arna Vision

VOL. 11, NO. 4
WINTER 2006

AMERICAN
RADIOLOGICAL
NURSES ASSOCIATION

7794 GROW DRIVE

PENSACOLA, FL 32514

(866) 486–ARNA (2762)

(850) 474–7292

fax (850) 484–8762

arna@puetzamc.com

www.arna.net

President's Message

ARNA's Circle of Influence

Patrick Glickman, BSN, RN, CRN
President

It has been just over 2 months since the end of our 25th Annual Convention in Las Vegas. The good folks at Dancy, Puetz & Associates compiled all the comments from the convention and gave them to the ARNA Board to review. There were 159 people who sent comments to help us improve our convention.

There were four topics that were consistently mentioned throughout the comments, and I thought that I would use this forum to address these topics. The first topic that came up that we had little control over was the facility we chose. The previous September, the ARNA Board went to the Stardust Hotel and Convention Center to see firsthand the facilities that we would be in. I must say that we were a little concerned with what everyone's reaction would be to the Stardust. My first impression of the hotel was that it is an older hotel and the food is okay. We were given information about the cost of other hotels we could have chosen, and the Stardust was a real value. I must say that I was extremely impressed with the service and attention we received during our convention. I know that there were some concerns about the sound in some of the salons, but that issue has followed us at every convention and I have been to a few. Sound quality will be a priority for the convention in Seattle.

The second topic that was mentioned frequently concerned ARNA's having the convention separate from the Society of Interventional Radiology (SIR). The ARNA Board of Directors wanted a spectacular venue to celebrate the uniqueness of radiology nursing in recognition of ARNA's 25th anniversary as the premier radiology nurses organization. Las Vegas seemed like the perfect choice for the celebration. We took a big step having the convention on our own, had the largest number of participants ever at an ARNA convention, and ARNA grew in the process.

When you read the core curriculum, you will see that ARNA's scope of influence encompasses interventional radiology, cardiology, neuroradiology, nuclear medicine, radiation oncology, breast health, and gastroenterology. There are nurses who work with interventional radiologists, cardiologists, nephrologists, gastroenterologists, oncologists, and pediatricians. Some of the trends we will see in our field are MRI interventions because of larger and open magnets, advanced CT imaging of the heart with 128 slice scanners, true outpatient interventions on dialysis access management, peripheral vein procedures from sclerotherapy to laser ablations, venous access management, and musculoskeletal procedures such as vertebroplasty and pain management, as well as uterine fibroid embolizations. We have benefited in the past with our association with SIR and in gathering nurses together with physician and technology colleagues, but maybe it's time to grow again and provide an educational medium for nurses who don't work in interventional.

The third topic that was brought up concerned our sponsors and exhibitors. I would like to thank all vendors that sponsored ARNA and exhibited at the convention and to thank the ARNA members who took the time to visit the booths and welcome our exhibitors. I spoke to several representatives, and they had nothing but praise for the traffic that they had. I can relate to their traffic concerns because I was at the ARNA booth that we sponsored in Toronto for SIR and have been the representative at the exhibit booth for my current job with Vascular Access Centers. While I was in Toronto, I met several Canadian nurses and some nurses who came up from the U.S. Overall, the number of people who stopped by my booth for the entire four days I was there was approximately 20. Granted, there were not many nurses at the convention, but the time flew by quicker when there were people to talk to.

Kimberly Parkinson, MSN, RN, who spoke at the pre-convention management workshop and Management Special Interest Liaison, spoke to the audience about

(Continued on page 8)

Why Most Nurses Don't Get the Flu Vaccine

The Centers for Disease Control and Prevention (CDC)

Influenza Vaccination Rates for Nurses Need a Boost

With all the news coverage in the last few years of people scrambling to find a flu shot, it is interesting to note that not everyone recommended for annual vaccination and able to access it chooses to do so. Surprisingly, one such group that avoids flu shots is the people administering the vaccines. In fact, only 40% of all healthcare workers were vaccinated in 2003 (Centers for Disease Control and Prevention [CDC], 2004a).

Healthcare professionals–and nurses in particular–are key to preventing the spread of influenza, a debilitating and highly contagious respiratory infection. It is caused by a virus and leads to an average of approximately 200,000 hospitalizations and 36,000 deaths in the U.S. each year (CDC, 2004b). Because of their frequent and direct patient contact, nurses can spread the virus to patients in their care (National Foundation for Infectious Diseases, 2004). This is problematic for the many patients at high risk for influenza-related complications that could lead to hospitalizations and even death. Influenza can also be spread from one healthcare worker to another or from patient to healthcare worker. In an era of nursing shortages, understaffing, and mandatory overtime, nurses do not want to burden their co-workers by taking sick days related to something as easily preventable as influenza.

The influenza vaccine remains the best way for nurses to protect themselves, their families, and the patients in their care during the annual influenza epidemic. An annual intramuscular vaccination, the influenza vaccine is one of few immunizations that is recommended for all healthcare professionals regardless of any special conditions such as pregnancy, HIV infection, severe immunosuppression, renal failure, asplenia, diabetes, and alcoholism/alcoholic cirrhosis (CDC, 2003). Another option for most healthcare providers is the live intranasal influenza vaccine. This live vaccine is approved for use by healthy persons 5-49 years of age who are not pregnant and do not provide care for severely immune-compromised persons requiring care in a protected environment.

Since 1984, the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) have recommended that healthcare professionals (inclusive of physicians, nurses, and other staff who work directly with patients) receive an annual influenza vaccination. Because the vaccine is altered nearly every year to match the circulating strain and because immunity from the vaccine wanes over time, the vaccine must be given each year -- ideally in October or November.

Vaccine Myths Abound

Despite the established benefits of the influenza vaccine, however, several misconceptions exist in the nursing community. The most common myth is that the influenza vaccine can actually cause influenza. In reality, the vaccine cannot cause influenza. Some nurses also mistakenly believe that they are automatically immune to influenza or have stronger immune systems merely because they work around sick people every day. Because influenza viruses are constantly changing, past exposure to influenza will not provide protection against newly emerged strains.

Yet another misconception is that the side effects of the vaccine are worse than getting influenza itself. The truth is that the most serious side effect is an allergic reaction in people who have a severe allergy to eggs (the vaccine viruses are grown in eggs). For this reason, the influenza vaccination is contraindicated for persons with an egg allergy. The most common side effects are redness at the injection site and a sore arm. These symptoms are mild and resolve in 1-2 days.

Finally, some people might argue that because the influenza vaccine is not 100% effective (it is 70-90% effective in healthy adults), they will get influenza anyway. Even if the vaccine does not prevent all individuals from getting influenza, they are still likely to be far less sick than they would have been without the shot. The vaccine also greatly reduces the chance of hospitalization and death. People at greatest risk for influenza-related complications include people 65 years and older, residents of nursing homes and other chronic care facilities, people with chronic pulmonary or cardiovascular conditions, people with diabetes mellitus, and children less than two years of age.

Influenza 101

Although influenza is primarily spread by droplet transmission, the virus can also live on objects such as doorknobs, telephone receivers, utensils and food trays, beds, and medical equipment for possibly up to one day. Some people infected with influenza may not develop symptoms at all but may be infectious to others. For infected persons who do develop symptoms, they can be contagious the day before they get symptoms. Nurses can transmit the virus even before they realize they are infected. The period of greatest contagion is during the first three days of illness, and can last for 5-7 days in otherwise healthy adults.

Influenza usually starts suddenly and may include the following symptoms:

- Fever (usually high)
- Headache
- Tiredness (can be extreme)
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Diarrhea and vomiting also can occur infrequently but are more common in children

General treatment for influenza includes bed rest, drinking plenty of fluids, and taking over-the-counter medicines such as acetaminophen. Children suspected of having influenza should not be given aspirin as this may increase the risk of a complication known as Reye's syndrome. In addition, there are several prescription antiviral medicines (such as amantadine, rimantadine, and oseltamivir) that can help to prevent influenza infection and, when used within the first 48 hours of illness, can reduce duration and severity of the influenza illness. Some persons infected with influenza may also need antibiotics if the healthcare provider suspects a secondary or concomitant bacterial infection.

Nurses have long played a key role in preventing much influenza-related morbidity and mortality by ensuring that at-risk patients, particularly elderly patients and young children, are vaccinated against influenza every year. The time is long overdue for nurses to take care of themselves as well and protect against the influenza virus by getting a vaccination.

For more information about influenza and the influenza vaccine, visit www.cdc.gov/flu or call 800-CDC-INFO (800-232-4636).

(Continued on page 8)

Legislative Update

Wendy Hamlin, BSN, JD
Chair, Public Policy Committee

The Centers for Medicare and Medicaid Services (CMS) is planning the first significant revision of the Inpatient Prospective Payment System (IPPS) since its inception in 1983. The planned changes are supposed to occur over a two-year period ending in 2008. CMS identified the following as its stated goals:

- Making initial changes to the Diagnosis Related Group (DRG) in 2007 and continuing reform in 2008.
- Taking the needed steps toward more accurate payments but without disrupting hospital payments.
- Balancing the Medicare payments to ensure that Medicare does not overpay for some services or underpay for other more severely ill patients.
- Correcting inappropriate hospital incentives for treating certain types of patients and providing certain types of services by redirecting a portion of the payments from cases that are currently overpaid to those cases that are underpaid.

One of the significant changes planned is to revise the DRG system to recognize the severity of illness among patients with the goal of providing fairer payments to hospitals. Patient acuity would be factored in to prevent underpaying for those most severely ill. CMS has identified 20 new DRGs that involve 13 different clinical areas in an attempt to capture illness severity. The revision will also modify 32 DRGs for better accuracy.

One of the proposed changes will have an impact on specialty hospitals. Specialty hospitals are hospitals that are typically owned, either in whole or in significant part, by physicians who serve as referral sources. This change was prompted by the concern that specialty hospitals are only providing profitable services. The proposed changes are complicated to explain, but the main impact would be moving from a charge-based system of calculating the DRG weighting factors to a system based on hospital-specific costs. The effect on specialty hospitals would be that payments would significantly decline.

Although all of these proposed changes influence the medical field, the most important to nurses is the potential to change the way the DRG system looks at nursing cost. The American Nurses Association (ANA) has published a statement regarding the proposed CMS changes. ANA has urged CMS to make changes to the DRG system that would recognize that "nursing care has an independent clinical and cost effective relationship to patient outcomes and nursing services should be designated as a separate cost center rather than just included as part of the flat hospital room rate" (ANA, 2006).

The initial proposed structure of DRGs included nursing as a separate cost. At that time the DRG payment proposal would have been based on a formula that looked at costs associated with nursing intensity at each facility. The system was actually implemented in 1983 and the nursing intensity factor was dropped from the plan. Currently, nursing costs are reflected in the hospital's charge for room and board.

The ANA recommends that CMS develop a national set of nursing intensity weights that would factor nursing costs into the DRG system. For example, the state of New York developed a model in 1984 which explicitly recognizes separate nursing costs. This model was successfully implemented in New York. The ANA recommends that CMS use this model as a prototype.

At the end of 2006, CMS plans to release an interim report comparing severity adjusted DRG systems. This report will be released for public comment. Please take time to read this report and send comments asking the CMS to develop a national set of intensity weights for nursing. It is time for nurses to stand up and be counted!

Reference

American Nurses Association. (2006). ANA comments on CMS proposal to revise DRGs. *Capitol Update, 4*(6). Retrieved from http://www.capitolupdate.org/newsletter/?key=184_777.html

Members in the News

- Have you recently changed jobs or received a promotion?
- Have you received an award related to your professional responsibilities?
- Have you written an article, a chapter in a book, or an entire book that has been published recently?
- Have you received an academic honor or award?
- Are you serving in an elected or appointed position in a professional or a governmental organization?
- Are you serving in on the Board of Directors for a health-related community agency?
- Have you made a presentation at a professional conference or meeting?
- Have you recently traveled to another country to teach or learn more about your specialty?

If you can answer "yes" to any of these questions, please tell us about it. We would like to include it in our "Members in the News" column. Send your announcements to Miriam Nicholson, Members in the News, 7794 Grow Drive, Pensacola, FL 32514-7072 Fax (850) 484-8762 E-mail arna@puetzamc.com

New Members of the American Radiological Nurses Association

ARNA would like to acknowledge the following new members:

Jacqueline R. Kielma
Aurora, IL

Sarah King
Cloverdale, VA

Denise Lambert
Scarborough, ME

Shelly S. Lambie
Chino Hills, CA

Lisa A. Landers
Chicago, IL

Susan Lawson
Grove City, OH

Kenneth C. Lay
Blue Ridge, VA

Jennifer E. Leary
Chicago, IL

Donna Leger
Bristol, RI

Deborah K. Lehr
Boonsboro, MD

Pamela Lewandowski
Posen, MI

Heidi L. Lofton
Montgomery, TX

Lou E. Madden
Belton, TX

Renee Markey
Roanoke, VA

Sharon L. McCann
Nashua, NH

Patricia A. McLaughlin
New York, NY

Mary Anna Michalowski
Racine, WI

Betty A. Michiel
Fayetteville, NY

Sheila Miller
Grand Junction, CO

Kristen Milot-Perrin
Belleair, FL

Raina Minaschek
Sugarland, TX

Phyllis A. Mo
Petaluma, CA

Robert E. Mooberry
Arlington, TX

Raquel Morales
Miami Lakes, FL

Michael L. Morey
Lake Worth, FL

Vanessa D. Mulvihill
Temple, TX

Monica Mumme
North Charleston, SC

Rachel Newman
Philadelphia, PA

Judith Y. Ortiz
Rio Piedras Heights, PR

Sonia E. Ortiz-Magallanes
Brownsville, TX

Vanessa Otey
Morrisville, NC

Vanessa L. Oyler
Independence, MI

Elaine L. Paguio
Falls Church, VA

Mary J. Paine
Yuba City, CA

Candicia L. Parrish
San Antonio, TX

Carol M. Peacock
Caddo Mills, TX

Lee Ann Peluso
Aurora, CO

Nikki P. Phillips
West Monroe, LA

Marie S. Piard
Jamaica, NY

Kathleen A. Powers
Madison, WI

Cindy C. Priest
Boise, ID

Janelle Ramsborg
Chicago, IL

Donna Read
Roanoke, VA

Eliza Reyes
Locust Grove, VA

Nancy G. Reynolds
Tustin, CA

Virginie M. Ricotta
Fincastle, VA

Lisa L. Riggins
Springfield, MO

Barbara L. Rivera
Miami, FL

Norma Rivera
Bronx, NY

Iris Rose
Oakland, CA

Monica Ruiz-Valls
Miami, FL

Ofelia Sarmiento
Dallas, TX

Greg Sawyers
Clemmons, NC

Harland Schaffer
Naperville, IL

Diane L. Schmidt
Crowley, TX

Ronald H. Schoenfeld
Durham, NC

Deborah R. Schoepke
Decatur, GA

(Continued on page 6)

Educational Opportunity

The School of Public Health at the University of Albany has created a Web-based continuing education program on Preparedness and Community Response to Pandemics. The program is free and open to the public. Participants who engage in all of the lessons and successfully complete the exam with an 80% or higher within two tries are eligible for 6 hours of continuing medical education credit or 7.2 nursing contact hours at no cost! Once you register, you have 90 days to complete the course, and the module allows you to log on and off, and it will remember your location in the program. For more information and/or to register go to http://www.ualbanycphp.org/learning/registration/detail_Pandemics.cfm

NHLBI and P.A.D. Coalition Launch New National Campaign To Educate About Peripheral Arterial Disease

Stay in Circulation: Take Steps to Learn About P.A.D.

On September 19, 2006, the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health, in partnership with the P.A.D. Coalition, launched *Stay in Circulation: Take Steps to Learn About P.A.D.*, a national campaign to raise awareness among those at risk. The campaign encourages men and women over age 50 to be alert to P.A.D. symptoms, to talk to their healthcare providers about the risks, and to ask about the simple diagnostic test, the ankle brachial index (ABI). The ABI test compares blood pressure measurements in the ankle with those in the arm. It can help detect reduced blood flow to the lower legs, a sign of P.A.D.

More than 8 million men and women—one in 20 adults—have peripheral arterial disease (P.A.D), a largely unrecognized condition which puts them at risk for heart attack and stroke. The symptoms of P.A.D., such as fatigue, heaviness, pain and cramping in the leg muscles when walking that go away with rest are often mistaken for signs of aging and ignored. More often, the disease is silent, causing no noticeable symptoms.

P.A.D. occurs when arteries, particularly in the lower legs, become clogged with fatty deposits that limit blood flow. Just like clogged arteries in the heart, having clogged arteries in the legs increases the risk of heart attack and stroke. Those at risk for P.A.D. include people over 50, particularly African Americans, those who smoke or have a history of smoking, those with diabetes, high blood pressure, high cholesterol, or those with a personal or family history of other vascular diseases, such as heart attack or stroke.

As a founding member of the P.A.D. Coalition, the American Radiological Nurses Association participated in the campaign launch festivities. The P.A.D. Coalition is an alliance of leading health organizations, professional medical societies, and government agencies that have united to improve the health and health care of people with or at risk for lower extremity P.A.D.

The launch event was held at the National Press Club in Washington, DC. The day began with a media briefing for health writers. Coalition experts provided presentations on issues related to the prevalence, risk factors, treatment, and psychosocial aspects of P.A.D. Participants included the *American Association of Retired Persons (AARP) Magazine, Diabetes Forecast, Women's Health Advisor*, International Medical News Group, and Scripps Howard News Service.

The campaign was officially launched during a "town hall" partner showcase event during which new campaign materials were unveiled. New materials include radio and print public service announcements in English and Spanish, brochures in English and Spanish, an educational video, and a community tool kit to aid partners in spreading the word about P.A.D. on the local level. The P.A.D. Coalition is complementing this effort by providing clinical practice tools and educational resources for healthcare providers.

More than 100 people representing 40 organizations participated in the event and shared their plans for increasing P.A.D. awareness. Kathleen Gross, MSN, RN,BC, CRN, represented ARNA at this meeting. "This new P.A.D. campaign is a national 'call to action' to the public, as well as to clinicians and health systems to now provide the effective care that saves lives of those with P.A.D." said Coalition Vice Chair, Marge Lovell, BEd, RN, CCRC, CVN, Clinical Trials Nurse at the London Health Sciences Centre in London, ON.

Following the launch event, the P.A.D. Coalition conducted a briefing on Capitol Hill for legislators and staff. The goal of the briefing was to raise awareness of the need for increased attention to peripheral arterial disease and review legislative goals to improve early detection of the disease among at-risk Americans. A top priority is to have the ABI included in the Welcome to Medicare examination for at-risk individuals. Representatives from 35 Congressional offices participated.

During the afternoon, the P.A.D. Coalition conducted its annual business meeting to review plans to date and discuss future priorities.

The P.A.D. Coalition would like to thank its sponsors for helping make this important initiative possible: Cordis, a Johnson and Johnson Company, Bristol-Myers Squibb/Sanofi Pharmaceuticals partnership, W.L. Gore, Medtronic, Cook, Biomedix, ev3, and Summit Doppler.

For more information about the Coalition, please visit www.padcoalition.org
For information about the Staying in Circulation Campaign, visit www.aboutpad.org

Certification Update

The Radiologic Nursing Certification Board (RNCB) has made changes to the fee structure and policies for certification and recertification:

- The fee for certification/recertificaton has been increased to $300 for ARNA members and $425 for non-members of ARNA. These fees take effect with the first test administration in 2007.
- Contact hours for BLS, PALS, NALS, ACLS certification and recertification will no longer be counted toward certification/recertification; however, presentations on these topics do apply under the general nursing categories. This policy is effective starting in 2007.
- Acceptable documentation for certification/recertification is a certificate listing the number of contact hours and approval number, letter on official letterhead providing the number of contact hours and approval number for the continuing education offering, or official college transcript.

2007 Exam Dates

Spring	
Exam Date	May 5
Postmark deadline	March 10
Late fee Period	March 11-24 (final postmark deadline)
Fall	
Exam Date	October 13
Postmark deadline	August 18
Late fee Period	August 19-September 1 (final postmark deadline)

(New members continued from page 4)

Richard J. Scibilia
Chapel Hill, NC

Isabell Scott
Brooklyn, NY

Macie Seale
Texas City, TX

Natacha M. Sheldon
Winter Haven, FL

Beverly N. Shelton
Omaha, NE

Darla Shelton
Bakersfield, CA

Gloria C. Shih
Lexington, MA

Marcia Simmonds
Miramar, FL

Corinne Sims
Churchville, PA

Claire Spry
North Reading, MA

Dorothea Stahl
Anna, TX

Kimberly Stanton
King of Prussia, PA

Randall D. Stephenson
Saint Joseph, MO

Donna Sterling
La Mesa, CA

Robin A. Stever
Ellisville, MO

Anneliese Ericka Stites
Issaquah, WA

Marianne Strickland
Chesterton, IN

Jane Sweetman
Vernon, NJ

Brenda Swendra-Henry
Foley, MN

Janice L. Tangeman
Maurertown, VA

Edmund J. Taras
Philadelphia, PA

Kathy W. Taylor
Syracuse, NY

Sharon N. Thompson
Greenville, SC

Candace L. Timm-Liberati
Oneonta, NY

Marilyn Tracy
Portland, ME

Joan M. Trotti
Mesa, AZ

Arsenia S. Tupasi
Brea, CA

Janet Tuttle
Grand Junction, CO

Deborah A. Vandegrift
Nashville, TN

Teresa L. Vanderboom
Weymouth, MA

Katie VanLennep
Boynton Beach, FL

Teresa G. VanMetre
Durham, NC

Howard Vessell
College Station, TX

Patricia B. Walker
Oak Park, CA

G. Suzanne Walsh
Idaho Falls, ID

Faith Washington
Spokane, WA

Willette Watson
West Park, FL

Deborah Williams
Chicago, IL

Cindy Wilson
Mt. Juliet, TN

James E. Wilson
Nashville, TN

Margaret A. Winemiller
Seven Valleys, PA

Lonnie Winkler
Corona, CA

Barbara L. Wodehouse
Richland, WA

Robin Wolfkill
Des Moines, IA

Heather Woodard
Smith Grove, KY

Rizalina A. Abuebo
New Milford, NJ

Julieann Anderson
Apple Valley, MN

Debora L. Anderson-McCabe
Bethlehem, PA

Pablo S. Arispe, Jr.
Corpus Christi, TX

Marla R. Atkinson
Portage, MI

David L. Bagby
Charlottesville, VA

Jennifer Bailer
Oxford, OH

Deborah D. Bailey
Adah, PA

Regina M. Bailey
Closter, NJ

Susan T. Barnett
Crozet, VA

Marvin Beacher
Sacramento, CA

Cassandra G. Beasley
Gilmer, TX

Lucy A. Beatty
Oak Park, MI

Deborah Berry
Palmyra, VA

Beatrice M. Brennan
Philadelphia, PA

Bambi T. Brimmer
Colorado Springs, CO

Judith H. Brownrigg
Charlottesville, VA

Amy C. Brune
Prairie Village, KS

Tram Bui
Port Arthur, TX

A. Meaghan Burkett
Sandy Hook, VA

Susanna E. Cabrera
Morgantown, WV

Patricia Cady
Charlottesville, VA

Nancy J. Canning
Paramus, NJ

Fredrick A. Carlston
West Hollywood, CA

Raquel E. Ciruzzi
Mahopac, NY

Catherine Clery
Decatur, GA

Mary J. Cochran
Corpus Christi, TX

Bobbye T. Cohen
Charlottesville, VA

Dianne Comardelle
Livingston, TX

Kimberly A. Conway
Highland Lakes, NJ

Dawn Cooper
Vallejo, CA

Jennifer G. Corbit
Little Rock, AR

Michelle Cormier
Charlottesville, VA

Kathryn Jean Craig
Nixa, MO

Jeanna M. Creech
Snow Lamp, NC

Clarice M. Crossley
Harbor City, CA

Susan Cullen
Elkton, MD

Lorna Curtis
Clovis, CA

Susan Davis
Charlottesville, VA

Colleen M. Devries
Punta Gorda, FL

Mary M. Dodd
Afton, VA

Eladio Dolotina
Houston, TX

Roxanne R. Donaldson
Columbia, MD

Kathleen S. Donlon
Bethpage, NY

Gwendolyn Ducasse
Riverwoods, IL

Stacy Dunn
Thornton, TX

Julie Duvall
Charlottesville, VA

Dana K. Ellis
Birmingham, AL

Patricia G. Ellis
Athens, TX

Pasqualina English
Belmar, NE

Ann Eschelbach
Canton, MI

Keith F. Fishlock
Middletown, DE

Charlene Fong
San Francisco, CA

(Continued on next page)

(New members continued from page 6)

Marianne C. Frederick
Baltimore, MD

Becky Fry
Eagan, MN

Katy S. Fryar
Bryant, AR

Linda L. Gardner
Valley Village, CA

Jana G. Geisen
Center Point, TX

Susan Glasheen
Playa Vista, CA

Laura Greer
Springfield, VA

Valerie G. Grossman
Rochester, NY

Sandra K. Grozier
Danville, PA

Tammy L. Harpold
Towson, MD

Judy A. Hasty
Plymouth, MI

Ruth M. Hatcher
Beaumont, TX

Maria Haubrich
Newark, DE

Lyvonne Hawkins
Sugarland, TX

Annette Hayes
Durham, NC

Lisa C. Hedrick
Cincinnati, OH

Anna R. Heim
Metairie, LA

Cynthia J. Hiddink
Newtown, PA

Leora Hoaglund
Cadillac, MI

Danette M. Holznagel
Brainerd, MN

Susan R. Hunter
Durham, NC

Kathleen A. Ingrassia
Brick, NJ

Belinda Q. Irwin
Tomball, TX

Jacqueline L. Jensen
Fort Calhoun, NE

Karen E. Josey
Glendale, AZ

Sharon D. Judd
Bremo Bluff, VA

Jenifer Keesee
Fremont, CA

Esther Keys
Egg Harbor City, NJ

Mary K. Kolbeck
Weston, WI

Jim LaForge
Grand Rapids, MI

Tracy L. Lamb
Churchville, MD

Chris Lathrop
Abilene, TX

Katja Liedtke
New York, NY

Wendy Liles
New York, NY

Theresa Lloyd
Elmont, NY

Jennifer Lovey
Howell, NJ

Elizabeth V. Lynn-Simpson
Bayonne, NJ

Ann C. Lyons
Churchville, MD

Victoria Malonzo
Fullerton, CA

Cheryl A. Marasco
Topsfield, MA

Angie F. Martin
Morgantown, WV

Sherlyne McCollough
Bridge City, TX

Pamela J. McInnis
Oakland Park, FL

Kathleen J. Menard
Worcester, MA

Sharon J. Mencer-Matthews
Baton Rouge, LA

JoAnn Miller
Surprise, AZ

Shelley Minton
Cabot, AR

Pamela C. Monsell
Chandler, AZ

Selena C. Morgan
Summertown, TN

Dale Morrison
Plano, TX

K. Rejeanne Moy
Windham, ME

Kathryn A. Mulcahy
Stuart, FL

Brigitte E. Muller
Babylon, NY

Michele Muncaster
Adelaide, SA, Australia

Karen A. Munkley
Quincy, MA

Sherry L. Nash
Newman Lake, WA

Dwanna J. Nazario
San Antonio, TX

Dawn M. Nielsen
Barnunn, WY

Carolan W. O'Keefe
Belleville, MI

Julie A. Occhipinti
Katy, TX

Kathryn K. Olesen
Henning, MN

Beatriz Olivas
Indian Wells, CA

Pamela Orlandi
San Jose, CA

Donna L. Osborne
Kennewick, WA

Robin C. Passantino
Charlottesville, VA

Mary Pastore
Wakefield, RI

John F. Pearson
Christiansburg, VA

Melo Dee Perez
Marion, IN

Lisa Petrusky
Monongahela, PA

Dale C. Powers
Long Beach, CA

Susan A. Purcell
Earlysville, VA

Rose V. Puthenparambil
Houston, TX

Mary Quinn
St. Louis, MO

Jennice Reimert
Newport News, VA

Lindy L. Revell
Weyers Cave, VA

Michelle Rhoads
Bear, DE

Denice D. Ridgeway
Syracuse, NY

Marsha Rodger
Albuquerque, NM

Jose L. Rodriguez
El Paso, TX

Tracy Russell
Ward, AR

Rebecca M. Savage
Pittsburgh, PA

Alanna M. Schauer
Colts Neck, NJ

Robert D. Seeley
Seaford, DE

Janet L. Sewell
Beaumont, TX

Sandy J. Sharpe
Wauwatosa, WI

Suzanne S. Sheppe
Charlottesville, VA

Janet L. Shipley
Rancho Mirage, CA

Aaora Silva
El Paso, TX

Ann J. Simmons
Alexandria, VA

Katherine Simmons
Crestview Hills, KY

Evangeline Sison
Gaithersburg, MD

Thomas Snodgrass
Baltimore, MD

Rebecca Solano
Portland, TX

Lisa M. Souza
Middletown, RI

Ruth E. Spivey
Florence, AL

Machelle A. Strand
Oro Valley, AZ

Sharon E. Sullivan
Houston, TX

Marion B. Swincki
Wilmington, DE

Martha G. Taylor
North Garden, VA

Vickie G. Taylor
Palmyra, VA

Kelle Thorsen
Corpus Christi, TX

Hope Torres
Elgin, IL

Rebecca A. Toy
Durham, NC

Susan K. Tuttle
Houston, TX

Cindy Van Horn
Jacksonville, FL

Christiane C. Van Wickler
Earlysville, VA

Josefina J. Vancer
El Paso, TX

Michel Venne
Corpus Christi, TX

Kate Ventura
Claymont, DE

Patricia P. Walker
Stockton, CA

Barbara J. Walsh
Apollo Beach, FL

Ronald J. Warnick, Jr.
Baltimore, MD

Amy Weber
Franklin, WI

David Weinland
Gilbert, AZ

Lauren Weisheit
Phoenix, AZ

Janice White
Des Moines, IA

Judith Whitman
Amherst, OH

Kristin Widman
Harbor City, CA

Katherine F. Willard
Charlottesville, VA

Agnes S. Wong
Singapore

Shannon L. Worchesik
Crosby, TX

Shannon M. Yonkers
Mebane, NC

Web-based Continuing Education Program Now Available

In an effort to provide outstanding education to members, ARNA is pleased to announce the availability of a Web-based continuing education program. *Radiology Nurse Update: Cardiac Stress Testing*, the first in a series of three programs supported by an unrestricted grant by Bristol-Myers Squibb Medical Imaging, is now available on the ARNA Web site: www.arna.net

This program, a combination of slides and lectures, has been provided by ARNA, an accredited provider of Continuing Nursing Education by the American Nurses Credentialing Center (ANCC). Successful completion of this activity awards 1.6 contact hours.

If you do not successfully complete the post test (at least 80% correct) and would like to retake the test, please visit www.arna.net and download a copy of the test, print it out, and fax it to (201) 612-8282. You will be notified of the results within 4 to 6 weeks.
The system requirements are as follows:

recommended Internet connection – DSL, cable, T1, or faster.

PC users: operating system Windows 98 or later. Java enabled browser: Internet Explorer or Netscape version 4.x or later.

Mac users: Java-enabled browser: Internet Explorer version 5.1 or later, running on operating system OSX. **MAC users** must be using Os X, 10.1, Jaguar, Panther, or Tiger.

NOTE: Some versions of Windows XP do not include Java. To download Java for Windows XP go to http://www.java.com Upon completion of the download you will need to restart your computer.

NOTE: Please disable any software on your system which prevents pop-up windows for the duration of the Web conference.

NOTE: 800x600 minimum screen resolution; 1024x768 preferred.

NOTE: Windows Media Player (minimum version 9 required), http://www.microsoft.com/windows/windowsmedia/default.mspx

This program is supported by an educational grant from Bristol-Myers Squibb Medical Imaging. Thank you to everyone involved in this project:
Rhonda Caridi, RN, CRN, CLNC – ARNA Liaison
Marie Fortuno-Shifflett
Lori Reiter
Barbara Maines

We hope you find this program worthwhile and look forward to your comments.

Patrick Glickman, BSN, RN, CRN
President

Why Most Nurses Don't Get the Flu Vaccine

(Continued from page 2)

References

Centers for Disease Control and Prevention. (2003). Prevention and control of influenza: Recommendations of the Advisory Committee on Immunization Practice (ACIP). *MMWR, 52*(RR6),1-40.

Centers for Disease Control and Prevention. (2004a). Prevention and control of influenza: Recommendations of the Advisory Committee on Immunization Practice (ACIP). *MMWR, 53*(RR6),1-40.

Centers for Disease Control and Prevention. (2004b). *Influenza: The disease*. Retrieved from http://www.cdc.gov/flu/about/disease.htm

National Foundation for Infectious Diseases. (2004). *Improving influenza vaccination rates in health care workers. Strategies to increase protection for workers and patients*. Retrieved from http://www.nfid.org/pdf/publications/hcwmonograph.pdf

President's Message

(Continued from page 1)

the conduct of nurses at conventions and how that is viewed. Many folks visit the exhibits just for the freebies. This is where we miss our opportunity to become important to vendors.

This is an area in which members can help us grow in influence. Traditionally, representatives come in and visit with the physician and try to get him/her to use their product. The RT is typically the one who does the purchasing and reordering of that product. Nurses may get trained on the device but are generally out of the loop on these types of decisions. This is changing, though. There are several members of the ARNA Board who make purchasing decisions. My first job in IR was as the scrub nurse for the interventional radiologist in our section. I have ballooned arteries, veins, stenotic lesions in the biliary tree, deployed filters, stents, and placed PICCs. I now negotiate the contracts with the vendors in the company centers. More and more I meet and speak with nurses who are in a similar position, but we need to make that known to vendors. We need to visit the exhibitors in Seattle and at every convention, ask about their products, show them our interest and our knowledge, and tell them that we are the nurses who have influence…we will be in the Circle of Influence and get the sponsor and exhibitor support you all wanted for our convention.

The fourth topic concerned is networking. We are actively trying to make the time for members to meet with other nurses in their specialty. It was great to stand in front of over 500 people who know what I do for a living; it is still amazing the amount of unique experiences that we all have to share. We need to set aside the time for us to share with each other.

Please feel free to contact me with your thoughts and concerns.

Patrick Glickman, BSN, RN, CRN
President