ARIN Vision

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Honoring the Past...Imagining the Future

President's Message

Sharon Lehmann, MS, ACNS-BC
President

The Board of Directors met the weekend of January 17-18, 2009, to do strategic planning and to work on the annual budget for the organization. It seems just as the economic recession has hit Wall Street and our retirement funds, it has affected how ARIN must conduct its business on behalf of the membership.

The electronic voting process went very well for a first go around. Everyone who e-mailed me stated that there were no difficulties with the process. A few individuals still requested a paper ballot, and almost all of the ballots were returned. We will still offer this as an option. What we will do differently next year is mail out the postcard election announcement about the third week of November so it beats the Christmas rush, as I did receive several e-mails that individuals did not receive a postcard. I was included as one of them.

Starting with 2009, the *Vision* newsletter will be an online newsletter. I, along with the board, believe that you will receive information in a more timely fashion.

By making these two changes, we believe we will save $14,000. I also want to believe we are helping the environment. My motto by the end of our two days of meeting was "Go Green/Go Lean." We happen to be doing a Lean Project in my interventional radiology section right now at my hospital.

I have heard from several individuals that hospitals have been cutting education funding. I know that there have also been nursing layoffs. The board believes that while convention attendance has been 500 strong for the past four years, we still had a decline at this year's convention.

While we may have seen the price of a barrel of oil fall and the prices at the pump much more reasonable, the board encountered sticker shock in trying to plan the annual convention. We made some tough, and maybe unpopular, decisions to keep the costs down and to keep us less in the red.

How is ARIN keeping costs down for the fall symposium? We are collaborating with the Philadelphia Chapter which has had previous fall meetings. We have had very positive feedback that this meeting fills a great need for individuals who cannot get time off from work during the week, cannot afford to come to a long meeting, and need the credits to maintain their CRN credential. In addition, we had great topics and great speakers, plus all the networking that you are able to do. Last fall we had vendors, and everyone felt that they were an added value. We will have vendors at the next symposium.

Once a year, you receive a membership renewal in the mail. You may have to ask yourself, can I still afford this, what is the value that I get for my membership? I just want to remind you that we do offer the option of paying for your membership dues on a monthly basis through an electronic payment system. I have done that for several years. The benefits of

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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.

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Hello Radiology Colleagues!

Please allow me to introduce myself as your new Editor for ARIN's *Vision* newsletter. I am Kieley Brinks, BSN, RN, Nurse Manager for Diagnostic Radiology Services at the University of Michigan Health System, Department of Radiology. I have a diverse background in radiology, with previous experience in Interventional Radiology, CT, US, MRI, Special Procedures and General Imaging. I have worked with adult and pediatric populations. Prior to working in radiology, I have worked in the emergency department, in many critical care units and as a SWAT nurse. I have worked in large academic institutions, as well as small, community, rural hospitals and free standing centers. I have worked as a staff nurse, charge nurse, supervisor and nurse manager. I hope that my varied background will add a sense of connection, perspective and collegiality between Vision and ARIN's membership.

I had the profound pleasure to have been invited to attend ARIN's Annual Convention, *Honoring the Past, Imagining the Future*, in San Diego, CA, March 6 – 12, 2009. Attending this convention afforded me several of my proudest professional moments, as I listened to our fellow nursing colleagues share information, research, insight and practical knowledge before our diverse membership.

Evidence-based…Value stream…Quality…Meaningful process…Systematic improvement… Accountability…Transition…Eliminating waste…Patient satisfaction…Employee satisfaction…Standardized operations…Documentation…..these are terms I heard again and again in the sessions at this year's Convention. No matter what the topic was, no matter how diverse the group, we are all focusing on the same objectives: how do we improve our processes to maximize our patients' experiences, reduce negative outcomes; utilize our resources effectively; and promote staff satisfaction and professional development?

During a recent TJC surveyor evaluation, I had the opportunity to speak with two of the visiting surveyors. While discussing their patient tracing process, they remarked that, "nearly every patient admitted to a hospital eventually has some contact with the department of radiology." How true! We, as Radiology Nurses, have a tremendous opportunity to affect a positive impact on "nearly every patient" in the hospital.

As I attended the Workshops and Sessions, viewed the Poster Sessions, and spoke with many of you, this was a common theme. When the technical aspects of a diagnostic study were decided upon, when the diagnostic-quality images were obtained, when new equipment or procedures were mastered and more familiar ones were refined – every nurse's objective was to make a difference and provide the absolute best patient care experience possible, every time.

With those thoughts in mind, I look forward to serving ARIN's membership in my capacity as *Vision*'s editor. I hope to share the activities and plans of member Chapters, so that we all can be inspired. I would like to keep you updated with information from our Standing Committees, Task Forces and Inter-Society Liaisons. I hope to keep you apprised of educational opportunities within both ARIN and within our Chapters. We have a learned, respected, educated, experienced, resourceful and creative membership – let's Honor the Past and Imagine (and walk confidently into) the Future together!

I am honored to have been selected as your editor and hope to grow *Vision* into a publication that all members will find informative, newsworthy and of interest. Please, let me know about activities in your own Chapter so that I can share, and hopefully, inspire, our colleagues. Please forward notices of educational opportunities of interest to radiology nurses so that we can include them.

I will be contacting the Chapter Presidents, Liaisons and Task Force Chairs in the hope of establishing collaborative and professional networks as a means of informing our membership of the remarkable work being doing by our colleagues throughout ARIN. I hope to be able to share your roles and relationships, along with your agendas and accomplishments.

If you have an idea or suggestion, please always feel free to drop me an email. I look forward to hearing your ideas on what I can do to grow *Vision* into a robust newsletter that is reflective of its represented members – informative, newsworthy and of interest. ARIN's membership encompasses professional, geographic, experiential and educational diversity. I would like this newsletter to provide a true *Vision* of radiology nursing.

President's Message *(continued from page 1)*

belonging to ARIN may include, but most certainly are not limited to, the following: networking with other radiology professionals; knowledge sharing – especially through the listserver but also through *Vision, Journal of Radiology Nursing*, and lectures; autonomy; advocacy; focus on patients and safety; advanced technology; excellent practice resources; opportunities for leadership development; and certification recognition.

In November 2008, I attended the Alliance Fall Summit meeting. Rosemary Gibson spoke to us about medical errors and the "Wall of Silence" that continues to exist. She published a book in 2003, along with Janardan Prasad Singh (2003), on this subject. Throughout the book she took several instances and weaved them in different ways to make certain points. As I read the book, I though about how far we had come in our practices, but how far we have yet to go. A company has actually patented a "time out" towel to put over the surgical trays that should not be removed until the "Time Out" is complete at the start of each OR procedure. My lead tech told my about one of the radiologists who only works part time and said to the nurse, "Okay you are going to have to educate me on what I need to do differently." Our OR has actually made a poster board to go on the wall that everyone must read and agree to while the nurse goes through the checklist on paper before the towel can be removed. In our interventional radiology section, the lead tech came up with the idea for a sticker with the words "Interventional Pause" and places this over each tray reminding everyone that the "Time Out" must occur before the procedure can start. This sticker has been further developed into the shape of a stop sign, color coded maroon and gold, and is now in the process of being trademarked by the University of Minnesota. Go Team!

Reference
Bison, R., & Singh, J.P. (2003). *Wall of silence*. Washington, DC: Lifeline Press.

Chapter News

GRAND CANYON STATE CHAPTER

Deborah Thomas, BS, RN, CRN
Secretary

We have presented two conferences since the last update! Our November conference took place in Flagstaff, and we were joined by new members from the northern part of our state. On January 24, 2009, we were in Tucson at St. Mary's Hospital, and there were over 20 attendees.

Our April conference, *The Radiant World of Interventional Nursing – Celebrating the Radiology Nurse* is well into the final planning stages. It will take place April 11, 2009, at Banner Good Samaritan Hospital in Phoenix. We anticipate over 100 attendees and have planned for 7.5 contact hours. We have received our proclamation from the governor, and we are starting to accept nominations for our Nurse of the Year and Carolyn Bennett Scholarship awards. This April marks the fifth anniversary of our chapter, and we are preparing a special anniversary keepsake booklet with the history, photos, and milestones of our chapter. National ARIN has graciously donated some ARIN memorabilia for our conference.

Our website www.azradiologyrn.net has been updated. We now have pictures and biographies of our board members. We have also spotlighted hospitals around the state with an article and photographs.

Please check out our website. We would love to hear from you!

2009 International Stroke Conference Highlights (American Stroke Association)

Gail Love, RN, CRN
Allegheny General Hospital
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The American Stroke Association conference's multi-year goal is to reduce death and disability from stroke by 25% by the year 2010. Stroke is still the third leading cause of death and disability in the US. The conference was held in San Diego, CA, at the San Diego Convention Center with a 7% increase in attendance this year.

"Get with the Guidelines," which 1,265 hospitals contracted by January 2009, is a program that ensures continuous quality improvement of acute stroke treatment and ischemic stroke prevention for those developing a primary stroke center and provides guidelines for hospital staff "champions" to implement treatment through discharge planning for patients in acute care hospitals. This program is available for implementation at all acute care hospitals nationwide. The American Stroke Association with a large multispecialty advisory group and a Brain Attack Coalition team all work together with the Joint Commission to establish the criteria for certification as a Primary Stroke Center. All hospitals are encouraged to "Get with the Guidelines." Primary Stroke Centers are rewarded with Gold or Silver Performance Award status recognition when certain treatment guidelines are followed at least 85% of the time. The Gold Award is awarded for two years or more and the Silver Award is for one year.

A pre-conference nursing symposium was held February 17, 2009. The program included topics on acute subarchnoid hemorrhage interventional management, ethical considerations in stroke care, carotid dissection and venous thrombosis, anatomy and physiology, neuroplasticity and late recovery after stroke, and life changes. A luncheon for the attendees provided time for participants to network with other healthcare professionals regarding their implementation of the stroke process at their institutions. The goal of the program was to share best clinical practices to optimize patient outcomes throughout the stroke continuum of care at various levels of healthcare skills.

The 2 1/2 day International Stroke Conference took place February 18-20, 2009. The conference provided an educational experience for neurologists, neurosurgeons, neurointerventionalists, neuroradiologists, endovascular specialists, physiatrists, emergency medicine specialists, nurses, pharmacists, allied health professionals, and basic researchers in the field of cerebrovascular disease and stroke. The learning objectives were for participants to be able to discuss stroke pathophysiology and current trends in treatment.

Sessions in surgical and interventional categories focused on aneurysm, carotid revascularization, intracranial atherosclerotic occlusive disease, ischemic stroke intervention, subarachnoid hemorrhage management and vascular malformations.

On February 20, the Council Awards Breakfast included a stroke survivor presentation by Mark McEwen. Mark is the author of *Change in the Weather,* which he wrote after his stroke. Mark had been the weatherman for the CBS *Early Show* for 15 years before he moved to Orlando to anchor a local news show and spend more time with family. During one of his trips, he "didn't feel like himself" and was sent home after being misdiagnosed at the hospital. Two days later, he collapsed with a massive stroke. Mark spoke of how he was left unattended at the airport in a wheelchair, unable to speak to his wife, and calling for help on his cell phone, as well as other events that transpired during his ordeal after his stroke. He spoke of his comeback, after extensive rehabilitation, to the man he once was. Mark has dedicated himself to become the "Lance Armstrong of Stroke" and informing the public of the signs and symptoms as well as the prevention of stroke.

In conclusion, I would like to thank ARIN for granting me the opportunity to attend the International Stroke Conference. Attending this conference has enhanced my knowledge of stroke management. It has provided me the opportunity to network with many levels of healthcare professionals on an international level.

It's ImPORTant!

Chris Cavanaugh, CRNI
ARIN Board Member

Implanted chest ports that can handle the high pressures and fast speeds of the pressure injector in CT and MRI are becoming more common everyday, especially in our oncology population. Oncology patients are the most common group to receive serial CT and MRI scans with contrast, as their cancer is staged and during treatment. These power injectable ports are very similar to traditional implanted ports, but there are some very important differences that you need to be aware of in order to provide the best outcome for patients that have these devices.

Identification of a power injectable implanted chest port is the first step in managing the care of these patients. There are currently three companies that make a power injectable port, Bard, AngioDynamics, and Smiths Medical. Of the three, the Bard POWER Port™ is the only port that can be identified via palpation. The Bard POWER Port™ has three raised bumps on the septum, in a triangular shape, that can be palpated under the skin of the patient when assessing for port location. The Bard also has the legend CT visible on a scout scan or x-ray to further assist in identification. The other two ports, by Smiths and AngioDynamics palpate as a typical, non-power injectable port and have no distinguishing characteristics under x-ray or scout. Each company has its own patient literature, wallet cards, key chain cards, and other identifying paperwork that the patient must carry at all times to identify the port as a power injectable port. Asking each patient if he or she has any of this identifying material is an important step in the pre-injection assessment.

Once you have identified the patient as having a power injectable port, that documentation should be added to the patient's records for the visit so that it may be verified on future visits. Power injectable ports for CT need to be accessed with a Huber needle that has been approved for CT power injection. All three companies make a power injectable Huber needle for use with their ports. Bard and AngioDynamics both state in their port instructions for use to use only their brand of power injectable Huber needle when using the high pressure power injector for CT contrast. The instructions for use of the Smiths port states that you can access its port with its brand or any other brand of Huber needle designed for high power injections. This means if you use a Smiths brand Huber in a Bard port, the liability for any untoward event falls on the hospital making the decision to use the port "off label."

Power injectable Huber needles should be stocked in the CT and MRI departments along with central line dressing change kits for accessing patients with power injectable ports. Accessing these ports is a nursing function in almost all states, as it requires additional training and sterile technique. However, there are some states that allow radiology technologists to access ports, provided the radiology technologists are deemed competent by their facility. Almost all states allow radiology technologists to attach the pressure injector to accessed ports, according to institutional policy.

These ports need to be flushed with normal saline when accessed and then with normal saline and heparinized saline after the injection. The technique for accessing a power injectable port with a power injectable Huber needle is the same as accessing a non-power injectable port. The power injectable Huber needle can be treated the same as a non-power injectable Huber, left in place and maintained according to your institutional policies. From the unit nurse's perspective, the care and maintenance of the port is the same.

Be cautious if a patient presents to you with the port already accessed and shows you proof (wallet card, key card) that he or she has a power injectable port. The special power injectable Huber needles are not usually found outside of radiology because of the higher cost of those needles, and power injecting through a regular (non-power injectable) Huber needle could lead to complications. In order to safely inject, you need both the power injectable port and correct power injectable Huber needle.

Deaccessing the power injectable port is no different than a non-power injectable port, and care and maintenance, dressing, and needle changes would also be the same for both types of ports.

Identification and access to the right equipment are keys to managing the patients who have high pressure injectable or power injectable implanted ports. Basic care, maintenance, accessing, and deaccessing of these ports is the same as for any implanted port, which makes the use of these ports uncomplicated for the unit nursing staff. The challenge in the radiology department is to have the correct type of needle and supplies to access these ports when they are identified and used for CT or MRI high pressure injections of contrast. Check with your state board of nursing and radiology licensing boards to clarify who can access and use these ports and verify that your hospital has a policy in place for using these ports in the radiology department.

In Memoriam

Patricia Barry Doohan, RN, passed away on February 9, 2009, at age 67. Pat was a member of ARNA (now ARIN) since 1985. She was President of ARIN from 2000-2001 and served on the Board of Directors as President Elect and Treasurer. Pat served as Chair of the Chapters Committee and was a member of the Education and Research Foundation. She was a long standing member of the Empire State Chapter where she served as President and Board Member. In 2006 Pat was presented with ARNA's first Radiology Nurse of the Year Award.

Pat served as ARIN's liaison to the American Heart Association for many years and helped to build the relationship between the organizations. She was active in the Legs for Life Program with the Society of Interventional Radiology. Pat was a contributing author for the first edition of the ARNA Core Curriculum and presented at past ARNA conventions.

Pat always put other people first and truly enjoyed everyone she was around. She was enthusiastic, energetic, engaging, and optimistic. She was a professional who knew the value of mentoring, the definition of professionalism, and the importance of perseverance. She loved being a nurse.

Pat's presence will be missed by many ARIN convention attendees in the years to come, as she was always such a positive presence and ARIN supporter. She is survived by her husband George; sisters Mildred Studick of Victor, Rhoda May of Rochester, Nancy (John) Marvin of Farmington, Monica Barry-Hamann of Victor, and Jeanne Stewart of Rochester, brother Robert Barry of Victor, and many nieces, nephews and great nieces and nephews. Donations by friends can be made in Pat's honor to the Hildebrandt Hospice Care Center (2652 Ridgeway Ave. Rochester, NY 14626) or a charity of your choice.

RNCB Acknowledges New CRNs

The Radiologic Nursing Certification Board, Inc. acknowledges the following individuals who passed the Certification Examination for Radiologic Nursing in Imaging, Interventional, and Therapeutic Environments on October 11, 2008:

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3rd Annual Fall Symposium

Philadelphia, Pennsylvania

September 26 & 27, 2009