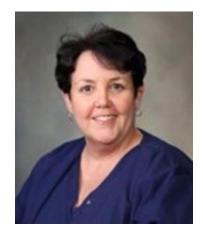
SGNA Regional Leadership Webinar Series



Jean Stoa, BSN RN



Regional Societies Committee Chair

President of Arizona Regional Society



Thank You Regional Societies Committee

2019-2020 Regional Societies Committee

Allison Benson **Catherine Schlosser** Janet King, Board Liaison Jean Stoa, Chair Jo Sienknecht, Co-chair **Kimberly Venturella** Mary Pierce Nathan Long Tanya Flake Cain

2020-2021 Regional Societies Committee

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Tonight's Agenda

- 1. Life After the Pandemic Michelle Juan, MSN RN CGRN, SGNA President
- 2. Reigniting Support of the GI Profession Interview Michelle Juan, MSN RN CGRN, SGNA President Janet King, BSN RN DIPL CGRN, SGNA President-Elect
- **3. Regional Society Resource Review** Sarah Heemstra, SGNA Membership Coordinator



Required Disclosures

1.Completion: Successful Completion of this Continuing Nursing Education (CNE) Activity is based on:

- Being registered for this activity
- Attendance at entire program
- Completion of the Evaluation

2. Conflict of interest: No relevant relationships with commercial interest organizations whose products are related to the program content were identified.

3. Accreditation: The Society of Gastroenterology Nurses and Associates, Inc., is accredited as a Provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation. **1.41 contact hours** will be awarded upon completion.



Life After the Pandemic

Michelle Juan, MSN RN CGRN SGNA President



Objectives

- 1. Recall at least 2 ways GI has changed since COVID- 19.
- 2. Discuss strategies to mitigate changes in the GI landscape since COVID-19.
- 3. Identify ways to help their staff cope with constant change during this pandemic



A History Moment...

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How to Avoid It! How to Care for Those Who Have It!

The following suggestions of the California State Board of Health may prove of immeasurable value to any man or woman who will read, remember and act upon them in the present great emergency. The counsel here set forth has been prepared after consultation with some of the ablest medical men in America. If you will follow the dictates of this official bulletin, you will be doing your duty to your fellow man and to yourself.

What To Do Until the Doctor Comes!

TO WORKERS

disease.

amusement.

of influenza.

mouth with a handkerchief.

exertion. Eat good clean food.

If sick, no matter how slightly, see a physician

If you feel a sudden chill, followed by muscular pain, headache, backache, unusual tiredness and fever, go to bed at once.

P 1401

See that there is enough bed clothing to keep you warm. Open all windows in your bedroom and keep them open at all times, except in rainy weather.

Take medicine to open the bowels freely.

Take some nourishing food, such as milk, egg-and-milk or broth every four hours.

Stay in hed until a physician tells you that it is safe to zet un

Allow no one else to sleep in the same room Protect others by sneezing and coughing into handkerthiefs or cloths, which should be boiled or burned.

Insist that whoever gives you water or food or enters the sick room for any other purpose shall wear a gauge mask. which may be obtained from the Red Cross or may be made at home of four to six folds of gauze and which should cover the nose and mouth and be tied behind the head.

Remember that these masks must be kept clean, must be put on outside the sick room, must not be handled after they are tied on, and must be boiled five minutes and thoroughly dried every time they are taken off.

TO HOUSEHOLDERS Walk to work if possible Keep out of the sick room unless attendance is necessary. Avaid the nerion who coughs or success, Do not handle articles coming from the sick Wash your hands before sating

room until they are boiled Make full use of all available sunshine. Allow no visitors, and do not go visiting Call a doctor for all inmates who show signs of beginning sickness.

The usual symptoms are: Inflamed and watery eyes, discharging nose, backache, headache, muscular pain, and fever.

Keep away from crowded places, such as "movies," theaters, street cars. See to it that your children are kept warm

and dry, both night and day. Have sufficient fire in your home to disperse the damnness.

Open your windows at night. If cool weather If you have had influenza, stay in hed until prevails, add extra hed clathing. your doctor says you can safely get up.

Keep clean. Isolate your patients, When in attendance upon patients, wear a mask which will cover both the nose and the month. When the mask is ence in place do not handle it Change the mask every two hours. Owing to Do not use a common towel. It spreads the scarcity of gauge, boil for 5 minutes and rinse, then use the gauze again. Wash your hands each time you come in contac Should you cough or sieeze, cover nose and with the patient. Use highloride of merrury, 1-1000, or Liquor Cresol compound Keep out of crowded places. Walk in the open 1-100, for hand disinfection. air rather than go to crowded places of Obtain at least seven hours' sleen in each twenty-four hours. Eat plenty of good, Sleep is necessary for well-being-avoid overclean food. Walk in the fresh air daily, Sleep with your windows open. Keep away from houses where there are cases Insist that the patient cough, sneeze or expectorate into cloths that may be disinfected

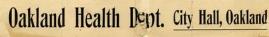
or hurned.

Keep patients warm

Roll all dishes

TO NURSES

For Copies of this pr lication apply to



Quarantine

- Began in the 14th century in Venice
- Sit and anchor in port for "40" days
 - Effort to protect from plagues from other countries
- Italian for *quarantagiorni* which mean 40 days



- Early America could do very little to control/prevent
 - Infectious diseases easily spread with no overall guidelines since authority fell to local and state—haphazard at best!



Quarantine

- Yellow fever prompted Congress to pass federal legislation in 1878however it did not conflict with the state's rights
- Cholera outbreak in 1892 prompted further federal role in acitivites
- By 1921-federal government took over centralization of a quarantine station system
- Eventually quarantine was transferred to the agency known as the Centers for Disease Control (CDC) in 1967

https://www.cdc.gov/quarantine/historyquarantine.html



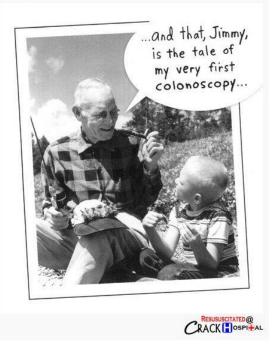
Back in GI

Thank Goodness!





GI Then and Now





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Then

- COVID 19 say what?
 - MRSA, VRE, CRE Etc.
- The fast and furious-keep those rooms turned over!
- Drivers MUST stay and do not leave—got my eyes on you
- Full waiting rooms
- Masks in procedure room only



Now

- COVID testing prior (even timed)
- Buffer time for room turn over or change staffing model
- Drivers—can't stay here
- A room without chairs
- PPE
- Working from home



Now

S

• Masks Masks Masks!



Come Together

- Develop a plan
 - Should be a multidisciplinary approach
- Determine your new capacity and turn over time
- Look at your budget
- What resources do you have?
- What resources will you need?
- What processes need to be changed?

Dealing with Constant Change

- Employee Assistance Programs
- Be flexible
- Lean on each other
- Get involved
- Rest
- Celebrate small wins and each other



F.E.A.R. has two meanings: 'Forget Everything And Run' or 'Face Everything And Rise.' The choice is yours. *Ziq Ziqlan*

SGNA

Thank you!



SGNA

Reigniting Support of the GI Profession Interview

Michelle Juan, MSN RN CGRN, SGNA President Janet King, BSN RN DIPL CGRN, SGNA President-Elect





- 1. Develop a perspective of what it was like to be removed from the GI specialty due to COVID-19
- 2. Establish your confidence in returning to their GI units







Regional Society Resource Review

Sarah Heemstra, SGNA Membership Coordinator



Objectives

- 1. Navigate the Regional Officer Resource page on SGNA's website
- 2. Identify the resources available on this page
- 3. Recognize when to utilize the resources available on this page



Navigating to the Regional Officer Resource Page

- Must be logged into your SGNA account
- Member Resources > Regional Societies > Regional Officers Tab

Regional Directory	Regional Events	Regional Officers	Find a Regional Member	
Visit the Regional Officers Resource Page for helpful tools and documents including:				
House of Delegates Information				
Regional Re-chartering Information				
Leadership Conference Resources				
Regional Marketing Resources, Toolkits and more				



Available Resources

- Leadership Conference Slides
- Re-chartering Forms
- House of Delegates Materials
- Regional Marketing Resources
- Regional Operations Resources
- Practice Document Resources

SGNA Regional Society Communities

- Regional Leader Communities Page
 - Specific Announcements
 - Important dates and deadlines
 - Share resources, ask questions, network with fellow SGNA regional leaders
- Regional Society Communities
 - Engage your local members
 - Discussions specific to your regions
 - Share files from meetings, events, etc.
 - Post special announcements
 - Introduce new regional members
- Share what your region does in the chat box!





 Please submit your questions to the Q&A box at the bottom of your Zoom screen



Housekeeping Items

- A recorded version of this webinar will be available on our eLearning system next week.
- The evaluation form for tonight will be available in your eLearning profile. Certificate will be available upon completion of evaluation.
- If you have any additional questions, please email <u>info@sgna.org</u>.



Thank you for joining us!

