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"THIS IS YOUR WORLD. SHAPE IT OR SOMEONE ELSE WILL."

-Gary Lew

Evelyn Wempe, ARNP, MBA, MSN, ACNP-BC, AOCNP, CRN
2016 ARIN President



January 2017! The new year brings a sense of renewed purpose for the Association for Radiologic and Imaging Nursing (ARIN). As we enter 2017, ARIN continues to work on accomplishing its goals of expanding and evolving

the role of the radiology nurse through education, communication and building relationships with key health care organizations/groups that impact our practice. It is important that our specialty continues to advance to meet the ever-changing demands in health care and continue to advance the standard of care in the imaging environment through knowledge and resources.

A New Clinical Pathway: Interventional Oncology (IO)

ARIN has recognized that subspecialties within the radiology and imaging environment are numerous. Subspecialty knowledge and resources are necessary to deliver safe, quality patient care in the imaging environment. The planning portion of this essential clinical pathway has been completed and in the early part of 2017 begins the work of the IO task force in developing this clinical pathway. The American Cancer Society estimated that over 1.6 million new cases of cancer would be diagnosed this past year. In addition, more than 15.5 million children and adults with a history of cancer were alive on January 1, 2016 in the United States (American Cancer Society, 2016). These statistics are indicative of the need to

address the existing knowledge gap. ARIN's proactive approach to create the necessary education to meet this growing demand of this knowledge and skillset will foster the growth of nurses to advance the standard of subspecialty care in the imaging environment. The development of IO educational modules will outline the various aspects of the radiology nursing care of patients undergoing imaging studies and/or interventional procedures for the diagnosis or treatment of cancer.

Interprofessional Collaboration for Improved Patient Outcomes.

ARIN recognizes the significant role of APRNs in patient care across all healthcare settings. On December 14th, 2016, the U.S. Department of Veterans Affairs announced its decision to grant full practice authority to identified roles of APRNs. This is a significant move for APRNs, whose education, training and certification, prepare them to deliver high quality patient care in various specialty practices. Furthermore, the Institute of Medicine's (IOM's) Report titled *The Future of Nursing: Leading Change, Advancing Health* (2010) recognizes that APRNs are highly valued and an integral part the health care system. However, this ruling has been met with hesitation within the radiology community who feel APRNs will be jeopardizing quality patient care in respect to ordering and interpreting imaging. Clearly, as the premier radiology nursing organization, we have a responsibility to educate others on our various

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roles in patient care. ARIN is committed to embrace and drive change that will have a positive impact on the professional work of APRNs and the continued contributions to elevate the standard of care.

The VA ruling is a significant stride in the evolution of the roles of advanced practice. This is particularly important for the role of the APRN in the radiology and imaging environment. The complexity of patient conditions undergoing radiological exams and/or interventions merits the role of the APRNs in such settings. Patient care within the radiology and imaging environment requires expert clinicians such as nurse practitioners (NPs) and/or clinical nurse specialists (CNS) with advanced training to provide high-quality, patient-centered care in assessment, management and decision-making for improved outcomes. The VA ruling is a paradigm shift that will continue to need a steadfast commitment among the professions for quality and cost effective patient care (Eisler & Potter, 2014). ARIN is committed to educating others on the role of the APRNs in the radiology & imaging environments and look forward to the evolution of the role. This is being accomplished through the work of an assigned task force to further develop the role of the APRN in the imaging environment. As the VA ruling continues to generate more comments and inquiries, ARIN will be at the forefront as representative of the radiology nursing community.

Annual ARIN Convention: Washington, D.C.

ARIN's 36th annual convention is being held in our nation's Capital, Washington, D.C. From March 5th through the 8th, attendees can gain knowledge, network, build new relationships and strengthen those already developed. The educational program this year is comprehensive and includes new presentation topics in transgender care, simulation sessions on airway management and interdisciplinary joint sessions with Society of Interventional Radiology (SIR) on topics of anticoagulants and sedation. ARIN is leading the way in radiology nursing education. I encourage everyone to visit the ARIN website and find out more about convention and its continuing education opportunities. As last year, for those that are not able to attend, virtual attendance is a convenient option to build upon your radiology nursing knowledge. I look forward to seeing you all at convention to connect and learn of ways ARIN can support its members continue to lead the way in expanding the body of knowledge for radiology nurses everywhere.

References:

American Cancer Society. (2016). Retrieved from www.cancer.org
Eisler, R., & Potter, T.M. (2014). Transforming Interprofessional Partnerships: A New Framework for Nursing and Partnership-Based Health Care. Indianapolis, IN: Sigma Theta Tau International.
Institute of Medicine. (2010). The future of nursing: Leading change, advancing health. Washington, D.C.: National Academics Press.

Vision is a publication of the Association for Radiologic and Imaging Nurses Association. Comments and questions may be addressed to Senior Editor; Greg Laukhuf ND, RN-BC, CRN, NE-BC at Greg.laukhuf@arinursing.org.

WE NEED YOUR HELP!

ARIN is sending out a Survey Monkey to gather member feedback on Vision.

We want to hear what you like and what we can do better. Please take time to complete the survey.

We can't do it without you!

LEADERSHIP INSIGHT— BUILD TRUST WITH YOUR COLLEAGUES

Greg Laukhuf ND, RN, CRN, RN-BC, NE-BC

"The best way to find out if you can trust somebody is to trust them."
- Ernest Hemingway

It is no secret that over one-third of our days are spent at work. As nurses we know that we spend more time and holidays with our co-workers than some family members. The work environment can either enrich or shrink morale and productivity. Learning how to build trust with coworkers can heighten efficiency, attitude, and confidence. It is a leadership building block. As we start 2017, the following points can help you build this important skillset.

Choose positive environment

Talented people are in demand and have workplace options especially in the era of the shrinking nursing pool left by Baby Boomer retirement. "A high-trust environment fosters what some call psychological safety, resulting in a more open and collaborative work culture," explains Robert Bruce Shaw, author of *Trust in the Balance and Extreme Teams* (1997). "Research suggests that psychology safety is a key to success particularly at a team level."

Exhibit concern

"Trust operates on multiple levels: at a company level in terms of culture, at a team level in regard to the relationships among the members, and at an interpersonal level between two people," Shaw (1997) states. By showing you care about your colleagues, others will begin to trust and a "Trust" culture can be built.

Share yourself

Sharing about who you are can be extremely helpful within limits. Ruth Sherman (2015), author and speaker shares, "Especially for leaders or managers, sharing a story about a time you may have failed and what you learned from it can make you seem more human, not perfect, and certainly builds camaraderie and trust."

Strive for competency

The Joint Commission requires proof of competencies. Ryan Outlaw, PhD, assistant professor of management at Indiana University (2015) states, "Employees should strive to be seen as competent in their role. This means having the requisite knowledge, skills, and abilities in his or her area." Outlaw also feels employees should maintain a core set of values held by others in the organization. "For example, if other employees arrive early and leave late, does that employee do the same? These sorts of behaviors suggest shared values. Employees should focus on their competence, values, and benevolence in order to build trust."

Lead by example

Leaders should model the behavior that they seek from others. (Lipman, 2014). Although this may seem common sense, this means listen and consider others' ideas with an open mind; focus on the issues at hand regardless of personalities and be respectful. The reason for doing this is simple; it works and is effective. The news is littered with countless stories of leaders whose downfall was not following this simple tenet.



Appreciate the role of electronic media

A magazine article in *Time* (Luscombe, 2010) explores how electronic media can make workers feel disconnected. In the article, two groups are compared from a recent study. "So even if a colleague is working hard, his e-mail correspondent doesn't know it and is thus less likely to work hard himself. In the study, the groups who met by videoconference did better than the e-mailers, who tended to shirk their responsibilities—suggesting that visual cues are key for trust." The study author went on to state, "If you work virtually, show up in person for key meetings as much as possible."

And remember...

We need each other (Mattson, 2016). The sage wisdom "No man is an island" is true today. In a recent article in *Reflections on Nursing Leadership*, Mattson discussed that all healthcare disciplines need each other as we care for our patients. This truth should resonate with each of us as we strive to—build trust with our colleagues.

References

- Long, D., Baer, M., Colquitt, J., Outlaw, R., and Dhensa-Kahlon, R. (2015). What will the boss think? The impression management implications of supportive relationships with star and project peers. *Personnel Psychology*, 68, 463–498.
- Lipman, V. (Feb 25, 2014). You'll Never Go Wrong Leading by Example. *Forbes*. Retrieved <http://www.forbes.com/sites/victorlipman/2014/02/25/youll-never-go-wrong-leading-by-example/#5b8778e39cf4>
- Luscombe, B. (Tuesday, June 22, 2010). Why E-Mail May Be Hurting Off-Line Relationships. *Time Inc.* Retrieved <http://content.time.com/time/health/article/0,8599,1998396,00.html>
- Mattson, J. (09/26/2016). In my own words: We need each other. *Reflections on Nursing leadership*. Sigma Theta Tau International. Retrieved http://www.reflectionsonnursingleadership.org/commentary/more-commentary/Vol42_3_we-need-each-other
- Shaw, R. (1997). *Trust in the Balance and Extreme Teams*. Jossey-Bass Inc. San Francisco, California.
- Sherman, R. (2015). *Speakrets® the 30 Best, Most Essential, Most Overlooked Marketing & Personal Branding Essentials*. Norseman Books

COMING SOON

ARIN 36TH ANNUAL CONVENTION,
 WASHINGTON D.C. IMAGING REVIEW COURSE
 MARCH 5-8, 2017 MARCH 3-4, 2017

Bruce Boulter
ARIN Executive Director

ARIN is now in the home stretch in preparation for the annual convention. All the committees have been working hard to present an outstanding program. As always, in addition to the convention, we will be presenting our outstanding Imaging Review Course. Now is a great time to work on your CRN and prepare for the exam in May.

As we head to one of the most amazing cities in the United States, we will celebrate the completion of ARIN'S 35th Anniversary. We will be in the midst of one of the cradles of US history. Not only will our participants be able to take advantage of great presenters, but also a hands-on simulation on "Airway Management for the Interventional Nurse". As in previous years, the convention will be offered virtually for those unable to attend in person.

For those that are will be visiting Washington D.C., you will find a never-ending list of things to do. From the Capitol Building to the White House, and the multitude of buildings that make up the Smithsonian, you are guaranteed not to be bored.

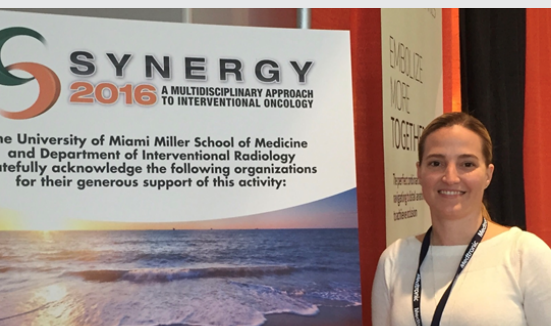
Make your plans now to join ARIN in Washington D.C. for a 36 year anniversary convention you'll never forget.

[CLICK HERE TO REGISTER](#)


AN EVENING OF CELEBRATING YOU!

ARIN 35th Anniversary Reception

ARIN's Annual Convention is less than two months away! Last year we began our yearlong 35th anniversary celebration in Vancouver recognizing the amazing work of its past and current leaders and how far the organization has come!! The dedication, knowledge and skillset of members throughout the years have contributed to ARIN's continued growth in its body of knowledge and advancement of the specialty. This year, ARIN once again will be hosting a celebration on the evening of March 6th. This is a celebration of YOU – the members, whose every day commitment to the profession of radiologic and imaging nursing, has positively impacted the lives of patients, families and healthcare professionals. We look forward to sharing an evening of celebration with all of you. See you in D.C.!



ARIN President Evelyn Wempe

ARIN ATTENDS SYNERGY CONFERENCE UNIVERSITY OF MIAMI 2016

Synergy is an annual symposium that offers attendees a review of an assortment of oncological diseases with the latest advances in medical, interventional and surgical treatment options in multiple practice areas. This is the second-year ARIN has participated in this conference.

The meeting this year was a blend of panel discussions and instructive case presentations focused on hepatocellular carcinoma, lung cancer, metastatic colorectal cancer, cholangiocarcinoma and liver metastases, renal and prostate cancer, pancreatic cancer, neuroendocrine and musculoskeletal tumors. Leading national and international experts presented the latest data and treatment innovations for oncological challenges in multiple organ systems with emphasis on implementation from diagnosis to treatment. At this year's conference, Special emphasis was given to prostrate ablations.

The conference was enjoyed by membership in attendance. It was agreed that many new practice ideas were shared. The group is looking forward to Synergy 2017 next fall.

INTERVENTIONAL ONCOLOGY: AN INTERVIEW WITH DR. NARAYANAN

Mary F. Sousa, BSN, RN
ARIN Immediate Past President



Author's note-The University of Miami announced a new change as they boldly moved away from the traditional division of radiology sections by creating a pioneering Department of Interventional Radiology. Below is an interview done on October 21, 2016 with Dr. Govindarajan Narayanan, Chairman of the Department of Interventional Radiology, University of Miami Miller School of Medicine.

Govindarajan Narayanan, M.D., is a Professor of Interventional Radiology. He has been a pioneer in minimally invasive therapies and has led many of the specialized clinical applications in interventional radiology (IR) that are now offered to patients at Sylvester Comprehensive Cancer Center and throughout the UHealth system. "I am very excited about taking the helm of this department," said Dr. Narayanan. "The Miller School and UHealth have set the trend by establishing this department that will pave the way for other academic medical centers to form similar new departments."

Q: What does it mean to develop a Department of Interventional Radiology and what significance does it hold for patient care?

A: Dr. Narayanan explains that in traditional radiology models, Interventional Radiology is an integral part of Diagnostic Radiology with division sections separated by body systems and led by section chiefs who report to a department Chairman. In this historic move, the University of Miami has created a separate Department of Interventional Radiology. The decision comes after years of exponential growth in research and clinical applications, at both the University of Miami Miller School of Medicine and UHealth – the University of Miami Health System. The new format allows for the department to operate as a "clinical specialty", seeing patients in clinic, admitting them to the hospital when necessary, and doing their follow up care. This allows for better care coordination and continuity of patient care which are two important factors in managing these complex patients.

Q: What is Interventional Oncology?

A: Utilizing interventional oncology techniques, radiologists can access tumors via small percutaneous punctures, advancing catheters via blood vessels with the assistance of image guidance. These minimally invasive advances benefit the patient who in the past would need to undergo traditional open surgical approaches.

Q: How does IO fit into IR and what significance does it hold in care options for our oncology patients?

A: Cancer patients at Sylvester Comprehensive Cancer Center, part of UHealth, have benefited from a subspecialty of IR, interventional oncology, in which physicians use catheters or transcutaneous needles to directly expose cancerous tissue to chemotherapy or energy-based treatments such as radiation. Dr. Narayanan remarks that cancer therapy at Sylvester has been enhanced significantly by the application of cutting-edge Interventional Oncology with state-of-the-art procedures, such as irreversible electroporation and radiopaque beads. Other techniques such as prostate artery embolization, has been utilized to block the blood supply to enlarged prostates (Interventional Oncology 360, 2016).

Q: What is your vision for the future?

A: With cancer being the second leading cause of death, Interventional oncology (IO) procedures are expected to continue to grow to treat this large population of patients in all age groups (CDC, 2016). IO offers options for less invasive targeted treatments with less pain and shorter hospital stays. This along with the shift to a clinical model will see more and more Interventional radiologists becoming a more integral part in the treatment decision making process rather than being a procedure service. This shift will also lead to more evidence from trials and move IO treatments into National Comprehensive Cancer Network (NCCN) guidelines.

Q: Can you describe the team's training?

A: The nursing team consists of hired experienced nurses with a combination of floor nursing care and critical care experience. Additional nursing roles consist of nursing educators and advanced registered nurse practitioners. Certification in Radiology is encouraged and combines nursing skills of critical care, radiology, sedation, and perioperative.

The nursing team attends tumor board rounds. This is significant as a well-trained interdisciplinary team is necessary. In addition, for the past 5 years, we hold an annual symposium, called Synergy (University of Miami Miller School of Medicine, 2016), which offers a review of various oncological diseases and latest care options. Members of the Association for Radiologic and Imaging Nursing are offered discount registration and are encouraged to attend to learn of the latest evidence in cancer care. It doesn't matter how good the Interventional Radiologist is if the radiology team isn't just as good. We value the Core Team. Working in IR is a team sport". The team is given the room and space to grow, supported and encouraged to distinguish themselves.

References

Center for Disease Control and prevention (CDC). (December 30, 2016). Leading Causes of Death. Retrieved <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

Interventional Oncology 360 (IO 360). (October 18, 2016). University of Miami Creates Pioneering Department of Interventional Radiology. Interventional Oncology 360. Retrieved <http://www.interventionaloncology360.com/content/university-miami-creates-pioneering-department-interventional-radiology>

University of Miami Miller School of Medicine. (2016). Synergy Miami. Retrieved <http://www.synergymiami.org/>

ARIN VISITS THE JOHNS HOPKINS HOSPITAL

Mary F. Sousa BSN, RN, Immediate Past President

Radiology nursing clearly is exceptionally represented in exemplar healthcare systems. The Johns Hopkins Hospital has the unique history of one of ARIN's founders, Charlotte Godwin, who blazed the trail for this specialty and the recognition of the radiology nurse.

On November 30, 2016, ARIN had the opportunity to visit the Johns Hopkins Hospital and meet with nursing staff and leaders. The Johns Hopkins Hospital is an ANCC Magnet®-recognized organization. ANCC's Magnet designation is the highest and most prestigious credential a healthcare organization can achieve for nursing excellence and quality patient care. (See sidebar.)

The Johns Hopkins Hospital is aligned with ARIN's mission "to provide Radiology Nurses with the knowledge and resources to deliver safe quality patient care in the imaging environment" and purpose of "fostering the growth of nurses" (The Association for Radiologic & Imaging Nursing, 2017).

This concept is evident in the description of radiology nursing below:

With one of the highest degrees of autonomy in the profession, this subspecialty provides today's nurses the freedom to spread their assessment, planning and evaluative wings. Radiology nurses are cross-trained to practice in all areas – whether interventional, angiography, ultrasound, computerized tomography (CT), magnetic resonance imaging (MRI), PET, nuclear medicine or pediatric imaging. Nurses here strongly encouraged pursuing continuing education, committee membership and specialty certification in Radiology Nursing or CRN. (John Hopkins Medicine, 2017).

The Radiology team at Hopkins is comprised of a multidisciplinary group, who work collaboratively in the care of patients. Administration and hospital leadership support a team work concept and recognize Service Excellence through its "Stars Program". Ron Wardrope, ARIN Past-Secretary and respected radiology nurse at Hopkins, shared the story below about a member of his team that made a big difference, Bree Burke.

Heroic Attentive Care

"Our ultrasound biopsy scheduler, Bree Burke, recognized there was a patient scheduled for a recurring procedure who had not yet arrived. It was not like him to miss his appointments. Bree called to check on him.



When he answered, she had a very difficult time understanding him and suspected something serious was going on.

There were issues with the patient being able to talk and understand questions. We told the patient that we were going to call 911 on his behalf. The patient was admitted to the hospital with a dangerously low potassium level that could have been fatal. We reached out to the family to see how the patient was doing and he was doing well. If it had not been for the concern of Bree and her colleagues, this may have turned out very differently. Thank you, Bree!"

ARIN-Hopkins Simulation Training

ARIN's Simulation Faculty traveled to Johns Hopkins for a team training session on December 1st, 2016 at the Simulation Lab at Hopkins. The opportunity to work at the simulation lab allowed Faculty to work together to prepare this program that will be presented at the 2017 ARIN Annual Conference in Washington, DC.

As a first step, the Faculty met to discuss and finalize this unique ARIN program: "Simulation Airway Management". The goals were (1) to focus on airway assessment and management for patients undergoing procedural sedation; (2) determine the order and flow for the PowerPoint slides and practice stations; (3) conduct a dress rehearsal to ensure slides and practicum content were appropriate to complete the stated objectives in the allotted time frame.

At the end of our session, the Faculty believed our updates focused on the task and clearly met the objectives. ARIN is now excited to offer this Simulation Session in Washington, DC, and welcome ARIN attendees to our program. Attendees are encouraged to review the ARIN Capnography Position Statement and read the articles published in Journal of Radiology Nursing, September, 2016: Capnography: A Primer for Radiology Nursing and Capnography Monitoring During Procedural Sedation in Radiology and Imaging Settings: An Integrative Review.

ARIN-Hopkins Team Effort

Located in Baltimore, the Johns Hopkins School of Nursing is a globally-recognized leader in nursing education, research and practice and ranks #1 nationally among graduate schools of nursing and #2 for online programs, according to U.S. News & World Report. In addition, the school was named the "Most Innovative Nursing Graduate Program in the U.S."



Ron Wardrope, Clint Morris, Bree Burke



Michael Long, Shawn Brast, Karen Green



Back: Clint Morris, Kristina Hoerl (ARIN Master Faculty and Hopkins Educator), Susie Denker, Ron Wardrope

Front: Alison Owens, Leizyl Fequillo, Mary Sousa (ARIN Immediate Past President), Kim Sweitzer, Karen Green (ARIN Past ED)

by Best Master of Science in Nursing Degrees, and ranks #1 among nursing programs (Johns Hopkins University School of Nursing, 2017).

ARIN thanks the Johns Hopkins Hospital for the use of the Simulation Classroom, the wonderful tour of the Radiology Departments, and the informative lunch with radiology nursing staff and leadership. We enjoyed learning of the many educational initiatives including the recent hosting of the ARIN Imaging Nurse Review Course taught by ARIN Master Faculty, Kristina Hoerl.

Johns Hopkins' dedication to growing radiology nursing leaders mirrors Charlotte Goodwin's vision. It was a full day and we recognize the entire team for taking time out of your busy day to spend time with us!! BIG Thank You!!

Get a Sneak Peek: New Online EBP Course

Johns Hopkins Evidence-Based Practice Online Educational Series
Available on the ARIN website: <http://arinursing.org/index.cfm>

References:

John Hopkins Medicine. (2017). John Hopkins Nursing-Radiology. Retrieved http://www.hopkinsmedicine.org/nursing/specialties_units/radiology/

The Association for Radiologic & Imaging Nursing. (2017). About ARIN. Retrieved <http://arinursing.org/about-arin>

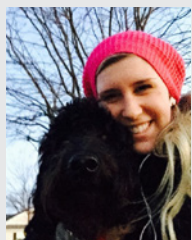
Johns Hopkins University School of Nursing. (2017). Johns Hopkins University School of Nursing. Retrieved <http://nursing.jhu.edu/>



"JOHNS HOPKINS HOSPITAL IS A NATIONALLY RECOGNIZED ORGANIZATION"

The American Nurses Credentialing Center (ANCC) has awarded The Johns Hopkins Hospital its prestigious Magnet Recognition status for excellence in nursing services. The highest honor bestowed by the American Nurses Credentialing Center, Magnet status affirms the depth and breadth of Hopkins Nursing--our evidence-based practice, our interdisciplinary collaboration and participatory decision-making, and our spirit of innovation and excellence. Magnet Recognition Program recognizes quality patient care, nursing excellence and innovations in nursing practice. Applicants undergo an extensive evaluation, and those who are awarded Magnet status must maintain rigorous standards as part of the four-year designation. The Johns Hopkins Hospital is proud to be a three-time Magnet recognized facility and one of seven hospitals in Maryland.

I AM AN ARIN NURSE!



Barbara Gutmann RN, BSN is a new ARIN member working in a busy Radiology Department at University Hospitals of Cleveland Medical Center.

Why did you become a nurse?

I love helping others! Being able to help families and patients through difficult times is extremely satisfying for me. I wanted a career that was challenging, interesting, and made a difference in people's daily lives.

What about nursing makes you happy?

The moments you can celebrate with patients and their families are special. As a nurse, it is always the little things that make me happy, like when a patient can finally be able to manage their pain, or even go to the bathroom!

What has been the most amazing experience you have had as a radiology nurse?

It is amazing to be a part of the life-saving medical care available to patients. It is also amazing to be a part of the patient's journey starting from detection to treatment.

What are the challenges you encounter and how do you overcome them?

As a nurse, you are the patients advocate. Sometimes there are challenges that arise between myself and other healthcare providers, but the key is to remember that you are an advocate for the patient. It is always what is best for the patient and the safety of the patient.

Have you experienced anything extraordinary in your career?

Every day I see and experience extraordinary events. Medicine has come so far! It is amazing to see patients with life threatening issues that even 5 years ago, had a low chance of survival recover and continue with their lives.

What has your nursing journey been like?

In the three years I have been a nurse, I have been able to experience the flexibility of a nursing career. I have my license in three different states (Ohio, Indiana, and Michigan). Throughout my career, I have been in two different departments. I started in the NICU and then transitioned to the radiology department this past year. Through my journey, I have learned so much, and look forward to what is ahead of me!

At the end of a busy day, how do you find balance in your life?

The key is not to bring work home with you. Outside of work I do things that I love like walking my dogs, yoga, and cooking.

How has ARIN played a role in your career?

ARIN helps to keep me up to date on procedures and EBP for me to provide safe and quality care for my patients.



THE COUNTDOWN IS ON! ARIN 36TH ANNUAL CONVENTION

March 5-8, 2017 Washington, D.C.

With 4 days and over 30 credits available through lectures, workshops, and poster sessions; your education needs will be met.

Some of this year's topics will include:

- Interventional Oncology
- Pediatric IR Cases and Challenges
- Safety in the Imaging Setting
- Leadership and Management
- New Technologies/Treatments in Imaging
- Patient Education in Radiology

Three ways to attend!

- Attend live in Washington, D.C.
- Watch virtual live broadcast
- Watch archive podcast



ARIN EXTENDS A WARM WELCOME TO OUR **NEW MEMBERS!**

First Name	Last Name	City	State
Amy	Beaubien	Bradenton	FL
Barbara	Gutmann	Chagrin Falls	OH
Daisy	Genao	New York City	NY
Janet	Bomberg	Watkinsville	GA
Kristina	Perry	North Chili	NY
Dawn	Scasserra	Township of Washington	NJ
Martina	Patricio	Phoenix	MD
Lisa	Pendell	Suffolk	VA
Louis	Kaeter	Otsego	MN
Gulzar	Balich	Brooklyn	NY
Bryan	Buss	Macedonia	OH
Michael	LeGal	Phoenix	AZ
Diane	Blissett	Springfield	IL
Marissa	Hunter	Troy	MI
Patti	Southern	Belle Vernon	PA
Tisanshui	Sun	Buffalo Grove	IL
Darcy	Main	Troy	NY
Susan	Coletta	Sparta	NJ
Patricia H.	Kettle	Baltimore	MD
Fern	Wasco	Sewickley	PA
Jeanete	Marquez	San Dimas	CA
Sharon	Messer	Fairport	NY
Erin	Murray	New York City	NY
Carol	Beasley	Petersburg	VA
Diane	Rineer	Boise	ID
Louise	Pratt	Eagle	ID
Karen	de la Cuesta	San Jose	CA
Lisa	Bono	Derry	NH
Danielle	Burton-Williams	Spokane	WA
Shamika	Bruce	Silver Spring	MD
Tracy	Oslar	Morton	PA
Kim	Baker	Quinns Rocks	WA
Cheryl	Gleason	West Warwick	RI
Ernest Mark	Bobb	Highland Mills	NY
kathy	farrell	Harleysvielle	PA

First Name	Last Name	City	State
Sheri	Thibo	Cleveland	OH
Scott	Prudhomme	Citrus Heights	CA
Elizabeth	Hoffman	Rochester	MN
LuAnn	Epler	North East	MD
Tami	Mills	Lakewood	CO
Stacey	Kaminsky	Monroe	MI
Kathleen	Reichard	Concord	NC
Lynda	Watson	Perth	WA
Elisa	Romero-Wilson	Goshen	NY
Michelle	Wellbelove	Toronto	ON
Synthia	Recchiuti	Woodbridge	ON
Christine	Denney	Metamora	IL
Aimee	Hellem	Colorado Springs	CO
Kevin	Dillon	Hanford	CA
Britta	Cagle	Fayetteville	NC
Jody	Tremblay	Newmarket	NH
Mindy	Wirth	whitestone	NY
Elizabeth	Damiano	Micco	FL
Kathy	Ennis	Midlothian	VA
Emily	Copland	Modesto	CA
Becky	Kissel	Riverview	FL
Rosa	Malave	Chicago	IL
Alice	Hastings	Denver	CO
Jamie	Bouknight	Murfreesboro	TN
Elizabeth K.	Criswell	Colonial Heights	VA
Leonora	Sumodobila	Houston	TX
Deborah	Gandour	Boca Raton	FL
Melissa	Meagher	Wallingford	CT
Cody	Avey	Riverbank	CA
Stephanie	Arceneaux	Geismar	LA
James	Nolen	Sioux City	IA
Rebecca	Haafke	Sioux City	IA
Mandi	Cowden	Des Moines	IA
Kristin	Motter	Olney	MD



MAKE ARIN YOUR NEW YEARS RESOLUTION!

ARIN's unique multidisciplinary membership focuses on patient centered care. Through engagement in ARIN directed initiatives, members foster their growth and knowledge. They become key links in the radiology chain; advocating for patient safety and improved outcomes in radiology through identification and implementation of best practices in techniques and complication prevention.

Joining ARIN is Easy!

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FOR RADIOLOGY: WHAT YOU REALLY NEED TO KNOW!

Greg Iaukhuf ND, RN-BC, CRN, NE-BC
Vision Editor

[Cleveland Clinic physician tells team to ditch the word 'just'](#)

Becker's Hospital Review.com, November 8, 2016

In response to a woman calling herself "just a float," a Cleveland Clinic physician sent an email to his team encouraging them to cease using the word "just" when referring to their job. Tom Abelson, MD, medical director of the Cleveland Clinic Beachwood Family Health & Surgery Center, shared his message in a daily briefing. In the memo, Dr. Abelson asked the woman to rephrase her introduction, stating with pride, "I am a float, and my name is ..." "I have heard myself say, 'I am just a general otolaryngologist,'" Dr. Abelson wrote in the email. "I have heard others say, 'I am just a receptionist.' So let's lose the word 'just' at our center. We can describe ourselves without the word 'just' without losing the humility that we hopefully all feel as well." He encouraged his team to "gently correct" colleagues who use "just" in this fashion and for individuals to "have pride" in their work.

[Health risks of dumpster diving for make-up](#)

Cleveland19.com, November 7, 2016

With the holidays, dumpster diving for free make-up products has become that the latest money saving trend in cities across the country. Many cosmetic store make-up products thrown out in the trash are treasures for some and cash by others. Dr. Baron, a dermatologist at University Hospitals Cleveland Medical Center, shares there are serious skin conditions that could develop and land you in the hospital. "Itchy skin, red skin, inflamed skin, even acne or eruptions that look like acne, it can take several forms," said Baron. ... Just because the product is sealed doesn't make it safe. It depends on how long the product has been exposed to certain temperatures and how long it's been sitting out. Baron warns that products were likely thrown out for a reason, and are probably beyond their "lifespan for stability" according to manufacturer standards.

[University Hospitals Seidman Cancer Center performs new image-guided prostate biopsy](#)

Public Now.com, November 9, 2016

University Hospitals Seidman Cancer Center physicians are among the first in the country to offer a promising new screening tool to detect prostate cancer - MRI (Magnetic Resonance Imaging) - guided prostate biopsy. Using MRI imaging, the new technology enables physicians to visualize and biopsy prostate cancer by distinguishing tumor from healthy tissue. "The in-gantry MRI guided biopsy has the potential to revolutionize prostate cancer detection," says Vikas Gulani, MD, PhD, Director of Magnetic Resonance Imaging at UH Cleveland Medical Center.



[NIH's Collins Optimistic About 2017 If No Budget Delay](#)

Medscape.com, November 18, 2016

The year ahead could be incredibly beneficial for biomedical progress and the National Institutes of Health (NIH), but a politically driven delay in 2017 funds would halt the forward motion, said NIH Director Francis Collins, MD. The election of Donald Trump as president may be sending shudders through Washington's establishment but Dr. Collins, speaking at a forum sponsored by the Bipartisan Policy Center, said he does not anticipate issues for the NIH and biomedical research. In Washington, "people like to predict catastrophe," said Dr. Collins, "That seems to be the thing that gets the attention and gets everybody's blood boiling." But, he said, "I'm here to actually predict success. "With the appropriate resources in hand, we are confident that this could be the most remarkable moment in medical research history," Dr. Collins said, citing advances in single-cell biology, understanding of the brain, spinal cord injury, Alzheimer's disease, stem cell research, infectious disease, diabetes, precision medicine, and the soon-to-be-started NIH project to enroll a million people in the "All of Us" database to jumpstart that effort.

[Cleveland Clinic CEO Has a Warning for U.S. Hospitals](#)

Fox Business.com, November 21, 2016

Dr. Toby Cosgrove, CEO of the Cleveland Clinic ... [said] ... that consolidation specifically would give hospitals more purchasing power and avoid duplication of services without substantially raising costs. "Hospital occupancy across the United States is about 65%. For example, in Ohio, we have 202 hospitals across the state. One of the concerns right now is with decreasing payments that hospitals are getting for their services they provide, we are seeing almost a quarter of the hospitals now running in the red. So ultimately, if we do not see consolidation and increase efficiency, we are going to see hospital closures across the country," he said. "I think we are going to see consolidation across the insurance industry ... across the pharmaceutical industry ... and I think we are going to see it amongst the hospital providers." He added: "This is what the response is to the demands to have more efficiency in our health care delivery system. There's no question that if the insurance industry consolidates, we are going to have to consolidate as providers who negotiate with them," he said. The Cleveland Clinic CEO also stressed the importance of keeping the current 20 million people with health insurance covered. "We have to continue to keep those people covered otherwise the premise for hospitals of more patients, even though we are being paid less, is going to cause more and more hospitals to have major economic problems. We need to continue to cover those individuals, the question is how we do it, and we do it most efficiently," he said.

[AACI Commends House Passage of Revised 21st Century Cures Act](#)

Newswise.com. (November 30, 2016).

The U.S. House of Representatives passed a revised version of the 21st Century Cures Act, which provides \$1.8 billion for cancer research by a roll call vote of 392-26. The bipartisan bill needs a vote in the Senate for final approval.... "We welcome the increased federal investment in cancer research," said the Association of American Cancer Institute's (AACI) President Dr. Stanton Gerson. "Investing in the NIH and NCI not only plays a vital role in addressing cancer incidence, but it also contributes to curbing the overall costs associated with cancer." Dr. Gerson is ... director of University Hospitals Seidman Cancer Center in Cleveland and a member of the NCI Board of Scientific Advisors.

[eNNOVEA Medical's CardioQuick Patch® Reduces Electrode Placement Errors During ECG Acquisitions in New Study](#)

Chron.com. December 5, 2016

Researchers at Ulster University, University Hospitals Case Medical Center, and the Department of Cardiology in Altnagelvin Hospital reveal a new, promising solution to the common problem of electrode misplacement. ... A recent study has found that an engineering solution called the CardioQuick Patch® significantly improves the ... accuracy of placing ... electrodes ... Over the last 60 years, studies have shown that single electrode misplacement is the single largest contributing factor in 12-lead ECG analyses errors. A misplacement of as little as one-inch can result in ECG errors and contribute to misdiagnosis of 1 in 5 patients.

[Physicians Missing Clues in Human Trafficking](#)

Medscape.com. December 5, 2016

"The US State Department estimates that, in this country, we've only managed to identify 1% of the people trafficked here. Human trafficking is a hidden crime and we are not the best detectives," said Susie Baldwin, MD, MPH, from the Department of Public Health in Los Angeles County, who is president of the board of directors of HEAL Trafficking, an organization dedicated to ending human trafficking. Physicians are generally not trained to address issues of physical, sexual, or psychological abuse with their patients, she explained. "Many of us don't ask our patients about exposure to violence or coercion because we don't know how to or we don't know where to refer them if someone admits to us they need help." she said at TEDMED 2016 in Palm Springs, California

[Digging Into the Roots of Health Disparities](#)

Hospitals & Health Networks.com. December 7, 2016

Health disparity exists and there are clear associations between social determinants and poor health status among children, adults and seniors. But, how do we uncover its underlying causes? We dig a little deeper. That's just what partners of the Root Cause Coalition did yesterday at its first annual National Summit on the Social Determinants of Health. ... Co-founded last year by the AARP Foundation and Toledo, Ohio-based ProMedica health system, the Root Cause Coalition is a national nonprofit organization that aims to improve individual and community health by fostering collaborative partnerships among health care organizations, grassroots outreach groups, universities, policymakers and others to address such social determinants of health as hunger, housing, jobs, education and transportation. The American Hospital Association is one of the inaugural members of the coalition.

[Artificial intelligence, machine learning find role in radiology](#)

Open Topic.com. December 8, 2016

Leo Wolansky, neuroradiologist and professor of Radiology at University Hospitals, Cleveland ... [says] ... "The role of the radiologist has changed so much. It used to be that we were just asked to distinguish black from white. Now, we're asked ... what is the percentage of white and black and gray, or how much that percentage has changed over the years." Because of the growing need for accuracy in assessments, applications that can assess images becomes important, Wolansky adds. "With software, we can see changes in diseases such as multiple sclerosis over time," he says. "'If a patient comes back with more lesions, that can impact how the patient is treated. That's something software can do - it can compare images and find a new lesion, or indicate where a lesion might be. So if a follow-up scan shows an increase in lesions, that could have an important implication for treatment. "There's an explosion of information confronting radiologists, and there's a need for speed in processing it for patient care," he adds. "With stroke, the window of opportunity to effectively treat the patient means an assessment has to be done in minutes, and radiologists need to look at images and be able to make a diagnosis instantly."

CYBER LIABILITY: AN EMERGING RISK



Over recent years, stories about cyber attacks at large corporations have become as commonplace as the nightly news. What the media has failed to convey is that 30% of privacy data breaches occur at small to mid-sized businesses.¹ Or that healthcare organizations account for 42% of all infiltrations, giving it the dubious distinction as the #1 most targeted industry in the U.S.²

The goal of this article is to provide the healthcare community with the information you need to:

- Understand your privacy data breach risks
- Implement some control over these exposures
- Receive a basic understanding of cyber liability insurance

Cyber Exposures in a Healthcare Practice

For most healthcare practices, the days when patient records were kept in manila folders came to an end years ago. Electronic health records can help improve the quality of care, efficiency, patient safety and access to information. Those practices that still maintain paper records will soon have to comply with federal regulations related to Electronic Health Records.

The personally identifiable information you collect from your patients and store on computers can include:

- Full name
- Address
- Date of birth
- Credit card numbers
- Financial information
- Medical records
- Social security number
- Phone numbers and more

According to federal HIPAA and HI-TECH privacy laws, as well as state privacy laws enacted in 47 states, you have an **obligation** to protect this data.

Below are three, common activities used by most healthcare practices that involve a certain degree of risk to patient data. Use the included risk management techniques to reduce your exposures...

1. Storing Patient Records

When storing patient records, transmitting records or using processes like billing and appointments, you probably store the data using one of these methods:

Flash drive or computer hard drive: This is an acceptable way of storing patient's personally identifiable information, but there is a potential for hacker infiltration or equipment theft.

eBackUp: These services provide additional security by encrypting and storing the data at a remote location, but if you look carefully at their contract 'terms and conditions,' they bare no responsibility for lost or stolen data.

Cloud computing: Cloud vendor agreements generally contain language that you own the data. Older agreements may not contain this language. While advertised as reliable, stories abound of cloud centers going down after incidents such as lightning strikes, as well as security breaches resulting in stolen data.

Risk Management Tips

- Control access to the information kept on patient records
- Ensure that online patient forms are kept on secure servers
- When transferring patient records use an encrypted connection
- Pay close attention to the terms and conditions within eBackUp contracts
- Manage the language in cloud computing agreements
- Store your system backup data offsite

2. Maintaining a Wireless Network or Website

While maintaining a website or wireless network is a great way to foster patient relations, they're also a gateway cyber criminals use to access your servers and steal data. While it is wise to consult an IT expert or security specialist, below are some basic measures you can take to reduce your exposures.

Risk Management Tips

- Change the System ID: to something that makes it less likely for a hacker to identify your network
- Disable Identifier Broadcasting: set up your network so that its name is not broadcast when someone searches for a Wi-Fi spot
- Enable Encryption: don't use Wired Equivalent Privacy (WEP) that has been deconstructed by hackers; use Wi-Fi Protected Access (WPA)
- Restrict Unnecessary Traffic: assess who has access to your network; do all employees need access?
- Routinely Change the Default Password: 'P-A-S-S-W-O-R-D' is not a good password. Create passwords with an above average security rating

3. Accepting Credit Cards

When you accept credit cards you transfer some of your risk to a payment processing service like TransFirst Health who provides some level of coverage for a data breach involving credit cards processed through their system. You still have the exposure for credit card data maintained in your computers.

The Payment Card Industry Security Standards Council publish the Payment Card Industry Data Security Standard (PCI DSS) for organizations that handle cardholder information for debit, credit, prepaid, e-purse, ATM and POS cards. PCI DSS contains six key components for protecting credit card data:

- Build and maintain a secure network
- Protect cardholder data
- Maintain a vulnerability management program
- Implement strong access control measures
- Regularly monitor and test networks
- Maintain an information security policy

There are over 220 *sub-requirements*, some of which can place an incredible burden on the business owner, but these requirements provide a baseline for credit card security. Non-compliance with PCI standards can result in fines from banks or credit card institutions from \$5,000 to \$500,000 per day.

Risk Management Tip

- To protect yourself practice control: control the data, control the access and control your network



Have Healthcare Practices had Patient Records Stolen?

In a word, yes. A breach involving 500 or more patients must be reported to the U.S. Department of Public Health. The following are a few examples of recent privacy data breaches at healthcare practices:

State	Event	Patients affected ³
AL	stolen server	20,744
FL	stolen laptop	2,200
CA	hacker infiltration	11,646
OR	unauthorized server access	4,354
OR	stolen desktop computer	3,269

The cost of data breach varies by industry. The average cost of a data breach per lost or stolen record is \$201, but when a healthcare firm is breached that figure jumps to \$359 per record, the highest among all industry sectors.⁴

Want to know your potential exposure? Multiply your number of electronic records by \$359. If you have a thousand patients, a privacy data breach could cost over \$350,000.

Your Responsibilities in the Event of a Privacy Data Breach

Though laws vary from state to state, if a privacy data breach occurs at your office, most likely you will be required to:

- Provide a notification letter to affected patients which includes:
 - A description of the breach
 - The type of information breached
 - The day/time of the breach
 - How to receive credit report monitoring (that you pay for)
- You may also be required to notify:
 - The state attorney general's office
 - The U.S. Department of Public Health

Complying with privacy notification laws can be expensive and time consuming, and gets complicated if you have patients in multiple states.

A Brief History of Cyber Insurance

In the 1980s when companies began filing insurance claims for stolen data or damaged systems, because it was not specifically excluded from their policies, insurers had no choice but to cover these types of claims. As more companies began to rely on computers and more claims were filed, the insurance industry began litigating claims based on the assumption that computer data was not 'property.'

In 2002, after America Online launched its 5.0 software, which wreaked havoc with the Windows operating system, it caused their customers to sue for damage to their computers. AOL's insurer denied the claim. In the landmark case America Online vs. St. Paul Mercury Insurance, the U.S. District Court of the Eastern District of Virginia determined that the damage was not tangible property damage and that the commercial general liability policy was not designed to respond to these types of claims.⁵

In the aftermath, property and casualty insurance companies inserted a provision into their contracts to exclude cyber exposures and began to develop cyber liability insurance products.

Cyber Liability Insurance Today

Prior to 2010, cyber liability insurance was primarily designed for large retail, financial and medical organizations. It's only in the past few years that the insurance industry has begun to realize that small businesses are being victimized as well. As this is a new risk for them, the industry is moving cautiously, so depending on where you practice you may find access to coverage limited.

Because the product is relatively new, it has not been standardized. It may be called 'network security' or 'internet liability.' It may be a standalone policy or attached to another policy. It may be optional or it may be a standard feature.

Though policy limits will vary, what they all have in common is coverage for litigation that results due to a privacy data breach. Typical coverage includes:

- **Cyber Liability:** if you are sued as a result of a privacy data breach it provides a legal defense and pays for settlements/judgments up to the limits of the policy
- **Legal and Forensic Services:** reimbursement for the verification of compliance with notification laws, including expenses involved in determining how and what data was accessed
- **Customer Breach Notice Expenses:** coverage for costs associated with patient notification and credit monitoring
- **Public Relations Expense:** costs to assist in organizing a media response
- **Administrative Action:** coverage for an investigation by a state or federal regulatory agency

While using the risk management tips suggested in this article may help reduce your exposures, knowing that criminals have gone high-tech and often times know more about our computer systems than we do, all healthcare practices should be exploring their cyber liability insurance options for their practice.

References

- 1"Internet Security Threat Report 2014: Volume 19," Symantec, April 2014.
 - 2"2015 Second Annual Data Breach Industry Forecast," Experian, 2015.
 - 3Privacy Rights Clearinghouse, Identity Theft & Data Breaches, California, 2015.
 - 4" Cost of Data Breach Study: Global Analysis," Ponemon Institute LLC, May 2015.
 - 5Samson, Martin, "America Online, Inc. v. St. Paul Mercury Ins. Co.," Internet Library of Law and Court Decisions, 2015.
- By Mark Buczek, CPCU, CIC, RPLU
- This risk management information was provided by Nurses Service Organization (NSO), the nation's largest provider of nurses' professional liability insurance coverage for over 550,000 nurses since 1976. The professional liability insurance policy is administered through NSO and underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company. Reproduction without permission of the publisher is prohibited. For questions, send an e-mail to service@nso.com or call 1-800-247-1500. www.nso.com.



QUALITY IMPROVEMENT IS TEAMWORK

Greg Iaukhuf ND, RN-BC, CRN, NE-BC
Vision Editor



"Trust this knowing that when the team member does push you they are doing it because they care about the team"

—Patrick Lencioni

My tenure as Co-Chair of the departmental quality committee has seen many changes. In recent years, improving quality has gained considerable momentum in health

care. The need is apparent but too often initiatives fail because quality is considered an impossible goal and an element that resists measurement. To improve radiology nursing, we will need a stronger and more objective definition of quality. My working definition of quality is defined as the probability that the service or product meets or exceeds expectations. It is derived from other fields.

The next obvious question from my definition is, "Whose expectations are we trying to meet or exceed?" Despite its intricacies, the heart of healthcare is serving the needs of patients and their families. Granted, our system includes a multitude of teammembers, but if we understand and fulfill the expectations of patients, the needs and demands of referring physicians, insurers, and other stakeholders will occur.

The Perspective Shift

So, what created and now drives patient expectations? The media and internet have impacted this shift. Television programs like *Marcus Welby, M.D.*, and *ER*, helped foster the expectation that a patient's every need could be accurately diagnosed, solved, and treated in 60 minutes. The marketing campaigns of pharmaceutical companies and hospitals reinforced the idea that every need can be addressed by numerous drugs or use of the latest technology. Patient expectations are also shaped by guarantees that the planned imaging study or imaging guided for seizure is safe, quick and effective. These expectations can be reinforced by internet articles or blogs in which medical conditions are discussed by nonprofessionals without an understanding of involved co-morbidities. All too often, we as medical professionals find ourselves facing an uphill battle, weighted down with unrealistic expectations.

We tend to view imaging and image guided procedures from our perspective. It takes seconds to acquire hundreds of CT images and minutes to perform an image guided biopsy. But from the patient's perspective, these procedures include traveling to our workplace, waiting for the procedure, and post procedure recovery. Other industries have long been aware of the value of viewing the client's perspective. They give their customers control over the interaction and allow them to tailor it to their needs. For example, most online retailers allow customers to choose which shipping option they want. Even when processes are outside the customers control, savvy firms create transparent processes for customers to update expectations. For example, companies that post information so customers can track shipping of packages for arrival and departures.

With this external perspective in mind, one realizes the interpreting images and performing procedures is a small part of the patient experience. Difficulty with parking, confusing directions within the medical center, or an offhand remark at reception desk are all apparent to the patient. By contrast, the radiologist expertise is hidden from view. Imagine what patients think when they encounter reports that contained obvious errors or the radiology nurse did not care for the patient as described on the internet. Clearly it is critical that we understand patient's expectations so we can begin aligning patient's expectations with what Radiology can provide.

Taking a team approach

This shift in patient perspective places a greater emphasis on teamwork and the inclusion of the patient as part of that team. As the healthcare team grows and becomes more diverse, this becomes a monumental task. There is a clear need to create care models that provide reasonable expectations for both patients and providers. Everyone will need basic quality improvement training to acquire the knowledge, skills and abilities necessary to identify improvement opportunities. Creating a team approach that satisfies patients' needs is a worthy quest and one worth pursuing. Some day you or a family member will likely step into the role of the patient. The question we should ask ourselves is, When you are the patient, who do you want on your team?

References

Duncan, James. (August 2016). Quality improvement is a team sport. *RSNA NEWS* 26 (8). P. 4.

WORKPLACE SAFETY IN RADIOLOGY

Greg Iaukhuf ND, RN-BC, CRN, NE-BC
Vision Editor



When safety is first, you last.

- Unknown

While radiologic procedures are improving patient care in the United States and worldwide, the complexity of the procedures with the use of high-alert medications and the possibility of communication failures during handoffs contribute to medical errors. Errors have been documented in high risk settings such as cardiac catheterization, endoscopy laboratories,

radiology, and other imaging settings where health care professionals may administer contrast media, adjust rates of IV fluids, and flush vascular access.

Radiology errors are a challenge for hospitals and providers operating in the new health care environment. Payments have become increasingly linked to complex performance measurements in which underperformers face decreased payments and possible penalty fines. Tackling these payment issues may require a change in clinical operations with an emphasis on high reliability and the establishment of processes directed at improving patient care and safety. The process can begin with improvements in staff communication and patient identification.

First Challenge: Communication

The Joint Commission contains in its national patient safety goals a section on critical values reporting. This section emphasizes sharing "important test results to the right staff person on time." The communication must be timely and requires documentation of "closed loop communication" between the originator of information and the healthcare provider so that he or she is aware of the finding.

In a radiologic setting, such conditions may include an unexpected lung cancer, a newly discovered pneumothorax on a routine chest X-ray or reaction to contrast. The Joint Commission states that there must be a process to address these situations and their inherent challenges. First, the radiologist must contact the physician when issues arise. What if the medical provider doesn't respond to the communication or is signed off to another provider? How is the chain of communication documented? Critical information that is not passed to another is a cause of malpractice claims and an important patient safety issue.

Second Key Challenge: Patient Identification

Identifying the right patient, right side/site, and right procedure holds the same level of importance for procedures performed in IR as it does in operating rooms. An example is this case from the *Annals of Internal Medicine* (Chassin, 2002).

A 67-year-old woman was admitted to the hospital for cerebral aneurysm embolization. The first aneurysm was embolized while the second aneurysm was decided to be clipped at a separate hospitalization. The patient was recovered post procedure on a different floor than she was in pre-procedure. Discharge had been planned for the next day, but the patient was taken to invasive cardiac electrophysiology early the next morning. One hour into the procedure, it was determined that she was the wrong patient. The study was aborted; she was returned to her room and in stable condition.

The article stresses that there was a series of errors—16 in total—that lead to errors in this case and could have resulted in patient harm. To ensure patient safety, there must be an appropriate "time-out" performed by the procedure team with two-person identifiers and the correct site/site marked. Departments should optimize their daily operations and embrace high reliability organization elements such as transparency or sensitivity to operations to improve patient quality of care and safety (Gamble, 2013). This requires a commitment to safety in the area and measuring outcomes.

The Solution

How do we make patient care safer? Increasing communication and correctly identifying the patient to the intervention is a great start. Adapting tenets of high reliability organizations is an important continuation of the process to make radiology a safer place.

References

- Chassin, M., Becher, E. (2002). The wrong patient. *Ann Intern Med.* 36(11):826-833.
- Gamble, M. (April 29, 2013). 5 Traits of High Reliability Organizations: How to Hardwire Each in Your Organization. Retrieved <http://www.beckershospitalreview.com/hospital-management-administration/5-traits-of-high-reliability-organizations-how-to-hardwire-each-in-your-organization.html>
- Mazza, F. (October 2016). Overcome Key Challenges and Improve Safety in Radiology. *Radiology Today* magazine. Retrieved <http://www.radiologytoday.net/archive/WebEx0916.shtml>

TOP 10 LIST OF 2017 DEVICE RISK AREAS

Greg Iaukhuf ND, RN-BC, CRN, NE-BC
Vision Editor



The new year brings “Top Ten Lists” from many sources, including the dreaded New Year’s resolution list. What should an ARIN nurse really pay attention too? Below is a list of the top 10 technology hazards compiled by ECRI Institute, whose public service mission is to inform healthcare facilities about safety issues involving medical devices and systems (Brooks, 2016).

Many of the listed items are relevant to our practices. The list is not based on the number of reported incidences but rather the judgement of the ECRI organization regarding which patient care hazards should receive the greatest priority in the upcoming year. The hazards cited are based on severity, preventability, frequency, breadth, insidiousness and profile. The top ten technology hazards for 2017 are:

Infusion errors, this year’s number 1 tech hazard, can be deadly if safety steps are overlooked. Although modern large-volume infusion pumps incorporate features that reduce the risk for infusion mistakes, these safety mechanisms can’t eliminate all potential errors, and the mechanisms themselves have been known to fail, ECRI points out. “The ECRI continues to receive reports and investigate incidents of uncontrolled flow of medication to the patient — a potentially fatal circumstance known as ‘IV free flow’ — and other infusion errors. Fortunately, as ECRI points out in its guidance document, a few simple steps can help catch use errors and component failures before patient care is affected.”

For example, in several incident reports, harm could have been avoided if staff had noticed physical damage to infusion pump components, made appropriate use of the roller clamp on the intravenous tubing, and checked the drip chamber beneath the medication reservoir for unexpected flow. Potentially deadly infusion errors that may occur with infusion pumps are the top health technology hazard that hospitals and clinicians should focus on in 2017.

Taking the number 2 spot on the list is inadequate cleaning of reusable instruments, including duodenoscopes. It’s high on the list, the group notes, in part because of the severity of the infection risks and the persistence of the problem. The ECRI Institute “regularly sees reports of contaminated medical instruments being presented for use on a

patient.” “Often, we find that inattention to the cleaning steps within the reprocessing protocol is a contributing factor. Healthcare facilities should verify that comprehensive reprocessing instructions are available to staff and that all steps are consistently followed, including precleaning of the device at the point of use,” they advise. Contaminated duodenoscopes made headlines in 2015, as reported by Medscape Medical News and is a focus of the Joint Commission during regulatory visits.

The number 3 spot is missed ventilator alarms. “Ventilators deliver life-sustaining therapy, and a missed alarm could be deadly,” ECRI notes. Top concerns include alarm fatigue, in which staff become overwhelmed by, distracted by, or desensitized to the number of alarms that activate, and alarm notification failures, in which alarms are not effectively communicated to staff, they say.

The number 4 spot on the top hazards list is undetected opioid-induced respiratory depression. The ECRI group says “spot checks every few hours of a patient’s oxygenation and ventilation are inadequate.” They recommend that healthcare facilities implement measures to continuously monitor the adequacy of ventilation of these patients.

The Number 5 spot belongs to infection risks with heater-cooler devices used in cardiothoracic surgery. This hazard has been identified in previous years. Heater-cooler systems have been identified as a potential source of nontuberculous mycobacteria infections in heart surgery. In October 2015, as reported by Medscape Medical News, the US Food and Drug Administration issued recommendations for all heater-cooler devices to help prevent and manage device contamination risks and to minimize patient exposure to heater-cooler exhaust air.

Rounding out the top 10 technology hazards ECRI wants hospitals and clinicians to tackle in the coming year are:

6. Software management gaps put patients, and patient data, at risk;
7. Occupational radiation hazards in hybrid operating rooms;
8. Automated dispensing cabinet setup and use errors may cause medication mishaps;
9. Surgical stapler misuse and malfunctions; and
10. Device failures caused by cleaning products and practices.

More information can be found on [their website](#).

References

Brooks, M. (November 08, 2016). Top 10 List of 2017 Device Risk Areas. Medscape Medical News © 2016 WebMD, LLC. Retrieved <http://www.medscape.com/viewarticle/871579>.



35 YEARS IN THE MAKING: THE WASHINGTON CELEBRATION!

Greg Iaukhuf ND, RN-BC, CRN, NE-BC
Vision Editor

The story of the Association for Radiologic & Imaging Nursing (ARIN) began 35 years ago. In November 1981, 35 highly motivated radiology nurses from 15 states met in conjunction with the 67th Scientific Assembly and Annual Meeting of RSNA in Chicago to establish the foundation for the American Radiologic Nurses Association. From these humble beginnings, Arin has grown into a 2,000-member strong organization that includes a thriving review courses, academically strong magazine, publications, and contact hour offerings, – all working together to serve radiology nurses worldwide.

As ARIN took shape over the years, it distinguished itself within Radiology, the Nursing community and worldwide. Our international reputation for promoting high-quality care, our direct involvement in promoting Radiology nursing knowledge and a continued commitment to training the next generation of radiology providers demonstrate that from the beginning, we were living the ARIN Mission: To provide Radiology Nurses with the knowledge and resources to deliver safe quality patient care in the imaging environment.

Our history is richly woven into the growth of this organization, and having the support and trust of the members we serve has enabled us to flourish through the decades and become a respected leader. ARIN is prepared for the future of Radiology, inspired by our rich history and dedicated to our mission. We look forward to continuing to serve Radiology nurses with purpose, passion and promise for decades to come. Please join us for our 35th anniversary celebration in Washington, D.C to share our heritage and success.

CELEBRATE CERTIFIED NURSES DAY

Every March 19, employers, certification boards, education facilities, and healthcare providers celebrate and publicly acknowledge nurses who earn and maintain the highest credentials in their specialty. The day was inspired by Dr. Margretta 'Gretta' Madden Styles, RN, EdD, FAAN, a pioneer in nursing certification. The Association for Radiologic & Imaging Nursing wishes to celebrate all Certified Radiology Nurses (CRNs) on this day! The dedication to your profession through certification is an example of the comprehensive care you offer to patients. ARIN recognizes your expertise and diligent efforts not only on this day, but throughout the year as stalwarts in the area of radiology and imaging nursing. Visit the "Certification Toolbox" found on ARIN's website today for ways you can celebrate your CRNs within your radiology and imaging department.

2017 RESOLUTION: JOIN A CHAPTER

ARIN has many new members and is growing! With growth, new members may not be aware of a chapter close to them. The above map with links can be found on the ARIN Website under the Chapters tab on the home page. Make 2017 the year you join your local chapter!

Association for Radiologic & Imaging Nursing Chapter Map



RADIOLOGIC NURSING CERTIFICATION BOARD (RNCB) NEWS



The RNCB conducted an item writing session October 15-16, 2016, in Atlanta, GA. Members of the Item Writing/Test Development workgroup were Jan Sprague, BSN, CRN, Boise ID; Patricia ChongTenn, RN, CRN, CNRN, CMSRN, Brooklyn, NY; Patricia Griffith, ADN, RN, CRN, Mohegan Lake, NY; Amanda Price, BSN, RN, CRN, Pittsboro, NC; Michele De Vito, RN, CRN, Hewitt, NJ; Rick Orton, RN, CRN, RRT, RPFT, Evergreen, CO; and Mark Hammons, RN, CCRN-CMC, CRN, Minford, OH. RNCB Board of Directors members President Mary Myrthil, MS, RN, CRN, NE-BC, Secretary-Treasurer, Elizabeth Anderson, BSN, RN, CT, CRN; Tinley Park, IL; Director Linda Alliprandini, BSN, RN, CRN, and Director Christine Hockenberry, RN, CRN, Ocean City, NJ also participated in the workgroup activities. The workgroup reviewed the current exam questions for ongoing validity and was charged to develop new questions for future exams. The item writing work is rigorous and rewarding. The RNCB gratefully acknowledges the work of the individuals and looks forward to inviting other CRN's to participate in future item writing activities.

Certification is one of the most important decisions a nurse can make. Certified nurses are recognized by their peers and employers for having achieved a standard of competency in their nursing specialty. The next Certified Radiology Nurses (CRN®) Exam will be administered March 8, 2017, at the Marriott Marquis, Washington, DC, at the conclusion of the ARIN annual convention. The CRN exam will be administered nationwide on May 20, 2017, and October 14, 2017. For more information and to download the CRN Exam application and the Guidelines for Certification and Recertification handbook please visit www.certifiedradiologynurse.org or call 855-871-6681.

Congratulations to the newly certificated and recertificatified CRNs!

The Radiologic Nursing Certification Board, Inc. (RNCB®) would like to congratulate the following nurses who passed the Radiology Nurse Certification exam on October 15, 2016. These nurses have met the requirements to obtain the Certified Radiology Nurse (CRN) credential.

Dorothy Amrose	Arlington, MA
Ellen Beeghly	Tunnelton, WV
Alycia Boudreau	Lutz, FL
Jennifer Caringella	Mount Prospect, IL
Josias Cerritos Escobar	Los Angeles, CA
Kristen Clifford	Ridge, NY
Beth Cook	Lucasville, OH
Marika Coveris Pierson	Valparaiso, IN
John Davis	Katy, TX
Elizabeth Dunkle	Afton, VA
Margaret Durkin Cramer	Anderson, CA
Leizyl Fequillo	Reisterstown, MD
Ashlea Foglio	Somers Point, NJ
Melanie Glaraga	Newton, NJ
Diane Gray	Cumberland, ME
Jason Healy	Beverly Hills, CA
Jodi Heesakker	Milwaukee, WI

Susan Hensel
Karajean Hilker
Chalon Hoffert
Ya-Ni Hsueh
Emily Jungbluth
Kathryn Kaczypenski
Patricia Langley
Chris Lathrop
Crystal Lawson
Christine Layne
Gil Leighty
Reinaldo Luna
Karen Magri
Sebele Mamo
Vincy Mathew
Jennifer McCafferty
Brenda McGlynn
Mark Merritt
Joan Mizwicki
Lauren Nadler
Lisa Nelson
Danielle Patton
Kristi Perry
Doreen Price
Colleen Robinson
Wendy Rogers
Michelle Rohde
Angela Ruggiero
Jacqueline Schoen
Brenda Schroeder
Sharon Schwartz
Jennifer Shanholtzer
Joyce Silvano
Cynthia Simpson
Margaret Slawinski
Debra St. Clair
Reginia Stottlemeyer
Anne Strange
Linda Sullivan
Deborah Swain
Vickie Taylor
Brenda Thompson
Jessica Thompson
Cassie Tillery
Elisabeth Veasey
Cheryl Viggers
Lynn Vitzthum
Matthew Waddell
Angela Wharam
Leslie Williams
Kelly Zuck

Milwaukee, WI
Noblesville, IN
Tampa, FL
Cleveland Heights, OH
West Allis, WI
Bristol, CT
South Shore, KY
Abilene, TX
Richardson, TX
Aurora, CO
Phoenix, AZ
Winter Garden, FL
Charlottesville, VA
Alexandria, VA
New York, NY
Morrisville, PA
Franklin, MA
Springfield, OH
Chicago, IL
Bel Air, MD
Knoxville, TN
Bayfield, CO
Bellingham, WA
Mukwonago, WI
Londonderry, NH
Asheboro, NC
Hershey, PA
Fremont, OH
Orlando, FL
Brunswick, ME
Sewell, NJ
Jefferson, ME
Salem, MA
Mount Airy, MD
Morris Plains, NJ
Yardley, PA
Ruckersville, VA
Milwaukee, WI
Williamstown, NJ
McKinney, TX
Palmyra, VA
Conyers, GA
Durham, NC
Stevensville, MI
Earlsville, VA
Setauket, NY
Palmyra, VA
Muskego, WI
Earlsville, VA
Chapel Hill, NC
Springfield, NJ

A total of 86 nurses took the Certified Radiology Nurses (CRN®) Exam on October 15, 2016, in Baltimore, MD, with a total of 68 passing. This is a pass rate of 79%.

Recertification

The Radiologic Nursing Certification Board, Inc. (RNCB®) works hard to maintain the standard of excellence among nurses who have made the commitment to set themselves apart as Certified Radiology Nurses by maintaining certification. The RNCB would like to congratulate the following 71 nurses who met the stringent standards to maintain their certification in October 2016.

Evangeline Bondoc	San Diego, CA
Kelly Leonard	Wappingers Falls, NY
Tamara O'Connor	Orland Park, IL
Cristina Sokarda	Hickory Hills, IL
Colleen Cabral	Peabody, MA
Nancy Kendall	Westford, MA
Medjy Fontin	St. Albans, NY
Sue Kehoe	Saugerties, NY
Patricia Young	Mattituck, NY
Stacy Skelding	Atwater, OH
Leah Crement	College Station, TX
Sarah Whitehead (Atherton)	Little Rock Cabot, AR
Brenda Boone	San Diego, CA
Christine Nuttall	Monterey, CA
Leticia Sanchez	Torrance, CA
Laura Prior	Plantsville, CT
Marianne Szarkowicz	Watertown, CT
Barbara Wilson	Wilmington, DE
Cecile Manahan	Miami, FL
Diane Sullivan	Lombard IL
Patricia Voda	Olathe, KS
Renee Leonforte	Middletown, MA
Kathleen Morrison	North Chelmsford, MA
Stephanie Parker	Dennis, MA
Danielle Patturelli	Peabody, MA
Diane Rosberg	Duluth, MN
Renee Kennedy	Anchorage, AK
Joel Garcesa	Secaucus, NJ
Deirdre Kochakian	Bergenfield, NJ
Mark Koryzma	Clifton, NJ
Kathleen Lacey	Rivervale, NJ
Anna Pona	West Creek, NJ
Patricia Casarella	Ossining, NY
Denise Daly	Smithtown, NY

Ann McRory	Tappan, NY
Heidi Noce	Camillus, NY
Joni Ondra	Pittsburgh, PA
Anna Versace	Lower Burrell, PA
Ryan Ford	Sugarland, TX
Peggy Howard	Manvel, TX
Kathleen Kelly	Jarrell, TX
Arnold Manguerra	Garland, TX
Candace Meyer	San Antonio, TX
Jessie Ramirez III	Humble, TX
Gloria Walker	Houston, TX
Cynthia Ralston	Chesapeake, VA
Kathleen Shannon	Arlington, VA
Tracy Thompson	Haymarket, VA
Kristine Ericksen Thompson	Essex Jct, VT
Paula Norton	Durham, NC
Pamela Potter	Baltimore, MD
Mary R. Sichko	Seattle, WA
Bonita F. Jones	Chandler, AZ
Miriam L. Whetton	Mesa, AZ
LuAnn S. Ballais	Chula Vista, CA
Donna M. Keith	Sunnyvale, CA
Jacqueline M. Kixmiller	Livermore, CA
Donna G. Silva	El Sobrante, CA
Jennifer K. Karp	Chicago, IL
Mary B. Hodson-Bilhimer	Overbrook, KS
Valinda L. Petri	Fisherville, KY
Heather A. Macaulay	South Boston, MA
Judith A. Peck	Sykesville, MD
Joan S. Mimmack	Brainerd, MN
Celma A. Capuz-Weaver	Edison, NJ
Kim R. Moroz	Jackson, NJ
Lisa Pella	Bogota, NJ
Kimberly McElheny	Avon Lake, OH
Anie A. Daniel	Stafford, TX
Christiane C. Van Wickler	Earlsville, VA
Pamela Zenger	Stanwood, WA

A total of 114 nurses with the CRN® credential were due for recertification in October 2016. There were 71 nurses who renewed their certification and 43 that did not submit for recertification via continuing education credit. The recertification rate for this period was 62.2%.

LEADERSHIP UPDATE

Piera Robson MSN, CNS, NP, AOCNS, ANP-BC, OCN
ARIN Director of Leadership

The Leadership Development Committee has had an active fall. The committee of 4 members, Joann Graf, Heidi Jones, Leah Keller and Kathy Pittman, have completed their election, awards, and scholarship activities in preparation for our Annual Conference 2017. The committee is chaired by Piera Robson, Director of Leadership. Our ARIN membership elected officials who will be sworn in during the Annual Business Meeting on March 7th. At that time, the recipients of awards and scholarships will be announced.

If you have interest in becoming a leader within ARIN, every year there are opportunities to serve on the Board of Directors positions and Leadership Development Committee. We welcome your experience,

enthusiasm and leadership skills! Please contact Piera Robson to discuss at piera.robson@arinursing.org.

ARIN offers many Awards and Scholarships to recognize the contribution our members make to the quality of radiologic and imaging nursing. Each year, some of these awards and scholarships are not awarded due to insufficient applicants. Most awards require one year or more of membership so be sure to maintain your membership with ARIN and consider submitting your application for an award or scholarship. Our goal is to recognize the best ARIN members and there is a good chance that member is you!



WEBINAR UPDATE

Cathy Brown BScN RN CRN
DI Nurse Navigator
Royal Alexandra Hospital

ARIN's dedication to providing members cutting edge education continued in Fall 2016. It has been a productive time for the webinar committee. Many live webinars were recorded and archived. These are available for continuing education credit through the Alabama Nurses' Association. Once earned, CE credits remain on your ARIN membership profile for 5 years for you to print off as needed. Members can access these offerings on the ARIN website by clicking on the **Education** tab and selecting **ARIN Webinars**.

Recent additions to the webinar library by month include:

October:

An Overview of Pediatric Sedation in Radiology Part I and II by Lori Reilly MSN, CRNP, CPNP-AC

December:

Rheolytic Thrombolysis: Radiological Nursing Care was presented by Terri Cronbaugh MSN, RN, CCRN

January 2017:

Improving the Experience for Sexual and Gender Diverse (LGBTQ) People by Marni Panas, BHAdmn.

Watch your email for the following upcoming webinar series to include:

January 25, 2017: Critical Appraisal and Evaluation of Evidence Based Nursing Research: A Practical Approach by Lois Marshall PhD, MSN, BSN, RN.

February 22, 2017: Human Trafficking by Denise Robinson BSN, RN SANE-A.

If you have an idea for a webinar, a suggestion for something you'd like to see covered or are interested in presenting a webinar, please reach out to Cathy Brown, webinar committee chair at Cathy.Brown@ari.nursing.org.

ARIN BOARD OF DIRECTORS 2016-2017



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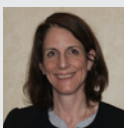
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