



VOL. 13, NO. 4  
Winter 2008

---

**The ARIN National Office sends out frequent e-mail communications with information relevant to your practice needs. Do we have your current e-mail address on file? If we do, you will have received this newsletter by e-mail from the National Office. If you didn't receive the newsletter through e-mail, please log onto the ARIN website and update your profile.**

---

ASSOCIATION FOR  
RADIOLOGIC AND  
IMAGING NURSING

7794 GROW DRIVE  
PENSACOLA, FL 32514

(866) 486-ARNA (2762)

(850) 474-7292

fax (850) 484-8762

arin@dancyamc.com

www.arinursing.org

arna

vision

*Honoring the Past...Imagining the Future*

## Envisioning Change

Sharon Lehmann, MS, ACNS-BC  
President

Change! It has become a way of life, but sometimes the hurdles are more difficult to overcome depending on the challenges set before you. This is not something we learned about in nursing school. Change is a part of life's lessons. The first time I encountered change in my nursing career I had been working on a surgical unit for three years. I really liked the people and the patient populations I worked with. Administration came along and told us we had to combine with another unit and all of us had to physically move to another part of the hospital. This put us out of the main flow of traffic and toward taking care of patient populations some of us were not particularly interested in. My nurse manager lost her job. I wanted to keep mine, my nurse manager counseled me that I could either embrace change or I could remain stuck in the past. I learned to be flexible, gave inservices, and gained new co-workers and new skills. I liked working in a teaching hospital, and I have chosen to remain here. However, I have held several different positions, and I would venture to say that "change" occurs on a regular basis. I just go with the flow.

I realize that changing the name of the organization is a big change. The Board of Directors and I do not take this task lightly. At the Fall Symposium there were many questions as to when the name change would take effect. This has been a year of transition. We held a contest and I am pleased to say we had several entries for a new logo. We have now chosen one and complementary colors. We are trying to be respectful of our past while imagining the future. ARIN will have a formal booth at RSNA this year to promote our name change, sell our products, and hand out information about membership. We are also sending a representative to the International Stroke Conference to be held in San Diego, CA, in February 2009 to promote ARIN.

ARIN held the 2nd Annual Fall Symposium in St. Louis, MO, on October 4 and 5, 2008. Kathleen Gross, MSN, RN-BC, CRN, the editor for the *Journal of Radiology Nursing*, and Jami Walker, the publisher at Elsevier, spoke to us about "A Potpourri of Answers to Questions about Writing for Publications." They spoke about reasons for writing, querying an editor, preparing the manuscript, and the editorial process. I am so in awe of the quality of the journal articles and the ideas that Kathleen has for future articles. Kathleen is always looking for new writers. If you have given a lecture or done a poster, consider turning it into an article.

Wendy Rawls, BSN, RN, and Tacora Love, BSN, RN, CMSRN, from Northwestern Memorial Hospital in Chicago, delighted us with two lectures. The first topic was "The Evolution of Radiology Nursing Leadership Roles." They spoke on working in a department that was always negative, with high turnover, no leadership, and how they managed to turn it around. They empowered the nurses to want to be at work, provided resources, developed mentoring, and spent time talking about balancing work and home life. They improved communication, took risks, and made commitments to each other. This allowed them to address patient issues and become patient advocates.

The second talk they gave was "Nursing Issues Crossing Cultural Barriers in the Radiology Department." They explored the cultural beliefs and practices of a wide variety

*(continued on page 3)*

## Convention Impressions

Elaine Wright  
Chair, RCN Imaging Nurses Forum

In March this year I attended, along with my colleague Carole Ford, the annual convention of the American Radiological Nurses Association (ARNA, now ARIN) in Washington DC.

The committee of the Royal College of Nursing (RCN) Imaging Nurses Forum, of which I am chair, felt that we needed to forge some international links; this is in line with the ethos and policies of the RCN, but we were also prompted to see how we could work together on certain projects and share practice.

I had joined ARIN as a member and had visited the website quite frequently to see what information ARIN had produced with regards to renal failure, diabetes, and MRI contrast problems.

Internationally, we were following the same guidelines, and as I began to use the website, it was encouraging to see that many radiology nurses in the UK and the US were experiencing the same problems or were asking for the same help in their discussion zone.

I felt that we could learn from each other and support each other on certain projects or alert each other if one of us had a problem to solve.

Giving sedation in radiology departments in the UK is sometimes an ad hoc service, only available if there is an anaesthetist or a suitably trained nurse. This can be a problem as sometimes you do not know when you will need sedation, so a recognized national course should be developed for radiology nurses; this is something that we as a forum will take forward. This was also the case in the US; some states were producing their own courses and documentation, so we are not alone.

Many nurses in the US have been trained to place peripherally inserted central catheters as a routine instead of intravenous cannulas. In the UK, radiology nurses are now taking on the same role, but we are also pushing the boundaries and placing central line catheters using ultrasound. There are many nurses who are now performing angiograms and, in some trusts, angioplasty, and with the introduction of nurse-led services performing hysterosalpingograms, they are changing the way our departments are managed.

Both ARIN and the RCN Imaging Forum believe that these boundaries will continue to be widened as many procedures will be delegated to nurses, radiographers, technicians, and technologists. As more complex imaging is undertaken, there will be a need for radiologists to spend more time reporting and performing more complex procedures, such as endovascular stenting.

The convention was both exhilarating and informational; many nurses presented various sessions particular to their area of expertise, such as the role of the nurse practitioner, medication safety, orientation, and standards, to name a few.

We also visited the Society of Interventional Radiology convention and exhibition, which was overwhelming; the equipment, procedures and the amount of cases presented was too much for us to take in.

Our hotel was situated near Capitol Hill and the Grand Union Station, which we used every day to get to the convention. We felt safe and quite at home using the metro. We joined many ARIN members on the trip around Washington at night and saw the sights lit in all their glory, which was quite moving for both of us.

We attended the annual Chapter Presidents' and Board's cheese and wine reception where we heard them discuss issues and trends affecting their chapters and membership. We were asked about our forum and membership and how we can work together.

On our last day, we visited Georgetown Hospital where Michelle Jones is a nurse practitioner in radiology. Michelle introduced us to the members of her team and explained how the work is managed on a daily basis. Many of the departments are managed by nurses and technicians who all, surprisingly, have similar roles to their colleagues in the UK. I was surprised to see that the department was similar to my own, even down to the layout and the consumables used.



*Elaine Wright (right) and Carole Ford (left) at the ARNA Convention.*

*(continued on page 3)*

## Convention Impressions *(continued from page 2)*

Michelle's role is similar to that of the nurse specialist/physician's assistant role in the UK. She is able to take consent, order procedures and investigations, prescribe drugs, and perform certain procedures.

Although the visit was short, we felt that we had had a glimpse of radiology nursing in the US and that is what we wanted. Perhaps in the future we could extend the time in the US and have the opportunity to work alongside a radiology nurse in their department.

During the week, we did manage to take in some of the sights of Washington, including the Smithsonian Museum Complex and also a bit of retail therapy. All in all, it was an exhausting, but really worthwhile, experience.

Before leaving we were also invited for supper at a well-known Washington restaurant with Kathy Scheffer, Immediate Past President, and Sharon Lehmann, President, along with some of the chapter presidents. We talked shop, exchanged ideas, and had a most enjoyable evening.

Many thanks to all the ARIN members and staff who made us feel welcome.

## Envisioning Change *(continued from page 1)*

of cultures. They discussed how addressing cultural differences can improve patient outcomes. Many individuals in the audience were also able to relate their own personal experiences from having either dealt with certain populations or from being of that cultural origin. This lecture was presented in a very respectful manner and provided great insight. I have asked Wendy and Tacora to consider turning their lecture into a publication. This information would be very valuable for all members.

I also want to thank all of the other speakers who participated in the Fall Symposium. We learned about sedation topics, both pediatric and adult, MRI, Capnography, and the latest on Nephrogenic Systemic Fibrosis, to name a few. The Hot Topics Session produced lively discussion and raised more questions from the lectures earlier in the day.

So what have I been reading in addition to studying for the CRN exam? I am reading books that I obtained from the closing speaker at the Spring Convention in Washington D.C. This was Judith Briles, PhD, who spoke on "Pit Bulls with Lipstick." Her trademark word is "stabotage." She lists ten steps to dealing with "pit bulls" and rules to delete stabotage. At the lecture we role played in groups to try different scenarios on each other in order to be able to take the information back to our workplace. Dr. Briles has written many excellent books. I just finished *Stop Stabbing Yourself in the Back*. This book identifies 21 self-sabotaging methods and delivers practical solutions and tips to eradicate them forever. Whether it's the inability to confront another, side-stepping change, or making excuses, you can now get answers. Dr. Briles delivers practical, realistic, and usable steps to delete destructive personal and career-blocking behavior. Her web site is [www.briles.com](http://www.briles.com).

I have realized in studying for the CRN exam that, having focused the majority of my time in interventional, I have a lot more to learn than I thought. So I am taking more time to study and will take the exam in the spring.

I hope you enjoyed the changing of the season (no pun intended). Have a wonderful holiday season.

### Association for Radiologic and Imaging Nursing (ARIN)

Board of Directors  
2008-2009

#### President

Sharon Lehmann, MS, ACNS-BC  
University of Minnesota Physicians  
Minneapolis, MN  
[lehma006@umn.edu](mailto:lehma006@umn.edu)

#### President-Elect

Karen Green, MHA, BSN, RN, CRN  
Frankford Hospital  
Philadelphia, PA  
[klgreen725@aol.com](mailto:klgreen725@aol.com)

#### Immediate Past President

Kathy Scheffer, MN, RN, CRN  
Tacoma General Hospital  
Tacoma, WA  
[kathy.scheffer@multicare.org](mailto:kathy.scheffer@multicare.org)

#### Treasurer

Linda McDonald, BSN, RN, CRN  
Allegheny General Hospital  
Pittsburgh, PA  
[lmcdonal@wpahs.org](mailto:lmcdonal@wpahs.org)

#### Secretary

Timothy McSorley, BS, RN, CRN  
Vascular Access Centers  
Philadelphia, PA  
[tmcsorley@comcast.net](mailto:tmcsorley@comcast.net)

#### Board Member

Margaret Browne-McManus, BAHS, RN  
University of California-Davis  
Sacramento, CA  
[margaret.brownemcmanus@ucdmc.ucdavis.edu](mailto:margaret.brownemcmanus@ucdmc.ucdavis.edu)

#### Board Member

Christine Keough, BSN, RN, CRN  
University of Rochester Strong Memorial Hospital  
Rochester, NY  
[christine\\_Keough@urmc.rochester.edu](mailto:christine_Keough@urmc.rochester.edu)

#### Board Member

Brenda Wickersham, RN, CRN  
Providence St. Peter Hospital  
Olympia, WA  
[wickershambrenda@comcast.net](mailto:wickershambrenda@comcast.net)

#### National Office

7794 Grow Drive  
Pensacola, FL 32514-7072  
(850) 474-7292  
(866) 486-ARNA (2762)  
FAX: (850) 484-8762  
[arin@dancyamc.com](mailto:arin@dancyamc.com)  
[www.arinursing.org](http://www.arinursing.org)

#### ARIN Core Purpose

To foster the growth of nurses who advance the standard of care in the imaging environment.



## 2008 PAD Coalition Meeting Highlights

Gwen Twillman and Kathleen Gross

Peripheral arterial disease is a significant cause of morbidity and mortality in the United States. For this reason a small but committed multidisciplinary group of healthcare professionals met in the summer of 2002 to discuss the possibility of a national educational effort and screenings. From this small group of individuals the Peripheral Arterial Disease Coalition (PAD Coalition) emerged and grew into its present form. This year more than 80 people gathered in Washington, DC on September 7-8, 2008, for the PAD Coalition's 5th Annual Meeting. The Coalition is now comprised of 75 organizations that collectively represent more than 1,022,000 healthcare professionals and 500,000 consumers.

The role of nursing is very important not only in patient education, diagnosis, and care of the PAD patient but also in the work of the Coalition. Nursing's role in the development of the Coalition has been significant and continues to be vital to the Coalition's growth. Marge Lovell, RN, CCRC, CVN, BEd, from the Society of Vascular Nursing, became the new chair and will capably carry forth the work of Dr. Alan Hirsch. Carolyn Robinson, RN, MSN, NP, spoke about the national quality improvement goal addressing PAD. Diane Treat-Jacobson, PhD, RN, presented information on the Society of Vascular Nursing's ABI Registry. Kathleen Gross, MSN, RN-BC, CRN, presented the Nominating Committee Report and ballot at the Annual Business Meeting. Nurses representing the National Heart Lung and Blood Institute (NIH), the Diabetes Treatment Center at Desert Springs Hospital, and several societies were in attendance, including the Association for the Advancement of Wound Care, Society for Vascular Ultrasound, and the American Association of CV & Pulmonary Rehabilitation. Joyce Malaskovitz, RN, PhD, and Susan Michael, DNSc, CDE, won the PAD Community Service Award for their work at Desert Springs Hospital.

Below are some meeting highlights:

- An opening reception, dinner, and awards ceremony was held on September 7, 2008. There were many new participants this year and this was an opportunity for all to meet and network. A real spirit of collegiality and collaboration to work for the goals of the Coalition was present.
- Alan T. Hirsch, MD, Outgoing Chair, PAD Coalition, provided a keynote address, "PAD as a National Health Disparity: The Most Morbid, Mortal, and Costly Cardiovascular Disease." In this session, Dr. Hirsch reviewed the burden of PAD, societal barriers to establishment of the PAD diagnosis, the public's low awareness of PAD, and information on the costs of PAD. Recent data show that PAD-related healthcare costs are as high – or even higher – than those for coronary artery disease. In 2004, total annual costs just for vascular hospitalizations of patients with PAD were more than \$21 billion. Dr. Hirsch stressed that PAD-related health disparities are large and profoundly affect both individual and national cardiovascular health. Lessons learned from the nation's response to the burden of coronary heart disease could improve the health of millions of Americans with PAD.
- Through committee reports, the Coalition reviewed several new partnerships to increase PAD awareness at the community level:

### **African Methodist Episcopal Church Partnership:**

To inform African-Americans about PAD, the Coalition has formed a partnership with the African Methodist Episcopal Church (AMEC). The AMEC is one of the nation's largest African-American congregations with more than 2,500 churches and 2 million members in the United States. The Coalition held two workshops for church leaders to review the problem of PAD in the African-American community and preview new educational resources. New church resources include:

- A church bulletin insert that includes key information on the risk factors, warning signs, and consequences of PAD.
- A "Stay in Circulation: Take Steps to Learn about PAD" cardboard fan with PAD messages

Corporate funding has enabled the Coalition to print and distribute large quantities of these resources to churches this September. To date, approximately 1,000 church kits have been distributed.

### **PAD Coalition and CVS Caremark Join Forces to Educate Americans about Peripheral Arterial Disease:**

CVS Caremark, the nation's largest provider of prescriptions, is working with the Coalition to educate consumers this fall. Specifically:

- CVS Caremark will distribute PAD resources at their 6,200 retail stores nationwide. Materials include a pharmacy counter stand and wallet card that provides PAD information in a handy, fold-out format with questions to ask your healthcare provider and space to record

*(continued on page 5)*

# 2008 PAD Coalition Meeting Highlights *(continued from page 4)*

important health numbers.

- CVS Caremark will pilot a direct mail to 25,000 high risk patients with information about the risk factors, warning signs, and consequences of P.A.D.

## **National Library of Medicine's *MedlinePlus* Magazine Promotes PAD and the PAD Coalition:**

The September 2008 issue of *NIH MedlinePlus* magazine, published by the Friends of the National Library of Medicine (FNLN) and the National Institutes of Health (NIH), includes a special section on PAD to help the American public understand this serious health issue. *NIH MedlinePlus* was launched to provide Americans with a gold standard of reliable, up-to-date health information in a reader-friendly format. The quarterly magazine is a 32-page, full-color, newsstand-quality publication. *NIH MedlinePlus* is sent to more than 200,000 clinician offices and serves as reading material for waiting rooms. September's issue features a special section on PAD, a cover letter from the Coalition and a pocket guide of the PAD Guidelines for clinicians' offices.

## **National Council on Aging Partnership:**

To reach older adults with information about PAD, the Coalition has joined forces with the National Council on Aging to distribute PAD information and conduct educational sessions at senior centers this fall. A webinar was held on September 4 to educate senior center staff about PAD and our national "Stay in Circulation: Take Steps to Learn about PAD" campaign. Each participating senior center received a PAD Community Action Toolkit, which includes DVD programs, slides, speaker resources, educational handouts, and resources to promote PAD awareness activities at the local level.

## **New DVD from the American College of Physicians and the PAD Coalition:**

A new resource for waiting rooms and community programs is now available! Produced by the American College of Physicians in collaboration with the Coalition, this patient oriented DVD reviews key components of PAD treatment and shows how PAD affects one's everyday life. Free copies are being made available through [www.padcoalition.org](http://www.padcoalition.org).

- To honor the work of investigators and acknowledge the creation of new clinical research relevant to the understanding and/or treatment of PAD, the Coalition awarded the following studies the 2008 Best PAD Research Award:

### **Category: Epidemiology/Preventive Medicine**

#### **Ankle-to-Brachial Index and Dementia: The Honolulu-Asia Aging Study**

Danielle Laurin, PhD; Kamal H. Masaki, MD; Lon R. White, MD, MPH; Lenore J. Launer, PhD. *Circulation*. 116(20):2269-2274, November 13, 2007.

### **Category: Vascular Medicine**

#### **$\beta$ 2-Microglobulin as a Biomarker in Peripheral Arterial Disease Proteomic Profiling and Clinical Studies**

Andrew M. Wilson, MBBS, FRACP, PhD; Eiichiro Kimura, PhD; Randall K. Harada, MD; Nandini Nair, MD, PhD; Balasubramanian Narasimhan, PhD; Xiao-Ying Meng, MS; Fujun Zhang, MS; Kendall R. Beck, BA; Jeffrey W. Olin, DO; Eric T. Fung, MD, PhD; John P. Cooke, MD, PhD. (*Circulation*. 2007;116:1396-1403.)

### **Category: Vascular Interventions**

#### **Quantifying Improvement in Symptoms, Functioning, and Quality of Life after Peripheral Endovascular Revascularization**

David M. Safley, MD; John A. House, MS; Steven B. Laster, MD; William C. Daniel, MD; John A. Spertus, MD, MPH; Steven P. Marso, MD

- The Coalition also awarded its Community Service Awards to recognize collaborative programs focused on increasing awareness about PAD to high-risk populations, patients, and/or the healthcare community. This year's national award was presented to the **American College of Cardiology** for its extensive efforts to educate health care professionals and to advance the quality of care for people with PAD. Among its many contributions, the College is spearheading the PAD Guidelines Implementation Task Force that is working to put the ACC/AHA 2005 Guidelines for the Management of Patients with Peripheral Arterial Disease into practice. The Task Force has developed an array of new PAD clinical practice tools such as slide sets, professional education webcasts, wall chart for medical offices, and patient tools. Currently, the College is bringing together multidisciplinary stakeholders to develop PAD performance measures and clinical data

*(continued on page 6)*



## 2008 PAD Coalition Meeting Highlights *(continued from page 5)*

standards to improve the quality of care. The College is also coordinating the PAD GAP Alliance Demonstration Project, a one-year, 100-site, PAD quality improvement project focused on developing a strong evidence base to demonstrate that PAD Guidelines can be applied successfully in an array of primary care settings.

The local Community Service Award was presented to Desert Springs Hospital's Diabetes Treatment Center for its innovative and comprehensive approach to PAD outreach and education through its Leg Circulation Center. Launched in 2007, the Leg Circulation Center has reached over 1.5 million consumers, patients, and healthcare providers locally and nationally. Using the PAD Coalition's educational materials and "Stay in Circulation" campaign messages, the center has raised awareness and educated the public and providers about PAD through free ankle brachial index (ABI) screenings, partnerships with diabetes and healthcare professional organizations, mass media messages, retail outlet shelf talkers, health fairs, webinars and seminars, and continuing medical education programs.

- The Coalition recognized Alan Hirsch, MD, the outgoing chair of the Coalition, who has led the Coalition for the past four years. Dr. Hirsch's strategic vision and commitment to excellence have enabled the Coalition to grow in scope of activities and reach. The current Vice Chair – Marge Lovell, RN – advanced to the Chair position. Ms. Lovell's dedication to improving the lives of all people with PAD is unmatched. In addition to these changes, two new members were elected to the Coalition's Steering Committee: Kirk Geter, DPM (incoming Secretary), and Donna Mendes, MD (incoming Chair, Education Committee).

- Looking ahead, the meeting participants also discussed future directions. The group suggested that the Coalition should 1) incorporate a serious, more urgent message into the Stay in Circulation campaign; 2) convene a PAD Advocacy Summit; 3) focus on North American efforts; 4) explore alternate funding sources, such as individual memberships; and 5) ensure continued involvement of nationally recognized PAD thought leaders.

The PAD Coalition is supported by the following national sponsors: the Bristol-Myers Squibb/Sanofi Pharmaceuticals Partnership; Cordis Endovascular, a division of Cordis Corporation; Abbott Vascular; AnGes, Inc.; AstraZeneca; Bard Peripheral Vascular; Baxter Healthcare; BioMedex; Cook, Inc; W.L. Gore and Associates; Medtronic; Novo Nordisk; Omron; Summit Doppler; and Vermillion.

All ARIN members are encouraged to learn more about the PAD Coalition and to become active in local peripheral arterial disease screenings. For more information on the PAD Coalition, visit [www.padcoalition.org](http://www.padcoalition.org).

(Gwen Twillman is the Executive Director of the PAD Coalition. Kathleen Gross is the ARNA Liaison to the PAD Coalition.)

### Chapter News

From Washington State to Maine –

## What's Happening in Our Local Chapters

### Grand Canyon State Chapter

Deborah Thomas, RN, BS, CRN  
Secretary

Greetings from the Grand Canyon State Chapter!

In August 2008, our board of directors met for the annual strategic planning session for 2008-2009. November 1, 2008, we presented an educational conference in Flagstaff, AZ. Plans are underway for our January 24, 2009, conference at St. Mary's Hospital in Tucson, AZ. Our annual April Radiology Nurse Conference is again planned for Phoenix, and we are anticipating offering 7-8 CEU's for both nurses and technologists. If you need a winter break to enjoy our weather, please plan on attending!

Membership continues to grow, and we are reaching out and gaining participation from more hospitals across the state. We are pleased to have physician and technologist support for our organization, and we have achieved our goal of offering conferences in different areas of the state.

Please check out our website at [www.azradiologyrn.net](http://www.azradiologyrn.net). We'd love to hear from you!

# Venous Disease Coalition

Patrick J. Glickman, BSN, RN, CRN  
Past President  
Vascular Access Centers

On September 15, 2008, the Annual Meeting of the Venous Disease Coalition was held at the Grand Hyatt Hotel in Washington, D.C. This is the same hotel where ARIN held its 2008 annual educational meeting in conjunction with the Society of Interventional Radiology and the Association of Vascular and Interventional Radiographers.

The Venous Disease Coalition is an organization that has dedicated itself to the diagnosis, treatment, and promotion of awareness of venous disease. Some of the member organizations that make up the 34 member Venous Disease Coalition include the Society of Vascular Nursing, SIR, the American Academy of Physician Assistants, and American Academy of Nurse Practitioners, the Canadian Society of Vascular Surgeons, and the American Society of Hematology.

The long-term goal of the Venous Disease Coalition (VDC) is to disseminate science-based information about venous disease to the public and healthcare professionals with the hope of empowering people to protect themselves and their family members from venous disease. The VDC will also strive to ensure that U.S. healthcare providers routinely use available evidence-proven measures to prevent and treat venous diseases.

This prestigious group had gathered in Washington, D.C. to hear the acting Surgeon General, RADM Steven K. Galson, MD, MPH, announce the "Surgeon General's Call to Action to Prevent Deep Vein Thrombosis and Pulmonary Embolism." This comprehensive, 35-page booklet discusses DVT and PE as a public health threat, discussed risk reduction, gaps in awareness and education, the public health response to DVT and PE, and the catalyst for action in our country. You may find more information on this Call to Action by visiting the Surgeon General's website at [www.surgeongeneral.gov](http://www.surgeongeneral.gov). There you will find information for healthcare professionals and the general public that consists of 22 PowerPoint presentations and manuscripts on this important topic. You can find the presentations at [www.surgeongeneral.gov/topics/deepvein/workshop/agenda.htm](http://www.surgeongeneral.gov/topics/deepvein/workshop/agenda.htm).

A press conference was held during the opening session to allow the audience and media to ask questions of the Surgeon General and the distinguished faculty. In the audience was Melanie Bloom, wife of the late David Bloom, the NBC reporter and *Today Show* correspondent who died from a pulmonary embolism in April 2003 while covering the troop operations in Iraq. Melanie was in attendance to promote awareness of DVT and PE. A patient, LaKeisha Ruffin, who nearly died of the complications of a DVT/PE, spoke eloquently about the effect this disease had on her life. She was a new mother to an infant daughter, delivered by cesarean section, who had experienced generalized discomfort and chest pain. She had gone to the emergency room several times but was "treated and streeted" each time to home. It wasn't until she developed leg swelling and collapsed after a hot bath that was she truly evaluated and treated seriously. She had extensive DVT in her femoral veins and had probably had several PE episodes.

Dr. Hani K. Atrash, from the Centers for Disease Control, spoke to the role and mission of the CDC in helping the Surgeon General get this message out. The CDC has a large budget, but the office that is responsible for blood disorders only sees a fraction of that budget. His division also oversees diseases such as hemophilia. The three major areas of growth and concern in this office are thrombosis, women's health, and sickle cell disease.

There were several other presentations at this meeting that included "The Changing Care Paradigm for VTE" by Dr. Samuel Z. Goldhaber, "VTE Risk – A Problem of Genes or Environment?" by Dr. Thomas Ortel, "Why Women Should Care about VTE" by Dr. Suman Rathbun, "Emerging Medical Treatment Options" by Dr. Jeffrey Weitz, "Will Clot Busting Therapies Revolutionize VTE Care?" by Dr. Suresh Vedantham, "New ACCP Guidelines For VTE" by Dr. William Geerts, and "New Strategies to Educate the Public About VTE" by Dr. Robert McLafferty. The keynote speaker was Dr. Susan Kahn who spoke on the "Long Term Consequences of Venous Thromboembolism."

An open forum and planning session was held in the afternoon to discuss the Surgeon General's message and how this information would impact our country, the consumers, and healthcare professionals. The most important contribution of this discussion was the varied ways to promote the message to consumers and healthcare professionals alike.

I encourage all to check out the Surgeon General's website for the report. This was an excellent forum to discuss not only the risk of DVT/PE among Americans but also the long-term effects of having suffered from and surviving a DVT and PE.

(continued on page 8)



## Venous Disease Coalition *(continued from page 7)*

Here are examples of some of the disturbing facts that were brought out during the conference:

- PE death rate is 17% (100,000 Americans/year)
  - PE can often be the cause of Sudden Cardiac Death
  - 7 million medical patients are at high risk of DVT/PE
  - 3 million surgical patients are at high risk of DVT/PE
  - It's the #1 risk of maternal death
  - Prophylaxis for High Risk Patients is underutilized in this country

You can find out more about VTE (venous thromboembolism) by visiting the Venous Disease Coalition website at [www.venousdiseasecoalition.org](http://www.venousdiseasecoalition.org). You can promote VTE awareness any time, but you should know that March is DVT Awareness Month.

ARIN is a proud member and supporter of the Venous Disease Coalition. It was my privilege to represent ARIN during this important conference. I would like to thank the ARIN Board of Directors for extending this invitation to me.

---

## ARIN at the Joint Commission's 16th Annual Invitational Liaison Network Forum

Janelle Ramsborg, RN, BSN, MBA

I had the privilege of representing ARIN at the Joint Commission's 16th Annual Invitational Liaison Network Forum. Never in my life have I heard so many renditions of "Happy Birthday" sung in the bathroom during the washing of hands. All kidding aside, it was an engaging meeting with several implications for nurses working in the imaging environment – especially those areas where invasive procedures are performed.

When we hear "The Joint Commission," previously known as JCHAO, fear is evoked in the hearts of healthcare administrators down to front line staff. The administration and the management team hope and pray that all the time and money directed into change initiatives and training was sufficient – that appropriate processes are in place and the staff adheres to the policies and protocols.

From the early days of the Hospitalization Standardization Program, the purpose was to provide hospitals with a set of expectations. When the public became aware of minimal standards, accreditation for hospitals was demanded. The result of the public's demand for hospital accreditation was improved hospital environments.

The current purpose of accreditation is to set a fundamental basis for standards, patient safety goals and data-reporting. While the standards that the Joint Commission set forth may seem exhausting, statistically the standards are necessary because quality and safety problems continue to persist. These standards are especially important as many are resistant to change. The information available to the public allows them to be aware of our short-comings, and now even the public is calling for change.

The areas requiring continued attention are hospital-associated infections, wrong site, wrong patient surgery, medication errors, transfusion errors, retained foreign bodies, and maternal death. Expectations set by the Joint Commission are no longer practices that are completed in totality during Joint Commission visits, but are ongoing practices that are imperative to the survival of our patients and our hospitals.

The Joint Commission Standards provide for quality patient care and promote patient safety. Those that work in the imaging arena, be it diagnostic or therapeutic, should be looking at the 2009 Patient Safety Goals that deal with patient identifiers, communication, medication safety, infection prevention, and error prevention in surgery. All of the Patient Safety Goals are important, but these are especially pertinent to the imaging areas.

All the best as you strive for excellence in radiology nursing.

---