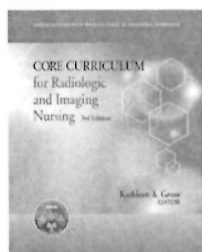


ARIN

Vision

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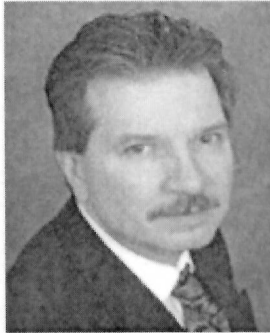
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From the President's Desk

Go Forth and Lead: "Reconstruction" of Radiology Nursing



Change is part of life. It can bring incredible joy and blessings, as in the case of births and weddings. Change can also create opportunities for growth; for example, as we drop old practices and unproductive behaviors and attitudes. Change can be positive, but sometimes we choose not to embrace it.

Radiology nurses manage change daily, in practices and clinics around the world. Adaptability and flexibility are basic requirements for the radiology nurse (ANA, 2013). This is especially true as patient diagnostic tests and interventional procedures rarely conform to textbook descriptions. The term "work-around" is common in many radiology practices. Due in part to our flexibility, radiology nursing is in a key position to adapt to the changes in healthcare policy, workflow, and technology that are on our doorsteps. According to the 2010 Robert Wood Johnson Foundation/Institute of Medicine report, nursing will need to advance practice to fill many of the gaps in the healthcare delivery system in the future (IOM, 2010). With this mandate in mind, I would like to offer recommendations for adapting to change that is applicable in a variety of radiology settings.

As we move forward into a brave new world of healthcare, patients' healthcare experiences will drive the development of processes and programs and determine payment. Radiology practices and organizations will be financially accountable for ensuring a positive patient experience or face penalties (Centers for Medicare & Medicaid Services, 2013). This will lead to competition among healthcare settings to provide superior patient care (DiGioia, Lorenz, Greenhouse, Bertoty, & Rocks, 2010).

The radiology nurse needs to embrace the fact that the patient's perspective may not always reflect the care we provide. This is a valuable lesson that I learned early in my nursing career. I was a primary nurse for a critically ill neuroscience intensive care patient. Due to the severe nature of his neurological insult, I was with him and his family for many weeks. Upon his discharge, the patient and family shared with me what impacted them most during my care of him in the unit. It was the warm blanket and sip of water! The new nurse in me could not believe it was not the vasopressors I managed, the ventriculostomy I positioned, the medications delivered on time, or the subtle variances in his neurological status I reported. The lesson I learned was that what seemed so inconsequential to the healthcare provider may be extraordinarily important to the patient.

Perception is reality; it is key to the challenges we face. Whether we are dealing with patients, senior administration, or other disciplines and departments, each party provides a unique viewpoint of any given situation. Those perspectives should be valued and evaluated.

Active listening and keeping an open mind are imperative in management and adapting to change. Proper application of these two principles provides patients, families, and colleagues with the impression that their views are valued (Graham-Dickerson, Houser, Thomas, Casper, Erkenbrak, Wenzel, & Siearist, 2013). Helping people to feel valued and connected to healthcare

is detrimental to patient/caregiver and workplace relationships. Simple but practical life suggestions for fostering trust include not jumping to conclusions, thinking optimistically, and understanding and enjoying your work (Smith, 2013).

Adapting is difficult unless we understand the why, how, and need for the change (Lencioni, 2007). Taking time to reflect on why we became nurses, why we stay, and how our work matters is critical to our adaptation. Certification and keeping current on practice issues are crucial elements rounding out the scenario. As I shared in my March presidential address, each of us is a leader, whether we are leading patients or groups of other nurses. All who follow us expect us to exert leadership and provide them with direction. It is impossible for us to provide direction if we don't know where we are heading and why. A popular current phrase is, "The only constant is change." This is true for today's radiology nurses. In addition to adaptation, our success will depend on our ability to manage stress, understand issues, set priorities, and effectively communicate. This process takes fortitude and dedication.

Finally, to effectively manage and adapt to change, we must perform a self-evaluation and ensure we are on board with the initiatives of our organizations. We will need to follow our leaders. To be a good follower, we must critically appraise if we can, in good faith, support the organization's mission, vision, and values. If we decide we can, then we must actively support our leadership. This doesn't mean you cannot be skeptical. Skepticism in moderation can provide an important balance. Personal change is a keystone to adapting to external loci of change. Clinical, economic, regulatory, and staffing forces are a few of the external factors that will change as healthcare resources dwindle (Seltzer & Lee, 2014). Some questions you might ask yourself are: How solid is your personal foundation? As a radiology nurse, how are you prepared to face these challenges? Will you run from change or embrace an opportunity for growth?

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Greg Laukhuf, ND, RN, CRN, RN-BC, NE-BC
ARIN President, 2014-2015

Revised and New Position Statements and Clinical Practice Guidelines

In 2013, the ARIN Board of Directors decided it was crucial to stay current with Position Statements and Clinical Practice Guidelines that address the needs and practice of radiology nurses. The following were recently revised and approved.

Position Statements

1. Patient Safety in the Imaging Setting
2. Role of the Imaging Nurse in Patients Undergoing Sedation Procedures
3. Nursing Leadership and Performance Evaluation
4. Bariatric Patient Safety in the Imaging Environment

Clinical Practice Guidelines

1. Contrast Media Administration to Pregnant or Potentially Pregnant Patients
2. Extravasation of Contrast Media
3. Universal Protocol for Procedures in Radiology
4. Hand-Off Communication Concerning Patients Undergoing a Radiological Procedure
5. Hand-Off Communication Concerning Patients Undergoing a Radiological Procedure with General Anesthesia (in collaboration with ASPAN)
6. Personnel Dealing with Chemotherapy and Cytotoxic Medications
7. Vertebroplasty and Kyphoplasty
8. Metformin Therapy and Lactic Acidosis Risk
9. Contrast-Induced Nephrotoxicity
10. Gastrointestinal Contrast Media
11. Contrast Media Administration in Breastfeeding Women
12. Informed Consent for a Radiological Procedure

Additionally, ARIN is proud to endorse:

1. Joint Practice Guideline for Sterile Technique during Vascular and Interventional Radiology Procedures (with SIR, AORN, and endorsed by CIRSE and CIRA)
2. AORN Position Statement on Criminalization of Human Errors in the Perioperative Setting
3. AORN Position Statement on Creating a Patient Safety Culture
4. AORN Position Statement on Workplace Safety
5. APIC Position Paper on Safe Injection, Infusion, and Medication Vial Practices in Healthcare
6. ANSR 2010 Consensus Document
7. AACN Standards for Establishing and Sustaining Healthy Work Environments
8. FDA White Paper Initiative to Reduce Unnecessary Radiation Exposure from Medical

- Imaging
9. NGNA Position Statement on Mandatory Gerontological Nursing Education in all Registered Nursing Programs and Gerontological Nursing Continuing Education for all RNs in the US

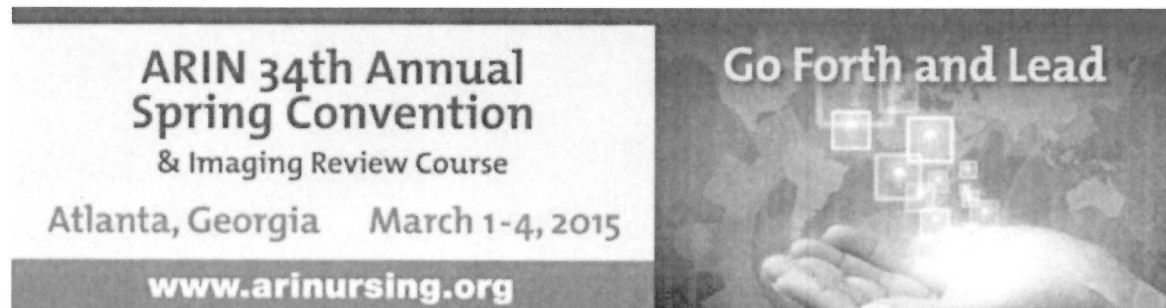
We are looking for additional concerns and topics. Feedback is always encouraged from our members: info@arinursing.org.

ARIN Announces New Management Company

The ARIN Board of Directors has secured the services of Boulter Management Company (BMC) as its association management firm, effective November 1, 2014. Membership will not experience any interruption in services during this transition. Please continue to contact ARIN at info@arinursing.org or toll free at (866) 486-2762. Thank you for your continued commitment to your patients and ARIN.

Karen L. Green MHA, BSN, RN, CRN
ARIN Executive Director

34th Annual ARIN Spring Convention Atlanta, GA



Omni Hotel at CNN Center * Atlanta, GA
Convention: March 1-4, 2015
Imaging Nurse Review Course: February 27-28, 2015

The ARIN Annual Convention is held in conjunction with the Society of Interventional Radiology (SIR) and the Association of Vascular and Interventional Radiographers (AVIR), which makes this the premier event to attend each spring! ARIN's Core Purpose is to foster the growth of nurses who advance the standard of care in the imaging environment.

Housing is Now Open! Select from SIR's [official hotel list](#) to book your room for Atlanta!

See the [ARIN website](#) for a list of registration fees. Registration will open October 1st. Check back here for more updates and the full convention schedule soon. For more information on the

SIR or AVIR programs, please visit www.sirmeeting.org.

Capnography: An Adjunct Safety Measure

A Message from the Executive Director of ARIN



Imaging nurses administer moderate sedation and analgesia to patients undergoing minimally invasive procedures on a daily basis. These procedures include angiography, biopsies, drainages, and vascular access. Routine monitoring includes LOC, ECG, NIBP, and oxygen saturation every 5 minutes. But how many organizations utilize capnography?

Monitoring patient ventilation, as opposed to respiration, is a key component of patient safety and positive outcomes in this setting. One could make the argument that imaging nurses are close enough to the patient to monitor their chest rising and falling, even with full body draping over the patient. While this may be true at times, I offer that seeing the chest rise and fall does not indicate that sufficient oxygenated air has moved into the lungs for gas exchange. Patients prone for their procedure present additional challenges, in that chest wall movement may not be seen due to draping. Patient acuity in the IR setting continues to rise as more and more procedures are moved into this arena.

On October 20, 2010, the **American Society of Anesthesiologists** (ASA) approved the *Standards for Basic Anesthetic Monitoring, Standards and Practice Parameters*. Standard II states, "During all anesthesia, the patient's oxygenation, ventilation, circulation, and temperature shall be continuously evaluated." Standard III adds, "During moderate or deep sedation the adequacy of ventilation shall be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide unless precluded or invalidated by the nature of the patient, procedure, or equipment."

The current **ARIN Clinical Practice Guideline** states: "Nursing assessment should include current vital sign measurement, baseline heart rate, blood pressure, pulse oximetry, ventilatory status, location and severity of pain, and level of consciousness."

At the recent **NEC-ARIN Fall Conference**, one session was devoted to Moderate Sedation Administration, which included a lively discussion of capnography. Following this session, a survey was conducted to determine the use of capnography in the imaging departments of those attending. The results indicated that 74% utilized capnography while the remaining 26% did not. Eighty percent of those using capnography worked in organizations with a bed size ranging from 100-500 beds, with 98% describing their organization as an academic or community institution. Reasons noted for not utilizing capnography included: cost (2), not needed as outcomes were good (2), and lack of education on the VALUE of capnography (3). Other responses included needing a policy (1), with one organization considering capnography.

ARIN is committed to education, as noted in our vision statement, "to foster the growth of nurses who advance the standard of care in the imaging environment." You have witnessed this commitment through ARIN Webinars, the 3rd edition *Core Curriculum*, and the *Journal of Radiology Nursing*.

To assist in educating ARIN members about the art and science of capnography, I am extremely

pleased to announce that ARIN is fortunate to have **Covidien Respiratory and Monitoring** as a Strategic Partner. Covidien Respiratory and Monitoring is focused on educating all who administer moderate sedation and analgesia, and the use of capnography in the imaging environment. To this end, ARIN will be placing a link to the [Covidien PACE website](#), which contain both CE and non-CE credits related to moderate sedation and capnography.

Education is a solid way to enlighten ourselves and our colleagues about the benefits and drawbacks of new technology. While one nurse alone may not be in the position to move any initiative forward, it only takes one voice to begin discussion and inquiry into a new technology. Others will join as understanding improves and spreads. Why not be that one voice in your organization?

Karen L. Green MHA, BSN, RN, CRN
ARIN Executive Director

RAD-AID Conference

ARIN Participates in White Paper Review

ARIN was proud to participate in the white paper review of the 2013 RAD-AID Conference. RAD-AID was formed to address the global need for radiology assistance. ARIN has partnered with RAD-AID and the ARIN Board has approved offering the second edition of the *Core Curriculum for Radiologic and Imaging Nursing* to programs that can impact nurses involved in radiology in developing regions.

"White Paper Report of the 2013 RAD-AID Conference: Improving Radiology in Resource-Limited Regions and Developing Countries" by Daniel J. Mollura, MD; Nandish Shah, BA; and Jonathan Mazal, MS, RRA, RT(R)(MR) for the RAD-AID Conference Writing Group, RAD-AID International, Chevy Chase, Maryland).

A complete list of the RAD-AID Conference Writing Group contributors appears in the Appendix .DOI: <http://dx.doi.org/10.1016/j.jacr.2014.03.026> in the *Journal of the American College of Radiology*, Volume 11, Issue 9, pp. 913-919 (September, 2014). Access the abstract at [http://www.jacr.org/article/S1546-1440\(14\)00165-3/abstract](http://www.jacr.org/article/S1546-1440(14)00165-3/abstract)

Nurses interested in participating in RAD-AID initiatives can contact Katherine Duncan at atkuncan@unch.unc.edu and review the RAD-AID website for more information and possible chapters in your area: www.RAD-AID.org.

Katherine Duncan, BA, RN, CRN
ARIN Secretary

Ebola: Are Radiology Nurses Prepared?

The spread of the Ebola Virus to areas outside the affected West African countries has caused alarm and fear in countries outside the hot zone (Liberia, Sierra Leone, and Guinea). As of the time of this writing, the Centers for Disease Control and Prevention (CDC), in conjunction with

the World Health Organization (WHO), reported that there have been 13,241 Ebola cases, and of these, 4,950 have resulted in death. In the United States there have been 4 cases of Ebola, with one known death at this time.

The incidence of Ebola within our borders has required a serious self-assessment of current preparative processes. It has forced us to take a good, hard look at how adequately prepared our US healthcare facilities are. Are our healthcare workers properly trained and informed? And do we have adequate supplies?

As the CDC continuously updates recommendations and develops new guidelines based on gathered evidence and experience, hospitals struggle to disseminate this education and train personnel. It is important to recognize that in order to keep workers safe, keep the virus contained, and to safely care for our patients, it is necessary for our healthcare workers not only to be informed and educated on new protocols but to also practice and drill on the new guidelines.

To achieve competency, we must practice the donning and doffing of PPE, and learn how to contain and isolate a potential case. We must also learn the new scripting to be used during patient interviews to identify possible infections, and how to immediately activate the hospital's particular response system. Achieving competency requires practice and surveillance by specially trained individuals.

In this vein, a survey was conducted to assess the readiness and educational needs of our members to handle a patient that presents with Ebola. Using Survey Monkey, ARIN eBlasted the survey to 1,652 members. The survey ran Oct. 17-24, 2014. We received 250 responses, representing a 15% response rate.

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World Health Organization. (2014). Global Alert and Response. Retrieved from <http://www.who.int/csr/disease/ebola/en/>

Mary F. Sousa BSN, RN
ARIN President-Elect 2014

Guidelines for the Primary Prevention of Stroke Update 2014

A Statement for Healthcare Professionals from the American Heart Association/American Stroke Association, authored by:

1. James F. Meschia, MD, FAHA, Chair
2. Cheryl Bushnell, MD, MHS, FAHA, Vice-Chair
3. Bernadette Boden-Albala, DrPH, MPH
4. Lynne T. Braun, PhD, CNP, FAHA

5. Dawn M. Bravata, MD
6. Seemant Chaturvedi, MD, FAHA
7. Mark A. Creager, MD, FAHA
8. Robert H. Eckel, MD, FAHA
9. Mitchell S.V. Elkind, MD, MS, FAAN, FAHA
10. Myriam Fornage, PhD, FAHA
11. Larry B. Goldstein, MD, FAHA
12. Steven M. Greenberg, MD, PhD, FAHA
13. Susanna E. Horvath, MD
14. Costantino Iadecola, MD
15. Edward C. Jauch, MD, MS, FAHA
16. Wesley S. Moore, MD, FAHA
17. John A. Wilson, MD

on behalf of the American Heart Association Stroke Council, Council on Cardiovascular and Stroke Nursing, Council on Clinical Cardiology, Council on Functional Genomics and Translational Biology, and Council on Hypertension

Abstract

The aim of this updated statement is to provide comprehensive and timely evidence-based recommendations on the prevention of stroke among individuals who have not previously experienced a stroke or transient ischemic attack. Evidence-based recommendations are included for the control of risk factors, interventional approaches to atherosclerotic disease of the cervicocephalic circulation, and antithrombotic treatments for preventing thrombotic and thromboembolic stroke. Further recommendations are provided for genetic and pharmacogenetic testing and for the prevention of stroke in a variety of other specific circumstances, including sickle cell disease and patent foramen ovale.

Reference

Meschia, J. F., Bushnell, C., Boden-Albala, B., Braun, L. T., Bravata, D. M., Chaturvedi, S., . . . Wilson, J. A. (2014). Guidelines for the primary prevention of stroke: A statement for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*. doi: 10.1161/STR.0000000000000046

Bare News for Radiology

What You Really Need to Know

New Imaging Agent for the Gut

Researchers have developed a nanotechnology imaging agent for the gastrointestinal (GI) tract that aids in real-time assessment of GI function, according to the University of Wisconsin-Madison. The article, published in the June issue of *Nature Nanotechnology*, states that patients will be able to forgo the traditional barium cocktail with this product. They will still drink a contrast agent, but it will contain the nanoparticles with a bright dye to illuminate the intestine using photo acoustic imaging.

New Noninvasive Technique Controls Molecules Penetrating the Blood-Brain Barrier

Researchers from Columbia University have theorized that using an innovative ultrasound approach with acoustic pressure will allow molecules through the blood-brain barrier and aid in

the treatment of central nervous system diseases like Parkinson's and Alzheimer's. "It is frightening to think that in the 21st century we still have no idea how to treat most brain diseases," stated the principal investigator, Elisa Konofagou. "But we're really excited because we now have a tool that could potentially change the current dire predictions that come with a neurological disorder diagnosis."

Nursing Workforce Grows as RNs Delay Retirement

According to a new study in *Health Affairs*, registered nurses are delaying retirement. This, in combination with a rise in nursing school enrollment, has resulted in an unexpected growth of the nursing workforce in the United States. This is in opposition to many published predictions that the nursing workforce would shrink as Baby Boomers retired, causing a widespread nursing shortage. Experts do not expect the increase to offset future nursing demand. The nursing spike, they say, is temporary.

Physical Work Environment Impacts Job Satisfaction in Early-Career Nurses

According to a study by the Robert Wood Johnson Foundation's RN Work Project, physical aspects of a nurse's hospital work environment influence early-career nurses. Job satisfaction is an integral component in nurse turnover, patient satisfaction, and patient outcomes. The researchers found that while physical environment had "no direct influence on job satisfaction," it influenced workplace factors, such as group cohesion, workload, and nurse-doctor relations, which indirectly impacted job satisfaction.

Future of Nursing Scholars Grants Announced

The Robert Wood Johnson Foundation announced the first programs to receive grants from the Future of Nursing Scholars program. Each school will select PhD students to receive financial support, mentoring, and leadership development during their 3-year programs. The Scholars program will award up to 100 grants during its first two years. The aim of the program is to advance the Institute of Medicine's goal to double the number of nurses with doctorates and to create nurse leaders in healthcare education, research, and policy arenas.

Student Nurses Provide Team-Based Care

Some of the nation's leading nursing schools now require students to participate in interprofessional courses or activities, according to a report released by the Robert Wood Johnson Foundation and AARP's Future of Nursing: Campaign for Action initiative. Interprofessional education leads to improved patient safety and quality of care and helps students understand the "importance of collaborative practice in a healthcare system in which more and more care is delivered by teams of providers," nursing educators state. This is a rapidly growing trend that should continue to grow.

Programs Aid Second-Career Nurses

Many adults who return to school to pursue a nursing career seek accelerated programs to enter the field quickly. Nursing schools recognize the challenges facing second-career students. In response to this growing need, they are offering mentoring programs and guidance for student support, thus giving them a greater chance of success.

Hostile Work Environments Concern Nursing Grads

In an online survey of NCLEX-RN applicants by Kaplan Test Prep, half of nursing school graduates identified workplace bullying as a concern. The new graduates also shared concern about working in a hostile environment. Eighty percent of nursing school graduates surveyed believe nursing schools should present workshops and training to help new graduates adapt to these challenges.

MakerNurse Unveils New Online Community

MakerNurse, a program of the Little Devices Lab at MIT funded by the Robert Wood Johnson Foundation, has launched an online community to support Maker Nurses. Maker Nurses are defined as bedside nurses in the United States who improve or create tools/devices at the bedside to improve patient care. With the online community and upcoming online resources, MakerNurse hopes to encourage nurses to reach their ideas and bring them to fruition for patient care.

GEDSA Shares ENFit Expertise

The Global Enteral Device Supplier Association (GEDSA) is sharing expertise about the conversion to ENFit (ISO) connectors, mandated by JC. Stay Connected Initiative Overview outlines misconceptions, demonstrates the new connectors, and provides timing information. [Please view the video.](#)

Greg Laukhuf, ND, RN, CRN, RN-BC, NE-BC
ARIN President, 2014-2015

The Scoop on Dashboards

Dashboards, score cards, and meaningful use are the current buzz around hospitals. At the executive level, hospital dashboards have been in place for a while, and the new trend is departmental dashboards. The trend is being driven by the shift from fee-for-service healthcare to payment models geared toward quality and meaningful use. As stated by the Center for Medicare & Medicaid Services (CMS), "a dashboard is a system to track key performance indicators within an organization. It is meant to be designed so that it is easy to read and quick to understand, providing signals of where things are going well and where there are problems to address. It should include short-term indicators to make sure that milestones are being met, and outcome measures that reflect whether goals are being met."

Dashboards are used to promote quality and are indicative of how a hospital is functioning to meet patient needs. The information collected on your dashboard should reflect the information currently being collected by CMS, which is directly related to reimbursement. This information is [posted on the website](#), Hospital Compare, and available for public viewing.

Several of the issues CMS is currently measuring are:

1. Number of outpatients with low back pain who have had an MRI without first trying recommended treatments, such as physical therapy.
2. Number of outpatients who have had a follow-up mammogram, ultrasound, or MRI of the breast within 45 days of a screening mammogram.
3. Number of outpatient CT scans of the chest that were "combination" (double) scans.

Recently, I became involved in aligning the radiology dashboards for five hospitals within a healthcare system. These dashboards will be used to measure and institute improvement initiatives. The goal is to improve performance standards and increase quality of care for our patients. This has been an arduous process, as we have attempted to align the five hospitals practices with CMS standards for quality patient care. An important factor in developing a dashboard is which metrics are chosen to measure quality patient care. They must actually measure the performance standards you are trying to meet. These metrics must also be measurable and attainable in all systems. CMS is collecting information that is not only going to

determine our reimbursement, but also provide the public with information regarding our facilities. I would encourage you to visit the web site <https://www.qualitynet.org> for additional information.

Beth Ann Hackett, MSN, APRN-BC, CRN
ARIN Immediate Past-President

ARIN-Hosted Webinars

Upcoming Live Webinars

Check the [ARIN website](#) for updates.

Recorded Webinars Available for Purchase and Download

The following webinars are available anytime, anywhere through the links listed below:

[Infection Control in the IR Environment: Preventing Central Line Infections](#)

[Radiology Team Safety: To Err is Human](#)

[Contrast Induced Nephropathy: Recognition and Prevention](#)

[Embolization Considerations for Patients Undergoing Fibroid and Radioembolization](#)

[Cultural Competence vs. Cultural Humility](#)

[What's New in NeuroInterventional](#)

Coming Soon

Webinar: Dec. 10: Medications and Alternative Approaches to Managing Patients with Anxiety, Claustrophobia and Panic Attacks *with Kathy Duncan*.

ARIN Welcomes

New & Renewing Members

ARIN welcomes new and renewing members who joined Sept. 15 - Nov. 20, 2014. Below are their names, credentials (if provided), and locations:

Theresa Adamo, West Babylon, NY
Marie Fe Aldana, Jersey City, NJ
Maranatha Anderson, Tacoma, WA
Denise Ashlock, Jonesborough, TN
Dreana Blaszyk, RN, Royal Oak, MI
Paula Buckner, Franklin, TN
Debra Buttram, BSN, RN, Alachua, FL
Meaghan Carey, MSN, RN, CEN, NE-BC, BS-EMS, EMT-P, Albuquerque, NM
Linda Carter, RN, Salinas, CA
Patricia ChongTenn, New York, NY
Susan Cockrell, RN, Baldwin, MS
Maggie Cooke, Boston, MA
Theresa Cossel, Tucson, AZ
Kevin Cox, RN, Richmond, VA
Patti Denbow, Parrish, FL

Shelley DeReu, Westfield, IN
Michael Devine, Salem, OR
Andrea Dickinson, Duluth, MN
Anthony DiGiovanni, Wyckoff, NJ
Hedy Fagan, Mt. Pleasant, SC
Shelley Faubel, Gainesville, FL
Stephanie Findley, Harrisonburg, VA
Sarah Franks, Weatherford, TX
Natalie Frawley, Lexington, SC
Kari Garcia, Chubbuck, ID
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Danielle Holland, Derry, NH
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Susan Hunter, MSN, RN, APN, ADN, CRN, Glassboro, NJ
Verita Ingram, Rowlett, TX
Claudette Jacobs, South Bend, IN
Jamie Kabelowsky, Franksville, WI
Leah Keller, Waldwick, NJ
Jeanette Krause, Buffalo Grove, IL
Enomwoyi Kunde, Omaha, NE
Jerri Loucks, Bossier City, LA
Barbara McArthur, Toronto, ON, Canada
Roger Meece, BSN, RN, CPN, Dover, DE
Lottie Mills, Snow Hill, NC
Amy Morrow, BSN, RN, Sidney, OH
Elizabeth Murphy, Raleigh, NC
Darlene Murray, RN, Toronto, ON, Canada
Veronica O'Donnell, BSN, RN, CVT, RCIS, La Plata, MD
Zaila Ongoco, Riyadh, Saudi Arabia
Lori Oross, Abingdon, MD
Queencie Pelin, San Francisco, CA
Tracey Roland, MSN, RN, Pittsburgh, PA
Robert Ryan, New York, NY
Carmen Schatzman, MSN, RN, CNS, Cincinnati, OH
Kathleen Schwartz, Glens Falls, NY
Kimberly Slagle, Paramus, NJ
Mary Smolkovich, RN, Joliet, IL
Olivia Squire, RN, New York, NY
Jack Stech, RN, Pittsboro, NC
Elsy Thomas, BSN, RN, Sugarland, TX
Patricia Tillman, Jefferson, GA
Shara Vallier, Rockford, MI
Joe Walsh, Avondale, PA
Barbara Weber, RN, Clarence Center, NY
Allison Westmoreland, Walkertown, NC
Amanda Wiggins, Cantonment, FL
Elizabeth Woodyard, Huron, OH

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