

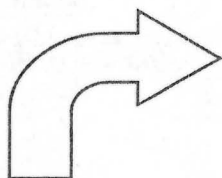
RN NEWS

THE NEWSLETTER OF THE AMERICAN RADIOLOGICAL NURSES ASSOCIATION

July, 2001
VOLUME 6
NUMBER 3



SPECIAL REPORT



**RADIOLOGY
NURSE
HELPLINE
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**ASSESSMENT
TOOLS
AVAILABLE -
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**THE BEAT GOES
ON - "CRN -
GOTTA HAVE IT"
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A WAKE UP CALL

by Helen O'Daly RN

There is a national nursing shortage. Does that come as a shock to you? It is the reason why your staff positions remain unfilled. It is a fact of life that nurses have a physically and mentally demanding job. Before I go much further I want to say that this shortage is not affecting Minnesota very much. In collecting data for this issue of *RN News* I noticed material submitted by several Radiology Nurses from Minnesota. Out of curiosity I took out my 2000-2001 ARNA Membership Directory and counted the members from Minnesota - 48! I am surprised. I live in the most heavily populated state in the nation and we do not have quite that many members in the New Jersey Chapter. Now I must get to my point - I want to acknowledge the e-mails I received from India S. Luke (one of the Minnesota Radiology Nurses) who has helped me bring myself up to date on some important issues which are mentioned in this article.

Allegedly the shortage exists because of several factors. One is the lack of appeal of nursing as a profession to younger people. Why should they want to work in a field with such demands and non-commensurate compensation? They can go to school for less time and start in a computer related field earning more from the outset, without the risks of exposure to disease and musculoskeletal injuries. A second factor is the number of working nurses who entered the field during the 60's and early 70's. They comprise the "Baby Boomers", a large group that entered the workforce, many of who did so because of the Women's Liberation movement. There has been a tremendous decline in the number of newly registered nurses in the past 10 to 15 years. A third factor is the impending retirement of these nurses that will begin in the next few years. The 20-year-old nurse who began working in 1965 will turn 65 in 2010. That sounds to me like retirement is within reach but it can be a mixed blessing - who will be there to take care of the elderly population when we are gone from the workforce? More importantly, who is going to take care of *us*?

I have been chagrined at the lack of media coverage of this problem but it is beginning to catch up now. Just yesterday our local newspaper printed a "Letter to the Editor" from a "recent college graduate", a nurse whose aim was to educate the public about the shortage and related issues (she concentrated on how in the life cycle we ALL will "pass through the hands of a nurse"). Incredibly, facing this letter on the opposite page was a commentary on how the state university has failed to do its part in promoting nurse education ("currently, nursing students are crowded into a small home on a residential

continued on p. 2

PRESIDENT'S CORNER

In the midst of the summer months, many of us may be enjoying some special time with our families and friends doing all those great summer activities like boating, hiking, trips to the beach or just plain relaxing in your backyard – or someone else's! For those of us in the healthcare field, the summer months also often bring *significant* change to our work environments: new residents, staff moving to new positions, new attendings, scheduled vacations that require covering those who are off doing all those great activities I just mentioned while you are NOT!

This really all boils down to the subject of teamwork. It is truly the essence of how our departments function if we are to approach the positive patient outcomes for which we strive. In any given week, the radiology nursing staff may work with many *different* teams within their own department (CT, MRI, IR, U/S, Nuclear Medicine, etc.) and consequently must develop an understanding of the team dynamics that influence the outcome of patient care. Very few teams function identically so, without consciously thinking about it, you are probably using an armament of coping skills to continue to coordinate care within teams and for the broader scope of the Radiology team.

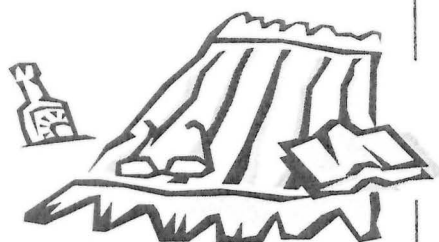
As new team members arrive, there is most certainly a learning curve both with regard to skills, both those they bring with them and those that need to be learned, and, once again, for both the new and not-so-new members to develop an understanding of each others' professional skills as well as their interpersonal skills. In any team setting, the members' goals must be to achieve a common objective and, in the process, exchange experiences and ideas, while respecting each other's contributions in the achievement of that objective. Team members must commit to participating in discussions by learning to effectively communicate with each other even though they have different duties and functions and may be at different levels within the organization.

Beyond the concept of the teams within which we work everyday, is the reality of our ARNA team. Your commitment as a member of ARNA declares your desire to be a part of this team. We all come from varied backgrounds both personally and professionally, but it is through the common bond of our professional organization that we alert the healthcare professional world of our dedication to our mission and goals. ARNA's team has had a profound effect on the practice of radiological nursing in the past twenty years and we still have much work to do. Be proud of your membership in a team that promotes the highest quality patient care in the diagnostic and therapeutic imaging environment!

Colleen M. Sasso, RN, BSN, CRN
President, ARNA

PS. If you would like to volunteer to work at the national level of your ARNA team, please contact the ARNA office.

HAVE A GREAT SUMMER!!!



WAKE UP CALL

cont'd from p. 1

street in New Brunswick" (The Home News Tribune, East Brunswick, New Jersey, July 8, 2001, pp. A10-A11). I know this situation would be a turnoff for *me*! The commentary went on to mention an expected shortage of 17,000 nurses in New Jersey "in a few years".

After reading this article, you may be surprised, as I was, to learn that several state legislatures have been "working" since 1997 on legislation to address work conditions that have resulted from the shortage, e.g., mandatory overtime has become a big concern. The wheels of progress turn ever so slowly. Some of these states are Massachusetts, Oregon, Tennessee, Washington, California, Connecticut, Indiana, Maine, Maryland, New Jersey, Nevada, New York and West Virginia. I looked into the status of some of these bills. What I saw was that they were tabled in most cases, or vetoed
continued on p. 6

RADIOLOGY NURSE Helpline

(continued from page 5)

Deep sedation in Radiology - a question and some advice

Conscious sedation in the Radiology Dept./Endo Dept/Cath Lab is very popular. The goal is to do our procedures and make our patients as comfortable as possible. The one aspect of sedation we may be overlooking is the ability for the patient to go into a deep sedation, or to purposefully give sedation to achieve a deep sedation. We as Radiology nurses need to be careful that we follow hospital policy on deep sedation and if your hospital does not have a deep sedation policy then I would recommend one be added. The anesthesiology dept in your facility ultimately has the final say in what is acceptable in your area, but be careful that your nursing license allows you to do what is asked of you. JCAHO has guidelines to follow. We should not allow ourselves to practice unsafely. In some of our cases a nurse anesthetist may be needed to achieve the goal for sedation for our patients. I would like to hear from you as to the practice of deep sedation in your facility. We are currently updating our policy to even cover deep sedation. It is one thing to accidentally achieve deep sedation but to purposefully give deep sedation is a question we need to ask ourselves- Is this safe for our patients without anesthesia personnel? Thanks for your input.

C. Gorrell, RN
SGor525024@aol.com

Use of Xanax

I would like to know how other institutions are using Xanax for MRI sedation. Are you treating it as conscious sedation or anxiolytic? How much and what kind of monitoring are you doing? How long are you waiting for the Xanax to take effect before you start the MRI? I would appreciate any input. thank you.

Susan Backer RN, BSN, CRN
backersj@hotmail.com

FROM THE EDITOR'S DESK

As you read the questions in the "Radiology Nurse Helpline", you should realize that you are not alone. As women it is not unusual for us to reach out to one another to share ideas and problems in many areas of life. So too in our profession. Because of our uniqueness the answers must come from ourselves. The "Radiology Nurse Helpline" provides you with a forum for networking, whether it be only to share information with a colleague who is being challenged or to converse with nurses like yourself. I don't know a Radiology Nurse who is not working "short". More and more business is being turned our way (face it, it's business) and hospital administrators think it's no big deal. But, they have none of the answers; we have the answers. We know that we are saving big bucks for our employer, by efficiency. Procedures which formerly required OR's are now discharged out OUR doors. You, Radiology Nurses, have the answers for one another. You may know a better way to get things done. Please respond to the appeals made in "Helpline" and contact other authors if you have something to say. If you do not use e-mail, all is not lost. Sometimes other contact information is available which I do not publish. If you contact me, I will find out from the author if there is another way for you to reach that person.

Helen O'Daly
Editor

RN NEWS

**RN NEWS IS
PUBLISHED
QUARTERLY TO KEEP
ARNA MEMBERS
BETTER INFORMED**

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committee update

ATTENTION ALL ARNA MEMBERS

ARNA needs you to become involved in YOUR organization! There are unique opportunities for you to serve on national committees. Please take the time to review the "Willingness to Serve Form" included in this issue of *RN News*. YOU can make a difference in our organization!

Submitted by Wendy Bommer, RN
Treasurer

"Try This"

The Hartford Institute of Geriatric Nursing (IGN) has contacted ARNA to make us aware of their assessment program, "Try This", which is geared toward older adults. You may find some of this material useful in your practice. Some of the topics available are "Assessing Pain in Older Adults", "Geriatric Depression Scale", and "Cognitive Assessment" as publications on their web site. Go to: www.hartfordign.org and click on "Try This Assessment Series". Our thanks to Jessica Scholder of the Hartford Institute for Geriatric Nursing for sharing this useful information with us! If you need further information her telephone number is (212) 998-9001.

chapter news

MINNESOTA CHAPTER

FALL SYMPOSIUM

The Minnesota Chapter of ARNA will present a seminar entitled "No Bones About IT", Saturday, November 3, 2001. The class will be held in Judd Hall, subway level of the Mayo Building, Rochester, Minnesota, from 8:00 A.M. until 12:30 P.M. A registration fee of \$25.00 will be charged. Check in will begin at 7:15 outside of Judd Hall in the Mayo Building subway. Refreshments will be provided. A total of 4 Nursing CEUs will be offered and Radiology technologist CEU's have been applied for. For more information or registration, please contact Jan Torkelson R.N. 507-255-3466 or Patsy Axley R.N. 507-255-6922 at Mayo or e-mail Jan at: torkelson.jan@mayo.edu

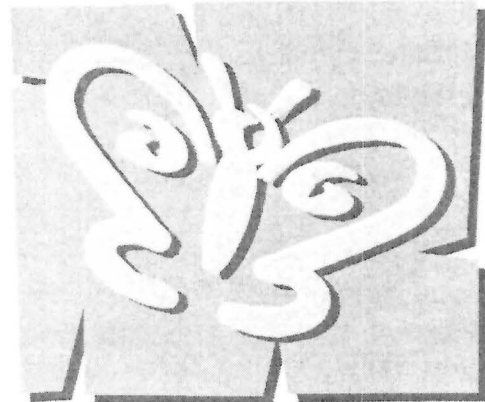
NEW JERSEY CHAPTER

We offer our wishes for health and happiness to Marge Parise, who has retired from Radiology Nursing at CentraState Medical Center, in Freehold, NJ.

A speedy recovery is wished for Linda Strangio, following her recent surgery.

Our Fall Education Program will be held on Saturday October 20, 2001. The Medical Center at Princeton will again be hosting this affair. Brochures will be mailed out in September.

Keep the date open!



chapter news

RADIOLOGY NURSE Helpline
PLEASE CONSIDER SHARING YOUR KNOWLEDGE AND EXPERIENCES
WITH YOUR COLLEAGUES

Coding - Billing

We are collecting information regarding the coding of Radiology Nursing procedures for billing purposes. Our department, consisting of four nurses, supports all procedures requiring nursing care - dressing changes, IV starts, conscious sedation, and monitoring. Although the charges are figured into the total cost of the procedures, we are wondering if we are missing out on additional revenue for nursing care due to insufficient coding. Please e-mail suggestions and fax samples of billing strategies. Any knowledge would be appreciated.

Rick Keech RN, Mgr., Radiology Nursing keechrichardc@exchange.uams.edu fax (501) 686-8144 office:
(501) 686-6917 pager (501) 688-6776

Mary A Richey RN, Associate Head Nurse
Little Rock, AR 72205

Radiology Nursing in another country - would you like to make a comparison?

In preparation for a presentation next year, Radiology Nurse Maree Doherty from Australia would like to make contact with Radiology Nurses practicing in the United States. She plans to focus on the different experiences encountered in a Radiology Dept. in another country and produce a presentation on this subject next year. Please contact:

Maree_Doherty@health.qld.gov.au

2 Questions

Assessment for Conscious Sedation

This is an urgent appeal! Our hospital is preparing for the dreaded JCAHO visit in September. My main concern is in the area of pain management and patient assessment. Are other hospitals having assessments done on *all* patients who present to radiology, or only those coming for interventional/invasive procedures? Our hospital is leaning toward assessing every patient. I am not sure that this is the way to interpret the JCAHO recommendation. I need all the input I can get.

Critical Care Transports to Radiology

When patients are in critical condition and need a Diagnostic Imaging procedure, which unit provides the RN escort, the intensive care area or Radiology? I would like to know how this is handled in other institutions. Everyone seems to think we have nothing else to do. We don't have enough staff for our procedure rooms! Thanks!

Linda Cavanagh RN, CRN LindaCavanagh@saintmarysreno.com (775) 770-3579
St. Mary's Regional Medical Center, Reno, NV

SEE PAGE 3 FOR A CONTINUATION OF THIS FEATURE

THE DEADLINE FOR SUBMITTING INFORMATION FOR THE NEXT ISSUE IS

Wake Up Call - continued from p. 2

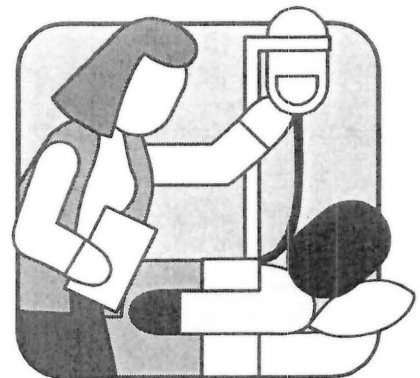
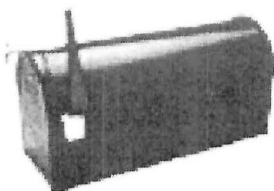
conditionally, which means the issues are unresolved. Now, even the federal government is beginning to take notice of the effects of working short – lately the news has covered hospital errors. It seems irresponsible to me to point fingers without at least *mentioning* the nursing shortage; it seemed like it was kept secret for months. Effective July 1, 2001, hospitals that are funded by Medicare must make available to the public any details about errors that occurred during their care. This also stresses prevention of errors during hospitalization. This is a new Patient Safety Standard from JCAHO and can be viewed at jcaho.org/news/nb333.html. Incidentally, to check on the status of a JCAHO survey at any facility, go to www.jcaho.org and click on “Quality Check” (it will appear at the top, after you have left the JCAHO home page). However, be advised, the institution is not required to list deficiencies.

Some of the Radiology Nurses who work in Minnesota (and other states) are represented by organized labor and that has its own issues. In collective bargaining, as it relates to nursing and the shortage of qualified personnel, the language in such documents as the 1999 State Staffing Report spell out very clearly the proposed responsibilities of various staff members in a health care facility. Some of the duties reserved for the Registered Nurse are assessment, venipuncture, insertion of tubes e.g., nasogastric tubes, medication administration, acceptance of physicians’ telephone orders and dressing changes. Little room is left for flexibility in such a scenario and the patient who must seek care in both union and non-union facilities may become confused about what to expect.

In all of these scenarios, I have seen no helpful proposals to improve the situation. Well, do we not leave the bigger, more complex problems facing society to those in public office? *Should we?* It is not working with managed care so maybe it is time for us to get involved. The “public servant” of today is not there for unselfish goals. I see powerful people elected on the power of their good looks and charisma, not on their record. It is necessary that *we* stay informed about this crisis. Remain in contact with your congressional representatives and senators and make yourself known. *Nurses* know more about the problems in the work environment that are making it unattractive to new nurses than do politicians. You could be their expert.

*Please note the address for the purpose
of conducting business with ARNA:*

820 Jorie Blvd.
Oak Brook, IL 60523





CRN.....Gotta Have It Part 2.5

Joann Stevens, RN, CRN

Top Ten Lame Excuses for not taking the CRN Exam

Excuse Number 10: **"I don't take tests well."** The exam is prepared for a nurse with two years of Radiology experience.

Excuse Number 9: **"I forgot to sign up."** Well, sign up now for the next one!

Excuse Number 8: **"My friend's cousin's aunt's sister said it was hard."** See excuse Number 10.

Excuse Number 7: **"I have a headache."** Rx: acetaminophen 625 mg PO 45 minutes before exam with 240 cc of herbal tea.

Excuse Number 6: **"You try it." "I'm not going to try it. Let's get Mikey. He hates everything."** Mikey did just fine. So did Maryann, Dinah, Celma and Kathleen.

Excuse Number 5: **"I have to work."** With six month's notice, even I can have a day off.

Excuse Number 4: **"It's expensive."** Small price to pay for increased self esteem, pride, prestige, power and glory. Besides, many hospitals are paying for it and using it as criteria for clinical promotion. Check it out.

Excuse Number 3: **"I left my application in my other jacket."** Go to www.ptcny.com

Excuse Number 2: **"The dog ate my copy of the Core Curriculum."** Really now.....

And the Number 1 lame excuse for not taking the CRN Exam: "I just haven't gotten around to it." Well, the time is now and the directions are below.

CRN exams are offered twice a year – February and August. Applications may be obtained from and test questions submitted to:

RNCB Examination
Professional Testing Corporation
1350 Broadway – 17th Floor
New York, New York 10018

Or on line: www.ptcny.com



american radiological nurses association

820 Jorie Boulevard
Oak Brook, IL 60523-2251

Phone: (630) 571-9072

Fax: (630) 571-7837

e-mail: arna@rsna.org

Willingness to Serve Form

Date: _____ Name: _____

Credentials: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Email Address: _____

Employer: _____ Position: _____

Work Phone: _____ Fax: _____

Areas of Nursing Experience:

Other (list): _____

Education:

Diploma AD BSN MN/MSN Doctorate

Other (list): _____

ARNA Member since _____ Years in Radiological Nursing: _____

I submit my name for consideration for appointment to the following ARNA national committees. (If more than one committee is selected, please prioritize by number, listing 1 as first choice).

___ CEU ___ Chapters ___ Clinical Guidelines Development ___ Editorial

___ Core Curriculum ___ Education/Program ___ Legislative Awareness

___ Membership ___ Newsletter ___ Nominating ___ Scholarship

___ Advertising ___ Bylaws/Policy ___ Education and Research Foundation

___ Strategic Planning ___ Certification Board

....quality patient care....

Previous ARNA experience

Offices held and dates:

Committee positions and dates:

Specific experience/activities that allow me to function on the committee(s) I have checked. _____

Other areas of expertise (publications, research, speaking, etc.):

Have you submitted a willingness to serve form before?

No Yes

If yes, number of times: _____

I understand that my contributions are voluntary and that I will not be compensated for my time.

Signature of applicant: _____ Date: _____

Mail completed form to:

American Radiological Nurses Association
820 Jorie Blvd.
Oak Brook, IL 60523-2251

armla