

ARIN Vision Vol. 16.3

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ARIN Vision



President's Message

Greetings,

Time has certainly passed by quickly since the March membership meeting in Chicago when I was installed as your president! The ARIN Board of Directors has been very busy. We have launched the ARIN educational webinar program. The first live webinar, "Safety in the Imaging Environment," aired in April. We exceeded our attendance expectations for this first webinar. Our second webinar, "Capnography as an Adjunct Safety Measure," was presented in June. Even more people attended this live webinar.

Our third webinar is being planned now. Watch for the upcoming announcement and information about enrolling. Each webinar is being archived and prepared for presentation as an online course. "Safety in the Imaging Environment" is now available as an online course. You can enroll in this and other courses on the Online Learning area of the ARIN website. This is another way of offering more educational opportunities for our members and others seeking radiology and imaging education along with continuing education credits.

The Imaging Review Course Master Faculty led by Kathy Scheffer continues to revise and update the course materials. The course has been presented at three sites in addition to the convention and symposium courses. If you are interested in bringing the course to your institution or local chapter, contact Harriet McClung at the National Office for more information via e-mail at harriet.mcclung@dancyamc.com.

Kathleen Gross, editor of the 3rd edition of the *ARIN Core Curriculum*, has been hard at work finalizing authors and section editors. She has set a schedule for completion of revisions and new chapters for this next edition.

Another project the Board of Directors has begun to work on is the revision of the *Radiology Nursing Scope & Standards of Practice*. These were last published jointly by ARNA and the ANA in 2007 and must be revised every 5 years. We will be reviewing these and the *ANA Nursing Scope & Standards of Practice* so that appropriate revisions can be made to our nursing specialty scope & standards of practice.

Kathy Scheffer, Joanna Po, and I will be traveling to Grapevine, Texas in August to present at the AHRA/ARIN Leadership in Imaging Nursing Workshop at the AHRA convention. This is the second year this joint workshop presentation has been held. Hopefully the workshop will be as well-attended as last year.

The Board of Directors is also working to establish a Past Presidents Council. The knowledge and experience possessed by these individuals who have served as ARIN presidents is a resource that should be utilized. I will keep you informed as the council progresses.

The planning committees for the 2011 Fall Symposium and 2012 Convention continue to prepare for these exciting events. The 5th Annual Fall Symposium will be held at Planet Hollywood in Las Vegas on October 1 and 2. This will be a great opportunity for education and networking with your peers. I hope to see you there!



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ARIN Board of Directors

Sincerely,

Linda McDonald, MSN, RN, CRN

ARIN Secretary's Report

August 8, 2011

The current Board has met regularly and been working hard on several key projects. Some of these topics include:

- ARIN Imaging Nurse Review Course
- ARIN Policies and Procedures
- ARIN publications, including the *Journal of Radiology Nursing*, *Vision* newsletter, and the *Core Curriculum for Radiologic and Imaging Nursing*.
- ARIN Webinar series
- Work with Dancy Association Management Company on efforts to secure grants
- The ARIN Facebook page
- ARIN's official website and new position of Website Editor
- Assisting Committees and Chapters
- Approval of new Clinical Practice Guidelines and Position Statements
- ARIN Liaison Relationships:
 - The Association for Medical Imaging Management (AHRA)
 - American Society of Anesthesiologists (ASA)
 - Nursing Organizations Alliance
 - Nursing Alliance Leadership Academy (NALA)
 - Radiological Society of North America (RSNA)
 - Society of Interventional Radiology (SIR)
 - PAD/PVD Coalitions
 - Rad-Aid
 - Radiological Nurses Certification Board (RNCB)
- Exploring collaboration with the American College of Radiology (ACR)
- Application to the Accreditation Board for Specialty Nursing Certification (ABSNC) for national accreditation
- Continuous efforts to respond to members' needs and questions
- Improving the national conference registration process and quality speakers
- Pursuing a Past President's Council
- Work to improve the "Call for Volunteers" process and application
- Signing on to the Americans for Nursing Shortage Relief (ANSR) request for support
- Fielding requests for ARIN positions on various topics
- Establishing new award for Chapters to be awarded at Annual Conference
- Updating the *Scope of Standards of Practice for Radiology Nursing*
- Considering support of the Nurses' Health Studies project

Respectfully submitted,

Katherine Duncan, RN, CRN

Secretary, ARIN Board of Directors

RNCB Seeking Directors

The Radiologic Nursing Certification Board (RNCB) is seeking nominations for individuals to serve as Directors. The mission of RNCB is to develop and administer a certification program in radiological nursing to candidates who meet the specified eligibility criteria. This is achieved by evaluating individuals who wish to enter, continue, and/or advance in the field of radiological nursing through successful attainment of certification. For more details and the nomination form, please visit

https://www.arinursing.org/component/option.com_docman/Itemid.169/task.doc_view/gid.426/

2011-2012

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ARIN Core Purpose

To foster the growth of nurses who advance the standard of care in the Imaging environment.

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Peripheral Arterial Disease (PAD) Coalition Report

Association for Radiologic and Imaging Nursing

2010 Annual Business Meeting

March 29, 2011

Hyatt Regency

Chicago, Illinois

Peripheral Arterial Disease (PAD) Coalition Report

Submitted February 23, 2011

During the past year, I continued to serve on the Nominating and Coordinating Committees of the Peripheral Arterial Disease (PAD) Coalition. The Coalition has grown to include 82 medical professional organizations, industry, government, and community supporters. I attended the 7th PAD Coalition meeting in Arlington, VA on September 20, 2010 on behalf of ARIN. There, participants received a report on PAD activities and new resources to educate communities about PAD. I submitted a report on this meeting, included in this issue of *Vision*; please see this report for a complete listing of new education resources available.

The PAD Coalition is highly involved in peripheral arterial disease advocacy through talking to government officials about prevention/screening, legislation, funding, and research for peripheral arterial disease. Through this work, stakeholders can be directed to take action against PAD.

Nursing has been an important factor in the PAD Coalition. The PAD Chair, Marge Lovell, RN, attended the recent International Federation of Podiatrists' World congress in Amsterdam. Marge, a Canadian, is very involved in local activities. PAD activities are a great idea for local ARIN chapter involvement. As Dr. Alan Hirsh said at the meeting in Alexandria, "Solutions are local." Grassroots efforts can make a difference to a community.

ARIN members can subscribe to the PAD Coalition e-newsletter via www.padcoalition.org and can access www.aboutpad.org for information about resources. The e-newsletter is a wonderful way to receive current information.

It has been a privilege to continue to represent ARIN in PAD Coalition activities. I encourage everyone to find out how you can participate through your local ARIN chapter.

Respectfully submitted,

Kathleen A. Gross, MSN, RN, BC, CRN

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PAD Coalition's Seventh Annual Meeting

It was a great experience to attend this meeting of healthcare professionals, industry sponsors, and community educators and supporters. From the initial group of 15 healthcare professionals, the Peripheral Arterial Disease (PAD) Coalition now represents 82 interested groups and more than one million healthcare providers nationwide and in Canada. More than 115 people gathered in Arlington, VA on September 20, 2010, for the PAD Coalition's seventh Annual Meeting. Meeting participants received a report on PAD Coalition activities and new resources developed over the past year.

One focus of the year 2009 through 2010 was the launching of a new print campaign, "Heart and Sole: Making the Connection," against peripheral arterial disease. Ads appeared in magazines and newspapers, on buses and trains in five major markets, and were aired by new radio stations. Some sites included Washington, D.C., Atlanta, Philadelphia, Miami, Tampa, and St. Petersburg. Perhaps you saw some of the ads (entitled Toe Tag, aimed at asymptomatic patients; Walk in the Park, aimed at PAD outcomes; Not Just Your Lungs, focusing on current or former smokers; or Scrabble, focusing on diabetic patients), or perhaps you heard some of the messages (entitled Walk in the Park, No Warning, or Not Just Your Lungs).

New resources from PAD now include the new interactive PAD workbook, which is available online (at www.MyPADguide.org) and in print form (*Peripheral Artery Disease: A Self-Care Workbook*). While supplies last, hospitals and clinicians can receive free, bulk copies of a printed version of the workbook at *PAD Exercise Training Toolkit: A Guide for Health*

<http://www.vitalitycommunications.com/padbook/>). Also, check out the *Care Professionals*, available at www.vdf.org/rehab-toolkit.

Presentations and discussions focused on hot topics and key issues in the area of PAD patient care, research and policy. Topics included:

Using Disease Registries to Improve Patient Care: Jack Lewin, MD, Chief Executive Officer of the American College of Cardiology, reviewed the Pinnacle Registry, the largest, most robust ambulatory US cardiovascular patient record database. Pinnacle includes more than half a million outpatient records and covers major cardiovascular conditions such as coronary artery disease, hypertension, heart failure, and atrial fibrillation. The registry is being used to guide quality improvement efforts, ensure adherence to guidelines, aid development of performance measures, and reduce health care disparities. It also facilitates comparative effectiveness research and provides information on adverse events, device performance trends, and inappropriate off-label use.

National Efforts to Address Critical Limb Ischemia (CLI): Drs. Alan Hirsch and Peter Sheehan discussed plans to develop a national CLI initiative. CLI is associated with poor patient outcomes, fragmented care pathways, underdiagnosis and inconsistent treatment, and few treatment options. A summit organized by the Angiogenesis Foundation in June 2010 brought together key stakeholders to address the issues, challenges, and proposed solutions for improving CLI patient outcomes. The summit identified key mandates, including the need to improve the prevention and early detection of CLI, increase awareness of CLI among the public and health care community, disseminate evidence-based care pathways involving integrated multi-disciplinary care, and identify unmet scientific needs to facilitate development of new science. To further these goals, the PAD Coalition is appointing a multidisciplinary Task Force to conduct an environmental scan of existing CLI clinical and patient resources and identify suitable awareness, education, advocacy and other science-based strategies to improve the care of CLI patients.

Improving Care at the State Level: Dr. Alan Hirsch described efforts in Minnesota to improve the care of patients with PAD. These efforts include a study to document the incidence and economic burden of CLI in Minnesota and a push to include atherosclerotic vascular disease in state public health plans. Congressman Erik Paulsen (R-MN) has championed PAD as a public health issue and introduced a resolution in the US House of Representatives that serves as a call to action to other government agencies to address PAD. Velma Theisen, Manager Heart Disease and Stroke Prevention Program, Michigan Department of Health, reviewed her experiences in developing PAD initiatives. The state's Michigan Cardiovascular Alliance, a partnership of the Heart Disease and Stroke Prevention Program, provides leadership and advice on priority interventions and led the development of a statewide strategic plan. PAD treatment guidelines are reinforced through the dissemination of evidence-based protocols, guidelines, and clinical practice tools to targeted clinicians. (See High Blood Pressure University, which is aimed at improving blood pressure control through education and resources. Three campuses, Professional, Patient and Community, are online at www.michigan.gov/hbpu.)

The Next Stages of Health Care Reform and Strategies for Shaping Discussions: Cindy Goff, BioMedix's Vice President, Legislative, Policy and Insurance Affairs, moderated a panel discussion on the new health care reform legislation, the Patient Protection and Affordable Care Act. Panelists Stephanie Mohl (Government Relations Manager, American Heart Association), Joseph LaMountain (PAD Coalition's Washington, D.C. representative) and Paul Bonta (Associate Executive Director, Policy and Government Affairs, American College of Preventive Medicine) discussed what the next stage of health care reform will bring and other changes that can potentially help to improve the affordability and accessibility of care for patients with PAD. The panel also suggested ways that the Vascular Disease Foundation and its Coalitions can be involved in discussions and influence patient care as health care reform is implemented.

Best PAD Research Awards

At the meeting, the PAD Coalition presented the annual Best PAD Research Awards to honor the work of investigators and acknowledge the creation of new clinical research relevant to the understanding and treatment of PAD.

The **Best PAD Research Award in Vascular Medicine** was presented to **Diane Treat-Jacobson, PhD**, Associate Professor at the University of Minnesota School of Nursing in Minneapolis, MN. She and her colleagues were recognized for their work on the research study, *Efficacy of Arm-ergometry versus Treadmill Exercise Training to Improve Walking Distance in Patients with Claudication*, published in the journal *Vascular Medicine* (14:203-13, 2009). Previous studies have demonstrated that treadmill exercise training can help people with PAD walk farther and with less pain. Dr. Treat-Jacobson's study compared traditional treadmill exercise training with a dynamic arm exercise program using an arm ergometer, a table-top device in which the arms move pedals in a circular motion. The study showed that dynamic arm exercise training can improve walking ability in PAD patients, similar to treadmill walking programs, proving this may be a good treatment option.

The **Best PAD Research Award in Epidemiology/Preventive Medicine** went to **Professor Curt Diehm**. He and his colleagues are recognized for their work on the study, *Mortality and Vascular Morbidity in Older Adults with Asymptomatic Versus Symptomatic Peripheral Artery Disease* (*Circulation*. 120:2053-61, 2009). Professor Diehm is the head of the Department of Internal Medicine/Vascular Medicine at the Academic Teaching Hospital University of Heidelberg in Germany. His study assessed the mortality and vascular morbidity risk of elderly individuals with asymptomatic versus symptomatic PAD in the primary care setting. The study confirmed that mortality risk was similar in both symptomatic and asymptomatic patients with PAD and was significantly higher than those without the disease. He concluded that a PAD

diagnosis has important prognostic value in the primary care setting.

Joseph Feinglass, PhD, received the **Best PAD Research Award in Vascular Interventions**. Dr. Feinglass is a Research Professor of Medicine in the Division of General Internal Medicine and the Institute for Healthcare Studies at the Northwestern University Feinberg School of Medicine. He is a health services researcher with a degree in Public Policy Analysis. Dr. Feinglass and his colleagues were recognized for their study, *Perioperative outcomes and amputation-free survival after lower extremity bypass surgery in California hospitals, 1996-1999, with follow-up through 2004* (*Journal of Vascular Surgery*. 50:776-783, 2009). The study looked at more than 28,000 patients discharged from 345 California hospitals. The study showed that patients from high-volume hospitals had better perioperative and long-term outcomes of lower extremity bypass surgery. Risk factors such as advanced age, comorbidities, gangrene, and emergency or nursing home admission were associated with an increased risk for adverse outcomes. African American and Hispanic patients had much higher amputation rates but did not have higher mortality risk after controlling for baseline factors.

Stay in Circulation Community Service Awards

The Coalition also presented its Stay in Circulation Community Service Awards to recognize collaborative programs focused on increasing awareness about PAD high-risk populations, patients, and the health care community.

WomenHeart: The National Coalition for Women with HeartDisease received the **Stay in Circulation Community Service National Award** for its efforts to educate high-risk women about PAD. Approximately 4.5 million American women have PAD, but few women have ever heard of the disease. To help increase awareness of PAD, WomenHeart developed a multifaceted partnership to reach women at the community level. WomenHeart's network of community educators were trained to reach women directly with PAD information through speaking engagements and outreach activities such as health fairs. New educational tools targeted to women were developed and disseminated at community programs and through national and local media efforts.

The **Stay in Circulation Community Service Award Local Award** was presented to **Parrish Medical Center** (Titusville, FL) for its efforts to build a local PAD network. Since 2005, Parrish Medical Center has coordinated approximately 100 PAD awareness presentations to hospital staff, local clinicians, city employees, and a variety of other audiences. Community access to free, year-round PAD screenings provides a tool to identify patients at risk for cardiovascular and peripheral arterial disease. The center has enhanced physician relationships with primary care, cardiology, internal medicine, and other subspecialties by assisting them in their efforts to prevent and identify PAD in their patient populations. In particular, a targeted partnership with twelve local physician practices has proven to be a successful coordination of education, training, and standardization of practice for the detection and treatment of PAD. Media efforts have been conducted to further PAD messages.

Association membership and participation in the PAD Coalition is vital to its survival and growth. ARIN members are encouraged to think about ways they can impact their community's health through prevention, recognition, and early treatment of peripheral arterial disease and related cardiovascular co-morbidities. For more information, including PAD clinical practice tools and patient resources, visit www.padcoalition.org.

Note: Gwen Twillman is the Executive Director, PAD Coalition and Kathleen Gross is the ARIN Liaison to the PAD Coalition

Special nursing interest note: Marge Lovell, RN, PAD Coalition Chair, presented at the International Federation of Podiatrists' World Congress in Amsterdam, May 2010. The Coalition was a supporter of the Federation's May Foot Health Awareness Campaign.

Gwen Twillman and Kathleen Gross, MSN, RN, BC,CRN

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Notes on a Joint Commission Visit

An FYI for our nursing friends: Joint Commission visited our outpatient facility recently.

Their questions included:

- * How and what we clean with.
- * Dry time for cleaning solution
- * Contrast warmer
- * Protocol (how we know what to do in CT and in MRI)
- * Contrast dosing and how it is calculated
- * Code cart review and how it is checked

- * What we do in a contrast reaction (looked over the contrast kit)
- * How we track contrast kit and code cart expirations
- * MRI/CT screening form - checking medications and why
- * Assessment of tattoos and piercings in MRI
- * How we care for a patient in MRI in distress
- * MRI safe zones and safe equipment
- * Who is on the code team
- * Lots of time spent with ultrasound technicians on how they clean probes

Katherine Duncan, RN, CRN, BA

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Joint Commission National Safety Goals

Joint Commission Accreditation of Healthcare Organizations National Patient Safety Goals 2011

Goal 1. Improve accuracy of patient identification.

Use **two** patient identifiers when providing care, treatment and services.

Goal 2. Improve the effectiveness of communication among caregivers.

Report critical results of test and diagnostic procedures on a timely basis.

Goal 3. Improve safety of using medications.

Label all medications, medication containers, and other solutions on and off the sterile field in peri-operative and other procedural settings. Note: Medication containers include syringes, medicine cups, and basins.

Goal 7. Reduce the risk of healthcare-associated infection.

- Hand hygiene guidelines
- Prevent multidrug-resistant organism infections
- Prevent central line-associated bloodstream infections
- Implement evidence-based practices for preventing surgical site infections.

Goal 8. Accurately and completely reconcile medications across the continuum of care.

- Comparing current and newly ordered medications
- Communicating medications to the next provider
- Providing reconciled medication list to the patient
- Settings in which medications are minimally used

Goal 15. The hospital identifies safety risks inherent in its patient population.

- Identifying individuals at risk for suicide
- Address the patient's immediate safety needs and most appropriate setting for treatment

Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery TM: applies to all surgical and nonsurgical invasive procedures.

- Conduct a pre-procedure verification process.
- A time out **must** be performed **before** the procedure.

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ARIN Partners with RAD-AID

rad-aid logo



In June 2011 the ARIN Board of Directors voted to enter into a partnership with RAD-AID, a nonprofit organization dedicated to increasing and improving radiology and imaging services in the developing nations of the world. RAD-AID efforts include radiology service development, educational training, economic analysis, and technological implementation in order to make sustainable imaging services available to patients in need in countries where these services are not adequately available.

On October 30, 2011, RAD-AID will hold a Conference on International Radiology for Developing Countries. Registration is free for this one-day conference, to be held at Johns Hopkins in Baltimore. The conference presents radiology service projects from all over the world and covers (1) Health care and imaging strategies for limited resource regions of the developing world, (2) Technology innovation, (3) International economic development for medical imaging, and (4) Global educational training strategies for radiologists, technologists and nurses. Registration is available online at <https://www.surveymonkey.com/s/FCRF2TP>

As partners, ARIN will be working with RAD-AID to identify programs and/or projects for collaboration. ARIN Board Member Emily Jackson will be presenting on her upcoming work with nurses in Bangladesh at the October meeting. To learn more, please visit <http://www.RAD-AID.org>.

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associated sciences ad

Newly Certified Radiologic Nurses

The Radiologic Nursing Certification Board (RNCB) would like to recognize the following individuals who passed the certification exam, held in March 2011:

Judith Artindale, New Market, ON, Canada

Dari Bartz, Columbus, OH

Mary Berman, Wilbraham, MA

Cathy Brown, Morinville, AB, Canada

Lisa Dalton, Southlake, TX

Kelly Diullo, Nixa, MO
Jennifer Gummerus, Belvidere, IL
Diane Hayes, Lemont, IL
Jessica Kapustin, Bristol, WI
Jessica Mancari, Mokena, IL
Katherine McBeth-Yedinak, Gurnee, IL
Marsha Scott, Farmington, AR

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New England ARIN Chapter Updates

Greetings to all,

By the time this issue is out, we in New England will be looking toward autumn, a most beautiful time of the year and my favorite. The colors are brilliant, pumpkins abound, the air is crisp?it all inspires contemplation and review.

We have had a very good year, and are so fortunate to have been led by our great Board and assisted by a wonderful group of committee members and volunteers! We have presented two programs that have awarded four CEUs each, and two other subsidiary meetings presented speakers for an additional two CEUs. Additionally, we were honored to have an ARIN Board member, Cheryl Ho, attend one of these programs in April. As of this writing, our September program is still in the planning phase and will grant six CEUs.

Goals this past year have been ambitious and, again, thanks to our team, they have been largely achieved. Of particular importance has been the development of the role of "Champion." A champion is one who serves as a link between their facility and our chapter. This person provides feedback that helps guide us in meeting the needs of our members. Our champions are seen as key stake holders in our Chapter. Thus far we have 10 people in this role. They are, indeed, our 'champs.' In time, this role will be further refined and developed. More champions are needed as we work toward our goal of remaining relevant and important to our members.

Also of note has been the development of our crowning achievement: our very own website, developed and presided over by Lisa St. Amand. Please visit us at necarin.com to see the results. The possibilities yielded by the website are endless, and include improvements in communications, that ongoing and often elusive goal, which will only become more profound.

It has been a very productive year; we have much to do and much to look forward to in the coming year. The New England Chapter, once threatened with extinction, has bounced back and is growing. We are committed to our members and to National, to continue to thrive?all to the enhancement of our field and our Radiology Nurses. These are challenging but exciting times!

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Updates from the UCLA Health System

Super Bowl Weekend and Radiology Imaging Nursing — A Winning Combination

The UCLA Health System's motto is "Don't Be Afraid to be Great"— a theme that inspires and supports UCLA nurses to excel and achieve excellence. This was recently demonstrated when UCLA Interventional Radiology (IR) nurses partnered with the ARIN to promote expertise in radiologic and imaging nursing— a key driver in providing outstanding patient care. Approximately 40 UCLA IR staff attended a 2-day ARIN review course at UCLA— on Super Bowl Weekend! The course was provided by expert speaker Kathy Scheffer, MN, RN, CRN, a speaker one nurse described as "a knowledgeable, dynamic, and energetic nurse with many years of experience in the field of IR."

The UCLA Health System has a highly complex, busy IR department where nurses are challenged to learn rapidly and implement new, and sometimes revolutionary, imaging and therapeutic innovations. With three IR locations and approximately 75 staff, the department ensures that nurses and staff are provided with educational tools and methods to execute safe and effective patient care *and* meet the demanding service levels expected by the community.

What did UCLA do to achieve excellence in IR nursing and increase CRN certification?

Hospital leadership and IR nurses reached out to ARIN to inspire, educate, and help prepare the department for certification from the Radiologic Nursing Certification Board (RNCB). The Director of IR and direct care IR nurse, Catrina Mitchell, RN, CRN, worked in collaboration to implement the education program. A summary of their initiatives are listed below:

- The UCLA Health System CNO was updated by the direct care RNs about the IR review class. Her support and enthusiasm provided motivation and financial support.
- The UCLA Magnet Director, who supports nurse certification and professional development, worked in collaboration with the IR staff to help plan and organize the program with ARIN.
- ARIN was contacted approximately 10 months in advance to confirm the course date. This provided enough time to confirm the expert speaker, sign necessary organizational contracts, secure a location, and market the course.
- A weekend, rather than a weekday, was chosen by the IR staff. This provided an opportunity for all staff to attend and an atmosphere to focus and learn without work interruption.
- The UCLA Research and Education department and ARIN provided CEUs to nurses and educational credits to IR technicians.
- The UCLA Director of IR provided updates in staff meetings, scheduling support, set expectations for attendance, attended the course with the staff, and arranged for complimentary breakfast each day.

How can the direct care nurse impact success?

- Catrina Mitchell, RN, CRN motivated staff to be excited about advanced learning; she provided course and certification information to her peers through e-mails and verbal updates.
- Mitchell sent certification review questions and answers through e-mail; a simple way to help prepare nurses for the course review.
- She provided ARIN brochures at the course to have the staff join at a group rate. This provided a discount on the certification test.
- She organized the nurses to take the certification exam and reported to senior leadership about the success.

What was the outcome?

In approximately 4 months since the review course, all 9 nurses who took the certification exam, thus far, have achieved CRN certification!

UCLA Health System, Interventional Radiology Team

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