

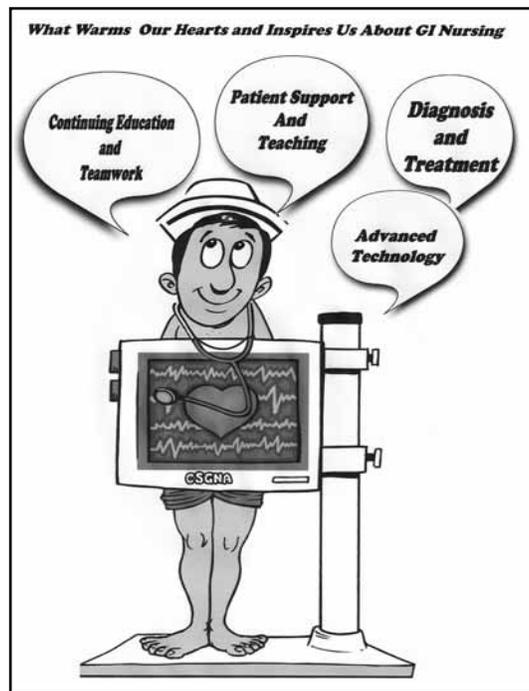
GINURSING – What is Inspirational and Rewarding

When we were faced with the question about what we find inspirational and meaningful in our daily nursing careers in gastroenterology, we came up with several ideas and themes.

We all agreed that we find great rewards in our ability and opportunity to provide patient education, safe care and emotional support for our patients experiencing stressful procedures and therapies. The evidence for us is the appreciation our clients show us and the positive ways their experiences, for the most part, play out.

We also find that being a part of the diagnosis for patients of all disease conditions related to GI and providing safe, effective treatments is very fulfilling. On the other hand, not finding anything wrong can often be as rewarding for us as care providers than finding the wrong.

One of the very cool parts of our job as gastroenterology nurses is the chance to utilize advanced technologies and participate in interventional treatments. There is nothing more fulfilling than removing multiple gallstones or polyps, dilating strictures so someone can swallow again



or providing palliative procedures so someone can live out their days more comfortably. The treatment through endoscopy is growing every day and we enjoy every bit of the cutting edge technology.

Finally, we decided that our collegial atmosphere at work only helps to positively contribute to our patient care. We all try to continually improve the services we provide everyday. Our chapter pays particular focus on continuing education and strives to provide education in some form on a regular basis. We realize that each person provides an important role to the running of our endoscopy unit and our CSGNA chapter. At the end of the day, we all feel privileged to belong.

GI Joe is our official mascot for all our educational events or anything we promote as a chapter. Today we depict him as ourselves, a nurse and under close inspection or scan we would see that we love gastroenterology nursing in all aspects and particularly the ones highlighted.

Respectfully submitted by
CSGNA Central Alberta Chapter

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In the Spotlight

Cape Breton District Health Authority

Nestled on the 3rd floor of the Cape Breton Regional Hospital, the GI Unit is an important part of Perioperative Services in the Cape Breton District Health Authority.

The District is a multi-site organization that serves 130,000 people living in three counties on picturesque Cape Breton Island, Nova Scotia.

The main GI unit is based at the Regional Hospital, the district's trauma and referral centre. It is supported by GI units at three neighbouring hospitals namely Glace Bay Hospital, Northside General Hospital and Inverness Consolidated Memorial Hospital.

The smoothly run unit is staffed by four RNs and two GI aides who work closely with two

gastroenterologists and five surgeons. The lead RN, Sandy Marshall, has her GI certification. Together, the team handles everything from emergency cases and extensive procedures to therapeutic and diagnostic procedures.

The unit averages about 70 patients per week. Patient access for electively booked cases is through the Day Surgery department. Many referrals are received from inpatient units as well as the Emergency department. Twice a week, two complete procedure rooms are run. Staff perform ERCPs in the Diagnostic Imaging department. Esophageal motility and 24 hour pH studies are performed one day per week. All GI units participate in the Provincial Colorectal Cancer Screening Program in Nova Scotia.

The unit's staff members take great pride in their specialty and endeavor to provide excellence in the care they give their clients.

The meticulous care given to the reprocessing and handling of the endoscopes and other departmental equipment has led to zero infection rates for cultures and acceptable repair costs.

Staff members strive to maintain this high level of care delivery, promote best practices and obtain the most current and evidence based education for the entire team.

Respectfully submitted by
Lynn Gilbert, Public Affairs Assistant
Cape Breton District Health Authority &
Sandy Marshall RN CGN(C)
CSGNA Canada East Director ♦



Letter from Canadian Digestive Health Foundation

This is a quick but heartfelt thank you to the leaders of the CSGNA for donating \$2850 to the Canadian Digestive Health Foundation when you sponsored Cindy James for RISE – Appetite for Adventure.

I've attached a few photos so you can see Cindy in action. She was a great CSGNA ambassador and fun member of the team.

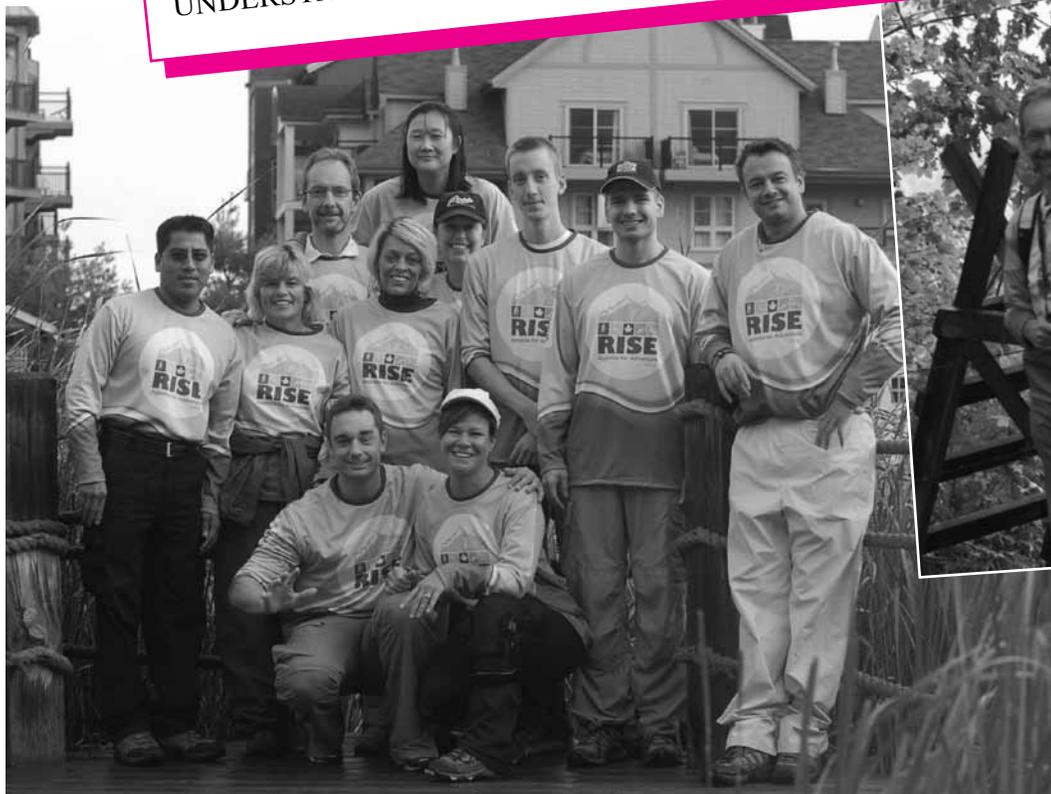
We sincerely thank you for your support and will use your donation to fulfill our goal of empowering Canadians to take control of their digestive health with confidence and optimism.

Happy holidays to you all.
Stay well.

Catherine Mulvale, Executive Director
Director@CDHF.ca 905.829.3949
www.CDHF.ca



UNDERSTAND. TAKE CONTROL. LIVE BETTER.



Canadian Nursing Students Association National Conference

I had the privilege of attending the career fair at the 2011 Canadian Nursing Students Association National Conference in Hamilton, Ontario on January 29. Over 860 nursing students registered for the conference and many dropped by the CSGNA booth to learn more about what CSGNA does to support education in the GI field, network among members, support research and advances in gastroenterology. The students were offered a chance to win a free registration for the 2011 CSGNA conference in Ottawa by entering a draw and developing a poster presentation that would be of



Lisa Westin RN MN CGN(C)
CSGNA Public Relations Director ♦

interest to attendees at the conference. A number of the students expressed appreciation for the efforts of the CSGNA to include them in our educational events and were eager to contact the chapters in their local area to learn more about GI nursing and participate in local events. The chapter executives are encouraged to welcome any new members, including students, as they represent our next generation of the CSGNA. The winner of the registration draw will be highlighted in the next issue of the Guiding Light.

Respectfully submitted by

President's Message

Membership is Worth \$100!

Whenever the board has asked for input from the members about what they wanted from CSGNA, more education and online resources were repeatedly requested. In response to this, a new website provider was hired and the website was totally revamped to make more resources available to you. Position Statements, Guidelines and Bylaws are posted in the members only section. We now have membership renewal and conference registration available online and plan to add educational tools. In order to do this, financial resources were needed.

Another mode of learning is the Gastroenterology Nursing Journal which is a quality peer-reviewed magazine and published every 2 months. To order this on an individual basis, it would cost \$115 per year. The board and past-president, Elaine Burgis worked hard to provide this to every CSGNA member for a modest fee increase of \$25 per year. What a bargain!

Some suggestions were made to pro-rate membership when a person joins partway through the year. It has been our custom to give anyone who joins after January 1st the first few months as a bonus and their membership would continue

to the following year. We believe that changing membership rates or giving discounts would confuse the issue of length of membership for scholarship eligibility and make the administrative assistant's job more difficult.

The members of the board think that they have succeeded in improving the association and will continue to work to make your society strong and to increase the advantages of belonging to CSGNA.

Respectfully submitted by
Joanne Glen RN CGN(C)
CSGNA President 2010-2012 ♦

Synopsis of CSGNA Teleconference Meeting

November 15th, 2010

- 1. REVIEW AND ADOPTION OF AGENDA:** The agenda for the teleconference meeting was adopted without any changes by Cindy James and seconded by Betty Kennah.
- 2. REVIEW AND ADOPTION OF ANNUAL MEETING MINUTES:** Not everyone received the annual conference meeting minutes that were sent; therefore, the minutes were accepted as sent. The minutes will be re-circulated with a deadline of one week from the time sent to review and comment.
- 3. REPORTS:** Reports were emailed and reviewed by all the board members prior to the teleconference.
- 4. EDMONTON CONFERENCE UPDATE:** The final number for the 2010 Edmonton conference was not available but we should have that finished by the end of the month. The cost for the Shaw Centre was \$106,000. We cannot go back to the hotel set-up again. To have a professional conference, we need to provide adequate vendor space. Heather Reid has done a good job with the conference and has built a good relationship with the vendors.
- 5. UPDATE ON OTTAWA 2011:** We had a great discussion with Rachel Thibault-Walsh regarding the next step for the 2011 annual conference. They have hosted several conferences in the past but their role is different for 2011 because we now have an event planner. The planning committee had a meeting two weeks ago to put together their wish lists, topics and speakers. They want to have reliable local speakers. We agreed that we would send out the exhibitor packs in early December. Honorariums seem to be a large part of the conference cost however the concern is that if there is no honorarium then there may not be a commitment level from the speakers. If we plan a program around the key speakers, they may cancel at the last minute if there is no honorarium. We count on the key speakers to be available, so offering an honorarium would encourage their commitment. One of the comments from the last conference was that the 30 minute breakout sessions were too short. We need to make adjustments for the breakout sessions for Ottawa; we are going to have 14 breakout sessions over three days being 45 minutes in length.
- 6. MEMBERSHIP CONFIRMING LICENSE TO PRACTICE:** One of the board members has brought up a question about how we can guarantee that our membership has a valid license to practice. As one of the registered nurse's competencies in Manitoba, it is a duty of the registered nurse to report if a licensed nurse finds out that a nursing colleague is working without a valid license. If we have a line on our membership form for members to state their current licensure then it provides an additional place to check. A question was raised about how nurses get away without showing proof of current license to the employer. After a lengthy discussion, it was decided that as an interest group, CSGNA should not get into proof of license to practice, it is the responsibility of the institution or the employer.
- CSGNA is here to offer education and it is not part of our mandate to confirm the proof of license for registered nurses. We can research this further and table this issue at a later date.
- 7. UPDATES ON E-LEARNING AND LEGAL COUNSEL:** We are working on offering online learning. We have to get some suggestions from CAG or SGNA regarding what legal issues we may have to look at before moving forward. Our membership wants more than information and we want to provide them with education for CEU's or certification. We have to consider many issues before providing online learning such as who will be responsible for updating and reviewing the content of the material posted.
- 8. WEBSITES:** Helga Sisson has been updating the website; all forms and newsletters are available on the website. A link will be put on the website for the Canadian Digestive Health Foundation (CDHF).
- 9. LETTER TO THE 2010 POSTER AUTHORS:** A letter was sent to all the poster authors letting them know that CSGNA can send a copy of the letter to their managers. All the authors requested a copy to be sent to their managers and this has been done.
- 10. FACE TO FACE MEETING:** A one day face to face meeting will be held in Toronto on February 12th 2011.

Respectfully submitted by
Usha Chauhan RN(EC) MN BScN
ACNP(D) CGN(C)
CSGNA Secretary ✦

REPORTS

CANADA WEST DIRECTOR REPORT

Manitoba Chapter

The Manitoba Chapter of CSGNA has again been very busy with regular educational sessions.

On November 4, 2010 the members of the Manitoba Chapter attended a presentation from Learning Link. The topic was 'Emergencies in the GI Lab' by Ingrid Shields RN CGRN. The presentation was informative and well attended. Lunch was provided by the chapter.

On December 9, 2010 the members attended a presentation entitled 'ERCP Potpourri'. Dr. Dana Moffatt presented this talk and he offered an excellent overview of the many issues related to ERCPs. A business meeting followed the talk and Bill Gibb from Cook Canada supplied the lunch for the meeting. The speaker and sponsor were organized by Carol Reidy. This was our Christmas meeting and members exchanged gifts and dressed for the festive occasion.

On January 13, 2011 a Learning Link presentation was again offered to the gastroenterology nurses and the topic was 'Is it Crohn's; Is it Ulcerative Colitis; or Is it Just IBD?' The speaker was Dr. Victor Mujica and the attendees appreciated this informative review. Lunch was provided by Tim Kennedy for Axcan Pharma.

In February, the presenter will be Dr. David Hochman, who will speak on 'Transanal Endoscopic Microsurgery'. Lunch will be provided by Mike Enns for Olympus. The speaker and sponsor were organized by Donna Lagimodiere.

Regina Chapter

New chapter president, Trina Korbo reports that the first CSGNA Regina Chapter meeting of 2011 was held on January 4th where we tied up the loose ends of the 2010 calendar

year. At this meeting, Connie Bender decided to step down as president after completing a very successful four year term.

Trina Korbo was voted in as the new president for the Regina Chapter. Jennifer Taylor and Dorothy Bateman are continuing on as treasurer and secretary at this time. At the meeting, it was decided that our annual GI day conference will be held on October 21, 2011.

On February 7th, 2011 we are holding an educational seminar entitled 'Nurses Initiative in Irritable Bowel Disease Care and Education in Canada' facilitated by Jennifer Taylor which we are all looking forward to.

The Regina Chapter's next meeting is planned for March 22, 2011 where we will make our plans for the GI informational day we hold every year on the Friday of Nurses Week in May. We will also work on the organization of the agenda for October's conference.

Calgary Chapter

President Connie Wescott reports that it has been quiet on this front. Scheduling conflicts have yet again postponed our dine and learn. We are working with a vendor to have another dine and learn session on capnography for the end of February. Our spring education days will be held in May.

The chapter executive challenges the Calgary members to provide us with some topics they would like to hear about. Please send topic suggestions to Connie @ wescottc@me.com.

So far there is one member preparing to write the certification exam. If there are any other members writing, I would also like to hear from them so that we may offer our support. Please email Connie.

Best to our CSGNA sisters and brothers. CSGNA Calgary Chapter.

Alberta Southwest Regional Chapter

Barb Harbers, the president of Alberta Southwest Regional Chapter reports that since September, we have been organizing a full day workshop on GI bleeds that will take place April 1st. We have been fortunate to have support from our physicians and we have six that will be presenting on this day. We are opening the workshop up to family physicians in the area as well and hope to have a good mix of nurses from all around as well as the doctors.

We have struggled this year with membership and also with getting our members out to our monthly meetings. We have tried some different approaches but not with a lot of success. I hope that we will have full numbers to maintain our chapter status into the next year and we do have some people who have expressed a desire to join. As the president, I am planning to go and speak to nurses in one of the rural clinics and explain to them the benefits of being part of CSGNA in hopes of drumming up interest and members.

We had several members attend the national conference in Edmonton and we prepared some in-services based on new information garnered there for our chapter as well as for our unit. We are looking forward to presenting to all the staff this spring.

I hope to see renewed interest in the chapter and its educational benefits into the New Year. All three members of our executive will have fulfilled their two year terms as of May 1st and we may continue to hold office depending on the interest of our members.

Wishing continued success to all the chapters.

Reported by Barb Harbers RN BN CGN(C)
President, Alberta Southwest
Regional Chapter

Central Alberta Chapter

Chapter president, Judy Klaus reports that chapter members have been content this winter providing themselves with an educational component to our regular meetings.

We hosted a supper meeting in October with 52 in attendance. Dr Martin Reedyk was our guest speaker and talked to us about 'Post Traumatic Stress Disorder'. He was able to enlighten us on how to deal with the anxious patient and to help them cope with stressful procedures.

At our November meeting, we had Lee Harder, a member, speak to us on shift work and how it can affect your GI tract.

In January, we had Bethany Steen, who has her Masters in Public Health with a Global Health Specialty, speak on her travels abroad and her involvement in clean water projects. One of our members, Eileen Bourne, is off to Haiti this weekend to help with the cholera outbreak and rebuilding there. She will be our guest speaker in March telling us about her experiences and challenges encountered there.

We are pleased to report that two of our members are busy studying for their certification. We wish them good luck in April.

We usually have an educational day in April but have put it on hold until perhaps next fall. We have been content to provide education on a smaller scale this winter.

Reported by Judy Klaus RN CGN(C)
President, Central Alberta Chapter

Edmonton Chapter

President Yvonne Verklan reports that the chapter had a break from activity last fall, following the 2010 annual conference. Members met in November to discuss what we will be doing for the rest of this membership year. Our members want to continue having a variety of GI evening in-services. Each site will take turns to plan and host these events.

In January, we enjoyed an evening dinner presentation at the Grey Nuns Hospital on 'Heated Intraoperative Intraperitoneal Chemotherapy for Metastatic Colon Cancer'. Dr. E. Haase is a surgeon endoscopist who is one of six performing this procedure in Canada. This was an extremely interesting talk and generated great discussion during the question and answer period. Thank you to company sponsor Caster Medical for their support. We had just under 30 delegates who work in Endoscopy, OR and Ostomy Clinics attend.

Our next education event will be hosted at the Royal Alexandra Hospital in early March, with Dr. K. Matic as our speaker. The topic is in discussion, as our planners hope to interest GI nurses from medicine and surgery to join us for the evening as well. A talk on anemia has been suggested.

"TIC TALK" will be presented by Dr. D. Olson, a surgeon endoscopist, at the Misericordia Hospital in late March. This talk will cover medical management and surgical intervention in the patient with diverticulitis.

Judy Langner has agreed to stay on as our chapter secretary until there is a replacement. This position continues until June.

Reported by Yvonne Verklan RN CGN(C)
President, Edmonton Chapter

Vancouver Island Chapter

Chapter president, Charlene McCabe reports that at our fall meeting, the executive changed hands. The new executive for the Vancouver Island CSGNA Chapter are Charlene McCabe, president, Alex Burrows, secretary and Laurie Kerr, treasurer. We would like to acknowledge and thank the previous executive Corrie Osborne, Vicki Oberg and Marilyn Doehnel for their leadership and dedication over the past two years.

As we start our term, chapter membership is down and we hope to change this over the next few months by attracting new members to our upcoming education days.

The spring education day is scheduled for Saturday, April 2, 2011 at the Olympic View Golf Course here in Victoria.

We also plan to arrange for a few evening dinner symposiums over the year to enable Vancouver Island CSGNA members to share information and learn from each other and from our guest speakers.

The members who were fortunate enough to attend the national conference in Edmonton were thoroughly impressed with the depth and breadth of the education and information offered. The speakers were fantastic and the venue was excellent.

Reported by Charlene McCabe RN
President, Vancouver Island Chapter

Okanagan Chapter

President Bethany Rode reports that the chapter is really busy advertising for their upcoming education event and they are very excited about it. They hope that this will bring membership numbers up and provide some momentum for future events.

There have been lots of changes in the hospital in Kelowna which have been challenging and chaotic.

Kamloops and Region Chapter

President Maryanne Dorais reports that six members of the Kamloops and Region loved the Edmonton conference and three plan to attend the Ottawa national conference in September. These members are looking forward to attending.

Two members come up for certification renewal this year.

Some CSGNA members hope to attend the CSGNA conference in Kelowna, April 28th.

An evening meeting is planned in February and conscious sedation will be presented.

Reports were not submitted by Vancouver Regional Chapter.

Respectfully submitted by
Susan Drysdale RN, BA, CGRN, CGN(C)
CSGNA Canada West Director

CANADA CENTRE REPORT

The busy holiday season is behind us and hopefully you are enjoying some quality time with family and friends despite this never-ending winter. I'm sure a few of us will be heading to the sunny south for a few days of sunshine. I know that I'm in need of a vitamin D fix. Most chapters are busy planning winter and spring educational events for their membership.

Montreal Chapter

The Montreal Chapter will be having an education day in March. They have been busy networking over the past year with our francophone colleagues and have elected Sylvie Nadeau as their new treasurer. Good luck in your new role. The Montreal Chapter will be hosting the 2012 annual national conference.

London Chapter

The London Chapter will be hosting an education day in March. The topics will include Barrett's esophagus, infection control in endoscopy, updates on celiac disease and proper body mechanics in the endoscopy suite. The chapter treasurer, Rosa Crecca has stepped down and they will be electing a new treasurer in the near future.

Golden Horseshoe

The Golden Horseshoe Chapter have elected a new executive and they are busy planning an educational day in April. Some topics being covered will be bariatric surgery and EBUS.

The new executive are Jody Hannah – president, Linda Gandy – secretary and Michele Jerome-Hastings – treasurer. Good luck in your new roles and I look forward to working with you.

Many thanks to the outgoing executive Alma Smith, Penny Murray and Shannon Lindsay for their dedication and commitment to CSGNA.

Greater Toronto Chapter

The chapter held an educational evening in February, sponsored by Fibretech Canada and the topic was called 'Endoscopy Growth in Canada'.

Ottawa Chapter

The Ottawa Chapter is busy planning for the 2011 annual CSGNA conference. It will be held at the new Ottawa Convention Centre on September 29th-October 1st, 2011. Be sure and mark your calendars.

Central Ontario Chapter

The chapter held an educational evening in November. The topics were procedural sedation and diabetes. They are planning another education day in the spring.

Good luck to those who will be writing their GI certification exam in April.

Respectfully submitted by
Betty Kennah RN CGN(C)
CSGNA Canada Centre Director

CANADA EAST DIRECTOR REPORT

Nova Scotia Chapter

I would like to pass on our best wishes to our new Canada East Director, Sandy Marshall. We will be sorry to see her leave her role on the Nova Scotia Chapter executive.

Sandy, your time on the national executive will be an ongoing learning experience and a great time to make new friends.

The Nova Scotia Chapter has had a quiet fall and winter. We are hosting our annual education day in late May 2011. If there are any topics our members would like to have presented, please contact any of the chapter executive. All positions in our chapter are up for election this year. Please advise me if you are interested in applying for the position of treasurer, secretary or president.

Reported by Edna Lang RN CGN(C)
President, Nova Scotia Chapter

Newfoundland Chapter

The Newfoundland Chapter has had a busy fall with two chapter meetings and another one planned to take place in the next few weeks. Plans are under way for a GI education day in May. The members have also attended two educational dinner meetings, one on IBD and the other one was an update on medications for IBD.

New Brunswick/PEI Chapter

The PEI nurses are excited about taking over the chapter executive and are busy planning an education day for April 16th in Charlottetown. They are looking for a good turnout

and hoping everyone will have an enjoyable, educational day. Good luck to all who are writing the certification exam.

Respectfully submitted by
Sandra Marshall RN CGN(C)
CSGNA Canada East Director

PUBLIC RELATIONS DIRECTOR REPORT

The Guiding Light Cover Page contest "What Inspires You About GI Nursing" was won by the Central Alberta Chapter with their infamous mascot GI Joe demonstrating why this chapter loves GI and patient-centred care. This theme represents the members of CSGNA well in their support and dedication to the field of GI nursing and support.

I attended the Canadian Nursing Students Association National Conference representing CSGNA with a booth at the career fair. I met a number of nursing students eager to learn more about GI nursing and the CSGNA. Many were impressed that we were reaching out to them and planned to visit the website and contact their local chapter to find out what educational opportunities were available. They offered some feedback which I feel will be useful in attracting new members. A draw for one free registration to the CSGNA national conference was won by a very excited student. The winner was asked to present a poster or topic at the national conference in Ottawa and will be recognized in the next Guiding Light.

I am in the process of completing an application to CARNA, Alberta's RN licensing body, to recognize CSGNA as a Specialty Practice Group in Alberta. If successful, this would provide CSGNA with closer access to CARNA and their resources. The remaining provincial RN and LPN licensing bodies will also be approached throughout the coming year.

The Guiding Light

I also assisted Joanne Glen in the development of a draft travel and reimbursement policy that will provide a cost-effective and standardized approach to travel for national board members.

I am looking forward to the adventures my role as Public Relations Director may take me in 2011 in my efforts to strengthen the relationships of CSGNA and other programs and agencies with an interest in the field of gastroenterology.

Respectfully submitted by
Lisa Westin RN MN CGN(C)
CSGNA Public Relations Director

EDUCATION DIRECTOR'S REPORT

We are very excited to have our national conference in Ottawa, Navigating "le Canal" in the Capital. An amazing conference is planned for you. You won't want to miss this conference. Mark the dates, September 29th - October 1st. I look forward to meeting up with you all there.

The abstract submission deadline date has been extended to March 4th. We would love to see several poster and oral presentations at this year's conference. Remember this is an opportunity for you, your colleagues and/or your chapter to share with us your expertise, knowledge or challenges you may have. We look forward to your submissions.

Certification exam date is April 9, 2011. For all of you who are writing, I'm more than willing to help you if you have any questions, please email me. Good luck! You can do it. For those of you who are up for renewal, there's still lots of time to accumulate the required 100 hours. Please refer to the CNA website www.cna-aiic.ca. If you have any questions please let me know.

Many chapters have planned their educational day conferences and workshops. I haven't been to a conference that I haven't learned something new. I know all of the work you have done. CSGNA knows all of the work you have done. Your conference is always enjoyed by those who attend. It is always appreciated. A delegate feels they have learned something new or feels updated. New knowledge to an individual is always stimulating and motivating. Keep up the good work. It is worth it.

There are several items we are working on for our membership. We have updated our standards. We are working on online learning for the website. This is a huge undertaking involving legal consult, increasing CSGNA links and we're in the process of making it easier for the membership to access educational material you seek. This takes countless hours and we're trying to keep the cost at a minimum.

CSGNA is involved with The Canadian Association of Gastroenterology with the Quality Program – Endoscopy (QP-E), a wonderful program. There are now 25 hospitals following the Global Rating Scale (GRS). The Global Rating Scale is a quality improvement tool for endoscopy units. It was initially developed in England. CAG has implemented changes for Canada. Please see the insert in this Guiding Light for more information. Please contact us regarding this program. It is essential that our patients receive the highest quality care.

We are very excited about our future.

Respectfully submitted by
Maryanne Dorais RN CGN(C)
CSGNA Education Director ♦



The Canadian Association of Gastroenterology Quality Program – Endoscopy (QP-E)

What is the QP-E?

The program is a mechanism for continuous quality improvement in the delivery of endoscopy services. A pilot program (Endoscopy Quality Initiative) at selected sites during 2008/2009, the program is now expanding to hospitals and clinics across Canada. The two main elements of the program are:

1. The Global Rating Scale (GRS)

The GRS is a web-based tool that evaluates endoscopic services from a patient perspective by examining elements of the 12 areas outlined below:

CLINICAL QUALITY	QUALITY OF THE PATIENT EXPERIENCE
<ul style="list-style-type: none">• Consent process including patient information• Safety• Comfort• Quality of the procedure• Appropriateness• Communicating results to referrer	<ul style="list-style-type: none">• Equality of access and equity of provision• Timeliness• Booking responsiveness and flexibility• Privacy and dignity• Aftercare• Ability to provide feedback to the service

2. Colonoscopy Practice Audit

The short audit is completed over a two-week period related to consecutive outpatients undergoing colonoscopy. Questions are answered in the endoscopy suite at the time of the procedure on Smartphone/BlackBerry/iPhone or the Web. Outcome measures (e.g. insertion and withdrawal times, extent of exam and quality of the bowel preparation) serve as baseline data to subsequently determine the effects of targeted improvements in the GRS. Endoscopists can immediately review their data online and compare with national results.

Why Join?

Just a few of the many reasons to join CAG's QP-E include:

- Improve the quality and safety of endoscopy for your patients
- Increase access to endoscopy via efficient and appropriate use of available resources
- Quality outcome measures support applications for annual privileges and re-credentialing
- Share information/processes with other endoscopy units to avoid duplication of work and accelerate quality improvement
- Compare your colonoscopy outcome measures with national results while earning and recording Maintenance of Certification credits
- Become recognized as a unit committed to providing quality endoscopy services

Endoscopy units from any Canadian hospital or clinic personnel are encouraged to join. The team of an endoscopist (gastroenterologists and/or surgeons), endoscopy nurse, and administrator complete the GRS, while the audit is conducted by endoscopists in the unit.

For further information visit:

<http://www.cag-acg.org/about/special-projects/qualityprogramendoscopy.aspx>

or email sandra@cag-acg.org

President Elect Message

As we start the New Year 2011, I would like to encourage all CSGNA members to get involved and connected by spreading the word about our amazing professional association.

CSGNA needs to hear your concerns, as it allows us to focus our resources and efforts to best represent you. The key to success of CSGNA is the participation from all members across Canada.

There are several board positions up for re-election this year. Please consider taking this opportunity to submit your nomination. You will not be sorry.

CSGNA is a member-oriented association that values the sharing of ideas and information. So don't be shy, speak up. Share what is working and what is not. CSGNA grows when members participate. Together we succeed. Remember, what we do matters.

Any questions or concerns, please don't hesitate to contact your dedicated CSGNA Board.

Kind regards,
Mabel Chayter RN CGN(C)
President Elect 2010-2012 ❖

Scholarship application forms are available on our website at CSGNA.com.

Certification

The date for writing the Canadian Nurses Association gastroenterology certification exam is April 9, 2011.



CSGNA Manitoba Chapter Christmas 2010

New Deadline for Chapter of the Year Award

Chapter Executives, submit your Chapter of the Year Award application forms to the Director of Awards & Research by the new deadline, July 15th.

Please contact me about any comments you may have about this newsletter or any ideas for future issues.

Joan McKechnie, Newsletter Editor.
Email newslettereditorwebsitedirector@csgna.com

**MEMBERSHIP
RUNS FROM
JUNE 1ST
TO MAY 31ST
ANNUALLY**

REMINDER

As per Bylaw 22.12 all CSGNA Chapters shall submit to their Regional Director by December the 31st the Chapter's financial report.

Canadian Digestive Diseases Week (CDDW) February 24 - March 2, 2011

Cindy James and I, Mabel Chaytor represented the CSGNA at the Canadian Association of Gastroenterology (CAG) at the annual CDDW meeting in Vancouver. What an amazing opportunity! Such a valuable learning experience and CSGNA members should consider attending this annual event. CAG works diligently to improve the quality of life for all those living with digestive disease. They are the leader and national voice for gastroenterology and digestive health in Canada. The Canadian Digestive Health Foundation (CDHF), the Quality Program-Endoscopy (QP-E), Colon Cancer Screening and the Partnership for Health System Improvement (PHSI) are ongoing CAG initiatives for the upcoming year.

Over 890 delegates attended the conference which included 200 speakers throughout the week. The educational program certainly achieved its objective to enhance the professional growth of its membership. The evidence based best practice and guidelines were delivered by the super stars of gastroenterology, both national and international. The 2011 annual sessions included Breakfast with the Experts, endoscopy video sessions and debates on Propofol and colon cancer screening. ❁

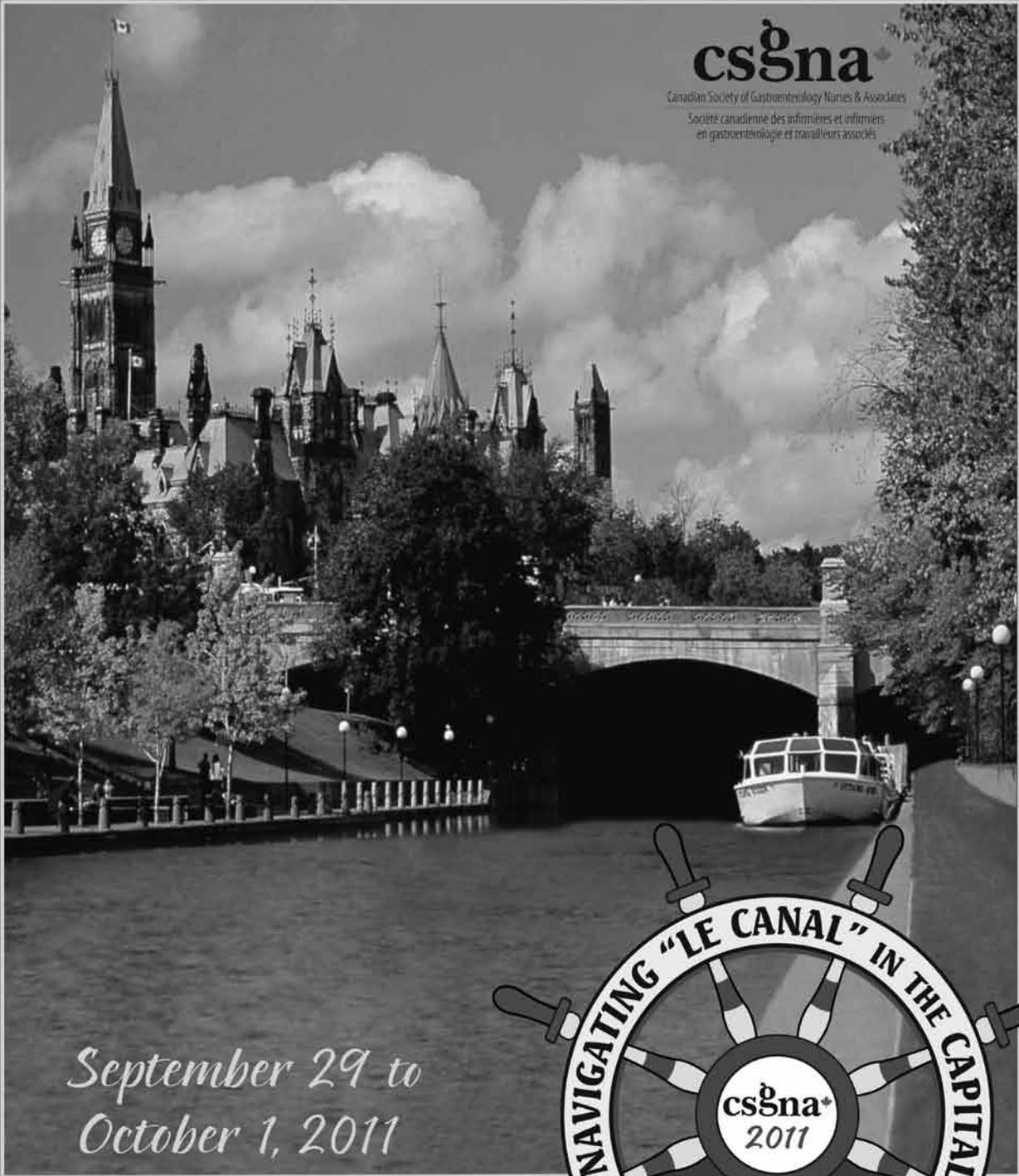


**Canadian Association of Gastroenterology Nurse Scholarship Award
Canadian Association of Gastroenterology GI Nurse Bursary Award for 2011
was presented to *Mabel Chaytor*
by Dr David Armstrong, Lead CAG Endoscopy Committee**



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Canadian Society of Gastroenterology Nurses & Associates
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en gastroentérologie et travailleurs associés



*September 29 to
October 1, 2011*



*Ottawa Convention Centre
Ottawa, Ontario*

Infection Control: Variant Creutzfeldt-Jakob Disease in Endoscopy

Submitted by Joan McKechnie RN CGN(C) – St Mary's General Hospital, Kitchener, ON

Variant Creutzfeldt-Jakob disease (vCJD) is a progressive neurodegenerative condition in humans¹ and classified as a transmissible spongiform encephalopathy.⁶ It is caused by small infectious proteins called prions.⁷ vCJD is a relatively new fatal brain disorder, commonly known as mad cow disease² and is caused by the ingestion of meat or animal products contaminated by the bovine spongiform encephalopathy (BSE) agent.³ Although rare, this disease constitutes a unique infection control problem as prions exhibit unusual resistance to conventional decontamination. The greatest potential danger arises from healthy individuals who are incubating the disease.⁷ Healthcare professionals should be aware of vCJD and the precautions necessary to safeguard against possible transmission.

Epidemiology

- vCJD was first reported in 1996 in the United Kingdom (UK). As of October 2009, a total of 217 patients with this disease have been identified: 170 from the UK, 25 from France, 5 from Spain, 4 from Ireland, 3 from the United States, 3 from the Netherlands, 2 in Portugal, 2 in Italy and one each from Canada, Japan and Saudi Arabia.¹ Some cases are thought to have been infected while residing in the UK while others are believed to have been infected by meat products or animals that were exported from the UK.³
- Mean age at onset of vCJD is 29 years with a range of 16 to 48 years.³
- The median duration of illness is 13 to 14 months.⁵
- The incubation period for vCJD is unknown because it is a new disease.¹

Risk Factors

- Almost all vCJD patient exposures in the UK from 1980 to 1996 occurred during a large outbreak of BSE among cattle. There has never been a case of vCJD that did not have a history of exposure in a country where BSE was occurring.² A number of government regulations in the UK have led to a decline in cases of BSE.³
- Four cases of transfusion transmission of vCJD have been reported in the UK and new restrictions were instituted in 2004.³
- Renewed concern about vCJD was sparked with the findings in May 2003 of a cow with BSE from Alberta, Canada. No part of the animal entered the human food or animal systems. As of January 2005, a total of three cases of BSE have been found in older cows originally from Alberta. The US Department of Agriculture announced a ban on the slaughter of "downer" cattle for food consumption and recognized Canada as a "minimal risk region" for BSE based on the World Health Organization established guidelines.³
- In vCJD, mutated prion proteins can be found in the brain and spinal cord as expected but also in lymphoid tissue throughout the body, particularly tonsils. Low concentrations have been identified in the rectum, adrenal gland and thymus from a single patient with vCJD. Positive staining has been identified in the appendix, spleen and Peyer's patches in the ileum.
- Although, no case of vCJD has arisen iatrogenically, the possibility that this may occur does exist. The risk of transmission by endoscopy is

small and probably negligible if suitable procedures are followed.⁷

Clinical Features

- vCJD predominantly affects younger people.² Patients often display sensory disturbances and psychiatric symptoms.³
- The most prominent neuropathologic feature is the presence of plaques distributed throughout the cerebrum and cerebellum.³

Diagnosis

- Diagnosis of vCJD can be confirmed by examination of brain tissue obtained at biopsy or autopsy.¹
- Magnetic resonance imaging of the brain in vCJD may show signal hyperintensity in the pulvinar (pulvinar sign) and dorsomedial thalamus (hockey stick sign).³
- Analysis from tonsil biopsy tissue provides a sensitive and specific method for diagnosis of vCJD.³
- Marked accumulation of protease-resistant prion protein on immunoblot analysis.⁵

Treatment and Prognosis

- Treatment remains supportive. There is no effective treatment for vCJD.³

Routine Practices and Patient Care

- Isolation is not required. Standard precautions and hand hygiene must be used for all patient interactions. Use gloves, gowns and face protection in situations where exposure to blood, body fluid, non intact skin, mucous membranes, secretions and excretions occur to reduce the risk of transmission of infectious agents.²

- There is no reason to deny the admission of a person with vCJD into any healthcare setting. Infection control should be notified by clinicians when a patient with suspected or known vCJD is admitted to the hospital and when scheduled to undergo any invasive procedure in which there may be exposure to personnel or instruments.²
- Spills, laundry and waste contaminated with high infectivity tissues must be collected into biohazard waste and incinerated.²
- Use disposable instruments including biopsy caps if possible and especially when in contact with high infectivity tissue.²
- Tissues and specimens should be labeled as "biohazard" and as "suspect vCJD".²
- To minimize environmental contamination, disposable cover sheets should be used on work surfaces.²
- Schedule procedures at the end of the day to facilitate cleaning. Do not use power instruments. Keep exposed instruments moist after use.²

Procedures

- The European Society of Gastrointestinal Endoscopy recommends that an endoscopy be avoided in patients with known or suspected vCJD.⁷
- There is a risk that biopsy forceps and the operating channel of the endoscopes could become contaminated.⁷

Decontamination and Sterilization

- Flexible endoscopes are inherently difficult to sterilize because they are damaged by high temperatures and strong chemicals.⁷
- Automated cleaning equipment must not be used for any instrument that has not been previously decontaminated.⁷
- Decontaminate by incinerating for high infectivity tissues of vCJD patients. If incineration is not available, it is recommended to clean thoroughly, soak in sodium hydroxide for one hour, thoroughly rinse and sterilize in a pre-vacuum method autoclave at 134 degrees Celsius for one hour.²
- Exposed reusable instruments are incinerated or reprocessed and tracked.²

Special Care to Endoscopes

- When an endoscopy is unavoidable, The European Society of Gastrointestinal Endoscopy suggests use of an instrument dedicated for patients with vCJD or use of an endoscope that is approaching the end of its useful life and can be destroyed after use or quarantined until needed for other patients with vCJD.⁴
- Safe quarantine of instruments until a diagnosis is confirmed can avoid needless destruction of reusable instruments.⁷ The instruments must be soaked in enzymatic cleanser, rinsed in a water soak and thoroughly dried. Cover all non-disposable equipment with a fluid resistant

material to limit exposure where feasible and label as "biohazard".²

vCJD poses a potential risk for transmission of mutated prions for patients undergoing endoscopy procedures. Avoid upper and lower GI procedures whenever possible. When a physician requests an gastroscopy and percutaneous endoscopic gastrostomy tube insertion on a patient with suspected vCJD, suggest an ultrasound guided tube placement. If no alternative exists, the proceduralist should use an instrument that is approaching the end of its useful life. This instrument can either be destroyed or quarantined.⁴ It is our responsibility to ensure that these guidelines are enforced.

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FUTURE CSGNA CONFERENCES

OTTAWA, ONTARIO / September 29 - October 1, 2011

MONTREAL, QUEBEC / 2012

Guidelines for Submissions to "The Guiding Light"

- Submit all materials by email to the newsletter editor in word format.
- Submissions must be received by the first of the month preceding each issue i.e.: Feb 1st for March issues, June 1st for July issues and Oct 1st for November issues.
- Include all references using APA referencing.

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The Canadian Society of Gastroenterology Nurses and Associates does not assume any responsibility for the practices or recommendations of any individual, or for the practices and policies of any gastroenterology unit or endoscopy unit.

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The following Board positions are up for re-election this year:

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Education Director
Canada East Director
Canada West Director
Secretary

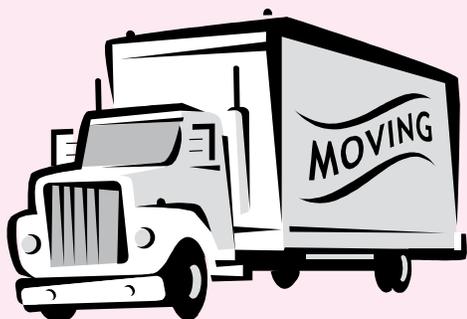
These are two-year positions commencing in the fall 2011. Please submit your nomination to the CSGNA President via mail or email, 150 days before the next annual business meeting. Please consider stepping out of the box and submitting your nomination. You will grow as a person, not to mention the wonderful experiences and friendships you will gain.

New Deadline for CSGNA Scholarship Awards – July 15th

The following CSGNA scholarship award application forms are due by July 15th:

CSGNA Annual Scholarship Award
CSGNA Chapter of the Year Award
GI professional Nurse Award Nomination
Michele Paquette Certification/
Recertification Scholarship
CSGNA New Member Scholarship Award
CSGNA Annual RPN/LPN/
Technician Scholarship Award

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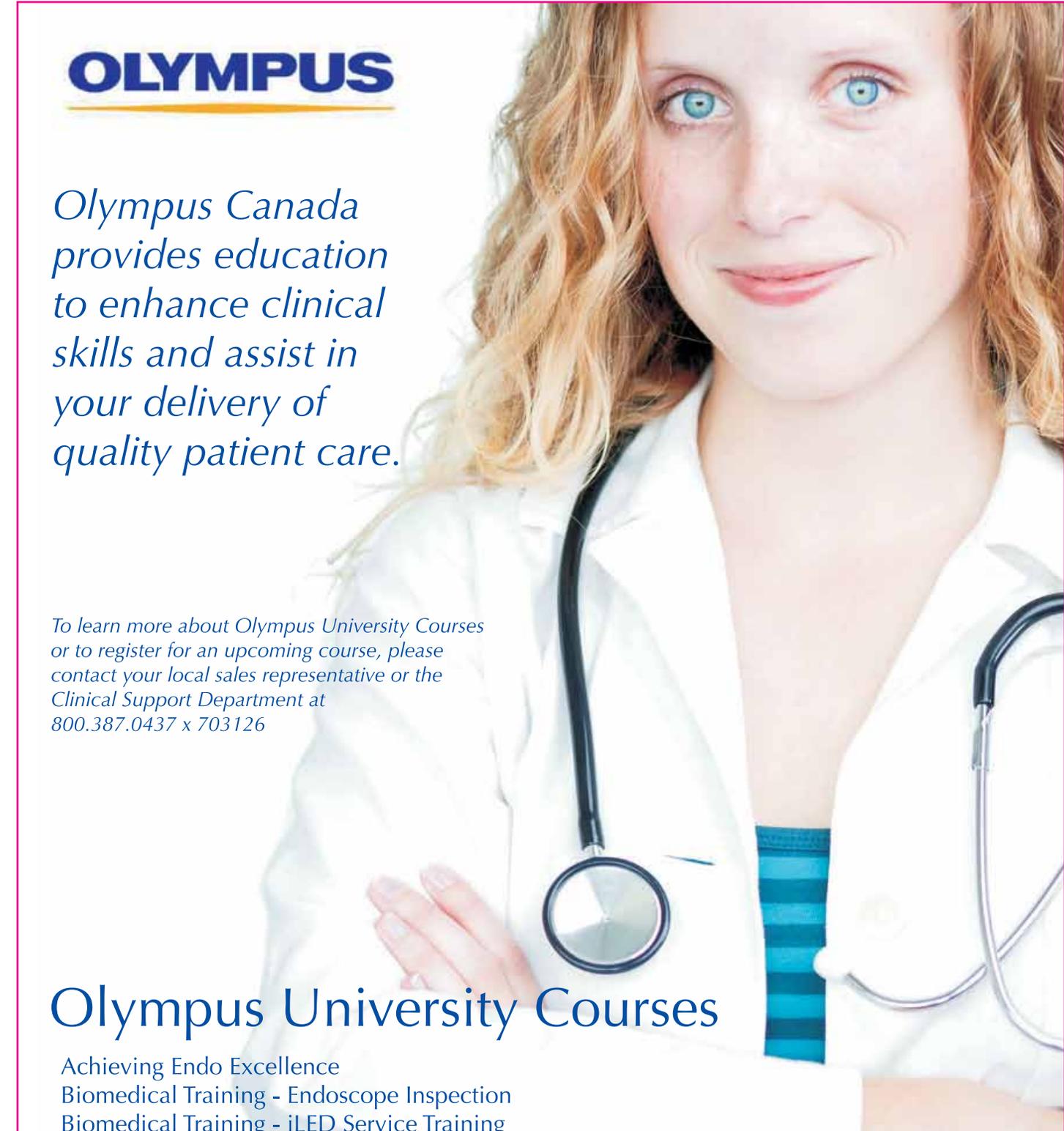
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Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

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