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
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 25th 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.

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@puetzame.com Thank you in advance for your contribution.
Secretary's Report

The ARNA Board of Directors has continued to work on projects since the full retreat in Las Vegas, NV. Dixon Johnson regrettably resigned his position on the Board and 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 interim 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 25th 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.

Critical care experience is required. Experience in I.R. or Cath Lab is preferred. Our nurses work 8- to 10-hour day/evening shifts. Work schedules are primarily M-F with rotating evenings and weekend call.

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: www.inova.org/careers

EOE/Pre-employment drug screening required.

---

American Radiological Nurses Association (ARNA)  
Board of Directors  
2006

President  
Paulette Snoby, MPA, BSN, RN, CCRN  
Healthlink Consulting Company  
Houston, TX  
psnoby@earthlink.net  
psnoby@US.IBM.com

President-Elect  
Patrick Glickman, BSN, RN, CRN  
Dialysis Access Centers  
Philadelphia, PA  
pjglickman@comcast.net

Immediate Past President  
Delma Armstrong, BSN, RN, CRN  
UNC/Department of Medicine Oncology  
Chapel Hill, NC  
delma_armstrong@med.unc.edu

Treasurer  
Sophia C. Jan, BSN, RN  
University of Michigan Hospitals and Health Centers  
Ann Arbor, MI  
sjani@umich.edu

Secretary  
Sharon Lehmann, MS, RN  
University of Minnesota Physicians  
Minneapolis, MN  
lehmann006@umn.edu

Board of Directors  
Rhonda Caridi, RN, CRN, CLNC  
Legal Diagnostic Services  
Gainesville, FL  
lrncsc@yahoo.com

Virginia Girard, RN, CRN  
University of Pennsylvania Health System  
Philadelphia, PA  
virginia.girard@uphs.upenn.edu

Kathy Scheffter, MN, RN, CRN  
Tacoa General Hospital  
Tacoma, WA  
kathy.scheffter@multicare.org  
k.scheffter@comcast.net

National Office  
7794 Grow Drive  
Pensacola, FL 32514-7072  
(850) 474-7292  
(866) 486-ARNA (2762)  
Fax: (850) 484-8762  
arna@pueztacmc.com  
www.aruna.net

ARNNA 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 caths.)
- 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.

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

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
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tammy Allen</td>
<td>Brooklyn, NY</td>
</tr>
<tr>
<td>Elizabeth W. Alvord</td>
<td>Chicago, IL</td>
</tr>
<tr>
<td>Tallmadge, OH</td>
<td></td>
</tr>
<tr>
<td>Judith Amburgey</td>
<td>Plainview, NY</td>
</tr>
<tr>
<td>Diane A. Anderson</td>
<td>Glendale, CA</td>
</tr>
<tr>
<td>Elizabeth Anderson</td>
<td>Peabody, MA</td>
</tr>
<tr>
<td>Donna Apple</td>
<td>Kenosha, WI</td>
</tr>
<tr>
<td>Debora F. Arnet</td>
<td>Melbourne, FL</td>
</tr>
<tr>
<td>Vicki L. Babb</td>
<td>Reno, NV</td>
</tr>
<tr>
<td>Jody W. Baker</td>
<td>Boston, MA</td>
</tr>
<tr>
<td>Amy M. Bardall</td>
<td>Boston, MA</td>
</tr>
<tr>
<td>Esteban Barrena</td>
<td>Kansas City, KS</td>
</tr>
<tr>
<td>Eunhee K. Belew</td>
<td>Imperial, MO</td>
</tr>
<tr>
<td>Susan Bivens</td>
<td>Dalton, GA</td>
</tr>
<tr>
<td>Karen D. Blanks</td>
<td>Newton, NC</td>
</tr>
<tr>
<td>Patricia A. Bombardier</td>
<td>Ville Platte, LA</td>
</tr>
<tr>
<td>Phyllis Brandt</td>
<td>Roanoke, VA</td>
</tr>
<tr>
<td>Annemarie Braudt</td>
<td>Kenilworth, NJ</td>
</tr>
<tr>
<td>Heidi Braunius</td>
<td>Cinnaminson, NJ</td>
</tr>
<tr>
<td>Cindy L. Breeden</td>
<td>Nixa, MO</td>
</tr>
<tr>
<td>Shane Brock</td>
<td>Graham, NC</td>
</tr>
<tr>
<td>Vikki Burns</td>
<td>Farmingham, MA</td>
</tr>
<tr>
<td>New Members of the American Radiological Nurses Association (Continued on page 8)</td>
<td></td>
</tr>
</tbody>
</table>
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.

ARNAs 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!

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 enteral feeding tubes, peritoneal dialysis catheters, tracheostomy cuff deflation tubes, and automatic blood pressure cuff insufflation tubes.

"The specific misconnections involved an enteral tube feeding into an intravenous catheter (4 cases); injection of barium sulfate (GI contrast medium) into a central venous catheter (1 case); an enteral 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 deflation tube (1 case)" (Joint Commission on Accreditation of Healthcare Organizations, 2006).

Additionally, a review by United States Pharmacopoeia (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

Reference