ARINVISION

VISION Vol 20, No. 3

In this issue

PRESIDENT'S MESSAGE
ADVOCACY

By Mary Sousa

As nurses, I think we can all agree that advocating for our patients is at the pinnacle of importance in our profession. I think we can further agree that as nurses, we are incredible advocates for our patients. It is both surprising and alarming then, that we, the champions of quality patient care, are so inept at advocating for ourselves. This catastrophic contradiction can help us understand many of our shortcomings as a profession. And overturning this paradox is the key to giving nursing a greater voice and creating a better future for both nurses and patients.

As advocates for ourselves, our greatest challenge is not within our specialties or departments; we have to think bigger. Our greatest challenge is our presence nationally; our presence in politics and government. In the coming years, our profession will continue to face an ever evolving array of challenges from the unpredictable financial implications of healthcare reform, to the waning nurse workforce, to the imminent training and educational deficit. To overcome these challenges, as nurses, we must take control of our fate. We are the answers to our own challenges.

It is time to set aside our overwhelmingly laissez-faire attitude towards politics, and use our voice and our power to vote to advocate for ourselves. Being a part of a professional organization, like ARIN, is the first step. Napoléon Bonaparte once said, "Ten people who speak make more noise than ten thousand who are silent." Fitting? Yes! Nurses make up a work force of 3.5 million—3.5 million voices in unison have the potential for a tremendous impact. The future of nursing: leading change and advancing health (2010) IOM

At the ARIN Spring Convention in March I presented my vision to bring visibility to Radiology Nursing. Working together, our voice as Radiology Nurses, we become visible and vital putting our power of voting to work for our specialty, but how do we use our voice to influence political change? This is one of our major stumbling blocks. Most of us have not received formal education on the political process and where we fit into it. This is where ARIN bridges our profession with governmental policy and we, as an organization, are working to provide tangible solutions to that very question—how?

ARIN has joined forces with organizations such as the Nursing Alliance and Americans for Nursing Shortage Relief (ANSR) alliance, to advocate for title VIII funding and addressing issues such as the nurse shortage. These organizations have made the process of participation easy through use of form letters and briefings. Use your influence at a local level by writing to your state representative or attend a town hall meeting.

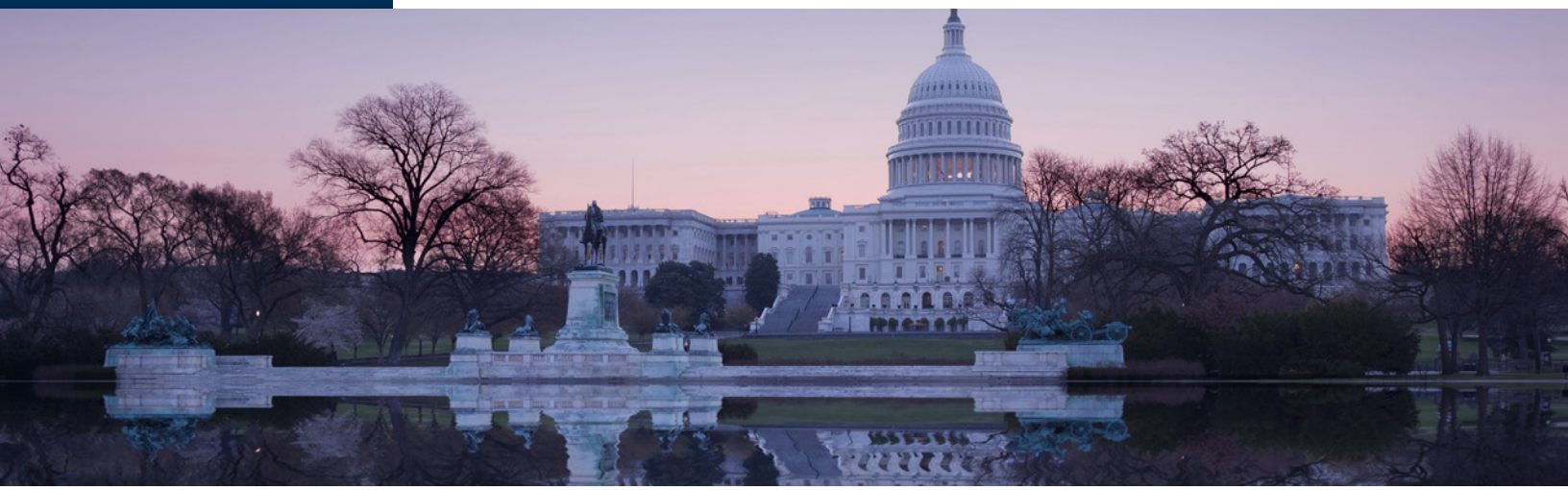
The ARIN Board of Directors strongly supports sending our leaders and Public Policy members to the Nurse in Washington Internship, (NIWI). The purpose is aimed at providing insight on how to bring our nursing initiatives to Capitol Hill. One method ARIN is involved in disseminating NIWI information is through an easy-access training webinar entitled ***Affecting Health Care Policy Changes: The NIWI Experience.*** This June, Pauline Lentowski, a past attendee of the NIWI and a member of our Public Policy Committee, will present this webinar. This educational event is a free member benefit and we encourage your participation and feedback.

For many years ARIN has sponsored members to attend the "Nurse in Washington Internship" to further develop nursing advocates. This year I was honored to attend the internship with public policy member Joanne Graf. Joanne writes a summary of our experience that is included in this newsletter.

In conclusion: As nurses we are willing, successful, and vocal patient advocates. When it comes to advocating for ourselves and our profession, however, we become silent and invisible. Now is not the time to be silent. Health care reform has arrived, bringing changes that affect our patients, ourselves, and our nursing practice.
Now is the time to broaden our advocacy and expand our voice and presence. Our time honored and trusted profession is 3.5 million voices strong. Through ARIN, Radiology Nurses come together to articulate our specialty. We are an international organization that has made a difference in the lives of Radiology Nurses worldwide. Joining our healthcare colleagues across specialties, and publicly advocating for our profession and for the purpose of protecting our patients as well as ourselves. We have influence. We must use this influence. ARIN is here to educate, support, and assist you as you become knowledgeable and aware of important issues. There is strength in numbers and comfort in resources. Engage in the political process to influence, educate, and protect. Use, do not lose, your voice!

http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

Americans for Nursing Shortage Relief (ANSR) Alliance. http://www.ansralliance.org/



NIWI EXPERIENCE

By Joanne Jones Graf RN BSN, MBA, CCRN, CRN

The past many years have made me jaded with politics. Bipartisanship seems to be nonexistent. No one seems to think of the "other guy" and our children and grandchildren have gotten ambivalent to national and global occurrences. This changed for me recently after attending the Nurse In Washington Internship (NIWI) Conference.

NIWI is sponsored by the Nursing Organization Alliance. The Nursing Organization Alliance is a coalition of nursing organizations uniting to create a strong voice for all nurses. Membership is open to nursing organizations whose focus is to address current and emergent nursing and health care issues. The Association for Radiologic & Imaging Nursing (ARIN) is proud to be one of these organizations.

The conference started with presentations to seventy five nursing participants from across the country on ethics, advocacy, and professional participation. The seminar then continued with our "Asks" from our congress persons and senators.

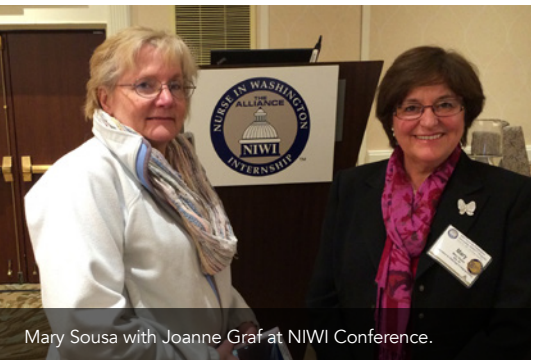
As a nurse and mother, I usually am not accustomed to "Asking". I have learned over the past forty five years, it is easier to do things myself. After the NIWI presentations, I now understand the "how and the why" importance of participation.

The first "Ask" is to request our Congress persons and Senators to give $244 million to Title VIII Nursing Workforce Development Programs in 2016. The "Why" is for support of nurses and nurse educators to counteract the expansive nurse deficit our country will experience by the year 2020. Elements of this deficit was outlined in the IOM 2020 report released several years ago.

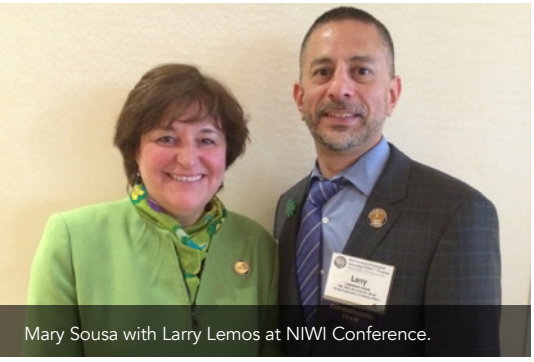
The second "Ask" is for $155 million to be given to National Institute of Nursing Research (NINR) in the year 2016. NINR funds research and establishes the scientific basis for quality patient care. The funding would help expand the nurse scientist community and the number

of research initiatives while allowing for more complex studies focused on health promotion and disease prevention. These areas need to continue to be researched, advanced and available as new medical treatments and therapies continue to become more available.

The last "Ask" is to allow Certified Registered Nurse Anesthetists (CRNA) to be permitted to perform their job as full practice providers within the Veterans Administration (VA) Healthcare System. This would be accomplished by updating the Veterans Health Administrations Nursing Handbook. Approximately 10 states have restrictions on the CRNAs in the VA Healthcare System. Nurse Practitioners and Advance Practice Nurses are already performing as full practice providers within the VA Healthcare System.



Mary Sousa with Joanne Graf at NIWI Conference.


Mary Sousa with Larry Lemos at NIWI Conference.

I was aware of the topics covered. I found I was able to speak easily about our needs as nurses after spending two days examining my practice in light of the information shared by the experts. We discussed the nursing shortage, developing expertise at the bedside, and full usage of our talents and education every day at work.

The following day was our visit to Capitol Hill with our representatives. Prior to attending NIWI, we were given instructions to ask our congress person on-line for an appointment on March 17. The senator's arrangements would be made by the NIWI organizers.

I anticipated the meeting with the representatives would make me nervous, but my main concern was riding the Metro System and arriving on time to the designated offices in Washington DC. The offices of the congress person and senator were written on my itinerary and I was given a map that easily described where I was to go. Every building has its own "airport type" security system.

My first appointment was with the Legislative Correspondent for my senator. The Legislative Correspondent was a young woman who had her Masters in Health Administration and was knowledgeable concerning the issues. She took notes appropriately and I gave her a packet developed by Nursing Community explaining in more details our "Asks".

My second appointment was with the congressman from my district. He was unavailable during my appointment due to a congressional vote but I was able to meet with his legislative assistant. I did meet with the congressman later and I was very impressed with his questions. His knowledge about the VA Healthcare System was solid and his daughter -in- law was a Nurse Practitioner.

Most staffers were twenty or thirty years of age, very enthusiastic and inspiring. They were eager to hear my message. I was able to explain our nursing issues easily after the NIWI presentations. I was able to share examples of Evidence Based Practice, describe the plight of a reduced nursing workforce and answer their questions. I was impressed with the respect given to me by everyone; the secretaries, the legislative correspondents and assistants, and the congressman. I was consistently amazed with their knowledge of the health care issues.

The NIWI Conference has renewed my belief in our children and grandchildren. I believe there is care concerning national affairs and issues and I do believe they are interested in the health of their fellow man. NIWI is correct when they say, "Nurses are the experts in healthcare". I do believe that nurse participation is vital for the changes and effectiveness in issues of healthcare. We must be advocates for our profession and our patients, now and in the future, at home with our representatives and on Capitol Hill.

Today, because of my experience at NIWI and visit to Capitol Hill, I not only read the American Nurses Association's (ANA) Smart Brief which is free on line, I am a member of the ANA, the Nevada Nurses Association and I receive a monthly newsletter from Congressman Crescent Hardy. Because NIWI made participating easier, I no longer feel I am an observer in the political field particularly concerning my patients and health care issues but an advocate.

A TIME TO REFLECT

By Karen Green

As I reflect on my years with the ARIN Board both serving and as the Executive Director, I realize how in many ways we are family – a professional family focused on the same goal. Just as your family evolves, so did the Board. I joined the Board in Las Vegas in 2005 as a Board Member. Each year the Board President shared their Vision for the upcoming year with a true focus of moving ARNA/ARIN forward and meeting member needs.

When I became President, I followed the trend of outlining my year, one that I believe was a success. I also realized that the success of an organization occurs slowly and follows a path that is built upon by its past. Our past leaders focused on specific areas to grow leading ARIN to the successful organization it is today. As your Executive Director, I was fortunate to have focused individuals leading the way. In 2013 the Board came together to develop the New Strategic Plan, a plan with many components but only one goal: to mobilize ARIN for the future, maintaining a 30,000 foot aerial view. It has taken time, energy, talent, and a pinch of luck for the New ARIN to appear.

Convention was only a few days ago. Those attending heard inspiring sessions. The New ARIN was unveiled. The Voice of ARIN was revealed and instilled in all of us to Go Forth and Lead!

This past year has been a year of change, both personally and professionally. Personally, I realized more than ever that family and friends are my most prized possession. Professionally, I have had the honor and privilege to serve ARNA/ARIN is a variety of ways, but none more important than as Member.

I wish all of you love, happiness and friendship and look forward to seeing many of you in the future.

With Warm Regards,
Karen Green

ARIN LEADERSHIP FOR 2015

The 2015 Association for Radiologic and Imaging Nursing Board of Directors assumed their positions at the Annual Membership Meeting held at the ARIN Conference in Atlanta, GA. Evelyn Wempe, MBA, MSN, ARNP, ACNP-BC, AOCNP® and Kristy Reese BSN, RN were newly elected in the 2014 election along with incumbent Director of Education Brenda Boone, Ph.D., RN, CRN.

Evelyn accepted the position of the President-Elect for 2015. In 2016 she will transition to President, then in 2017 Immediate Past President. Evelyn works at the University of Miami, Sylvester Comprehensive Cancer Center in Miami, Florida. She serves as Director of Interventional Radiology and also as a nurse practitioner for the department. She possesses over 12 years of experience as an oncology nurse and over five years of experience as a radiology nurse. Evelyn also has a special interest in the sub-specialty of Interventional Oncology.

Kristy became ARIN's new Secretary for a two year term. Kristy is a clinical nurse in the Imaging and Interventional Radiology department at Johns Hopkins Bayview Medical Center in Baltimore, Maryland. She is currently completing her Master of Science in Nursing with a focus on education. Kristy is committed to providing quality, evidence-based care to her patients. In addition, she is excited to be a member of ARIN and the Board of Directors, as she appreciates their collective commitment to the ARIN membership.

Brenda will continue her role as Director of Education for a three year term. Brenda accepted her new term while leading ARIN though another successful educational conference.

At this meeting, the Board of Directors thanked Beth Hackett, MSN, APRN-BC, CRN and Kathy Duncan, BA, RN, CRN for their leadership in the roles of Immediate Past President and Secretary, respectively. ARIN is stronger after their leadership and dedication.

Karen L Green MHA BSN, RN CRN, was thanked for her tireless devotion to our organization. She steps down as Executive Director. The role is assumed by Bruce Boulter from BMC - Boulter Management Company.

Heidi Jones BSN, RN CRN from Laredo, Texas and Leah Keller BSN, RN from Hoboken, New Jersey were elected to the Leadership Development Committee for a 2 year term.

Our current board is complete!

President:
Mary F. Sousa, BSN, RN

President Elect:
Evelyn P. Wempe, MBA, MSN, ACNP-BC, AOCNP

Immediate Past President:
Greg Laukhuf RN, ND, CRN, RN-BC, NE-BC

Treasurer:
Chris Keough BSN, RN, CRN

Secretary:
Kristy Reese BSN, RN

Director of Membership:
Jim LaForge MSN, BSN, RN, CRN

Director of Education:
Brenda Boone, PhD, RN, CRN

Director of Leadership:
Piera Robson MSN, CNS, NP, AOCNS, ANP-BC, OCN

Respectfully submitted by
Leah Keller and Piera M. Cote Robson

CHAPTER NEWS

by Judy Creque BSN, RN
ORNA Secretary

ORNA (Ohio Radiologic Nursing Association) hosted the 2015 Spring Seminar on April 18, 2015 at Summa Akron City Hospital. This annual event is not only an educational opportunity for both nurses and techs, but a great way to network with ORNA members across the entire state of Ohio. Presenters included Dr. Indravadan J. Patel, MD, Assistant Professor in Vascular Interventional Radiology at University Hospital of Cleveland who spoke on Venous Disease: "The Often Overlooked Vascular System". Dr. Malay Mody, Interventional Radiologist Summa Health System presented "The Current Practice of Interventional Radiology." Marie Biasella RN, MSN, Nurse Manager of Akron Children's Hospital Radiology spoke on "Intussusception" and Nancy McManus BSN, MEd, RN-BC, CGRS discussed "The Impaired Employee". 4.2 CEU's were awarded to 30 nurses and techs in attendance.

Terry Creque, ONRA president took the opportunity in the opening remarks to point out the benefits of membership not only on ORNA but ARIN. Outlining the partnership of ORNA and ARIN in meeting the needs of our fellow radiology nurses, this includes certification and ongoing educational opportunities included in the membership cost. To underscore our commitment to this relationship, as part of the conference registration entitled each participant a raffle ticket for a one year paid membership to ARIN. This year's recipient of the 1 year ARIN membership raffle is Sarah Mae Pavlosky.

Officers and seminar planners included Terry Creque BSN, RN President, Alina Nadeau RN-CRN Treasurer, Judy Creque BSN, RN-BC Secretary, Sue Newbrough RN, Tina Detamore RN-CRN, Sheri Kollar RN, and Annette Murphy RN. Plans for the 2016 Seminar are already being discussed.

THE SOCIETY FOR PEDIATRIC SEDATION

The Society for Pediatric Sedation was founded in 2007 with the mission to "strive to be the international multidisciplinary leader in the advancement of pediatric sedation by promoting safe, high quality care, innovative research and quality professional care" (www.pedsedation.org). The Society often collaborates with other organizations in presenting educational forums (i.e. Sedation Provider Course), and aims to further define quality in pediatric sedation. Members of this organization represent various disciplines (nursing, medicine, dentistry, child life and others) across the country as well as across the globe.

Nursing membership is $50 annually, which entitles you to discounts to the annual conference (held this year in Saint Louis, Missouri May 18-19) as well as online access to the newsletter, education modules, and most importantly, the opportunity to network with other healthcare professionals regarding issues with pediatric sedation. There are several committees that would benefit from the involvement of ARIN members as well.

Check out the Society of Pediatric Sedation website (www.pedsedation.org) and share your "voice" with others who are dedicated to the provision of providing safe and quality sedation to our pediatric population. Take a few moments and read our most recent newsletter, blog, Twitter feed and Facebook page. Feel free to contact me at reillyl@email.chop.edu for any further information.

Lorie Reilly MSN, CRNP, CPNP-AC
Nurse Practitioner, Department of Sedation, Radiology and Vascular Access Nursing
The Children's Hospital of Philadelphia
Member, Board of Directors, Society of Pediatric Sedation
reillyl@email.chop.edu

BARE NEWS FOR RADIOLOGY: **WHAT YOU REALLY NEED TO KNOW!**

By Greg Laukhuf ND, RN, CRN, RN-BC, NE-BC

FDA Launches Mobile App To Help Identify Drug Shortages

The FDA launched a new mobile application that allows users to share and obtain information about drug shortages. The app is available at no cost on iTunes and Google Play.

Through the mobile app, users can identify:

- Current drug shortages;
- Drug discontinuations; and
- Resolved shortages.

Valerie Jensen, associate director of drug shortage staff at FDA's Center for Drug Evaluation and Research, said, "FDA understands that health care professionals and pharmacists need real-time information about drug shortages to make treatment decision," adding, "The new mobile app is an innovative tool that will offer easier and faster access to important drug shortage information" (AHA News, 3/4).

Real Time Radiation Monitor can Reduce Medical Worker Exposure

A "real-time" radiation monitor that alerts healthcare workers in response to radiation exposure during cardiac-catheterization procedures significantly reduces the amount of exposure received, UT Southwestern Medical Center researchers found.

In a randomized study published in the Dec. 16 issue of Circulation: Cardiovascular Interventions, the researchers divided 505 patients undergoing either diagnostic coronary angiography or percutaneous coronary interventions. In half the procedures, medical workers used a "dosimetry" badge which is worn monthly by a medical worker sent off to be read for the radiation dose. In the other half, medical workers wore a device called Bleeper Sv, which beeps slower at lower doses and continuously at the highest readings. In settings which used the device, healthcare workers exposure was lower.

"Radiation is invisible," said Dr. Emmanouil Brilakis, Associate Professor of Internal Medicine at UT Southwestern. "Use of a radiation detection device can provide real-time 'visualization' of radiation exposure, enabling operators to take actions to reduce radiation exposure."

The dose limit for occupational exposure is 20 mSv per year for five years, and all doses are considered to contribute to cancer risk. "It has been shown that people who are chronically exposed to radiation in cardiac catheterization labs are more likely to develop left-sided brain tumors," said Dr. Brilakis. "The reduction in operator exposure observed in our study is likely to translate into a decreased risk for long-term adverse clinical events."

Five Steps to Clinical Process Improvement for Hospitals

Hospitals strive to continuously improve performance for their patients, staff and community. Hospital acquired infections (HAIs) such as Urinary Tract Infection (UTI), Surgical Site Infection (SSI), Central Line Associated Bloodstream Infection (CLABSI) and Ventilator Associated Pneumonia (VAP) are often included in process improvement projects.

No matter what the improvement project is, Process improvement is not difficult and can be set up in five easy steps using the FOCUS method. FOCUS is an acronym for the words find, organize, clarify, understand, and start.

Find a process to improve - Make sure employees feel free to speak up or make suggestions related to improvement opportunities. Use of a suggestion box or open dialog at staff meetings or shift change meetings can uncover opportunities for improvement that otherwise may have gone unnoticed. Staff can rank which projects are worthy of implementing.

Organize a team - The second step requires finding staff members to participate in the management of the program. These participants will help with data collection, education, increasing awareness on the project and monitoring of program results.

Clarify the problem - This step requires clarification on the actual process in need of improvement. This is accomplished by review of data collected related to the process, pre-program surveys and analysis of the survey results. The goal is to establish baseline data to reference for improvement.

Understand the problem – Perform a literature review of published literature and studies, current practices and standards, etc. Conduct surveys to define the problem, scope and possible solutions.

Start the program - Finally, it is time to start the improvement. Staff education and monitoring, improved processes, and/or improved products should be shared. After a predetermined time, the results are checked and if the desired results are achieved then action is taken to make the experimental process a permanent one. You should continue to check and act. The results are continuously monitored and action is taken to make sure the improvement is maintained. PDAC is a well-known acronym for plan, do, act, and check results.

Tests to Diagnose Coronary Artery Disease Possess Similar Costs

Coronary computed tomographic angiography (CTA) initially costs less than the traditional stress test in diagnosing blocked coronary arteries, but its lower cost did not save money over time, according to an analysis by Duke Medicine researchers. The team will present their analysis of CTA and stress tests at the annual meeting of the American College of Cardiology (ACC).

A second study presented by a Duke researcher found that CTA and stress testing had statistically equal patient outcomes, although CTA exposed patients to less radiation relative to some of the alternatives.

"Together, these presentations reveal a picture of the value of CT angiography: not significantly better than functional testing at saving lives or reducing complications for coronary artery blockage, but also not significantly worse, and with comparable costs out to three years," said Daniel Mark, M.D., professor of medicine in the Duke Clinical Research Institute (DCRI).

Costs of the two test were similar. CTA compared with a stress test and echocardiogram was about $100 less, and about $542 less than an exercise stress test using a nuclear dye. But the CTA testing strategy resulted in additional costs during the first 90 days post testing, due to the use of more procedures to unblock arteries. The additional amount ($279) was not statistically significant researchers reported.

"Despite some differences in the prices of these diagnostic tests, there was not a statistical difference between the costs over three years of follow-up," Mark said. "Prior to this, there were no reliable clinical trial data, so these data provide tremendous value when viewed from the perspective of how little was known in 2009, when PROMISE was funded by the National Heart Lung and Blood Institute to settle this question.

BARE NEWS FOR RADIOLOGY *(CONTINUED)*

PICC Clot Risk

American Journal of Medicine, DOI: 10.1016/j.amjmed.2015.01.027, Journal of Hospital Medicine, DOI: 10.1002/jhm.2335, Thrombosis Research, DOI: 10.1016/j.thromres.2015.02.012

Every day, patients around the country get PICC lines placed in their arms, to make it easier to receive medicines or have blood drawn. But PICC lines can raise the risk of potentially dangerous blood clots. A University of Michigan Medical School team has shown how serious that risk is and what factors put patients at highest risk.

"These devices are very popular, but in an under-the-radar way, because they make care more convenient and can be placed relatively easily," says Vineet Chopra, M.D., M.Sc., an author on all three new papers and a hospitalist at the U-M Health System. "But our new results, and review of research on the topic, show it's important for physicians to think hard about both the risks and the benefits."

In a study of PICC-DVT, the researchers looked at patients who received PICCs at U-M in 2012 and 2013. Reported in Thrombosis Research, 268 patients developed a clot associated with their PICC usually in the first 10 days. The team found that the narrower the PICC line, the lower their risk of a DVT. Patients who were on aspirin and statins prior to insertion also had a lower risk. Conversely, patients who had surgery during their hospital stay, or had any kind of deep clot in their medical history, were at greater risk of a PICC associated DVT.

The study authors suggests that doctors should use PICCs only when they really need them - and that they should tread carefully when considering PICCs for certain patients, monitor for clots, ensure patients continue taking aspirin and statins that they were already on, and take the PICC

CALL FOR ABSTRACTS 2016

The Planning Committee will review abstracts based on the following selection criteria:

- Clarity and description of content, and presentation methods
- Importance, depth, focus, and level of audience interest
- Feasibility of application to a variety of settings
- Presenter's professional background and speaking experience
- Absence of commercial content
- Originality of topic/presentation (has not been presented at other radiological nursing programs)

The Association for Radiologic & Imaging Nursing (ARIN) functions to provide evidence-based information related to radiologic and imaging nursing. Material presented at the annual convention, available on the website, or provided in any printed materials must be of professional quality, evidence-based, and demonstrate an absence of proprietary or prejudicial/biased commentary. Anecdotal observations should be limited in their scope and not presented as proven fact. It is inappropriate to endorse or imply endorsement of any specific product or service. One speaker per accepted abstract will receive a complimentary, single-day registration.

Presentations both podium and poster are being sought on topics listed below and should have an interdisciplinary focus whenever possible. We are considering topics along a tract of interest and spectrum of experience: novice topics to expert topics, multiple modality topics, whole range of pediatric topics, Radiology management topics, quality measures and advance nursing practice in Radiology.

- Cath lab/IR/OR hybrid lab conversions
- Clinical trials in radiology and nursing research in Imaging
- Case studies in any modality of Imaging
- Throughput in Radiology including staffing issues and room turnaround
- Scanning of pacemaker patients in MRI, how did your organization roll out the new MR conditional Pacemakers
- Comprehensive stroke center, cases, experiences,
- Pediatric sedation
- Pediatric scanning issues
- Tracking quality indicators in Radiology
- Team building
- Special situations for the outpatient imaging nurse, how do you bridge the issues?
- Capnography
- Evidence-based practice in Radiology
- Patient education in Radiology
- Managing complications
- Anatomy of cases, unusual cases
- Medication management
- Interventional Oncology
- IR safety 101, safety considerations, chemoembolizations, needles, etc.
- Issues in fluoroscopy department
- Leadership topics
- Multi-disciplinary projects with a team presentation
- New anti-coagulation drugs, ex. Pradaxa, etc.
- New technologies/treatments in imaging
- Nursing competencies/orientation in imaging (including how you do your orientation and what is covered)
- Orientation to different imaging modalities
- Patient positioning
- Patient satisfaction projects in radiology
- New Pet CT considerations
- Risk management in radiology or risk abatement
- Safety in the imaging setting
- Nursing quality indicators in Radiology
- Magnet considerations for Radiology
- Unit based councils in Radiology
- Moderate sedation case studies
- Contrast issues, reactions, infiltration vs extravasation

We are also considering smaller workshop style presentations with these topics in mind:

- How to develop a poster presentation
- How to do a podium presentation
- Hands on work with ultrasound, vascular access, IO, etc.
- Simulation of code situations
- Abstracts should be limited to 250 words.
- Abstracts are due by July 1, 2015.

See the ARIN web site for further information on abstract submission.

¡AYÚDAME! MI ESPOSO ESTA INCONSCIENTE! NO HABLO INGLES!

HELP ME! MY HUSBAND IS UNCONSCIOUS! I DON'T SPEAK ENGLISH!

Can you imagine what it's like to live in a country and not be able to speak the language, particularly when health care is involved? In the United States, patients with limited English proficiency (LEP) deal with this barrier to health care every day in hospitals, clinics, and physician offices. An LEP person is defined as an individual whose primary language isn't English and who has a limited ability to read, write, speak, and understand English.

What role do language barriers play in health care disparities and how can healthcare professionals (HCPs) overcome them? This article describes ways nurses can prepare to care for patients with LEP.

Can you repeat that?

The American Community Survey Reports conclude that roughly 80% of people in the United States over age of 5 speak only English at home. The remaining 20% speak a language other than English at home, and over 20% of this population speak English "not well" or "not at all." Most of this percentage speaks Spanish (62%/37.6 million). These culturally, racially, and lingually diverse people are our patients now, and we may see them more frequently in the future as language variety increases due to recent and future immigration patterns.

I don't understand

For patients, LEP is a risk factor for healthcare disparities. For healthcare providers, a lack of knowledge about certain cultures and language contributes to these same disparities. LEP can result in multiple problems, including decreased access to preventive health services, dissatisfaction with care, difficulty understanding instructions and/or information about medications and follow-up care, longer hospital stays, and medical errors or misdiagnosis.

These real or potential problems need to be addressed in all settings and healthcare facilities, and even within the 911 operating system. Imagine being a 911 operator who can hear but not understand the foreign words for "help me!"

Speak a little slower

Access to minority language-speaking medical interpreters is one option for improved communication, but they may not be available or affordable, especially in rural areas. In 2000, President Clinton issued an Executive Order (#13166) to improve access to services for all persons with LEP regardless of location. This order included federally assisted or conducted agencies, programs, and activities in urban, suburban, and rural areas. Further information about the executive order, resources, and patient rights can be found at a federal interagency website, www.lep.gov.

While LEP services have improved since this executive order, they're not consistently available. In the absence of minority language-speaking medical interpreters, healthcare providers may try one of the following activities recommended by the Agency for Healthcare Research and Quality.

Simple phrases or instructions can be translated using a translation website when no interpreter assistance is available, but this is time consuming, sometimes inaccurate, and may be difficult or even impossible for some HCPs or patients to do. Using pictures is another option, but having a photo for every situation is impossible.

Patients with some English knowledge who are involved in a teach-back method of learning (for example, metered-dose inhaler use) may be able to understand enough English to write instructions in their native tongue.

Healthcare agencies and providers who receive federal funding are obligated to provide reasonable access to LEP persons. Medical literature is sometimes available in English and Spanish, but not all languages. Some facilities may have employees who fluently speak a non-English language and could assist in translating; however, it should be noted that using staff members or family members as interpreters at healthcare visits should be avoided because privacy and openness could be compromised and the interpreter could insert personal bias into the translation.

There are certain documents that must be translated, according to Health and Human Services guidelines. These documents are vital to patients' healthcare and include:

- consent and complaint forms
- documents that must be provided by law
- notices about emergency preparedness and risk communications
- notices of eligibility for benefits
- notices about no-cost language assistance.

One more time

When a medical interpreter is used in the clinic, communication is more tedious as questions and information must first be communicated to the interpreter and to the patient, then back to the interpreter, and finally to the HCP. This message cycle is repeated numerous times to gain understanding of the problem and is then repeated again to complete the physical assessment and discuss the treatment plan. This procedure of back and forth with the interpreter in the middle is, however, still very necessary and useful to effectively diagnose and treat the patient. Improving communication with non-English-speaking patients also occurs when HCPs learn about the language, cultures, values, and beliefs of the patient. Improving the HCPs knowledge has the potential to enhance quality care, improve racial and ethnic harmony, and lead to more knowledgeable, culturally competent HCPs. Cultural competency is supported by the Institute of Medicine, which has recommended that cross-cultural education be incorporated into HCPs' education. Such education may improve distribution of HCPs to areas of need, including rural and underserved locations. Alternately, members of minority communities should be encouraged to become HCPs to help treat all patients, including those from within their own communities.

How nurses can help

Nurses have a critical role in addressing the problems of language-associated healthcare disparities to ensure that access to quality care isn't influenced by language disparities, socioeconomic status, or other demographic characteristics. What can the nursing professional do when a non-English-speaking patient appears at the door?

First, prepare for this reality as soon as possible by developing a list of questions that can be translated using an interpreter or the Internet. Provide a few options for typical answers, such as colors, sizes, numbers, and so on, in the native tongue with English translations. Make picture boards, focusing on body pictures. Remember that many concepts can be communicated without words. Be sure to use your hands and facial expressions.

Improving outcomes for all patients

Patients who don't speak English may have limited access to preventive, diagnostic, or therapeutic health services. By meeting the challenge of caring for patients with LEP, nurses can eliminate or significantly reduce language barriers to optimum healthcare.

FAQs

Radiologic Nursing Certification Board, Inc. RNCB

Please visit www.certifiedradiologynurse.org to download the comprehensive Guidelines for Certification and Recertification booklet and CRN® Exam application. The following information is provided for quick reference.

Certification Eligibility Requirements

Initial certification is achieved by qualifying for eligibility to sit for the certification exam and achieving a passing score on the exam. At the time you apply to sit for the exam you must:

1. Currently hold an active RN license or international licensure equivalent. A photocopy of your current license must be submitted with your application.
2. Have practiced as a licensed registered nurse a minimum of 2,000 hours in radiology nursing within the past 3 years.*
3. Have obtained 30 contact hours of continuing education applicable to nursing care of radiology patients within 24 months of the dates the candidate sits for the exam. A minimum of 15 of the 30 contact hours must be specifically related to imaging nursing.

*Eligibility requirement #2 may be met if you are engaged in direct patient care or direct clinical management, supervision, education, or direction of other persons to achieve or help achieve patient/client goals for the stated number of hours.

Certification is valid for 4 years. Certified nurses may maintain their certified status either by examination or by meeting the continuing education requirements outlined in this booklet.

Certification and recertification is administered by the Radiologic Nursing Certification Board (RNCB). The fee for certification/ recertification is $300 for ARIN members and $425 for nonmembers of ARIN.

Visit www.certifiedradiologynurse.org to download the Guidelines for Certification and Recertification booklet and application.

What Is The Schedule For The CRN® Exam?

The CRN® Exam is administered in May and October annually; the exam may also be administered in conjunction with the Association for Radiologic & Imaging Nursing (ARIN) annual convention. Please visit www.certifiedradiologynurse.org for the current CRN® Exam schedule.

When Are The Deadlines To Submit The Application & Required Documentation?

Please visit www.certifiedradiologynurse.org for the deadline to submit an application to sit for the CRN® Exam.

What Are The Locations For The CRN Exam?

The CRN® Exam is administered by the Center for Nursing Education and Testing (CNET). For information on the May and October CRN® Exam testing sites visit http://www.cnetnurse.com/test-site-locations/. The CRN® Exam may be administered at the conclusion of the Association for Radiologic & imaging Nursing (ARIN) annual convention; this will be administered in the convention city only.

Where Can I Download The CRN® Exam Handbook Guidelines & Application?

Visit www.certifiedradiologynurse.org or call 855-871-6681 to request a copy.

What Will The Certification Exam Cover Specifically?

The examination will cover topics specific to the nursing care of radiology patients.

- Assess Patient and Plan Care
- Administer, Monitor, and Evaluate Therapeutic Interventions
- Teach Patient and Family/provide a Supportive Environment
- Provide a Safe Environment/Manage Emergency Situations
- Participate in QA/CQI, Interdisciplinary Activities, and Professional Practice Activities
- Diagnostic Imaging, Fluoroscopy & Breast Health
- CT and MRI
- Interventional Radiology
- Ultrasound/Vascular Ultrasound
- Nuclear Medicine, PET and Radiation Therapy

How Can I Prepare For The Exam?

The first step in preparing for the examination should be a review of the test blueprint contained in the Guidelines for Certification/Recertification handbook. While each test question is drawn from facts that could be substantiated by books or journals, bear in mind that the examination is intended to be practice-based. If you are not familiar with some of the content components, you may decide that an in-depth review is necessary. Some suggested steps to begin your review are

1. Plan a course of self-study to strengthen your areas of relative weakness.
2. Contact colleagues whom you know will be taking the examination and plan to study together.
3. Seek input from various sources, such as faculty members, certified nurses, mentors, and others.

How Many Questions On The CRN® Exam?

There are 175 questions on the CRN® Exam.

What Is The Passing Score For The CRN® Exam?

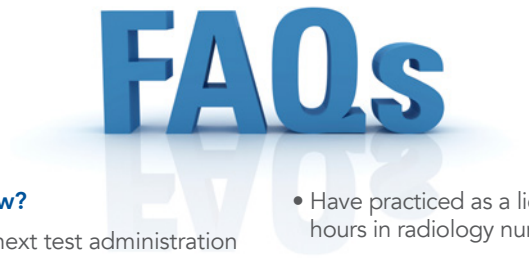
The score on the Radiology Nursing Certification Examination (CRN examination) is reported as a standard score which summarizes your performance on the entire test. The number of items that you answered correctly, which is your "raw score," has been converted, or transformed, to a scaled score, which is referred to as a "standard score" in your report. The conversion is similar to converting a weight from pounds to kilograms. The points on the scales differ, although the weight is the same. The scale used for the CRN examination has a mean (average) score of 100, and a standard score of 95 is required to pass the exam. To reach the passing standard score of 95, you must answer about 70% of the questions in the total test correctly.

When Will I Receive My CRN® Exam Score Reports?

You will receive your score report from the Centers for Nursing Education and Testing (CNET) approximately 4-6 weeks after the examination. Score reports will not be released until all outstanding fees are paid. Once you have received your notification from CNET you will receive a follow up letter from the RNCB® with your CRN® wallet card, a certificate suitable for framing and CRN® pin.

What Will My Credential Be If I Pass The Radiology Certification Exam?

You will receive the Certified Radiology Nurse (CRN®) credential if you pass the certification exam. The CRN™ certification program is accredited by the Accreditation Board for Specialty Nursing Certification, Inc. A certificate and wallet card indicating certification status will be sent to those candidates who pass the exam and have paid all appropriate fees.



I Failed The Exam, What Do I Need To Do Now?

The RNCB will send a retest application for the next test administration to those who have failed for the first time only. A copy of the retest policy will be sent along with the application. Instructions about retaking the examination are included in the retest policy. You must retake the entire examination, not just portions of the exam. This information is found in the CRN® Guidelines/Handbook available for download at www.certifiedradiologynurse.org

How Can I Obtain A Copy Of My Receipt For The CRN® Application Payment?

Contact the RNCB at RNCB@internationalamc.com or call 855-871-6681

When You Need To Recertify?

You must submit an application for recertification before the expiration date on the initial certificate you were issued. The filing deadline for those selecting the continuing education option is at least 60 days in advance of the expiration date listed on the certificate. The filing deadline for those selecting the examination option is the same as for individuals taking the examination for the first time. RNCB will notify you 6 months in advance of the expiration date of the certification; however, it is your responsibility to maintain your certification by monitoring the dates it is valid and by submitting your application for recertification by the stipulated deadline.

How Do I Recertify?

At the time you apply for recertification, you must:

- Currently hold an active RN license or international licensure equivalent. A photocopy of your current license must be submitted with your application for recertification.
- Have practiced as a licensed registered nurse a minimum of 2,000 hours in radiology nursing within the past 4 years.*
- Currently practice radiology nursing an average of 8 hours per week.*

* Eligibility requirements 2 and 3 may be met if you are engaged in direct patient care or direct clinical management, supervision, education, or direction of other persons to achieve or help achieve patient/client goals for the stated number of hours. NOTE: Two responsible practitioners in the specialty area must verify that you meet the practice requirements.

You may choose to recertify by examination meeting the requirements of initial certification or by obtaining continuing education contact hours. 60 contact hours within a 4-year period are required to meet the contact hour requirement for recertification. A minimum of 30 of the 60 contact hours must be specifically related to radiology nursing. Contact hours in radiology nursing may be accumulated through any of the categories of continuing education activities provided the content is applicable to radiology nursing.

How Can I Get More Specific Information To My Questions?

Please contact:
Radiologic Nursing Certification Board (RNCB) 7794 Grow Drive
Pensacola, FL 32514
850-473-1174 or 855- 871-6681 (toll free)
850-484-8762 (fax)
RNCB@internationalamc.com
www.certifiedradiologynurse.org

CERTIFICATION

Certification is one of the most important decisions a nurse can make. Certified nurses are recognized by their peers and employers for having achieved a standard of competency in the nursing specialty. The Radiologic Nursing Certification Board, Inc. (RNCB®) would like to congratulate the following nurses who passed the Radiology Nurse Certification exam on March 4, 2015 and met the requirements to obtain the Certified Radiology Nurse (CRN) credential.

Linda J. Christensen-Mack, Elgin, IL
Patricia L. Clark, Gainesville, VA
Erica M. Dewey., Fort Belvoir, VA
Deborah L. Kastenholz, Racine, WI
James LaForge, Grand Rapids, MI
Maryellen Nugent, Staten Island, NY
Emily A. Pool, Charlotte, NC
Diane B. Shannon, Hanover, PA
Ann J. Simmons, Alexandria, VA
Heather K. Sodee, Charleston, SC
Janese L. Spatuzzi, Rochester, NY
Tania K. Stumpf, West Chester, OH
Kimberly L. Venohr, Williamsville, NY

A total of 14 nurses took the March 4, 2015 Certified Radiology Nurses (CRN®) Exam with a total of 13 passing. This is a pass rate of 92.85 %. We want to recognize Janet L. Horner of Proctor, VT. She was inadvertently left off the previous list as one of the nurses that passed the Radiology Nurse Certification exam in October 18, 2014.

RECERTIFICATION

The Radiologic Nursing Certification Board, Inc. (RNCB®) works hard to maintain the standard of excellence among nurses who have made the commitment to set themselves apart as Certified Radiology Nurses by maintaining certification. The RNCB would like to congratulate the following 16 nurses who met the stringent standards to maintain their certification December 2014-March 2015.

December 2014
Jessica R. Barth, Lexington, SC

February 2015
Maria Abouhanna, Seminole, FL
Monika Busick, Bloomington, IL
Melanie Dickey, Tulsa, OK
Susan Hunter, Glassboro, NJ
Shelley Jones, Bend, OR
Debra McGinty, Avondale, AZ
Maureen McLean, Kalispell, MT
Deborah Pacitti, Pittsgrove, NJ
Cheryl Rose, Doylestown, PA
Pauleah Tomlinson, Jefferson, LA

March 2015
Katherine M. McBeth-Yedinak, Antioch, IL
Cathy D. Brown, Morinville, AB, CANADA
Jennifer A. Gummerus, Belvidere, IL
Diane R. Hayes, Lemont, IL
Marsha K. Scott, Farmington, AR

UPCOMING IMAGING REVIEW COURSES

Southwest Healthcare
Murrieta, California
June 20 – 21

Abbott Northwestern Hospital
Minneapolis, Minnesota
September 19 – 20

Morristown Medical Center
Morristown, New Jersey
September 12 – 13

JRN EDITOR'S AWARD PRESENTED AT 2015 SPRING CONVENTION

The Linda Strangio Editor's Award nominee is selected by the Editorial Board. Each manuscript is rated during the review process. This year the award was presented to Carol Rutenberg MNSc, RN-BC, C-TNP; and M. Elizabeth Greenberg, PhD, RN-BC, TNP for their manuscript entitled, "Telephone Nursing In Radiology: Managing the Risks," which appeared in the June 2014 issue of JRN (Vol33 #2 pp: 63-68. The recipients were awarded a plaque and a check provided by ARIN. This year Carol and Elizabeth spoke during one of the concurrent sessions on this very timely topic.

THE CASE FOR SEEKING A **LEADERSHIP POSITION**

Membership in ARIN provides its participants with a wealth of benefits that can positively impact their practice and career. One such advantage is the opportunity to broaden the member's knowledge base. ARIN members receive The Journal of Radiology Nursing that contains current practice information and research based articles. It is hoped that the review of this information keeps our members up-to-date with significant and pertinent information specific to our specialty field. ARIN offers continuing education credits via articles, webinars, professional conferences and seminars. Most CEUs are free to members. At conferences, we network with our colleagues from other institutions. Members have found that these meetings foster an environment for open discussion on policy, protocols, and best nursing practice with peers. It is hoped that membership in our professional nursing organization not only benefits the nurse's own practice but ultimately the patients we care for.

Our organization is led by a board of directors who volunteer their time to help steer ARIN in a positive direction. All board members started as members like you and had a vision and a desire to be part of our growing and improving organization. You too have the opportunity of attaining a leadership role within ARIN. The benefits of assuming a leadership position mirror those of membership, as well as allowing you to become more deeply committed to the nursing specialty that you are passionate about. You can truly impact radiologic and imaging nursing in a positive way.

At the end of May, the annual national election cycle opens to membership. This year, we will be working to improve the submission process and you will receive an email announcement. We are seeking dynamic leaders for the ARIN Board of Directors, including the positions of President-Elect (3 year term), Leadership (3 year term), and Treasurer (2 year term).

If you have any questions, please contact Piera Robson (info@arinursing.org), Director of Leadership.

Respectfully submitted,
Leah Keller RN, BSN
Leadership Development Committee Member

THE FOLLOWING IS AN INTERVIEW WITH KATHERINE DUNCAN BA, RN, CRN, WHO RECENTLY CONCLUDED FOUR YEARS AS ARIN SECRETARY FROM 2011 TO 2015.

What is the most satisfying part of being on the Board?

"The time at conferences with members rejuvenated me every time. I realized how addicting and exciting it is to be around colleagues in our field and how much members can enthuse me. Being on the Board originally appealed to me to travel to conferences while offering my service. I knew I couldn't pay to attend every conference so I was willing to work on the Board for that benefit. But the Board responsibility proved to be much bigger than simply traveling to meetings. The Board experience is one of hard, hard work that is exceptionally rewarding. There is so much to do and the Board takes its job very seriously. Sure, we laughed and had our moments of joy [when we offered] new services and [experienced] successes we could share with the members. Ultimately, that is what it always came down to - what can we do for the members."

What was a "Eureka" moment for you when you learned something you hadn't previously appreciated?

"Eureka really came to me as I realized that in the world of nursing associations, ARIN is young and growing. We have much to do to provide the highest level of service to our membership. We have it in us to establish the standard of care for radiology nursing and bring our value and voice to the table."

What new skills did you develop in your tenure?

"A hard part for me in a team is patience and acceptance. I did have to work at being a better team member. It didn't help to have conflict in the group if I disagreed, but to look for solutions and acknowledge that our differences all have value.

One of my accomplishments was [elevating] the profile of the Secretary position as Parliamentarian. I was late at this realization and had to quickly study and digest what Robert's Rules of Order means to operating a Board meeting and association business. The Board has evolved from a group that agreed on everything to a professional business model that accepts that there should be open debate."

What will you miss most about being on the Board?

"I will miss having a finger on the pulse of the membership and state of the world for radiology nursing. The ARIN Board acts in so many ways to advance radiology nursing and I am proud of what this group has achieved. What I won't miss is the amount of work to get the many things done, but I enjoyed juggling all the plates and I am proud to have contributed."

FOUR YEARS ON THE BOARD – ARIN SECRETARY 2011-2015

By Kathy Duncan

2011 to 2015 with four different impressive presidents and three different management companies was sometimes frustrating, but always exciting and always worth every ounce of energy. The state of the radiology nursing profession has been evolving, and my pride has grown as I see the exceptional work of ARIN members around the world and the intense dedication of all of my fellow ARIN Board members over four years.

The job of Secretary for ARIN involves writing and editing for sure, but there is more. When I read the small print of the job description, I discovered that the Secretary acts as the Board's parliamentarian as well. This became crucial to the Board as we moved quickly through a variety of critical responsibilities involving Bylaws changes, management company changes, and new policies and procedures. My mantra became "according to Robert's Rules of Order…" and soon Board members were expecting that I would have the answer to parliamentary rules for running the organization. Thank goodness for the internet and the copy of Robert's Rules of Order, Newly Revised that I wore out.

There was the writing and editing, and the Secretary's job involved several key responsibilities:

- ARIN's annual Historical Report published every year and presented at the membership meeting at the Spring Conference
- Membership Meeting minutes presented at the Spring Conference
- Attendance at Board meetings and preparing minutes, sometimes they were held as often as weekly as we worked on time critical projects
- Board work on RFP's, proposal evaluations, and contract discussions for management company transitions
- Website Committee work and assistance to the Website Editor
- Preparation of Call for Volunteers at Annual Conferences and compilation of responses
- Listserve involvement and analysis of the topics members discuss
- Editing and assisting with the ARIN Policy and Procedure Manual revision
- Chair for the Position Statement and Clinical Practice Guideline Task Force with revision of 11 of the existing statements and guidelines as well as publication of new ones.
- Editing the ARIN Orientation Manual, 2nd Edition
- Member of the ARIN Scope and Standards Revision Committee, completing the ANA published Scope and Standards of Practice: Radiologic and Imaging Nursing
- Board Liaison to RAD-AID and presented to the 2nd Annual RAD-AID conference on the radiology nurse role in projects in developing countries
- Board Liaison to the ANA/ASA
- Preparation of ARIN Member Benefits poster for national conference

Don't let this long list deter anyone from running as every part of this job was stimulating, exciting and productive. There is nothing better than seeing the progress of where we are as professionals and the critical functions we perform in all modalities and procedures.

Thank you for allowing me to serve as your Secretary and a member of the Board of Directors for four years. It was an honor and exhilarating. I look forward to continuing to be a resource and serve in several projects moving forward.

Katherine Duncan, BA, RN, CRN
ARIN Secretary 2011-2014

NEW MEMBERS
FEBRUARY 1, 2015 TO APRIL 30, 2015

First Name	Last Name	Home City	Home Location
Steven	Gutierrez	San Rafael	California
Tim	Clarke	Hudson	Ohio
Catherine	Jones	Fort Lauderdale	Florida
Jennifer	Keith	Mohnton	Pennsylvania
Kathlene	Trzcinski	Santa Rosa Beach	Florida
Michelle	Brinkman	Pittsburg	California
Suzanne	Dizon	Burbank	California
Katy	Collins	Tyler	Texas
Matthew	Kennedy	Westfield	New Jersey
Anne	Martineau	Woods Cross	Utah
Mary Ann	Gates		California
Christina	Farruggia	Rapid City	South Dakota
Sheri	Falcone	San Jose	California
Rosanne	OMalley	Port Richey	Florida
Mindy	Tobin	Charleston	South Carolina
Elizabeth	Sorosiak	Sharonville	Ohio
Adeline	Sepagan		Saudi Arabia
Anne	Kaasalainen		Saudi Arabia
Bongekile	Maphalala		Saudi Arabia
Chariza	Gamez		Saudi Arabia
Cristopher	Colcol		Saudi Arabia
Cornelia	Bouwer		Saudi Arabia
Eman Al	Dabak		Saudi Arabia
Faiza	Mohammed		Saudi Arabia
Georges	El Khoury		Saudi Arabia
Janice	Timada		Saudi Arabia
Katri	Savoilanen		Saudi Arabia
Katrina	Atizado		Saudi Arabia
Khalid	Al Othman		Saudi Arabia
Lirio	Layug		Saudi Arabia
Ludmila	Krahulcova		Saudi Arabia
Mae	Cabral		Saudi Arabia
Marizel	Arriba		Saudi Arabia
Mary Ann	Tan		Saudi Arabia
Melidy	Liper		Saudi Arabia
Mheliza	Sese		Saudi Arabia
Mohammed	Nab		Saudi Arabia
Mona	Aboudaya		Saudi Arabia
Olivia	Yumul		Saudi Arabia
Omar	El Mallahi		Saudi Arabia
Osama	Fadel		Saudi Arabia
Reetta	Mustonen		Saudi Arabia
Rex	Marmolejo		Saudi Arabia
Roberto	Bautista		Saudi Arabia
Romella	Villeguez		Saudi Arabia
Rosalie	Perrard		Saudi Arabia
Rowena	Cruz		Saudi Arabia
Sheila May	Lomongo		Saudi Arabia
Sarah	Florcruz		Saudi Arabia
Karen	Bane	Hanover	Massachusetts
Man Ling	Tam	Brooklyn	New York
Kathryn	Krohn	Centennial	Colorado
Traci	Danley	Lexington	North Carolina
Lenore	Levine	Massena	New York
Kathy	Dolan	San Diego	California
Kelle	Cox	Travelers Rest	Alabama
Marcia	Smyrak	Isanti	Minnesota
Elisabeth	Veasey	Earlysville	Virginia
Eva	Coburn	Portsmouth	New Hampshire
Keri	Sheldon	Winfield	Illinois
Jill	Doyle	Shillington	Pennsylvania
Gil	Leighty	Phoenix	Arizona
Jessica	Ratto	West Hempstead	New York
Laura	Evans	Saratoga Springs	New York
Michael	Bishop	Kansas City	Missouri
Ann	Guadalquiver	Austin	Texas

First Name	Last Name	Home City	Home Location
Helene	Liwanag	Miami	Florida
Carol	Pinkard	Mt. Holly	North Carolina
Jamie	Elkins	Lutz	Florida
Kristine	DeJong	Gastonia	North Carolina
Joviriza	Camarao	Sugar Land	Texas
Susan	Ramsey	Charleston	South Carolina
John	Shrewsbury	Concord Twp.	Ohio
Tricia	Remacle	Virginia Beach	Virginia
Sharon	Bradford	Houston	Texas
James(Tony)	Leftwich	Bryan	Texas
James	Sutton	Wesley Chapel	Florida
Maria	Heusinger	Lackawanna	New York
Lesa	Miller	Bozeman	Montana
Antoinette	DeManno	Miami	Florida
Danielle	Kane	Lawrence Township	New Jersey
Samir	Mazraawi	Anaheim	California
Carolyn	Woods	Woodbourne	New York
Alka	Sharma	Germantown	Maryland
Valarie	Bucher	Manheim	Pennsylvania
Alyson	Patterson	Graham	North Carolina
Dolores	DeFrancesco	Windermere	Florida
Elizabeth	Dunkle	Afton	Virginia
Kathleen	Clery	Decatur	Georgia
Tania	Ranasinghe	Los Angeles	California
Kelly	Epperly	Christiansburg	Virginia
Simon	Rees	Campbell	California
Mary	Hawkins	Ozark	Missouri
Julie	Stewart	Shreveport	Louisiana
Shelly	Smith	North Bethesda	Maryland
Melanie	New	Trumann	Arkansas
Patrick	Dowd	Durham	North Carolina
Tonya	Barlow	Centennial	Colorado
Darleen	Clapper	Cibolo	Texas
Marynora	Angelli	Billerica	Massachusetts
Dawn	Traylor	Vallejo	California
Kim	Mauro	Winston Salem	North Carolina
John	Perales	New York	New York
Seana	Blazey	Phoenix	Arizona
Gary	Oravsky	Lawrenceville	New Jersey
Diana	Leaptrot	Salt Lake City	Utah
Aaron	Folman	Long Beach	California
Jack	Iafrate	Calimesa	California
Catherine	Barrett	Sugar Land	Texas
Leona	Vallandingham	Scottsdale	Arizona
Wendy	Stigale	West deptford	New Jersey
Belinda	Tillman	Asheboro	North Carolina
Pamela	Pattin	Overland Park	Kansas
Tammy	Mccants	San Antonio	Texas
Mary	Leneghan	Boca Raton	Florida
Yolanda	Carter	San Ramon	California
Joseph	Burton	Melrose	Massachusetts
Sara	Capalbo	Chicago	Illinois
Joan	Russell, RN	Huntley	Illinois
Stephanie	Arceneaux	Geismar	Alabama
Misty	Plummer	Pasadena	Texas
Hazel	Blenkinsopp	Tarrytown	New York
Crystal	Lawson	Dallas	Texas
Carrie	McCook	Kaukauna	Wisconsin
Hollie	Reno	Fredericksburg	Texas
susan	levick	washington	Virginia
Lailanie Nerida	Caraan		Saudi Arabia
Reeya	Asaali		Saudi Arabia
Steven	Potjer	Redlands	California
Jennifer	Ramirez	Camarillo	California
Debra	Connelly	Arvada	Colorado

NEW MEMBERS *(CONTINUED)*
FEBRUARY 1, 2015 TO APRIL 30, 2015

First Name	Last Name	Home City	Home Location
Amy	Reiner	North Mankato	Minnesota
Anthony	Winiarski	Agawam	Massachusetts
Lisa	Rimawi	Ballston Spa	New York
Angela	Mayberry	Raymore	Missouri
Kelli	Valdivieso	Littleton	Colorado
Sue	Hayden	Chapel Hill	North Carolina
Amanda	Gilmore	Durham	North Carolina
Katherine	Marshall	Raleigh	North Carolina
Barbara	Munoz	Fayetteville	North Carolina
Sherry	Engelder	Chico	California
Cynthia	Johnston	Centennial	Colorado
Victoria	Ritenour	Valley Center	California
Kathleen A	Leverone	Niantic	Connecticut
Cindy	Irvin	Mansfield	Texas
Terry	Sherman	Bellingham	Washington
Patricia	Taylor	Cherry Hill	New Jersey
Nanette	DeMott	Richland	Michigan
Ramona	Chatman	Las Vegas	Nevada
Sandra	Blais	West Hempstead	New York
Lisa	Semple	anchor point	Alaska
Erica	Bland	New York	New York
Jennifer	Reed	San Antonio	Texas
Anne	Johnston	Batavia	New York
Lisa	Workman	Loveland	Colorado
Jodie	Harris	Arvada	Colorado
Jenifer	Armstrong	Broomfield	Colorado
Jennifer	Williams	League	Texas
Christine	Layne	Aurora	Colorado
Mary	Abriola	bethany	Connecticut
Sharee	Robinson	Chicago	Illinois
colleen	wise	Beverly	Massachusetts
Cheryl	Gunter	Helena	Montana
Laura	Pilgren	Levittown	Pennsylvania
Michele	Milner	Charleston	South Carolina
Pamela	Hardin	Hollywood, S.C.	South Carolina
Maryanne	Looney	Coos Bay	Oregon
Markia	Stewart	Richmond	Virginia

First Name	Last Name	Home City	Home Location
Joseph	Hastings	Charlestown	Massachusetts
Angelique	Ortiz-Hunt	Superior	Colorado
Elizabeth	Gregory	Edmonton	Alberta
MaryAnne	Grzegorski	Glendale	New York
Jennifer	Williams	League City	Texas
Kelli	Wells	West Carrollton	Ohio
Therese	Stark		
Mary Ann	Jimerson	Puyallup	Washington
Barbara	Morris	Aitkin	Minnesota
Victoria	Winn	Woodinville	Washington
Joanne	Greer	Ridgewood	New Jersey
Vickie	Taylor	Palmyra	Virginia
Sarah	Maciolek	Henderson	Nevada
Cynthia	Arvin	Falling Waters	West Virginia
April	Poma	Romulus	Michigan
Godofredo	Jaquias	Long Island CIty	New York
Thelma	Faustin	Manassas	Virginia
jill	kuschel	Golden	Colorado
Corinne	Duncan	LaGrange	Illinois
Tammy	Bambic	Las Vegas	Nevada
Valorie	Campbell	Bronx	New York
Michelle	Vesneske	Elmira	New York
Jessica	Littleton	Oldsmar	Florida
Josephine	Taylor		Alabama
Lori	Hollar	LaVerne	California
Cynthia	Armistead	Henderson	Nevada
cleo	braga	valley stream	New York
Rachel	Wood	Hanahan	South Carolina
Kathleen	McElligott-Madigan	Irvington	New York
Rita	Hoover	Jacksonville	Florida
brenda	krokoski	richmond hill	Georgia
Leah	Smith	Brisbane	
jennifer	silver	New York	New York
Lauren	Hurley	Salem	New Hampshire
Christina	Beeman-Partin	Catonsville	Maryland
Laurie	Strandell	Coquitlam	British Columbia