So many GI practices are merging and becoming much larger. Increased technology and increased ancillary services are being brought into practices.

### Top three management tips for success in GI

1. Communication is the key to success.
2. Take a team approach. This goes along with number one (above). Function as a team. Your patients will view you as terrific and this will bring more patients to your practice.
3. Encourage continuing education and make sure that all staff members are aware of the importance of their jobs. There are no unskilled positions within a GI practice.

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# GI Nurses and Associates Week

Members showcase their pride (and playful side) March 21–25. Enjoy this photo recap!



Mayo Clinic Health System, Eau Claire, WI



Southwestern Vermont Medical Center, Bennington, VT



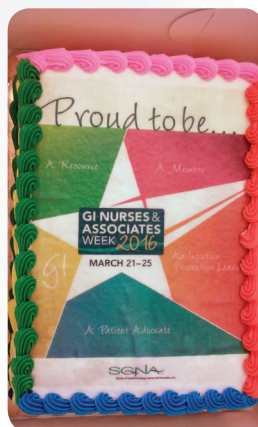
Memorial Hospital West, Pembroke Pines, FL



Surgicare of Central Jersey, Watchung, NJ



Ellie & the GI Squad were popular fixtures throughout GI Nurses and Associates week.



Orlando VA Medical Center, Orlando, FL



University Hospitals Parma Medical Center, Parma, OH





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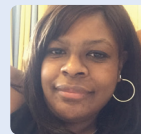
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## Introducing the 2016 Class of SGNA Scholars

The scholars will undergo a weeklong systematic review training in June 2016. Using the training tools, scholars will perform systematic reviews with the goal of building a repository of synthesized research applicable to the GI/endoscopy setting. Their findings will be shared through SGNA resources, including the Annual Course.



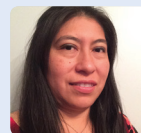
**Melinda Beatty, MSN RN**  
Henry Ford Health System



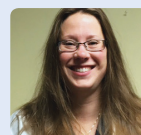
**Paula Cox-North, PhD ARNP**  
University of Washington



**Helene Drees, MSN RN**  
Bon Secours Mary Immaculate



**Dora X. Frank, MS CRNP**  
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Valley Hospital



**Shelley Riddle, MBA MHA BA RN**  
St. Anthony Medical Center



# TCU Center for Evidence Based Practice and Research: A Collaborating Center of the Joanna Briggs Institute

SGNA has partnered with the Texas Christian University (TCU) Center for Evidence Based Practice and Research: A Collaborating Center of the Joanna Briggs Institute to provide the curricula and training for the scholars. The TCU staff will work closely with the group throughout the course of their projects and systematic reviews.



## **Kathy A. Baker, PhD RN ACNS-BC FAAN**

Associate Professor, Texas Christian University, Harris College of Nursing & Health Sciences; Division Director, Nursing Graduate Studies & Scholarship; Deputy Director, Center for Evidence Based Practice & Research: A Collaborating Center of the Joanna Briggs Institute



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>> Continued from page 10

## Network with Purpose at SGNA Annual Course

Advice from speakers for first-time attendees

"This is an opportunity to learn about other units or clinics and discuss issues. Interestingly, you will swear that they are describing your unit and issues which you thought were unique. Don't be afraid to mix, mingle and ask questions. You don't learn much leaning against the wall when there are networking opportunities. Let yourself enjoy the conference in all the various aspects." — **Gail C. Crowe**

"Take the initiative to introduce yourself to others. Ask people questions about their own practice and be willing to share your own experiences. Last year was my first time at the national conference. I wish I would have exchanged emails and phone numbers with a few people. This year, I intend to approach this differently!" — **Angela Diskey**

"Now is your chance to form relationships with other practices close to you and with the same structure. Make the most of your time together in developing a support system as well as a sounding board from someone outside of your practice for more of an objective view to affirm what you already know and tips to improve your practice."

— **Kathleen A. Mueller**

## Save the Date for the SGNA 44th Annual Course

Join your GI/endoscopy colleagues in New Orleans, LA, to jazz up your GI journey!

It's not too early to start getting excited about the 2017 Annual Course, taking place in the Big Easy. The SGNA 44th Annual Course will be hosted at the New Orleans Morial Convention Center May 7–9, 2017, with pre-meeting events slated for May 5–6.

**To submit an abstract for the 44th Annual Course today, visit <http://bit.ly/1XcToN5>.**

Abstracts are due by Friday, June 17. Submitters will be notified of the status of their abstract by early September. Please contact Cassie Ehrhart at [cehrhart@smithbucklin.com](mailto:cehrhart@smithbucklin.com) if you have any questions about submitting an abstract.





## Gastroenterology and the Affordable Care Act

Rhonda Maze-Buckley, RN, SGNA News Editor

With the sweeping changes the Affordable Care Act (ACA) has brought to the healthcare arena, many gastroenterologists and outpatient endoscopy units are finding themselves in a rapidly changing environment.

In times past, the fee-for-service reimbursement model incentivized providers and endoscopy units to maximize volumes for reimbursement, which sometimes led to an overutilization of those services. The ACA is building the framework to shift this model to a bundling approach to focus on value and quality. The jury is still out on whether the quality of medical care can be measured in every clinical situation, but it is here to stay and figuring out how to manage this difficult terrain is going to be a challenge for all of us.

Quality has always been at the forefront for gastroenterology professionals, but now we are being tasked to demonstrate that value and quality to ensure optimal reimbursement. Fortunately, leaders in the specialty of gastroenterology have worked with the Centers for Medicare and Medicaid Services (CMS) to develop key quality indicators to demonstrate the quality provided in the GI area.

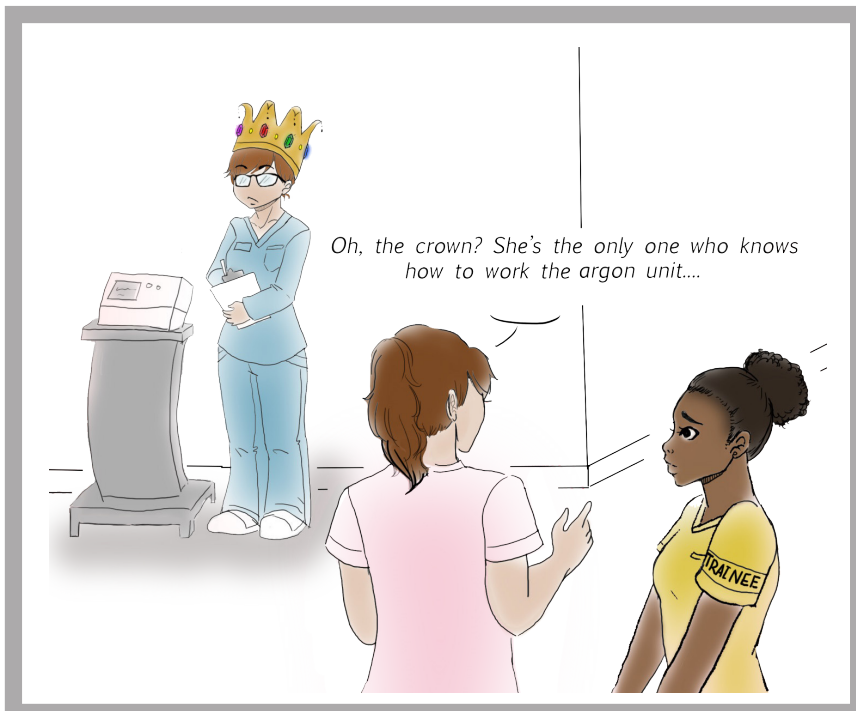
The six quality measures for GI include:

- Appropriate follow-up interval for normal colonoscopy in average-risk patients
- Colonoscopy interval for patients with a history of adenomatous polyps
- Screening colonoscopy adenoma detection rate
- Age-appropriate screening colonoscopy

- Inflammatory bowel disease preventative care: corticosteroid-related iatrogenic injury
- IBD: assessment of hepatitis B virus status before initiating anti-TNF therapy

Cutting costs, standardizing procedures and sharing resources is no longer enough, using quality metrics and benchmarking against others will ensure survival in the coming years.

Dr. Carol Koscheski of the American College of Gastroenterology offers this advice: "Those charged with managing this transition [should] get connected with their GI societies and read everything that comes across their desk. We are fortunate to have excellent GI societies that are very reliable resources for this, as well as many other topics in the changing realm of healthcare delivery." ●



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Periodicals

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