

Education—A Priority at Barnes-Jewish Hospital Endoscopy

Accolades to Barnes-Jewish Hospital in St. Louis. The institution currently ranks ninth overall and 30th for gastroenterology on U.S. News & World Report's (July 27, 1998) list of the 6,400 best hospitals in the country. Attaining such stature means Barnes-Jewish pays a lot of attention to detail.

"The key to our recognition is our total package," says Vickie Thavorides, Nurse Manager of gastrointestinal endoscopy at Barnes-Jewish Hospital. "We have a partnership with Washington University School of Medicine. We have outstanding clinicians and researchers. We focus on compassionate care and we rate very high on patient satisfaction surveys. Additionally, we have state-of-the-art equipment and a focus on education, which leads to a knowledgeable staff." An important component of Barnes-Jewish's education is a 40-hour core-competency program in GI endoscopy for nonlicensed staff, such as patient care technicians and GI associates, Thavorides says.

OLYMPUS IN SERVICE: How does your core-competency program stand out from regular training programs?

Thavorides: "We try to expand upon the specialty and also try to give nonlicensed personnel unit-specific fundamentals in gastroenterology. The program lasts two weeks and is integrated with clinical experience and is supplemental to the patient care tech program that the hospital offers."

OLYMPUS IN SERVICE: Where did the program come from?

Thavorides: "We put it together because I thought there was a void. I have nurses on staff who are studying for advanced degrees. It took two weeks for them to put together this curriculum, and they teach it. They reviewed videos and found supplier tapes on things like inserting a G-tube. It's more intellectually interesting when training is partly visual. We also use a textbook as a guide to anatomy and physiology, emergencies and GI procedures."

OLYMPUS IN SERVICE: So, there wasn't

a complete training module out there that you could use?

Thavorides: "No, there's a lack of known, complete training resources. Olympus and other suppliers have various training tools, but not a comprehensive package. We need practice material for things like variceal banding. There are ways you can simulate that so staff members have a visual overview before they put it in a patient. Doctors walking nurses through a procedure does not do it. It's time for everyone to place a greater emphasis on education and training."

OLYMPUS IN SERVICE: How about mentoring?

Thavorides: "We have some mentoring, but is that good enough? I don't think so. And I think a lack of training contributes to the turnover rate. People who don't feel capable get frustrated and leave. When staff members are more acquainted with procedures and equipment, they're more productive and can move on to therapeutic procedures, like laser therapy and banding procedures. Training needs to begin at the very basic and go to the complex."

OLYMPUS IN SERVICE: With no short cuts, right?

Thavorides: "If you short cut training, every day becomes a frustration, and the staff may think it's the equipment. If a water bottle isn't functioning, the assistant may be exceeding the fill line, or think it's a bad scope when it's really a lack of knowledge. Nurses must be very involved in how to use the equipment and how to troubleshoot it. And that begins with training."

OLYMPUS IN SERVICE: How can hospitals see that corners aren't cut?

Thavorides: "It's human nature to fast-track it, but

Continued on page 4

Education Issue
This issue is dedicated to education and training. Please provide your comments on the "Want More?" reply card so we can continue to provide articles of great interest.

IN THIS ISSUE

- Committed to Education .. 1
- Leak Testing 2
- Educational Videotapes .. 2
- Question & Answer 3
- Back to School 4
- Want More? 5
- Guide to Quality Repairs .. 6
- Sincere Apology 6

Reducing Flexible Endoscope Repair Costs

The Importance of Leak Testing Before Immersing Endoscopes in Fluids

SEVERAL CUSTOMERS HAVE ASKED, through the *In Service* newsletter, when to leak-test their Olympus endoscope. This article appeared in the Spring 1998 issue of *In Service* (Issue 2) and is worth repeating for those customers who may have missed it.

Repair costs for flexible endoscopes have always been an important issue. The following instructions will help minimize these costs and prolong the useful life of your endoscopes. Recently, Olympus America Inc. (OAI) nurse consultants became aware that certain manufacturers of endoscope reprocessors may be publishing and circulating incorrect leak testing instructions. By following this advice, it is possible that many facilities have been unknowingly increasing the incidence of fluid invasion and subsequent endoscope major repairs.

Olympus OES and EVIS endoscopes are fully immersible because the internal components are protected within a fluid-tight envelope. The entry of fluid into the interior of an endoscope often results in extensive damage to the internal electronic and mechanical components and a costly repair. Because of this, routine leak testing is an effective means of reducing endoscope repair costs.

critical steps

- 1 Precleaning at bedside
- 2 Leakage testing
- 3 Manual cleaning
- 4 High-level disinfection or sterilization
- 5 Endoscope storage

The leak testing procedure should be a normal part of every reprocessing cycle. Early detection of small leaks prevents them from getting larger or allowing reprocessing fluid to pass into the endoscope's interior and damage internal components. In order to be effective this testing

must be done before the endoscope is immersed in detergent or germicide solution. The sequence of reprocessing steps (inset) that should be followed is detailed in Olympus endoscope instruction manuals.

We are aware that some reprocessor manufacturers may suggest delaying leak testing until after the endoscope is cleaned. However, this practice could allow cleaning fluids to pass through an undetected hole during the cleaning phase and cause significant internal damage. ***It is critically important to leak test***

before immersing the endoscope in any solution.

OAI recommends that you check your department's procedures and practices to ensure that your Olympus endoscopes are leak tested *before* immersion in fluids. This is the only way to protect your endoscopes from unnecessary and potentially extensive damage due to fluid invasion.

By Dr. Steve Goldstine, Olympus America Inc.

Olympus Educational & Training Videotapes Reduce Repair Costs Through Proper Reprocessing

As suggested in Vickie Thavorides' interview, Olympus has a wealth of informational videotapes available to our customers. Subjects range from medical procedures to scope care and maintenance to accessory products. For a complete listing of the Olympus videotapes available, check A on your "**Want More?**" reply card.

From previous surveys, proper reprocessing and fiberscope maintenance is a major concern (with over 60% of all respondents requesting reprocessing

information). Therefore, in this issue of *In Service*, we offer the following fiberscope maintenance videotapes **FREE** of charge:

❖ **Recommended Cleaning and Disinfection Procedures for Olympus EVIS 100 & 130 Video Endoscopes** (Time 32:56 minutes) For this video, check B on your "**Want More?**" reply card.

❖ **Olympus EVIS-140 Series Reprocessing** (Time 53:46 minutes) For this video, check C on your "**Want More?**" reply card.

Order you videos today! FREE

Q & A



Twice As Efficient—Olympus Dual Scope Disinfector (DSD)

Frequently Asked Questions

Q: How do I get additional information on proper reprocessing with the Olympus DSD?

A: Olympus has prepared a comprehensive, educational package of materials which will provide you with a thorough overview of both flexible endoscope reprocessing and the potential benefits of using the Olympus DSD. This information package will enable you to critically assess the product. For your complete DSD information-pack, check D on the “**Want More?**” reply card.

Q: Is the Olympus DSD Endoscope Disinfector compatible with SporoxTM?

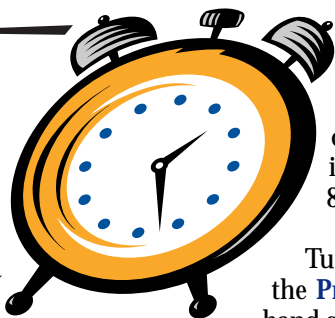
A: Yes. On models manufactured after June 1, 1998, SporoxTM Sterilizing and Disinfecting Solution (manufactured by Reckitt & Colman) is compatible with the Olympus DSD Endoscope Disinfector by Medivators. DSDs manufactured prior to this date may be retrofitted to achieve Sporox-compatibility. For retrofit details, please call 1-800-848-9024 and have your DSD serial number and DSD location information available.

Q: While at the SGNA show in Denver, I saw a display of new endo-therapy accessories, but didn't have time to get additional information. What is Olympus doing in the area of endo-therapy?

A: As you are aware, Olympus is the world leader in endoscopic equipment. What you may not be aware of is our wide range of disposable and reusable Endo-Therapy (ET) accessories. The Olympus ET line-up includes not only your most commonly used endoscopic accessories, but also innovative products, which are completely unique to Olympus such as the Clip Fixing Device and Detachable Endoscopic Loop. To receive information on these exclusive Olympus products, as well as our full range of ET accessories, check E on the “**Want More?**” reply card, or for immediate feedback, call your Olympus Sales Representative.



Olympus CleverCut Sphincterotome



Fall Back

IS YOUR OLYMPUS EQUIPMENT adjusted for the “fall back” time change? We have had customer requests for instructions, so here it is. Please follow the instructions below, or call our Technical Assistance Center (7:00 a.m. to 7:00 p.m. EST) 800-848-9024 for help and for network time-change instructions.

CV-100 PROCESSOR

Turn on the CV-100 processor. Just above the number zero is a key labeled **Preset**. Press the **Preset** key to go to the **Preset menu** page. Use the down arrow key located on the right hand side of your keyboard and press the down arrow key 3 times or until the cursor is located to the right of the **time**. Enter the new time with **HH:MM:SS**. Press the **Preset** key again to save and display the corrected time.

CV-140 VIDEO PROCESSOR

Turn on the CV-140 video processor. On the CV-140 keyboard, press the top left button labeled **System Set-up** once. Use the down arrow key located on the far right of the keyboard. Arrow down to **System Configuration**. Press the **<enter>** key. A system configuration screen will appear. Arrow down to **Time**. A green box will enclose the hours, minutes, etc. Enter the correct **HH:MM:SS** then press the **<enter>** key. A blue box will appear in the lower right hand of your screen asking you “are you sure?” press **Y**. The screen will change to the system setup screen. Next, press the **ESC** key. You will be back to the starting screen with the correct time displayed.

STAND ALONE PC

In the computer, exit to the **DOS** prompt. Type the word **Time** then press the **<enter>** key. Enter the correct time using **HH:MM:SS** (e.g., 12:15:30A—for a.m., P—for p.m.) then press **<enter>**. Reboot the machine and return to the desired application.

Back-to-School for Olympus Managers

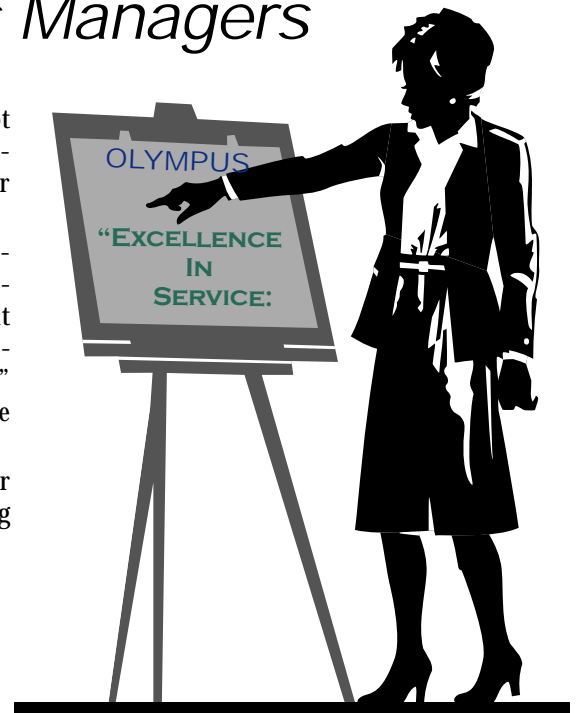
THE ISSUE OF EDUCATION AND TRAINING is extremely important, not only for medical facilities, but for any organization who is focused on continually improving the level of care and service they provide, whether to their patients or to their customers.

For Olympus Endoscopy Service Group (OESG) to become and then sustain world-class service organization status, on-going skills training and education are critical. Throughout September and October OESG will have sent over 50 managers, technical assistance center engineers and field support engineers to an intensive training workshop entitled “Excellence in Service.” This comprehensive training system is designed as a tool to help us achieve our total customer satisfaction goal.

Quality communication is key—as stated by Vickie Thavorides in our cover story. Effective communication is central to “Excellence in Service” training programs which focused on the following:

- ◆ Listening effectively.
- ◆ Rooting out assumptions.
- ◆ Formulating questions, explanations and solutions.
- ◆ Verifying understanding to avoid communication problems.
- ◆ Confirming customer satisfaction.

OESG is committed to finding ways to improve the level of services we provide our customers.



Continued from page 1

we must be tough and ask ourselves, ‘Would you want this scope in your mouth or body? Would you want this to go in your family member’s body?’ If not, *reprocess* it correctly. Once you come to grips with that, you do it right. Additionally, the equipment works better. You have more scope problems, such as clogged channels, if you don’t clean them properly.”

OLYMPUS IN SERVICE: We support training and education. Besides telling you what’s available from our company, what can we do to help with the training process?

Thavorides: “There’s probably a way you could put training in a box. Maybe a manual, videotape, simulation materials and competency testing that demonstrates knowledge. You’d have to coordinate training kits with state regulations, so you may need several versions of each type. But if the Society of Gastroenterology Nurses and Associates (SGNA) recognizes the programs you develop, they may become recommended standards in the field. Offering this type of service means being able to tap into resources. That’s what I did with my advanced nursing students. There are staff members who are willing to expand their roles. The key is to discover the things people are good at and enjoy doing, and tap into that talent and enthusiasm.”

OLYMPUS IN SERVICE: You seem to be saying you need a closer relationship with suppliers.

Thavorides: “Suppliers need to approach customers as partners. If we customers can develop a partnership with companies, they can be more proactive, and we won’t feel like victims. Our

suppliers need a plan. Even though they’re selling us new equipment, they have to remember that we may have old thinking. Up front, the company must look at old equipment and say, ‘You’ll need additional training with the new equipment.’ Technology moves so fast, and if we can’t use new equipment properly, we become frustrated and may think poorly of the company. If expectations don’t match, we’re not communicating. And shared expectations only come from quality communication.”

OLYMPUS IN SERVICE: What are the challenges in keeping your staff trained?

Thavorides: “Time is one. All departments are busier, and it’s difficult to earmark time for education. Training availability is another. OR technicians can attend community colleges for training programs. For endoscopy, there’s no such program. Unless a hospital designs its own program as we did, on-the-job training is all that’s out there. Yet, a combination of nurses and nonlicensed personnel is involved in endoscopy. And it’s expensive to train. The hospital must pay for the training and the staff members’ wages while being trained. If suppliers could help support that, it would be great.”

Our thanks to Vickie Thavorides for taking time to speak with us. Several other Olympus customers ranked high on the U.S. & World Report list, and our readers would enjoy hearing about your training and education programs as well. Please contact the editor to discuss your program.

Sandy Marrone is a freelance writer located in Philadelphia.

Want More?

FILL OUT THE INFORMATION BELOW, tear at perforation and select the most convenient method to respond (fax, mail, e-mail or phone). See bottom right page for details.

YES! Please continue sending me OESG information!

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In Service Editor, call me at () _____ to discuss my hospital's innovative training program. The best time to reach me is _____ a.m. or p.m. (circle one)

A Check for a complete listing of videos on _____ Surgical Products or _____ Flexible Products.

B Check for EVIS 100/130 Series Reprocessing Videotape.

C Check for EVIS 140 Series Reprocessing Videotape.

D Check for the Olympus DSD information-pack.

E Check for ET accessories information.

F Check for your FREE guide to Olympus Service and Repair.

Is there anything else you'd like to tell us?

OLYMPUS Endoscopy Service Group

❖ IN SERVICE NEWSLETTER ❖

Olympus *In Service* newsletter is published bi-monthly and distributed nationwide to healthcare professionals to inform and to educate them about Olympus repair and service issues. The *In Service* subscription rate is \$24.00 annually; however, it is provided at no charge to qualified endoscope users.

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4 ways to receive Valuable FREE information from OESG. Select the method most convenient to you!



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Fax the completed "Want More?" card to 516-844-5485

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E-MAIL IT!

E-mail your request to:
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On Subject line, type:
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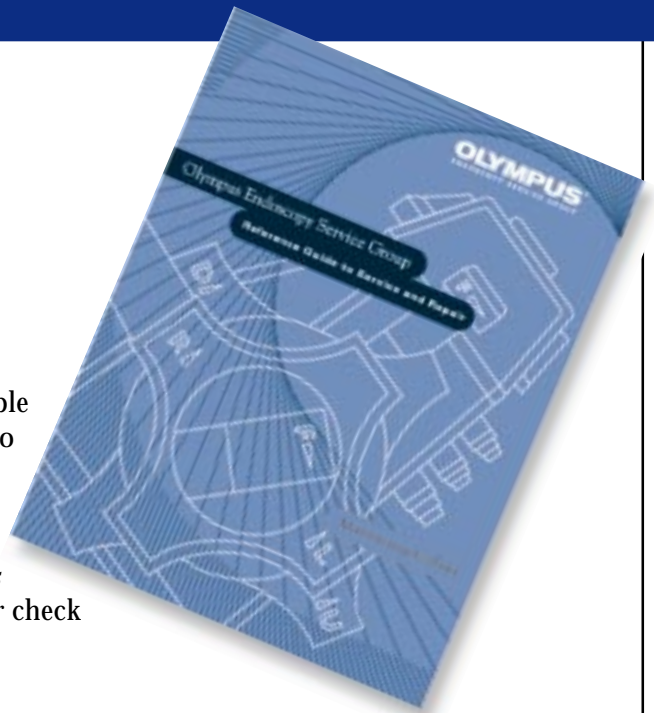
PHONE IT!

Call 800-645-8100 x6502 to leave a detailed message of your request.



Your Guide to Olympus— Quality Repairs

NEW SECOND EDITION GUIDE updated May 1998 is available at no charge. This 47-page guide provides useful information to help educate you and your staff with the following information: a description of Olympus repair options, an in-depth glossary of terminology, a section on product illustrations, and much, much more. To receive your **FREE** copy of the *Olympus Endoscopy Service Group Reference Guide to Service and Repair* check F on the “**Want More?**” reply card.



Our Sincere Apology

The *In Service* newsletter editor apologizes if you are receiving multiple copies (at home and at work) of the *In Service* publication. In the effort not to “miss” sending this publication to the appropriate personnel, we have consistently rented the SGNA and AORN mail lists and your name may be duplicated in the process. We are working on refining the distribution, and ask for your patience (and forgiveness) in advance. Our goal is to maintain one comprehensive distribution list that encompasses all Olympus customers.

Send your questions to the Editor to be answered in future issues of *Olympus In Service*.
Call Hilda Barrs-Mosenthine at (800)645-8100 x6502, e-mail her at barrsh@olympus.com, or write her at
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