

CSGNA ANNUAL CONFERENCE 2018 CALL FOR ABSTRACTS

CONTACT INFORMATION

- First Name: McKenzie
 - Last Name: Quevillon
 - Email: quevillonm@smh.ca
 - Place of Employment: St Michael's Hospital
 - Are you a CSGNA member: no
 - Language of presentation: EN
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- First Name: Dawn
 - Last Name: Banavage
 - Email: banavaged@smh.ca
 - Place of Employment: St Michael's Hospital
 - Are you a CSGNA member: yes
 - Language of presentation: EN

CRITERIA

1. Title: What nurses need to know in Endoscopy: Quality & Safety Initiatives
2. Name of Presenter(s): McKenzie Quevillon and Dawn Banavage
3. Authors: McKenzie Quevillon RN, BScN, MN (in progress) & Dawn Banavage RN
4. Background: At St Michael's Hospital, as resource nurses, we have created a program to support our nursing staff and ensure that the highest level of safe patient care is provided. Many quality and safety initiatives have been initiated to ensure nursing knowledge is up to date, safe patient practices are followed and that access to learning materials are available at all times.
5. Methods: Examples of quality and safety initiatives introduced in our endoscopy unit are: endo-pause, methods of patient monitoring, medication administration review, having trained "super-users" in the unit, radiation safety review, general anesthesia teaching, patient positioning, transfer of accountability, cautery certification, review of technical skills, infection control practices including "code aqua" and CPE screening practices, fall risk assessment, and specimen reconciliation.
6. Results: Through the implementation of quality and safety initiatives the team develops better communication skills within the multidisciplinary team (nurses, physicians, and anesthetist), improves consistency of care and decreases patient complications. By having an education

center in our department for nurses to access this allows nurses to become more confident in their roles and permits access to up-to-date information at all times.

7. Conclusions: With the implementation of quality and safety initiatives we can reduce complications among patients and instil team work in endoscopy when better patient outcomes are apparent.
8. Funding Acknowledgement:
9. Keywords: general anesthesia, patient positioning, team work, team building, safe patient care

***This abstract was created as an overall presentation to tie all of our previous abstract submissions together.**

Select the presentation:

1. **Oral 35-minute presentation including Q & A**
2. Poster maximum poster dimensions ~ 4 feet high by 8 feet wide

Select your theme from the list:

- Potential Topics:
- Advanced Practice
- Endoscopy
- Infection Control
- pharmacology

If you are not selected for an Oral presentation, would you like to be considered for a poster?

- **Yes**
- No

CSGNA ANNUAL CONFERENCE 2018 CALL FOR ABSTRACTS

CONTACT INFORMATION

- Names: Karine Boudreau and Helen Curtis
- Email: boudreauk@smh.ca, curtish@smh.ca
- Place of Employment: St. Michael's Hospital: Therapeutic Endoscopy
- Are you a CSGNA member: **No**
- Language of presentation: **Bilingual presentation in English and French**

ABSTRACT

1. Title: The Importance of CPE Screening in Endoscopy
2. Name of Presenter(s): Karine Boudreau and Helen Curtis
3. Authors: Karine Boudreau RN BScN at St. Michael's Hospital: Therapeutic Endoscopy; Helen Curtis RN at St. Michael's Hospital: Therapeutic Endoscopy
4. Background: Due to CPE cross contamination through ERCP side viewing duodenal scopes, different methods of antibiotic-resistant organism screening have been used in hospitals in order to reduce the transmission of CPE. Duodenoscopes have been related to the transmission of CPE. A pre-procedure questionnaire is in place in order to identify the patients who require a post-procedural swab and therefore the endoscopes requiring additional reprocessing and surveillance.
5. Methods: A simple screening form in place at St. Michael's Hospital Therapeutic Endoscopy, Toronto, ON is used before every ERCP procedure to identify patients who require post-procedural swabbing. All patients undergoing this procedure are screened and only swabbed according to their prevalence of CPE.
6. Results: Since there is an increased risk for acquiring CPE when undergoing an ERCP procedure, with the introduction of the CPE questionnaire we may decrease risk of transmission of CPE. By swabbing every potential patient, our surveillance of CPE can be followed to adhere to the best practice guidelines. Something as simple as a short questionnaire can prevent patients from many complications of this antibiotic-resistant organism.
7. Conclusions: The implementation of the pre-procedural questionnaire reduces complications in both patients post-procedurally and the transmission of an antibiotic-resistant organism. With the involvement of staff and patients, the dangers of acquiring bacteria, such as CPE, is acknowledged and preventable measures are implemented.

8. Funding Acknowledgement: N/A

9. Keywords: antibiotic-resistant organisms, carbapenemase-producing enterobacteriaceae, duodenoscopy, patient safety, pre-procedure questionnaire

Select the presentation:

- Oral 35-minute presentation including Q & A

Select your theme from the list:

- Advanced Practice
- Endoscopy
- Infection Prevention and Control
- Patient Safety
- Epidemiology
- Health Promotion
- Best Practice Guidelines

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Yes

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DEADLINE: MAY 1, 2018

CONTACT INFORMATION

- First Name: Dawn
- Last Name: Banavage
- Email: banavaged@smh.ca
- Address: 140 Harding Blvd. Scarborough On. M1N 3E2
- Place of Employment: St. Michael's Hospital
- Are you a CSGNA member: no
- Language of presentation: EN

CRITERIA

1. Title: Patient Positioning for Therapeutic Endoscopy
2. Name of Presenter: Dawn Banavage RN, Resource Nurse for Therapeutic Endoscopy, St. Michael's Hospital
3. Authors: Dawn Banavage RN Resource Nurse Advanced Therapeutic Endoscopy, St. Michael's Hospital
4. Background: Patient Positioning in Advanced Therapeutic Endoscopy. High acuity patients, longer procedures, and an increasing demand for deep sedation and general anesthesia, make a thorough understanding of correct patient positioning imperative.
5. Methods: Attention to appropriate patient positioning for sedated and anesthetized patients undergoing extended endoscopic procedures, is an essential component for good patient outcome. Patients have little or no protective reflexes, making it the RN's responsibility to ensure patient safety. Patients are at risk for nerve, tissue and skin damage. Measures must be taken to ensure they are not compromised during procedures.
6. Results: Using an array of positioning aids and techniques, the RN maintains patient in correct body alignment and ensures all potential problem areas are protected.
7. Conclusions: Therapeutic procedures can take several hours. Correct positioning is essential for the patient to emerge unharmed, and recover in an uncompromised, physiologically safe manner.

8. Funding Acknowledgement:
9. Keywords: Advanced Endoscopy Patient Positioning

Select the presentation:

1. Oral 35-minute presentation including Q & A

Select your theme from the list:

- Surgery
- Endoscopy
- Infection Control
- Advanced Practice

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- Yes

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- Place of Employment: St Michael's Hospital- Therapeutic Endoscopy
- Are you a CSGNA member: yes **no**
- Language of presentation: **EN FR**

CRITERIA

1. Title: Importance of Endo-Pause in Endoscopy Suites
2. Name of Presenter(s): McKenzie Quevillon RN BScN MN (in progress), Resource Nurse at St Michael's Hospital Therapeutic Endoscopy
3. Authors: McKenzie Quevillon RN BScN MN (in progress), Resource Nurse at St Michael's Hospital Therapeutic Endoscopy

4. Background:

Surgical safety checklists have been used in the operating room for years to improve team communication and patient safety. At St Michael's Hospital, Toronto, Ontario, we have incorporated an endoscopy focused surgical safety checklist called an endo-pause modified to fit local practice in endoscopy.

5. Methods:

Endo-pause is to be completed with all team members involved in the care of the patient in the procedure room. The checklist is reviewed pre-procedure with the patient of care involved and post procedure with team to review case, confirm specimens and any post-procedure orders for the recovery room.

6. Results:

Surgical complications are common and often preventable. Ensuring endo-pause is incorporated into practice in endoscopy suites have many benefits: improve communication within multidisciplinary team (nurses, physicians, and anesthetist), improve consistency of care and decrease complications. The endo-pause allows pre-procedure confirmation of patient identity, current medications highlighting anticoagulants or antiplatelets, procedure (type, equipment required, and time), patient positioning, and sedation. Post-procedure confirmations include diagnosis, post-procedure medications, orders, and pathology reconciliation.

7. Conclusions:

Implementation of endo-pause is associated with reductions in complications among patients. By instilling team work in endoscopy better patient outcomes are apparent.

8. Funding Acknowledgement:

9. Keywords: Communication; Endo-Pause; Patient Safety; Prevention; Safe Surgical Checklist

Select the presentation:

1. Oral 35-minute presentation including Q & A

Select your theme from the list:

- Potential Topics:
- Advanced Practice
- Endoscopy
- Other: Patient Safety

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- Language of presentation: **EN FR**

CRITERIA

1. Title: Endoscopic Submucosal Dissection (ESD)
2. Name of Presenter (1): McKenzie Quevillon RN BScN MN (in progress), Resource Nurse at St Michael's Hospital, Therapeutic Endoscopy

Name of Presenter (2): Dawn Banavage RN, Resource Nurse at St Michael's Hospital, Therapeutic Endoscopy
3. Authors: McKenzie Quevillon RN BScN MN (in progress), Resource Nurse at St Michael's Hospital Therapeutic Endoscopy

4. Background:

The widespread use of gastrointestinal endoscopy has increased the detection of early neoplastic lesions of the gastrointestinal tract.

Endoscopic resection of early gastric cancer has been well-established in Japan, and has been first featured in Canada at the International Course on Therapeutic Endoscopy at St Michael's Hospital, Toronto, Ontario.

Endoscopic submucosal dissection (ESD) is an effective and safe procedure that enables the therapeutic endoscopist to achieve en bloc resection of neoplastic lesions to attain cure. ESD is not limited by resection size and is expected to replace surgical resection.

5. Methods:

ESD is done under general anesthesia.

The endoscope is passed to evaluate the lesion using white light. At that time the lesion is then examined under narrow band imaging (NBI) to clearly define the margins in which to resect the lesion. Margins are then marked using cautery.

Resection takes place in three steps: lesion is injected to elevate the submucosa from the muscle layer; circumferential cutting is done of the surrounding mucosa of the lesion; dissection of the connective tissue of the submucosa beneath lesion.

The specimen is retrieved and sent for pathology. For accurate pathological diagnosis we pin specimens to be sent to the lab in formalin.

6. Results:

ESD facilitates shorter hospital stay and faster recovery as patients are being discharged in 2-4 days.

There is a decreased rate of complication for ESD than for gastrectomy. Infection rate is reduced as there is no external incision.

Patients are able to ambulate faster as they are not limited by surgical pain.

7. Conclusions:

ESD offers great histopathological accuracy.

Demand for ESD procedure is increasing.

In order to enhance safe patient outcomes, unit based procedural pick lists, and nursing roles and responsibilities are in place, as well as ongoing staff education.

8. Funding Acknowledgement:

9. Keywords: Cancer; Endoscopic Submucosal Dissection (ESD); Narrow Band Imaging (NBI); Nursing Roles; Pathology; Therapeutic Endoscopy

Select the presentation:

1. Oral 35-minute presentation including Q & A

Select your theme from the list:

- Potential Topics:
- Surgery
- Advanced Practice
- Endoscopy
- Infection Control
- Research

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- **Yes**