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AMERICAN  
RADIOLOGICAL  
NURSES ASSOCIATION

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Vision

## President's Message

*Answering the Call*

*Position Statements and Clinical Fast Facts*

Paulette Snoby, MPA, BSN, RN, CCRN  
President

The ARNA Board is the voice of the members. It acts in a fiscally and legally responsible manner in conducting the business of ARNA. The Board ensures that decisions are made in the best interest of the membership. The President serves as the chief elected officer and represents the best interests of the Association and that of radiological nursing. He/she is the spokesperson for the Association directing the affairs of ARNA in keeping with the goals and objectives established by the Board (ARNA Policy and Operational Guidelines rev. 2004).



During ARNA's February Board meeting in Atlanta, I proposed for the Board to develop two specific items to meet ARNA's goals listed in our strategic plan. These goals are as follows:

- 1) ARNA members will be recognized as the preferred leader of patient care in the imaging environment.
- 2) ARNA will guide the policy-making initiatives affecting patient care in imaging environments.

### Solution

In order to achieve some part of these goals, the Board and designated task forces will create position statements and clinical fast facts for distribution to members (see details in this issue of *Vision*).

The Board has chosen the first position statement to be Radiology Nursing Leadership and Performance Evaluation. The first clinical fast facts will deal with five areas of concern: geriatrics, metformin administration, thrombolytics, vertebroplasty, and coronary CTAs.

A list of position statements and clinical fast facts to be developed over the next twelve months will be available at the convention in June. At that time, volunteers for development of these items will be solicited to participate in this important initiative.



### History

ARNA members developed *Guidelines of Radiology Practice* and *Standards of Radiology Practice* some years back. Some of you may still have a binder containing these items.

Within these materials, there were recommended practices and position statements from many nursing and physician professional organizations. ARNA was referenced as the sponsor of several of these.

As a brand new (inexperienced) radiology nurse, those guidelines were my bible; a few years later, ARNA's *Core Curriculum for Radiological Nursing* was published with even more valuable information to absorb and put into practice.

With membership growing and technological changes occurring on a daily basis, the need for practice guidelines and standards is even more relevant today. I know this from the numerous (10-15 per month) phone calls and e-mails I receive from new radiology nurses, ARNA members, professional organization leaders, and healthcare attorneys requesting ARNA's position on various issues, policies, practices, and procedures. As a result, the Board has agreed to resuscitate and resurrect ARNA position statements as well as practice guidelines in a new format (fast facts).

### Involvement

The development and maintenance of

(Continued on page 8)

# Treasurer's Report

Sophia C. Jan, BSN, RN  
Treasurer

I am very pleased to announce that 2005 ended with a positive note. We had a 2% margin! Our revenue came out 30% over what we anticipated and 2.5% under expenses. Below are the revenue and expense pie charts (see Figures 1 and 2). I would like to thank each of you for working hard to make this happen.

As I announced at our 2005 convention, the Board balances ARNA's growth with fiscal responsibility like a growing company. As a growing professional organization, ARNA needs to "do the right things and do the things right." We evaluate and reevaluate what we do and how we do it. We want every step we take to be part of the process of building a firm foundation to move into the future.

ARNA has accomplished a lot in the past several years. For example, the quality of our journal is very impressive; our 2005 convention had the biggest attendance ever; the CRN certification numbers are continuing to increase; the new ARNA Web site ...and so on. Kate Little and Delma Armstrong worked on the Nurse Competency in Aging grant. ARNA was awarded \$13,000 over two years for this project! All of this shows that ARNA members have grown to a higher level of professionalism.

To meet membership needs, ARNA is working on a variety of projects. We are developing ARNA position statements and radiological fast fact sheets, fine tuning our certification preparation program, and finalizing changes to our scopes and standards and presenting it to American Nurses Association (ANA) for review and comment. The Orientation Task Force has worked tirelessly to develop an orientation and education program for radiology nurses that is now in the editing process. This year ARNA will award scholarships and the ARNA Radiology Nurse of the Year Award at the ARNA convention.

We encourage you to participate in the ARNA 2006 convention in Las Vegas (6/22 – 6/25). This year is special as we are celebrating the 25<sup>th</sup> anniversary of ARNA!

This will be my last report as treasurer for ARNA. I enjoyed serving and have learned tremendously! I thank the Board for the "behind the scenes" efforts and support. Thank you for giving me this opportunity.

I encourage you to continue to support ARNA.

Figure 1 ARNA 2005 Revenues

AMERICAN RADIOLOGICAL NURSES ASSOCIATION 2005 REVENUES

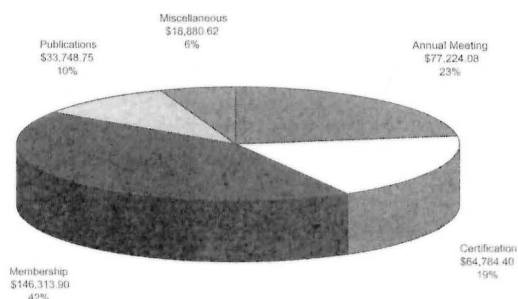
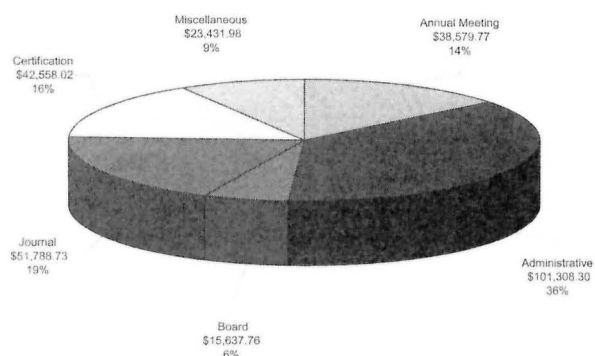


Figure 2 ARNA 2005 Expenses

AMERICAN RADIOLOGICAL NURSES ASSOCIATION 2005 EXPENSES



## To Chapter Presidents:

A column for chapter reports is being added to *Vision*. We need your input in order to make this column a success. Please help us by submitting an article about what is happening in your chapter to Miriam Nicholson, ARNA Chapter column, 7794 Grow Drive, Pensacola, FL 32514-7072, fax (850) 484-8762, e-mail [arna@puetzamc.com](mailto:arna@puetzamc.com) Thank you in advance for your contribution.

# Secretary's Report

The ARNA Board of Directors has continued to work on projects since the fall retreat in Las Vegas, NV. Dixon Johnson regrettably resigned his position on the Board and this was filled by Virginia Girard. Conference calls were held in October and November. Communications occurred by e-mail in December and January. The Board held its winter retreat in Atlanta, GA, February 25-26, 2006.

The certification prep course is being expanded to two days at the convention in June 2006 in Las Vegas, NV. The intent is to have core speakers who could then go out and speak in other settings as well.

**Core Curriculum.** The revision continues under the direction of Colleen Sasso's leadership.

**Orientation Task Force.** The Orientation Task Force will present a series of six lectures at the convention in June 2006 in Las Vegas, NV. The task force has the rough draft of a document prepared which is in review for RN orientation to radiology. This also included a model of a job description for a bedside nurse and a nurse manager.

## ARNA's two publications.

- *Vision* - Delma Armstrong will serve as the editor of the newsletter beginning in June 2006.
- *Journal of Radiology Nursing* - Kathleen Gross, MSN, RN, BC, CRN, is the editor.

Both publications continue to progress and meet their deadlines for publication. Members and Board members are encouraged to submit articles for both publications to help build the pool of articles available.

The Board has been given the charge to begin developing position statements and fast facts. We reviewed several from other organizations to use as guidelines. In the past we have also endorsed position statements from other organizations rather than writing our own.

This year ARNA will mark the first Radiology Nurse of the Year Award. The winner will be announced at the meeting in Las Vegas at the gala event.

The 25<sup>th</sup> anniversary convention agenda is set. The brochures are in the mail. We are planning a very exciting evening for the gala event and are excited for everyone to attend. We would like to honor our past presidents at this time as well. A half-day management workshop has been planned for Thursday, June 22, 8:00 a.m. - 12:00 noon, and a PICC workshop has been planned for Thursday, June 22, 1:00 p.m. - 5:00 p.m. You will need to complete an online portion ahead of time, so pre-registration is a must!

Sharon Lehmann, APRN, BC  
Secretary

## Interventional Radiology RNs

**Inova Fairfax Hospital**, an 833-bed Level I Trauma Center, was the first in Virginia to achieve "**Magnet Recognition for Excellence**" in nursing and is consistently ranked among the "**Top 100 Hospitals**" by *U.S. News & World Report*. We are currently seeking full-time RNs to join our growing Radiology team in Falls Church, VA.

Our highly-skilled Interventional Radiology team performs a wide range of vascular and neurological procedures for both adult and pediatric patients.

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We offer an innovative clinical ladder as well as an excellent compensation and benefits package, including health and life insurance, 401(k), education assistance, on-site child care and generous PTO. For more information and to apply, call: **703-776-8981**, fax: **703-776-2268** or visit:

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## American Radiological Nurses Association (ARNA)

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2006

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### ARNA Mission Statement

The mission of the American Radiological Nurses Association is to foster the growth of radiology nurses who advance the standard of care.



# Medical Errors in Radiology

Paulette Snoby, MPA, BSN, RN, CCRN, President  
Patrick Glickman, BSN, RN, CRN, President-Elect

Recently there has been a lot of attention given to medical errors within radiology. The most notorious is the *MEDMARX® Data Report, A Chartbook of 2000-2004 Findings From Intensive Care Units and Radiological Services*.

MEDMARX® is the largest non-governmental database in the United States which examines medication errors. MEDMARX® is operated by the United States Pharmacopoeia and is an Internet-accessible software program used by hospitals and other healthcare institutions. This particular database has information from volunteer self-reporting 315 individual hospitals over a 5-year period. Data are categorized for cardiac catheterization, nuclear medicine, and diagnostic radiology department.

The report states that harmful medication errors occur in radiology are seven times higher than all medical errors being reported. There are three main issues discovered: 12% of reported medication errors (2,032) resulted in patient harm and the need for more resources and additional medical care; the radiological services include cardiac catheterization labs, nuclear medicine, and radiology departments; there is a breakdown in the continuity of care resulting in medical errors.

Many radiology, nuclear medicine, and interventional cardiology associations and societies respond to this "study" by calling it *flawed and misrepresenting the care* delivered within these specialties. Their areas of concern are as follows:

- This is not a scientifically-designed study.
- Results are skewed because of the collection method and design.
- Medication errors are credited to diagnostic radiology; however, these medications are generally not dispensed in radiology.
- No delineation of which medical specialists actually performed exams and attributed half of the errors to radiology. (Forty percent of the errors occurred in cardiac catheterization labs. Radiologists perform less than 1% of cath.)
- There is no differentiation between reports from the radiology department versus the patient unit. (Injections ordered by other physicians in other departments carried out in radiology were included as errors, even though they had nothing to do with the actual imaging process.)
- No proper evaluation or validation of the errors being reported.

When the American College of Radiology (ACR) compares the reported USP errors with the number of radiology annual procedures, the medication error rate for radiology facilities is .00008%. This is better than the lowest hospital-wide medication error rate of .3%.

The ARNA Board supports ACR's findings and recommendations with regard to the MEDMARX® report. The three words that encompass the ARNA logo are "Quality Patient Care." ARNA is dedicated to the education of radiology nurses and patient safety. This study does raise the question of how safe is the care being delivered in radiology departments. ARNA would welcome a scientifically-designed study which incorporates evidence-based and statistically-significant data. A practical outcome from such a study would document areas of improvement that can be made within imaging environments.

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## Certification Examination for Radiologic Nursing in Imaging, Interventional and Therapeutic Environments Certification Candidates

Congratulations to the following candidates who took the Certification Examination held February 25, 2006. They have become certified and may now use the CRN designation until February 2010.

Synthia G. Baker  
Myrna S. Caballero  
Patti Kay A. Cornelius  
Joseph N. Dambra  
Ingrid Hafner D'Agostin  
Luanne B. Hawley  
Janet S. Jenrick  
Barbara J. Kohn  
Diane C. Lauer  
Gregory A. Laukhuf

Angel D. Male  
Joyce E. McManamy  
Peggy A. McNamee  
Arisa P. Miller  
Carla C. Millsaps  
Susan J. Misencik  
Ann G. O'Grady  
Sue H. Oliver  
Mary L. Olsen  
Marilyn L. Patterson

Karen A. Pelat  
Peter K. Schollenberger  
Elizabeth A. Scoumis  
Alice B. Smith  
Janet E. Snyder  
Vickie L. Stouffer  
Minou Sutton  
Melissa J. Wells  
Sheila R. Westrick  
Patricia M. Wright  
Kristine M. Zydorowicz



## Certification Examination for Radiologic Nursing in Imaging, Interventional and Therapeutic Environments Recertification Candidates

Congratulations to the following CRNs who maintained their certification in February 2006. This recertification is in effect through February 2010.

Ruby Ballesca	Jenny S. Chai	Kathleen McIntosh	Nancy E. Siclare
Teresa E. Bateman	Lori A. Chovanak	Mary J. McLaughlin	Carol A. Spencer
Rita M. Bevans	Patti Kay Cornelius	Theresa Murphy	Margaret A. Strabel
Deborah McCullough Black	Brenda K. Donaldson	Debra M. Nagle	Kim M. Tucker
Donna M. Blaskopf	Jacqueline Dwyer	Josephine M. Oberweiser	Judith M. Underwood
Janet Bodlovic	Tamara A. Franks	Maureen O'Brien	Mary E. Van Pelt
Karen M. Bohnenberger	Charlene Fong	Christine C. Piernikowski	Pamela J. Vlahakis
Sherry L. Bontrager	Kathleen M. Glaspey	Katie M. Rush	Roy E. Wohleb
Jill C. Brennan-Moore	Jilann Hauge	Denise M. Ryan	Patricia T. Woods
Shelby H. Bryan	Sara F. Hawkins	Kathy J. Scheffer	Sheila H. Young
Jan F. Buck	Christina Hutchings	Patricia A. Schmidt	Judy Zona
Maureen A. Caspare	Susan L. Koebert	Ellen Fitzgerald Shupe	

## Certification Examination Dates

**Application Deadline**  
August 31, 2006

**Examination**  
October 7, 2006

## Legislation Corner

I was lucky enough to be given the opportunity to attend the Nurse in Washington Internship (NIWI) in March 2006 as the Chairperson of ARNA's Public Policy Committee. It was a wonderful, exciting conference and I wished everyone could attend.

The other attendees came from all over the United States and from all areas of our profession. This internship made me feel very enthusiastic about our profession and our ability as nurses to influence change. It inspired me enough that I volunteered to work on my districts' congressional representative campaign in the next election!

Nurses need to become more aware of issues that affect the healthcare system. Almost every speaker at NIWI commented on the fact that, although there were approximately 1.5 million nurses in the United States, nurses were not a politically active force. There are many different reasons for this, but the important fact is that we are not getting involved in an area that can affect how we practice. I cannot stress enough to each of you the importance of being informed about upcoming legislature and your representatives' stand on health issues.

An example of political activism by nurses occurred in Michigan recently. The Michigan Nurses Association (MNA) directly appealed to nurses and patients in its state for help in urging Michigan legislators to support SB169, known as the Safe Patient Care bill. MNA ran commercials on television and radio that featured the need for safe patient care legislation. The commercials were very well done and appealed to the emotions of the viewers. MNA has received over 100 contacts a day in response to these commercials and have reported that legislators are being bombarded with letters urging passage.

Nurses can be a politically influential force. You do not have to run for office or be a famous person to make a difference. Nurses can be involved at the local and national level by joining nursing associations and through the power of voting. It is up to each of us to make a commitment to be involved in impacting nursing practice through political advocacy.

Wendy Hamlin, BSN, JD  
Chair, Public Policy Committee



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## Position Statements and Clinical Fast Facts

Paulette Snoby, MPA, BSN, RN, CCRN  
President

The following information details the basic processes and procedures for ARNA's Position Statements and Clinical Fast Facts project.

### Definitions

**Position Statements** are problem statements that clearly define ARNA's beliefs. They include rationale and information which the statement is based upon. Recommendations are stated to enforce or support the position within that area of practice. References are documented and authors are identified. Each statement will be no more than 3 pages in length and have a similar format.

**Clinical Fast Facts** are brief overviews of recent innovations in clinical practice with the purpose to improve clinical radiology nursing practice and outcomes. They have six elements: title of innovation, overview, target audience, content, references, and other resources. They are evidence-based and deal with significant clinical problems of highest priority. Each fast fact will be no more than 2 pages in length and have a similar format.

### Location

ARNA's Position Statements and Clinical Fast Facts will be posted on the Web site under the member's only section, inserted in *Vision*, and in the news section of the *Journal of Radiology Nursing*. In addition, a news release will be issued to other organizations announcing all new ARNA Position Statements. All nursing specialty organizations that are members of The Alliance will be solicited for their endorsement of ARNA's Position Statements.

### Update

The Board will appoint one or more task forces to review and revise ARNA's Position Statements and Clinical Fast Facts every two years for accuracy. The position statements of other professional bodies will be reviewed, endorsed, and updated in the same fashion as ARNA's statements.

### Involvement

We will be sending out a call for volunteers at the annual convention in June as well as throughout the year. In order to make an informed decision, specific requirements for time, expertise, and skill set will be determined and made available at that time.

## ARNA Chapter Report

### Windy City Chapter

The Windy City Chapter (Chicago, IL) is actively recruiting members and/or help with reorganizing the chapter and setting up educational offerings. Please feel free to contact Jean Pulte (jpulte@lakeforesthospital.com) if you are looking for a chapter to join in the Chicago area or are interested in helping to reorganize.

# New Members of the American Radiological Nurses Association

ARNA would like to acknowledge the following new members:

Tammie Alley Forest Hills, MD	Kim Calcaterra Brooklyn, NY	Vera L. Donnelly Bronx, NY	Dave Gurr College Place, WA	Kathleen Keenan Reading, MA
Elizabeth W. Alvord Salt Lake City, UT	Tara D. Campanella Chicago, IL	Beverley E. Dyce Rosedale, NY	Tanya L. Harper Austin, AR	Kevin M. Kent Sanford, MI
Judith Amburgey Manhattan, KS	Leonarda Capponi Plainview, NY	Debi K. Eden Kansas City, KS	Linda K. Harwell Nashville, TN	Kathleen E. Kidney Carson City, NV
Diane A. Anderson Pittsburgh, PA	Sue M. Carvajal Glendale, CA	Allan L. Edmunds Fredericksburg, VA	Amy Henderson Marysville, OH	Jenne O. King Lucedale, MS
Elizabeth Anderson Tinley Park, IL	Karen M. Celentano Peabody, MA	Deborah K. Egger Gore, VA	Karen M. Henry Redlands, CA	Kim Kinney Gahanna, OH
Donna Apple Myrtle Beach, SC	Ronnie Chapleau Kenosha, WI	Jonella Eisentrager Lincoln, NE	Rusti Hessig Rochester, MN	Robin Kirschner Higley, AZ
Deborah F. Arnet Wheatfield, NY	Cathy Chapman Melbourne, FL	Debbie Emser Charlotte, NC	Edith P. Hicks Northridge, CA	Susan L. Kohler Rancho Mirage, CA
Vicki L. Babb Columbia, MO	Laurie A. Chenoweth Reno, NV	Kathy A. Ennis Midlothian, VA	Corinne Hockensmith Yorba Linda, CA	Clifford M. Krinsky New York, NY
Jody W. Baker Medford, NJ	Lydia Cleveland Boston, MA	Melissa A. Finnegan Woolwich Township, NJ	Kelly Hoenig Rochester, NY	Amelia Kuan Richmond, TX
Amy M. Bardall Freeport, OH	Debrah A. Conrad Boston, MA	Diana Ford West Henrietta, NY	Judy S. Hoffman Edgewood, KY	Gail Kulesza Preston, CT
Esteban Barrena Manalapan, NJ	Kathy Corey Kansas City, KS	Christine Gagliano Newington, NH	Dana Holland Wharton, TX	Jolaine Laccitello Rosedale, MD
Eunhee K. Belew Somerville, MA	Stephanie Crouch Imperial, MO	Sofia Leonie R. Garcia Hollis, NY	Linda D. Hubbard Lyons, CO	Ronald Langlotz Bel Air, MD
Susan Bivens Tallmadge, OH	Jason Daniel Dalton, GA	Denise Gates Chattanooga, TN	Roger Isom Hickory, NC	Shirley A. Lantz Temple, TX
Karen D. Blanks Hattiesburg, MS	Angela Danner Newton, NC	Francis G. Gerez Kewaskum, WI	Joann Jacobs Norfolk, VA	Maria L. Larner Ontario Center, NY
Patricia A. Bombardier Mashpee, MA	Nicole R. Dardeau Ville Platte, LA	Leasha G. Gibson Strawberry Plains, TN	Jacqueline A. Jirsa Lincoln, NE	Robert E. Larocque Pembroke, MA
Phyllis Brandt Columbia, MO	Christine Davidson Roanoke, VA	Janet M. Gonzaga Miami, FL	Kathy L. Johannes Lawton, OK	Venus T. Lau Kowloon, Hong Kong
Annemarie Braudt Chandler, AZ	Letitia DeSciscio Kenilworth, NJ	Julie M. Gonzalez Orlando, FL	Carla L. Johnson Longview, TX	Amy Lehrnam Pickerington, OH
Heidi Braunius Bloomingburg, NY	Mary A. Devece Cinnaminson, NJ	Shayne M. Gray Little Rock, AR	Molly Johnson Sioux Falls, SD	Anna M. Lenga Salinas, CA
Cindy L. Breeden Dalton, GA	Kelly A. Diullo Nixa, MO	Peter G. Greenlaw Austin, TX	Patricia Johnson Eagle Rock, VA	Clayton J. Lippart Stafford, VA
Shane Brock Las Cruces, NM	S. Denise Dodson Graham, NC	Edward J. Guevarra Salinas, CA	Jennifer Karp Chicago, IL	Tacora Love Country Club Hills, IL
Vikki Burns Gustine, CA	Maureen K. Donahue Farmingham, MA	Susan D. Gunn Alexandria, VA	Fonda J. Kauffman Seaford, DE	

(Continued on page 8)

(President, continued from page 1)

the position statements and clinical fast facts will require member involvement and commitment. It is my hope that each of the Special Interest Groups (SIG) will provide a substantial amount of expertise and leadership in this worthy project.

Task forces will be designated to review and update prior guidelines which ARNA previously endorsed. This sounds like a great opportunity to get involved in a short-term project while learning about radiology nursing and new trends.

#### Time to Grow...

Position statements and clinical fast facts have importance to the individual ARNA member. The rebirth and value of these guidelines will be demonstrated as they set the standards of practice and performance of radiology nursing throughout the United States.

ARNA has so many opportunities for its members to grow professionally; this project is one of them. We can learn from the past, incorporate the best of our present, and prepare for a future of excellence in radiology nursing. Get involved with ARNA...it's time to grow!

(New Members, continued from page 7)

Elizabeth S. Lowman Hickory, NC	Kathy Lynch Sudbury, MA	Kerry L. McCarthy Brookline, MA	Anne McRae Lacey, WA	Jerry Mizzelle Shawnee, OK
Nigel Lucas Oakland, CA	Pamela Lynch Callahan Pembroke Pines, FL	Kathleen McDevitt Maloney Foxborough, MA	Patti Mercure Irvine, CA	Stacy Monday Leechburg, PA
Judith a. Luccki Mishawaka, IN	Angela Macri Brewster, NY	Leslie McFadden New York, NY	Judith A. Miller Chapel Hill, NC	Karen Moore Taylor Ashville, NC
Kathleen Lutz Waukesha, WI	Kristin Mahoney Manorville, NY	De'Ann O. McNamara Brookline, MA	Teresa L. Miller Urbana, OH	Toni Mullins Daly City, CA

## JCAHO Sentinel Alert

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports that tubing and catheter misconnection errors are an important problem in healthcare organizations. These errors are often caught and corrected before any injury to the patient occurs. There have been nine cases reported involving tubing misconnections to the Joint Commission's Sentinel Event Database. These resulted in eight deaths and one instance of permanent loss of function (many cases go unreported, however).

The types of tubes and catheters involved included central intravenous catheters, peripheral intravenous catheters, nasogastric feeding tubes, percutaneous enteric feeding tubes, peritoneal dialysis catheters, tracheostomy cuff inflation tubes, and automatic blood pressure cuff insufflation tubes.

"The specific misconnections involved an enteric tube feeding into an intravenous catheter (4 cases); injection of barium sulfate (GI contrast medium) into a central venous catheter (1 case); an enteric tube feeding into a peritoneal dialysis catheter (1 case); a blood pressure insufflator tube connected to an intravenous catheter (2 cases); and injection of intravenous fluid into a tracheostomy cuff inflation tube (1 case)" (Joint Commission on Accreditation of Healthcare Organizations, 2006).

Additionally, a review by United States Pharmacopeia (USP) of more than 300 cases found misconnection errors involving the following:

- Intravenous infusions connected to epidural lines, and epidural solutions connected to peripheral or central IV catheters.
- Bladder irrigation solutions using primary intravenous tubing connected as secondary infusions to peripheral or central IV catheters.
- Infusions intended for IV administration connected to an indwelling bladder (foley) catheter.
- Infusions intended for IV administration connected to nasogastric tubes.
- Intravenous solutions administered with blood administration sets and blood products.
- Primary intravenous solutions administered through various other functionally dissimilar catheters such as external dialysis catheters, a ventriculostomy drain, an amnio-infusion catheter, and the distal port of a pulmonary artery catheter.

Review JCAHO's new Web site for the complete article at [http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea\\_36.htm](http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_36.htm)

#### Reference

Joint Commission on Accreditation of Healthcare Organizations. (2006). Tubing misconnections – a persistent and potentially deadly occurrence. *Sentinel Event ALERT*, 36.