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ARIN 2017 PRESIDENT'S SPEECH

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



Today marks the culmination of my year as ARIN's President. What better place to end my year than in the nation's capital, Washington, D.C., a city that has inspired a long history of leaders for change and the betterment

of individuals. Personally, it has been an honor to serve ARIN, but most especially, to serve you, the members who are the leaders in patient care.

The accomplishments of this past year have been the result of the hard work and dedication by ARIN's amazing Board of Directors, its volunteers, staff and you. This year, the association reached a significant milestone. We celebrated 35 years of the association's commitment to the specialty of radiology and imaging nursing with the work and diligence of the association has resulted in ARIN's membership surpassing 2000 members this year! So please give the volunteers, staff and yourselves, a round of applause!!

In reflecting on this past year, ARIN has made significant strides in continuing its mission of providing radiology nurses with the knowledge and resources to deliver safe, quality patient care in the imaging environment. As presented at last year's business meeting, the role of the radiology and imaging nurse is seen in many facets of our everyday work. ARIN's mission is

to ensure its members and the community are knowledgeable on the care provided to patients undergoing radiology and imaging studies. For this reason, one of the first goals accomplished was updating ARIN's educational platform which was upgraded to house the latest software for the educational offerings to members, including a repository of webinars which in 2016 included twelve new webinars on topics pertinent to our practice. An additional goal was to expand on areas of educational opportunities through clinical pathways. In October 2016 members were introduced to two webinars on pediatric sedation and capnography and as we continue to evolve the clinical pathway, ARIN's pediatric radiology course 101 is currently under construction and set for a 2017 release!! The hard work from ARIN's task force work this past year has resulted in the development of its pediatric radiology clinical pathway.

ARIN has continued its presence at Synergy, a multidisciplinary Interventional Oncology (IO) conference for two consecutive years. This year, ARIN also had the opportunity to expand and have representation at the *Clinical Interventional Oncology (CIO)* conference held in South Florida. ARIN's presence and networking at both conferences, have brought visibility and attention to the role of the radiology and imaging nurse in care of oncology patients. ARIN's contributions

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through *Interventional Oncology 360*, a web-based publication site with its focus on treatments and advancements in cancer treatment, has presented topics relevant to radiology and imaging nursing within this sub-specialty. The relationships fostered and the groundwork established have built the foundation for the IO clinical pathway and in the early part of 2017 the work of the newly formed task force will begin to develop ARIN's IO orientation curriculum for radiology and imaging nurses working with oncology patients.

The advanced practice role is continuing to evolve in the radiology and imaging environment. The Veterans Administration (VA) ruling on full practice authority for advanced practice roles impacts those working in imaging and interventional radiology. In the end of 2016, ARIN began its work on bringing visibility to the role. Discussions with key nursing organizations has shed light on the importance to further develop the role. This year, ARIN will continue to bring visibility to the role through continued efforts of the task force.

In closing, ARIN has continued to be visible in all areas of healthcare that affect our practice. We have continued to foster relationships with physician groups, hospitals, nursing organizations and academic institutions. Clearly, ARIN's work is making a significant mark and will continue to do so for the next 35 years and beyond! So as leaders in patient care, I leave you with a message:

Be inspired and inspire others. Continue to advance the practice through volunteer work, education, patient care and advocacy to help lead the way for the future of radiology and imaging nurses everywhere.

A quote by Lisa Haisha states that *"great leaders don't set out to be a leader. They set out to make a difference. It's never about the role-always about the goal."* As nurses, we understand this. We make a difference in the lives of everyone we encounter, it's the fabric of nursing and that is what makes us all leaders in patient care.

Thank you

PRESIDENT'S SPEECH TO MEMBERSHIP: DEFINING THE STANDARDS OF CARE FOR RADIOLOGY NURSING

Katherine Duncan, BA, RN, CRN
2017 President, Association for Radiologic and Imaging Nursing



Thank you to my mentors Evelyn and Mary, the Board and my dear friends and colleagues – you the ARIN membership. Let's start with a scenario we all can relate to.... It's a Saturday afternoon and the final patient arrives. It's a CF patient for a PICC line hoping to go home on Sunday. She is very anxious. I greet her and go into soothing the fears and frustration (of course she's now been NPO of 20 hours). I start off with, "You know what is great about today?" Confidently, I tell her, "On Saturday, you get the A team!" She doesn't know I use this with every patient on every day.

It is true that every day for every patient in our world they get the A team. Our team is ON and we know what to do. We all know we work with highly skilled techs, extremely competent nurses, and cutting edge physicians ...and....if we are lucky, we have NAs, schedulers, nurse navigators, and support personnel that have our backs.

I am honored and thrilled to be a radiology nurse though I have to explain what I do to all that I meet. Who we don't have to explain our profession to are the doctors, techs, and patients that depend on us and are thankful that we are on their team – the A team.

I am also honored to be taking the helm as president. This body is the best representative of our profession. This is the A+ team. Over the past 12 years of involvement with ARIN, I've been struck by the amazing accomplishments of the volunteers, leaders, faculty, reviewers, writers and the many contributions you all make to advancing radiology nursing.

I ask you to think of your passion. Are you adept at lulling a child to sleep, do you preempt sepsis with your actions, can you run a cardiac stress test with the best of them, or have you pioneered patient education initiatives? Help ARIN turn this into the standard for our industry.

So here is my platform. (I learned this past year I needed a platform.) I thought long and heard about what is my passion (besides taking call). Here it is....We are the experts at the art and science of patient care in the radiology department. The time has come for us to step up and pull up a chair to the table of establishing the standards for our profession. This is not new for ARIN as evidenced by our highly regarded journal, our Core Curriculum, and comprehensive Orientation Manual. Not to mention the many educational formats of webinars, IRC, conference, chapters, and journal readings.

This past year we have created new programs and are developing key strategic alliances with major radiology bodies such as SIR, ACR, RSNA, RADAID, SMRT and AVIR. Nursing organizations are coming to us to develop their needed education on radiology patient care. Med surg nurses, operating room nursing, infusion nursing, palliative care nursing and others are offering chairs at their tables.

We are the experts in our field- The A team. Our voice is loud and proud (at least I'm loud and proud). We have much to offer in defining the standards of care in radiology nursing. Bring your passion to the table.

BEST PRACTICE AND THE COMMON PRACTICE CONUNDRUM

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

Entropy-Everything proceeds from order to disorder

As another convention wraps up, education is on the forefront of our thoughts. As a supervisor and manager in radiology nursing, I wear many hats on a daily basis. Perhaps one of the most challenging hats is that of the educator. It is my job to teach evidence based best practice to a mixed staff with varied educational and experiential backgrounds. The challenge is knowing that the best practice I teach may not be strengthened among staff members. Best practice may start but succumb to the pressures of cutting corners taking the easy way. It is a fine line to gain the trust of staff and encourage them to maintain best practices.

When involved in educating Radiology Nurses, preceptors need to remember what makes radiology nursing unique. Their primary skill sets them apart from others on the healthcare team. Each individual nurse has a unique own version of it: it's a critical thinking skills, that ability to adapt what we know is best practice and apply that knowledge to the situation or patients under their care.

Evidence based practice (EBP)

In the United States, EBP has been documented as a key characteristic in meeting the "Triple Aim" in healthcare. The "Triple Aim" is (Berwick, Nolan, & Whittington, 2008):

- Improving the patient care experience including quality and satisfaction
- Improving population health
- Reducing the cost of healthcare

The Triple Aim has evolved and expanded into the Quadruple Aim. The fourth goal is to improve work life and decrease burnout in clinicians (Bodenheimer & Sinsky, 2014).

EBP empowers clinicians and results in higher job satisfaction (Strout, 2005). It can assist healthcare clinicians and departments in achieving the Quadruple Aim. Currently, EBP is not a standard of care in healthcare due to multiple barriers that have continued to persist. These barriers include (Melnik & Fineout-Overholt, 2015; Melnik et al., 2012a; Melnik et al., 2012b; Melnik et al., 2016; Pravikoff, Pierce, & Tanner, 2005; Titler, 2009):

- Inadequate knowledge and skills in EBP by healthcare professionals
- Lack of support for EBP
- Misperceptions that EBP takes too much time
- Outdated organizational politics and policies
- Limited resources and tools for EBP
- Resistance from colleagues, nurse managers, and leaders
- Lack of EBP mentors

Perception is reality

The ability to adapt is essential to the role of the radiology nurse. However, it can also lead to poor common practice if it is adopted as a "work around or shortcut" without the knowledge or experience that a radiology nurse gains overtime. In education, Best Practice

guidelines can be found easily by a literature search, Joint Commission Best Practices, or through ARIN and the core curriculum. It is an interesting phenomenon in everyday practice that our perception of the current situation is a reality that we choose.

Ease of communication

The key to navigating this pathway as an educator is to maintain open communication with clinical staff and to have one another's backs. Communication is built on the trust you gain by working to maintain current and best practices, while always remembering that there are no absolutes in patient care. This takes a special relationship between the educator and the clinical staff, and having one another's backs requires that you trust each other in the arena of best practice.

Most important in a Radiology nurse's education because it is what matters most in the end is a quality of patient care. The more thoroughly we educate future radiology nurses and use Evidence Based Practice, the more positive the impact our field will have on future patient care in radiology.

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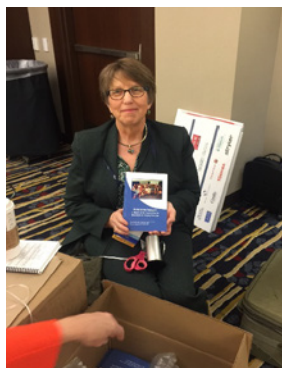
OHIO RADIOLOGICAL NURSES ASSOCIATION (ORNA) SPRING EVENT!

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

Save the date! The 2017 Spring Seminar, April 22, 2017 is almost upon us. This year's event is held at the Summa Health Campus in Akron, Ohio featuring a continental breakfast and topics from:

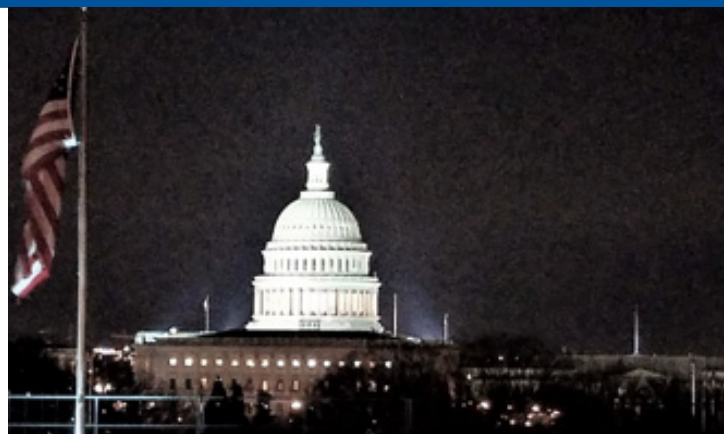
- Mohammad S. Al-Natour M.D. Uterine Fibroids: Embolization and Advances in Imaging of Female Pelvis
- Desiree Doncals M.D., F.A.C.R.O. Use of Stereotactic Radiation Therapy in Today's Treatment Regime Providers
- Denise Robinson RN BSN SANE-A Human Trafficking and Healthcare
- Sidhartha Tavri M.D. Role of Interventional Radiology in the Management of GI Bleed

More information can be found on the ORNA chapter page of the ARIN website. We hope to see you there!!



35 YEARS IN THE MAKING: THE WAIT IS OVER!

The convention in Washington was the unveiling of the long-awaited history of ARIN. Behind the Images: A History of the Association for Radiologic & Imaging Nursing is the official history of the organization. If you were unable to attend the convention for a copy, you may purchase copies at the ARIN



ARIN 2017 ANNUAL CONVENTION, WASHINGTON D.C. MARCH 3-8, 2017

Bruce Boulter
Executive Director

After nearly a year of planning, multiple visits to the site, and countless hours of reviewing information, the annual convention was held in beautiful Washington D.C. Over 300 attendees met in one of the most amazing cities in the United States to celebrate the culmination of ARIN'S 35th Anniversary year. We were amid one of the cradles of US history. Our attendees were able to take advantage of great presenters, a hands-on simulation course on "Airway Management for the Interventional Nurse", and the installation of our new officers. The biggest crowd in recent history was treated to over 30 CE's of education throughout the week, and the opportunity to interact with their friends and coworkers at the 'Capitol View at 400' reception venue during the annual joint ARIN / AVIR Soiree. With great views of the Capitol Building, as well as other tremendous sites of the city, the location was a big hit, and a grand time was had by all.

The first two days of convention provided the opportunity of our members to work towards achieving their CRN's by taking place in the ARIN Imaging Review Course. Over 32 members spent the two days working hard and earning 15 CE's in the process.



B. Dale Tomlinson,
DNP, ANP-BC, CCD



Ginnie L. Prater, MD



Sarah L. Morgan, MD,
RD, CCD

THE LINDA STRANGIO EDITOR'S AWARD

Kathleen A. Gross, MSN, BS, RN-BC, CRN
Editor, Journal of Radiology Nursing

Each year the Association for Radiologic and Imaging Nursing (ARIN) presents the Linda Strangio Editor's Award for an article that makes a substantial contribution to radiology nursing literature in the Journal of Radiology Nursing. This year's winners of the Linda Strangio Editor's Award recipients are: B. Dale Tomlinson, DNP, ANP-BC, CCD; Ginnie L. Prater, MD; and Sarah L. Morgan, MD, RD, CCD for the article Osteoporosis and Imaging: The Big Picture which was published in the June 2016 issue (Volume 35, Issue) of JRN. This was a special issue dedicated to women's health.

The award was presented at the 36th ARIN Annual Business Meeting which took place on March 7, 2017 in Washington, DC.

ARIN 36TH ANNUAL CONVENTION
COLLAGE



JOANNA PO LECTURE SERIES: CARE, CARING, AND CAREGIVER: WHAT NURSES DO BEST!

Karen L. Green, MHA, BSN, RN CRN



Nursing is an art;
and if it is to be made an art,
it requires as exclusive a devotion,
as hard a preparation,
as any painter's or sculptor's work;

for what is the having to do with
dead canvas or cold marble,
compared with having to do with the
living body - the temple of God's spirit?

It is one of the Fine Arts;
I had almost said
the finest of the Fine Arts

- Florence Nightingale

(EDITOR'S NOTE- This is a synopsis of the 2017 Joanna Po Lecture as shared by the awardee Karen Green, MHA, BSN, RN CRN)

Nurses care for patients throughout their career. Many nurses respond they chose nursing as their career because they care about patients or they want to help people. But there is a significant difference between care and caring. Care is defined as the process of providing for the needs of someone or something. (dictionary.Cambridge.org, accessed 02/22/17), while caring is displaying kindness or concern for others; a work or practice of looking after someone unable to care for themselves, i.e. illness/age. (en.oxforddictionaries.com, accessed 02/22/17).

During this session, I challenged those in attendance to search into their caring role. Too often we are rushed to perform as many procedures as possible while forgetting that there is a person having that procedure. Jean Watson, PhD, RN, tells us that nursing is a calling, an all-encompassing commitment to patients. She compares nursing to teaching in that both are more than a job. Both professions

experience a life- giving and life- receiving career which provides a lifetime of growth and learning.

Staffing models changed over the years with limited registered nurses per unit working with other categories of caregiver who perform many responsibilities once carried out by nurses.

We, in the imaging department, are in a unique situation. Imaging nurses deliver quality care and are present in every case. We should hold our heads high with every patient interaction we encounter.

As the nursing force ages, we add additional caregiver responsibilities to our lives. Our parents, spouses, and siblings are aging also. We are called upon to transition into 'Nurse Mode' to provide care to them and monitor the care they receive. Nurses become advocates in addition to the role of children, spouse, and sibling.

I hope you take the time to review this presentation on line. I have included many 'how-to's to assist in the process. I welcome your thoughts via the evaluation process.

"To make a difference in someone's life, you don't have to be brilliant, rich, beautiful, or perfect. You just have to care." Mandy Hale



Karen Green and Joanna Po

CELEBRATE CERTIFIED NURSES DAY

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

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 in radiology settings. ARIN recognizes your expertise and diligent efforts not only on this day, but throughout the year as advocates in radiology and imaging nursing. Celebrate your credential with your peers! Visit the "Certification Toolbox" found on ARIN's website today for ways you can celebrate your certified nurses within your radiology and imaging department.



ARIN ANNOUNCES: 2017 WINNERS OF AWARDS AND SCHOLARSHIPS

Piera M. Cote Robson, MSN, CNS, NP, AOCNS, ANP-BC, OCN, CRN
Director of Leadership

The ARIN Board of Directors and Leadership Development Committee are pleased to announce the recipients of this year's awards and scholarships. The committee reviewed the applications from an impressive pool of candidates who represent the quality of radiologic and imaging nurses today. Their practice emphasizes ARIN's core values of professionalism, advocacy, leadership, and responsiveness to technological advances.

The recipient of the 2017 Nurse of the Year Award is Kristina Hoerl MSN, RN, CRN. Kristina is an exemplary radiology nurse currently serving in the role of radiology educator at Johns Hopkins Hospital in Baltimore, Maryland. Kristina began her radiology nursing career in 1999 and has continually sought to develop herself professionally achieving her bachelor's in 2008 and master's degree in 2010. She is a model radiology nurse educator promoting the use of adult learning theory into the design of all of her materials and ensuring best practices among her nurses on a day to day basis. Her expertise is depended upon throughout radiology and she continually works to enhance the quality of care within her department.

Additionally, Kristina is an active ARIN member serving as a Master Faculty and content reviewer for the Imaging Nurse Review Course since 2014. She is also a member on the New Graduate Orientation Taskforce, served on the Radiologic Nursing Certification Board Role Delineation Survey and provides peer review in addition to authorship for Journal of Radiology Nursing. She is the author of pediatric chapter of the 2014 ARIN Core Curriculum and she has presented at the ARIN Annual Conference multiple times on subjects such as emergent response and nuclear imaging.

The recipient of this year's Charlotte Godwin award is Patricia McCarthy BSN, RN. Patricia is an Interventional Radiology nurse at Lahey Hospital and Medical Center since 1999. Patricia is an active member

of the New England Chapter for Radiologic and Imaging Nursing, currently serving as president. She has had many roles over the years including planning and presenting at her chapter's autumn conference. Patricia was a participant on the ARIN Capnography focus group. She is an enthusiastic champion of her local chapter and attending conference provides a vital bridge between her chapter and ARIN.

The recipient of this year's Dorothy Budneck award is Rosemary Harbuck, MSN, NP, AGACNP-BC, CCRN. Rosemary is an Interventional Radiology nurse. She is a recent graduate of the Adult Gerontology/ Acute Care nurse practitioner program at Georgetown University. Passionate about education, she had coordinated education sessions in her IR unit. She was the winner of the poster presentation at this year's conference on the role of the Acute Care NP in Interventional Radiology. A motivated person, she holds the long-term goal of obtaining her DNP.

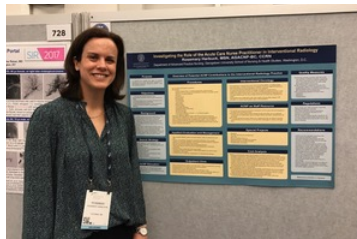
The recipient of the 2017 Helen Malenock award is Jane Andrews RN. Jane is a radiology nurse at Lee Memorial Health in Fort Myers, FL. She cares for patients in CT Scan and Interventional Radiology. Jane is committed to excellent care of the radiology patient and is enthusiastic about her role in radiologic and imaging nursing.

This year, the Chapter award and the CRN Scholarship were not awarded.

We look forward to soliciting candidates for the 2018 Awards and Scholarships. Applications will be available in Fall 2017. Information is available on the [awards and scholarships page](#). We look forward to seeing your applications!

AND THE WINNERS ARE...

The winners of the convention poster competition are:



FIRST PLACE POSTER

Investigating the Role of the Acute Care Nurse Practitioner in Interventional Radiology.

Rosemary Patterson Harbuck, MSN, NP, AGACNP-BC, CCRN

The author examines the breadth and depth of practice potential for

the acute care nurse practitioner in interventional radiology, focusing on patient, nurse and system outcomes.

The field of interventional radiology continues to evolve, institutions are moving from episodic-focused patient encounters to longitudinal care delivered on a continuum. Interventional oncology, where one patient may have multiple procedures within a treatment plan, requires close management and interdisciplinary collaboration. The role of the acute care nurse practitioner (ACNP) has grown in recent years across many acute care disciplines and can contribute to quality patient care in interventional radiology. Interventional radiology practices seeking to improve the patient experience are using the nurse practitioner's expertise; however, physicians and hospital leaders may not realize the extent the ACNP impacts this field.

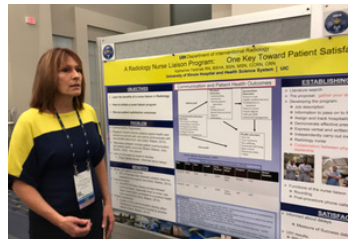


SECOND PLACE POSTER

Staff Radiation Exposure Reduction.

Nicole Jensen, BSN, RN Clinical Resource Nurse

The author examines how one institution reduced radiation exposure of Computed Tomography (CT) staff by reducing the amount of time spent in hands-on monitoring of the intravenous site during contrast media injection via power injector. The team reviewed dosimeter readings for staff working directly in the CT suite monitoring the intravenous site for contrast media extravasation, and found the outside-of-apron readings close to the recommended yearly threshold. With help from department Physicists and Radiologists, in-depth radiation reduction education was provided to explain the importance of increasing the distance the staff stands from the gantry during imaging. The new standard of practice for monitoring the injection site was set at 20 seconds per patient, and the radiation exposure doses and early detection of contrast extravasations were measured for three months' post implementation.



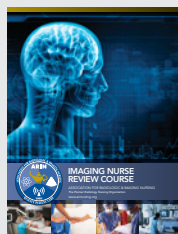
THIRD PLACE POSTER

A Radiology Nurse Liaison Program: One key toward Patient Satisfaction.

Katherine Yedinak, RN, CRN, Master's degree in management/organizational leadership, Assistant Director of Radiology

Procedures performed in Radiology are associated with a patient's continuum of care, evaluating disease treatment and surgical outcomes, they may increase the stress of both patients and family members. A radiology nurse liaison can offer support, answer questions, and provide information

during the procedural time, bridge the gap when delays occur and through communication help the patient and family manage stress producing a more positive experience for everyone. For one Illinois' academic hospital, establishing a nurse liaison in radiology increased patient satisfaction scores.



ARIN INTRODUCES THE NEW UPDATED IRC

As is the custom when the existing Imaging Review Course has run its course, ARIN reviews the current course and makes changes and improvements. As we prepare for the upcoming year, this is where we find ourselves currently. The IRC Master Faculty have been busy at work updating the existing course and improving it with the most up to date information in the arenas of imaging and radiology.

Starting with the May 6/7 course hosted by the New England chapter of ARIN and going forward, attendees will be receiving the NEW IRC! If you or your hospital or your chapter have thought about hosting an Imaging Review Course, now is the time to contact Bruce Boulter at ARIN headquarters to get one scheduled. Any time between now and late summer is a great time to prepare yourselves for the fall CRN testing. Our master faculty are ready and waiting to teach this great new course.

I AM A RADIOLOGY NURSE!



Liza DeJesus, MSN-Ed, RN

has been a radiology nurse for 10 years. She currently works in a busy radiology department at Tampa General Hospital.

Why did I become a Nurse?

Since I was a little girl, being a daughter of a Home Health care nurse, I still remember like it was yesterday; my mother picking me up from school and me accompany her to see the last patients of the day. I saw the happiness my mother brought to her patients just

by being there and listening to them, giving them affection and care. I helped her perform her duties and the sense of joy that the experience gave me as a child awoke the spirit in me to take care of others and that is why I became a nurse.

What about nursing makes you happy?

The smallest little details make me happy, like a patient remembering your name, a thank you note, a hug. The bond that you make with your patient in such a short time that when they see you again you provide a sense of trust and comfort.

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

I have had such an amazing journey and experience as a radiology nurse that pinpointing one experience cannot describe the adrenaline rush and explosion of excitement in achieving comfort and healing to our patient's population. What I can say is that I am very fortunate to work with such a professional and amazing transcultural group of nurses, physicians, technologists, leaders that every day we work together towards achieving and surpassing our patients' expectations and goals while providing the highest standards of care with advanced technology and minimally invasive cutting edge procedures.

What challenges you encounter and how you overcome them?

Every day in the procedure area I can encounter unique situations. These situations can be patient-related, specific to a patient's family member, or with a coworker. At times, it can be frustrating because I want to make sure I am as neutral and receptive as possible either to respond or interact with a positive attitude or provide a form of solution. I try to overcome this by placing myself in the situation, how I would like to be treated or informed or just remind myself its is

a busy, stressful day and we are all human beings. Patient safety and care comes first. We must always remember that in any given day that can be a family member or ourselves. As my favorite quote states "we must become the change we want to see" Mahatma Gandhi.

What has your nursing journey been like?

I graduated from the University of Puerto Rico with my BSN while being part of the US Army Reserve, started off in the medical surgical ward to acquire experience and apply for the critical care internship and started working for the neurosurgical ICU. Came to Florida as part of a travel agency in which I had various contracts in different units (Step down, ER, ICU, OR). While in one of my assignments, I learned about Interventional Radiology and when the opportunity arose, a position opened and my contract was completed, I immediately explored this whole new area of nursing. While working in IR I realized the love that I had for teaching since I was perceiving all new hires and also providing patient family education and serving other roles within the department while finishing my MSN-Ed in order to pursue my goal as nurse educator.

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

It is simple, family first. I always have made it a rule in my house that we all sit together for dinner, no cell phones or any interruptions. We talk about our day and challenges to decompress. But I cannot deny that some alone time (quiet time) and a cup of coffee also make my day. 😊

How as the ARIN played a role in your career?

When I became a member of ARIN and received the journal, the article publications helped me realize that many units all around the country also encounter similar situations. ARIN has provided solutions, projects and even group discussions in my staff meeting to overcome these obstacles. The CEU's are a plus. ARIN has also opened a door for me professionally as an author and co-author for various articles published in JRN's Under the Beam column. I am grateful to be part of such a great association that supports radiology nursing in all aspects and continues to pursue and recognize the uniqueness of being a Radiology Nurse.

"I Am a Radiology Nurse" features unique Radiology Nurses in everyday practice. To be featured in this column, contact liz.boulter@arinursing.org

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

First Name	Last Name	City	State
Carmen	Gonzalez	Winter Park	FL
Patty	Leblanc	York	ME
Lisa	Bobrischew	Gansevoort	NY
Catherine	Kinard	Glassboro	NJ
Sharon	Ali	Inglewood	CA
Shannon	Chalfont	Arlington	VA
Jennifer	Crook	Lovettsville	VA
Tracy	Puttre	Sullivan	WI
Kandise	Finley	Niceville	FL
Amelia	Fowler	Taylors	SC
Janell	Gage	Syracuse	NY
Laura	Rosenberg	Queens	NY
Jennifer	Costabile	Herrin	IL
Rachel	Cagle	Chico	CA
Carrie	Obrien	North Platte	NE
Janine	Lackey	Virginia Beach	VA
Andrea	Rodas	Eastvale	CA
Hope	Wolfe	Chesapeake	VA
Herminio	Ozoa	Pearland	TX
Cynthia	Dismukes	Plant City	FL
Amy	Kramer	Efland	NC
Ginny	Strootman	Aston	PA
Tiffany	Marialke	Rochester	NY
Christine	Baker	Holly	MI
Amasa	Moon	Troutdale	OR
Linda	Richards	Grand Rapids	MI
Eduardo	Fernandez	Miami Lakes	FL
Molly	Zachariah	Des Plaines	IL
Jennifer	Hammargren	Signal Mountain	TN
Thelma	Montilla	Homestead	FL
Trisha	Young	Holmen	WI
Michele	Baker	Williamson	NY
Nancy	Canning	Paramus	NJ
Carrie	Stockwell	Hartwick	NY
Margaret	Simor	Alamo	CA
Meghan	Bergman	Brooklyn Park	MN
Robert	Williamson	Zanesville	OH
Denise	Wojcik	Spring Grove	IL
Jennifer	Piazza	Webster	NY
Stacy	Davis	Fort Worth	TX
Danielle	Hickey	Louisville	CO
Sherly	Mathew	Hicksville	NY
Meg	Bertolami	Cornish	NH
Kelleen	Gross	St Paul Park	MN
Amy	Cribbie	Belmont	NH
Sheryl	Burke	Chelsea	MI
Susanne	Humbert	Tinley Park	IL
Kaitlin	Mcfadden	Boston	MA
Kellie	Eduvas	Peoria	IL
Lindsey	Prince	Pekin	IL
Lisa	Tucci	Greenville	NC
Iliana	Santana	Miami Springs	FL
Elizabeth	Kuchmy	Rochester	NY
Maureen	Newman	Avon	IN

First Name	Last Name	City	State
Almas	Merchant	Wilmette	IL
Pamela	Stanley	Snellville	GA
Patricia	Ducharme	Summit	NJ
Jody	Duffin	Grayslake	IL
Julie	Robbins	Mequon	WI
Laurie	Lippke	Baldwinsville	NY
Carolina	Correa	Oakland	CA
Diane	Steers	Stone Ridge	NY
Barbara	Konklin	Sonora	CA
Mary Ellen	Moran	York	PA
Caitlyn	Murphy	Johnston City	IL
Sher	Noah	Fort Collins	CO
Scott	Fabrizio	Fort Collins	CO
Mary	Izar	Columbia	SC
Zoe	Ramsay	Mount Vernon	NY
Stephanie	Campbell	Upper Nyack	NY
Dawn	Jensen	Sammamish	WA
Minda	Lockeretz	Long Beach	CA
Rosemarie	Cordova	Pearl City	HI
Ekaete	Ikpeinyang	Durham	NC
Lynda	Buddenbaum	Raleigh	NC
Betty	Carmody	Scottsville	NY
Esther	Min	Sunnyside	NY
Gregory	Chin	San Antonio	TX
Dew	Symonds	Ann Arbor	MI
Andrea	Mccleary	Bluffton	SC
Scott	Stark	Davie	FL
Janet	Graca	Hauppauge	NY
Vida	Kaplan	Hillsborough	NJ
Marie	Roman	Churchville	PA
Amy	White	Spencer	NC
Edna	Blaise	East Meadow	NY
Caren	Starr	Wooster	OH
Melanie	Bosley	Nottingham	MD
Prige	Gunashekar	Yonkers	NY
Stephanie	Jordan	Tucson	AZ
Ryan	Brisco	Hilton	NY
Sherry	Johnson	Overton	South Africa
Juliet	Chetty	Overton	South Africa
Tracey	Alvarez	Overton	South Africa
Debra	Magee	Casper	WY
Ron	Stewart	Gilbert	AZ
Juliana	Hartman	Aurora	OH
Deborah	Scott	Hamilton	GA
Lynne	Gauroniak	Palm City	FL
Dawn	Yawn	Port Saint Lucie	FL
Paula	Murphy	Kasson	MN
Kati	Lebowitz	Leander	TX
Mita	Davis	Lakewood	CA
Elizabeth	Mauro	West Covina	CA
Christine	Sheehan	Buffalo	NY
Lynda	Kingman	Everett	WA
Antonia	Quilling	Hackensack	NJ

RADIOLOGY: WHAT YOU REALLY NEED TO KNOW!

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

[Hospital mergers reduce costs, enhance quality and services](#)

American Hospital Association (AHA). (January 25, 2017).

Hospital mergers reduce costs by consolidating operations for efficiencies that can't be gained through looser affiliations. This can improve quality and expand the scope of services available to patients, per an AHA-commissioned study by Charles River Associates. The study found that hospital mergers occurring between 2009 and 2014 reduced the operating expense per admission at acquired hospitals by an average 2.5% or \$5.8 million a year, while driving quality improvements and upgrades to the facilities and services. "The findings are clear: hospital mergers facilitate greater efficiency that reduces costs and encourages better quality care," said d CRA Vice President Monica Noether. Additional participants in the AHA update were Marna Borgstrom, president of Yale New Haven (CT) Health System, and Thomas Zenty, CEO of University Hospitals in Cleveland, who shared how their respective systems have benefited from recent mergers.

[An alternative device for ESRD patients with central venous obstruction](#)

Richard Kirkner. (January 25, 2017). PM360 Online.com.

Catheter dependence is a certainty for hemodialysis patients who have used all upper extremity access due to central venous obstruction. However, a new device may provide further options in selected patients, per results reported at a recent vascular surgery symposium. Virginia L. Wong, MD, of University Hospitals Cleveland Medical Center, reported on her group's experience using the Hemodialysis Reliable Outflow (HeRO) graft (Merit Medical) to gain access to the superior vena cava (SVC), which provides further upper extremity access options. The device has its limitations in patients with CVO, Dr. Wong noted, "but it can be an important tool for the dedicated access surgeon who is likely to be referred the most complicated patients who have run out of just about every other option."

[Mayo Clinic CIO on AI: This stuff is real](#)

Parmar, Arundhati. (February 21, 2017). MedCity News.

IBM CEO Ginni Rometty gave an insightful keynote address at the annual HIMSS meeting in Orlando describing humanity as on the verge of a new cognitive era. She branded artificial intelligence in healthcare as augmenting the intelligence of doctors and not replacing it. Many were skeptical. She cited radiology is a field that is bound to feel some pain as machines learn to read medical images quickly and more comprehensively than humans but stressed for now let's highlight the clear benefits.

[Five ways to cut stress in a 24/7 world](#)

Jayne O'Donnell. (February 17, 2017). USA Today.com.

It's possible to reduce stress in the downsized, technology-laden, post-recession workforce. Dr. Francoise Adan MD, who heads integrative medicine at University Hospitals in Cleveland, shares five stress-reducing tips:

1. Breathe. Take a moment and breathe slowly. Start with one minute a day that isn't negotiable. Breathe in to a count of four. Breathe out to the count of six. Experiment to make it your own exercise.



2. Affirm to anchor. Take a moment. Close your eyes and bring an image of peace into your mind — whether it's a word, symbol, place or face. Repeat silently as you are breathing in, "I am..." Then, breathing out, "Peaceful and Present."
3. Practice mindfulness. Be in the present and aware of your surroundings not the past. Release regrets and sorrow. Don't think to the future and the worries, the "to do" list.
4. Be positive. Smile and meet a person's eyes as you walk in. It's contagious.
5. Express gratitude. Don't wait to say, "Thank You." Be appreciative and give thanks

[Bad Hospital Design Is Making Us Sicker](#)

Drhuv Khullar MD. (February 22, 2017). The New York Times.

There's much we can do to improve the patient experience which is linked to how patients rest and recover. Patient privacy continues to be a challenge in hospitals regardless of laws like the Health Insurance Portability and Accountability Act. "As doctors, we're taught not to talk about patients in elevators, yet we routinely discuss their sexual or drug history in rooms while a stranger on the other side of a curtain can hear every word ... patients in curtained spaces are more likely to withhold parts of their medical history or refuse parts of the physical exam ... And then there's the problem of noise. The average noise level in hospitals far exceeds guideline-based recommendations, making it hard for patients to sleep. Reducing exposure to noise - through earplugs, sound-absorbing acoustic panels, quieter staff conversations, and fewer unnecessary alarms - can improve the quality of patients' sleep", according to Dr. Khullmar.

[First Systematic Study of Deadly, Antibiotic-Resistant Fungus Reported](#)

Case Western Reserve University. (February 24, 2017). WTOL.com.

Candida auris, found in hospitals, is resistant to entire classes of antimicrobial drugs. This can limit treatment options for those infected. First reported in 2009, the fungus has been linked to invasive infections in nine countries including the United States. It has been linked with two hospital outbreaks affecting more than 30 patients each. "This emerging fungal species has started to infect patients globally, causing invasive infections that are associated with a high death rate," said Mahmoud Ghannoum, PhD, MBA, FIDSA, Professor and Director of the Center for Medical Mycology in the Department of Dermatology at Case Western Reserve School of Medicine. "It is multidrug-resistant, and some strains isolated from patients are resistant to all commercially available antifungal drugs. Multidrug-resistance used to be reported for bacteria only, and now we must add fungi to the list."

Sign up now, while registering for the Annual Convention,
for a unique hands on simulation opportunity

Enhancing Patient Safety: Capnography, Sedation, Airway Management- Oh My!

Seating is limited, sign up soon

AIRWAY SIMULATION WORKSHOP

Mary F. Sousa, BSN, RN
2016-2017 ARIN Past President



On Tuesday, March 7th, 2017, ARIN held its "first of its kind", simulation workshop entitled: Enhancing Patient Safety: Capnography, Sedation, Airway Management, Oh My. This course was a great success! The hands-on simulation consisted of three concurrent 2-hour sessions that began in the morning and ran through the afternoon. Each session held twenty-five slots and due to the high demand a stand-by list was created to try and accommodate the demand and interest of conference attendees.

The simulation sessions were taught by highly regarded content experts. ARIN's Master Faculty for the simulation session included Shawn Brast, MSN, RN, NRP; Karen Green, MHA, RN, BSN, CRN; and Michael Long, DNP, CRNA, whose experience and knowledge resulted in an exceptional hands-on program that was enjoyed by all those who attended.

The simulation course fills the practice gaps in the management of procedural sedation and the troubleshooting of capnography waveforms in various clinical scenarios including consideration for bariatric patients. Using mid-fidelity simulators with PowerPoint for graphic and video support, the Master Faculty demonstrated bag-valve mask with advance airway adjuncts. The opportunity for participants to demonstrate and practice skills was provided under the expert guidance of the Master Faculty.

The simulation sessions held at ARIN's Annual convention was made possible through a generous unrestricted educational grant provided by the Medtronic Corporation. In addition to the unrestricted grant, Medtronic provided the Capnography monitors and tubing systems used in the simulation scenarios. Manikins and other equipment were supplied by Johns Hopkins.

ARIN would like to thank the Master Faculty who worked hard to develop the curriculum for this course, the contributions from Medtronic and John Hopkins Hospital. This course would not have been possible without your support and dedication to providing safe, quality care.

Thank you to all who made this course possible.



The Capnography T-shirt.

The master faculty wore T-shirts designed by ARIN's Capnography Task Force member, Shawn Brast.

Capnography Simulation Snapshots





Congresswoman Eddie Bernice Johnson meets with the National Nursing Network Organization Board of Directors and Advocacy Team

NATIONAL NURSING ACT 2017

Teri Mills MS, RN, CNE

President National Nursing Network Organization

"If you want to go quickly, go alone. If you want to go far, go together." Nobody understands this African proverb better than our nation's 3.6 million nurses. Together, we have been able to accomplish amazing goals at the state and federal level. ARIN members are committed to ensuring high quality, accessible and affordable health care is available to all. In that equation includes a commitment to health promotion and disease prevention, the cornerstone of every nurse's practice. Recently, ARIN's leadership team made the decision to reaffirm support for legislation that soon will be reintroduced into Congress, The National Nurse Act of 2017. Congresswoman Eddie Bernice Johnson (TX-30-D), the first registered nurse elected to Congress, and Congressman Pete King (NY-2-R) will again be the co leads on this bill.

Briefly, the National Nurse Act designates the Chief Nurse Officer of the U.S. Public Health Service to be additionally recognized as the "National Nurse for Public Health". The goal is to elevate and enhance position of CNO to bring visibility to the critical role nursing occupies in promoting, protecting, and advancing the nation's health.

Health conditions such as cancer, diabetes, heart disease, and opioid addiction pose the greatest threat to the health of Americans and to our nation's economy. Nurses play a critical role in prevention and management of these conditions. With greater awareness of the CNO/ National Nurse for Public Health, nurses and health professionals will be able to take existing messages generated from the Office of the Surgeon General and transmit these to the individuals and families they serve. Focusing on prevention and wellness will help reduce the occurrence of illness and contain health care costs.

The previous version, [H.R. 379 National Nurse Act of 2015](#) and its companion bill in the Senate ([S. 1205](#)) were in great standing in both chambers of Congress before the conclusion of the 114th Congress. There were 97 co sponsors (51 Democrats and 45 Republicans) for H.R. 379 and 5 co sponsors for S. 1205 (3 Republicans and 2 Democrats. Even more exciting is the fact that these bills amassed the support from 119 organizations including the ARIN and the American Nurses Association. Efforts remain underway to seek passage of the National Nurse Act of 2017 in the 115th Congress, but your help is critical in achieving success.

The [National Nursing Network Organization](#) (NNNO) has a website that has a great deal of information including a [Take Action link](#). This group has put together several template letters that can be easily edited to send off to your U.S. Representative and Senators. Below is an example, but please email teri@nationalnurse.org for tips and suggestions, as well as an email

address that is best to send your letter to. The NNNO can also provide you with a short telephone script to use when contacting your US Representative and Senators. They are here to help!

Dear _____,

I want to begin by thanking Representative _____ for his/her leadership and service on behalf of his constituents here in (Your City). I am the (one sentence about yourself, including the fact that you are a constituent). I am writing today to request co sponsorship for H.R. (bill number TBA), The National Nurse Act of 2017, legislation that is very important to nurses in (Your State) and the health of our state. I have been involved for decades in the struggle to improve health and reducing costs to our healthcare system by promoting preventive care. I believe the National Nurse Act of 2017 would be an important step forward in that effort.

We know that nurses are the most trusted and respected healthcare providers in America. By designating the existing position of the Chief Nurse Officer as the National Nurse for Public Health, we would be taking advantage of that status to help focus attention and educate the public on how to improve their health status. We would also be elevating the profession of nursing at a moment when the role of nurses in the healthcare system is becoming increasingly important.

As a national advocate for nursing actions to champion public health in our communities, a key role of the National Nurse for Public Health would be to encourage nurses and all health professionals to work within successful health promotion programs, increase public safety, and enhance emergency preparedness.

I hope that Representative _____ agrees to the importance of H.R. (bill number TBA) and will soon sign on as a co-sponsor.

Thank you for your assistance and I look forward to your response.

Be sure to sign your letter with your name, credentials, and address, as this makes it clear you are a constituent. If you would like to sign up for the National Nurse Newsletter or join the Advocacy Team of the National Nursing Network Organization (NNNO), an all volunteer organization whose mission is to promote, encourage, and support a National Nurse for Public Health and other projects that promote wellness and disease prevention, please contact NNNO President Teri Mills at teri@nationalnurse.org.

This is an important election year. Members of Congress want to hear from you. Always remember that democracy requires participation. As Alice Walker said, "Activism is my rent for living on this planet."

SECRETARY REPORT 2016 - 2017

Kristy L. Reese, MSN, RN
ARIN Secretary, 2015-2017



ARIN has experienced tremendous growth in 2016. By the end of the year, ARIN exceeded its 2,000-member goal with 2,099 members who benefit from the educational and networking opportunities available through this organization!

The past year was a busy one for the ARIN Board. During the 2016-2017 term, the ARIN Board revised its Strategic Plan with a renewed commitment to its mission of providing radiology nurses with the knowledge and resources to transform radiology nursing practice and support patients in the ever-changing and expanding healthcare environment and specialty. In the words of this year's President, Evelyn Wempe, As Leaders in Patient Care, radiology and imaging nurses should strive to provide quality care, engage in open communication and collaboration, drive change, and promote advocacy to improve patient outcomes. With this theme in mind, ARIN continued its commitment of maintaining organizational value by providing educational and networking opportunities as well as an evidence-based body of knowledge. ARIN continues to foster relationships and mentor international radiology and imaging nurses; this commitment has resulted in an increase in article submissions, published articles, international volunteers and a focus on interventional oncology and pediatrics.

This past year has led to many Arin educational firsts. This includes the first virtual review course held in October, 2016 and a new partnership with Strayer University for discount tuition. In addition, ARIN in conjunction with the Society of Interventional Radiologists (SIR) conducted its inaugural joint session on capnography at the 2016 Annual Convention in Vancouver, BC. ARIN posters were presented in the SIR poster gallery as well. The 2016 was the first ever presented live-streaming, and was available for viewing as a podcast. In 2016-2017, the ARIN Imaging Nurse Review Course was offered at the following venues:

- Johns Hopkins Hospital – Baltimore, MD – April 16-17, 2016
- New England Chapter-ARIN, Lowell General Hospital – Lowell, MA – April 30-May 1, 2016
- Baylor Scott and White All Saints Medical Center – Fort Worth, TX – August 6-7, 2016
- Virginia Commonwealth University Hospital – Richmond, VA – August 6-7, 2016
- Aurora Health Care – Milwaukee, WI – September 10-11, 2016
- Mease Dunedin Hospital – Dunedin, FL – September 17-18, 2016
- St. Cloud Hospital – St. Cloud, MN – September 26-27, 2016

Quality publications continue to be a priority. The Core Curriculum for Radiologic and Imaging Nursing, 3rd Edition edited by Kathleen Gross, BS, MSN, RN-BC, CRN, is the Core editor for the expanded third edition which includes information on cultural competency,

forensic radiology nursing, hybrid procedures, infection prevention, radiology disaster preparedness, radial artery access, patient safety, and trauma patients in imaging. There is a section devoted to medications commonly used in radiology/imaging and chapters dedicated to imaging and interventions of breast and musculoskeletal diseases. The Core can be purchased in hardcopy or as an e-book. This is considered a "must have resource" when preparing for the CRN® exam. A 4th Edition of the Core Curriculum is planned for 2018.

The Journal of Radiology Nursing edited by Kathleen Gross continues to produce an outstanding publication for radiologic and imaging nurses. Over the past year, the JRN updated its look and continued to offer free directed readings as an educational benefit for ARIN members. These can be accessed via the ARIN website. Members are encouraged to visit the Journal's homepage, www.radiologynursing.org or to Google "Journal of Radiology Nursing" on your smart phone or tablet.

The Orientation Manual for Radiologic and Imaging Nursing, 2nd Edition edited by Katherine Duncan offers a formal introduction into radiology and radiologic and imaging nursing. This resource assists new nurses with mastering the terminology, knowledge, and skills required to provide competent patient care and become an integral team member in a fast-paced and innovative practice environment.

Radiology Nursing: Scope and Standards of Practice (2013) is a joint publication of ANA and ARIN available for purchase on the ARIN website. This document outlines the definitions, competencies, roles and responsibilities of the Radiologic and Imaging Nurse as well as the Advanced Practice Nurse.

The Vision Newsletter edited by Greg Laukhuf is utilized by ARIN to relay important information related to governmental affairs, research dissemination, meetings, chapter news, and association initiatives to members. Names of new members as well as a listing of new and renewing CRN® imaging nurses appear in each edition. Vision is published six times a year and is available through the ARIN website. Vision provides a voice for ARIN and its membership.

History buffs of ARIN will enjoy the 35th Anniversary Book edited by Greg Laukhuf chronicles the history of ARIN and its impact on radiology and imaging nursing over the past 35 years. The book will be presented to participants of the 2017 ARIN Convention in Washington, DC.

In 2016, the following ARIN Clinical Practice Guidelines & Position Statements were placed for access on-line at www.arinursing.org:

- Position Statement: Capnography
- Position Statement: Nursing Leadership and Performance Evaluation
- Position Statement: Nursing Leadership and Performance Evaluation

- Position Statement: Patient Safety in the Imaging Setting
- Position Statement: Bariatric Patient Safety in the Imaging Environment
- Position Statement: Role of the Imaging Nurse in Patients Undergoing Sedated Procedures
- Clinical Practice Guideline: Handoff Communication Concerning Patients Undergoing a Radiologic Procedure
- Clinical Practice Guideline: Handoff Communication Concerning Patients Undergoing a Radiological Procedure with General Anesthesia (in cooperation with ASPAN)
- Clinical Practice Guideline: Personnel Dealing with Chemotherapy and Cytotoxic Medications
- Clinical Practice Guideline: Contrast Medium Administration to Pregnant or Potentially Pregnant Patients
- Clinical Practice Guideline: Contrast Medium Administration to Breast Feeding Mothers
- Clinical Practice Guideline: Universal Protocol for Procedures in Radiology
- Clinical Practice Guideline: Moderate Sedation and Analgesia
- Clinical Practice Guideline: Extravasation of Contrast Media

- Clinical Practice Guideline: Metformin Therapy and Lactic Acidosis Risk
- Clinical Practice Guideline: Contrast Associated Nephrotoxicity
- Clinical Practice Guideline: Gastrointestinal Contrast Media

ARIN FORUMs allow for member interaction, collaboration, and sharing of best practice with other nursing professionals. Your ARIN member user name and password grants you immediate access to the FORUM page! To get started, look for the green balloon icon (bottom right corner of the ARIN Logo) at the top of the website's home page. FORUM topics include Assessment & Screening, Equipment & Supplies, Medications & Contrast, Policies & Procedures, Staffing & Training, and Procedures & Scans. For more information, refer to the website or contact info@arinursing.org for more information.

Many additional educational opportunities exist for members. These include task forces, liaisons, and partnerships. Additionally, ARIN has established professional, organizational relationships with the American College of Radiology Nurses, the American Society of Peri-Anesthesia Nurses (ASPAN), the Association for Vascular Access (AVA), the Association of Perioperative Nurses (AORN), the Nurse in Washington Internship (NIWI), the Oncology Nurses Society, and the Society of Interventional Radiology. Visit the ARIN website at <http://www.arinursing.org/> to find out all that your membership has to offer you.



WHAT DO YOU LOVE ABOUT RADIOLOGY NURSING?

In February LOVE was in the air. (At least on the Hallmark Channel). This led me to ask, "What do we love about radiology nursing?" I am asking the members to forward to me a couple of sentences on what they LOVE about Radiology nursing for an upcoming article in May to celebrate Nurses Week. Submissions can be forwarded to greg.laukhuf@arinursing.org.

TREASURER'S REPORT 2017

Chris Keough BSN, RN, CRN
Treasurer 2016-2018
ARIN Board of Directors



2016 has been a year of continued growth for ARIN. The ARIN 2017 spring convention in Washington, D.C. was a huge success! 310 nurses attended for 4 1/2 days of education and the opportunity to participate in a simulation workshop. In addition, attendees had the opportunity to attend a collaborative panel presentation with the Society of Interventional

Radiology (SIR) and ARIN and a vendor sponsored lunch and learn. It was a great way to meet, network and collaborate with imaging nurses from all over the world. ARIN and the Association of Vascular and Interventional Radiographers (AVIR) co-sponsored a joint Soiree held at the Capitol View, a venue that had a spectacular view of the United States Capitol building. It was a nice evening to meet and socialize with both imaging nurses and technologists. There has never been a better time to be a member of ARIN!

Our organization had many financial highlights this year. ARIN's Board of Directors have worked with Boulter Management Company (BMC) on making decisions that will guide the organization in the future by focusing on the needs of imaging nurses. Investments were made to ARIN's infrastructure. The new ARIN website allows members to see upcoming events and allow for easy navigation. The financial investment in the new educational platform provides members opportunities for education, with CEU credits that can be obtained by either attending the annual convention, webinars, imaging review courses or by recorded podcasts. These are archived and available to meet member's busy schedules. Members now have access to a transcript of all their education and CE's. For members who want to become certified or re-certify, ARIN offers educational opportunities to get this done! Educational opportunities for members have never been so easy or accessible before!

A continued focus this year is on increasing membership and focusing on value for members. Membership is the basis of ARIN's operating income. This year membership has grown to 2099 members. This contributes to 37% of revenue for ARIN. ARIN has grown this year as members see the importance of being part of their professional organization. ARIN is the expert on the specialty of Imaging nursing.

The convention represents another area for revenue and the Planning Committee along with the Board work tirelessly on planning a convention with topics that would interest and enhance the learning needs of nurses working in the imaging environment. ARIN listens to the members by planning and providing varied topics of interest at convention.

ARIN's educational resources provide the third avenue of revenue for the organization. The Core Curriculum, Scopes and Standards, Orientation Manual and available soon the CRN Companion book continue to be resources for members and non-members alike.

The Board of Directors continues to evaluate and streamline operations to decrease expenses. The Board again had a virtual board meeting in January to conduct board business without generating any financial costs from traveling. The annual budget is developed with projected revenue streams and anticipated expenses. ARIN's BOD will continue to make fiscally sound decisions in planning ARIN's future. If you have any questions on the finances, please contact Chris Keough at chris.keough@arinursing.org.

VISION ARTICLE CONVENTION 2017 ACTIVITIES ARIN PEDI NURSES FORUM

Attention all PEDIATRIC nurses! Great news. A group of 20 Pediatric nurses from across the country met on Monday March 6th, 2017 before the ARIN Membership Reception to network and explore the idea of starting an ARIN Pedi Nurses Forum through the ARIN website. This new group would allow nurses who work in Pediatrics to be able to engage with one another, post specific questions and share radiology, sedation, Imaging, best practices. A list of the interested nurses and their contact info was obtained and a New Category is being created on the ARIN Forum. The group plans to utilize the Pediatric Forum throughout the year. Lead by the enthusiasm and energy of ARIN pediatric nurse, Roger Meece, BSN, RN, CPN the group has already begun interacting informally discussing such issues as their facilities sedation nurse on-call program guidelines. Roger envisions utilizing captured data in a Quality Initiative entitled: Evaluation of Costs Associated with a Sedation Nurse On-call Program that his facility has undertaken. Furthermore, having

Pediatric sedation/radiology nurses describe their on-call processes may lead to a "best practice" or guidelines for on-call cases.

If you would like to participate or join this group, simply follow the instructions below:

By clicking on this link

<https://arinursing.site-ym.com/forums/Topics.aspx?forum=219627>
(You will need to log into the website using your name and password.)

You will be taken to the ARIN Pedi Nurses forum option. Then be sure to subscribe to this by clicking on the "Forum Actions". You can then start posting new topics.

ARIN Pedi Nurses

[Forum Index » ARIN Pedi Nurses](#)

Moderator(s): Cathy Brown

Page 1 of 1

[New Topic](#)

[Forum Actions](#)

[Search Forums...](#)

To contact us: rmeece@nemours.org and cc.marysousa30@hotmail.com.



RADIOLOGY SUPPORTS ST. BALDRICK'S FOUNDATION

Before they turn 20, about 1 in 285 children in the U.S. will have cancer (St. Baldrick's, 2017). With this in cause in mind, the Physicians, managers, technologist and nurses of the radiology department at University Hospitals Cleveland Medical Center teamed up to raise funds for the annual St Baldrick's fundraiser. Pictured are Ohio Radiology Nurses Association members, Sarah Terrigno, Mike Kula, Scott Bailey, Nathaniel Miller and Greg Laukhuf.

References

St. Baldrick's. (2017). Retrieved <https://www.stbaldricks.org/about-childhood-cancer>



ARIN PRESIDENT-ELECT SPEAKS TO STUDENT NURSES

Katherine Duncan BA, RN, CRN
2017 ARIN President

In November 2016, Katherine Duncan, then ARIN President-Elect attended the National Student Nurses' Association (NSNA) Mid-Year Conference that was held in Kansas City, Kansas to represent radiology and imaging nursing as a profession or career choice. NSNA has a membership of over 60,000 students. The organization holds a mid-year conference to offer members opportunity for additional training, career options, meeting with employers and advanced education programs and elect a new Board. (For more information on the NSNA: <http://www.nsna.org/>.)

During the convention, Kathy had the opportunity to participate on a panel with eight (8) other association representatives to discuss facets of radiology nursing. The panel include hospice nursing, emergency room nursing, and other disciplines. This was enthusiastically received by attendees.

Additional work needs to be done to collaborate with NSNA BOD with articles and increased visibility. We recognize the future of nursing includes the next generation of new graduate nurses.

ANA HOSTS ARIN AS A MEMBER OF THE ORGANIZATIONAL ALLIANCE

Katherine Duncan BA, RN, CRN
2017 ARIN President

American Nurses Association (ANA) works together with nursing organizations to share information and assist each other with policy initiatives as well as facilitating information sharing between organizations.

On November 17-19th, 2016, the ANA Organizational Alliance (OA) held its 2016 Fall Summit in Omaha, Nebraska. The summit included:

- Meeting with ANA leadership on updates of ANA efforts.
- Meeting with relevant affiliates.
- In depth discussion with organization leaders using a "Discussion deck" to stimulate topics.
- Dinner with ARIN's partner NSO as well as other association leaders.
- Exhibit hall which was comprised mostly of cities interested in hosting association conferences.
- Crash course on social media platforms.
- Multiple presenters on initiatives, ideas and successes within various organizations.*
- OA business meeting and election.
- "Reciprocity in Action" led discussion on working together.

As part of our membership in the OA, each of ARIN's members are entitled to discounted ANA memberships as well as access to digital information, ANA's journal and newsletters. ANA works on behalf of some 3.6 million United States registered nurses. For More Information visit: <http://www.nursingworld.org/AffiliatedOrganizations>.

ARIN DIRECTOR OF EDUCATION UPDATE

De'Ann O. McNamara, MS, ACNP-BC, CRN
Director of Education - ARIN

As ARIN's Director of Education, it is my privilege to work with and learn from the Association for Radiologic and Imaging Nursing's Board of Directors, Planning Committee, specialty committees, taskforces and most importantly members. I feel very supported and encouraged by ARIN's understanding of the importance of conducting intense learning needs assessments which drives content and program planning for educational events which are offered via live and in virtual formats.

ARIN understands that to deliver value to our members, its educational curriculum content development must be relevant to current practice and provide a long-term view for expanding and including all practice types. Since patient care does not happen in a vacuum, ARIN understands and provides comprehensive, multidisciplinary education. Sharing multidisciplinary team perspectives is crucial to overcoming assumptions, developing team critical thinking skills and providing high quality, efficient, cost effective care.

Multidisciplinary learning events offered during Convention 2017, such as the Combined ARIN and AVIR Day, offered perspectives for clinical nurses, nurse practitioners, nurse managers, nurse leadership, technologists, physicians, and physician assistants. During the combined ARIN and SIR educational sessions, panels of nurses, nurse practitioners and physicians demonstrated the value of education related to evidence based understanding of anticoagulation and capnography practices.

ARIN's 2017 educational goals offer members the opportunity to begin a thoughtful dialogue in their professional association for exploring clinical, language and social support needs of transgender populations; understand continuing education requirements for nurse practitioners to meet pharmacologic board certification renewal requirements; and offer opportunities for nursing leadership to share perspectives and enhance communication.

As we continue to expand on the goals of 2017, we will introduce new goals identified from member learning needs assessments. We encourage members to provide us with input related to learning needs in your current practice. This information helps us identify trends which will drive educational curriculum development and content for courses, webinars, podcasts, directed readings and speaker presentations for Convention 2018 in LA!



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Have you ever thought of writing for a publication? Vision is seeking authors and article reviewers to assist with the publication. This is an excellent opportunity to hone your everyday skills and add to your resume. If you are interested, please contact liz.boulter@arinursing.org.

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1. Conscious sedation for surgical procedures. MedlinePlus. <https://medlineplus.gov/ency/article/007409.htm>. Updated March 2015. Accessed August 2016.

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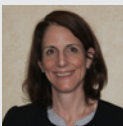
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