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## ARIN SECOND HALF GOALS 2015-2016:

By Mary Sousa, BSN, RN  
President, ARIN 2015-2016



### Visibility: Increasing visibility of ARIN and Radiology Nursing

Six months ago we embarked on a collective mission: in 2015, we would work together to bring ARIN from the shadows, into the light. We vowed to become visible, vital, and virtual. We have made tremendous progress from the outset: we've experienced unprecedented member growth; we've established ARIN as a notable presence among nursing organizations; and we've increased awareness and forged a deeper understanding of our rising specialty. But our progress extends beyond the confines of the nursing world: we've permeated the political leadership in Washington through programs like NIWI, and we've presented ARIN initiatives to our Senators and Representatives in Washington.

We've found our voice and demanded attention – now let's engage.

I have high hopes for the second half of the 2015 to 2016 term. Our focus will be on engaging key leaders outside of the immediate realm of radiology nursing to bring further visibility to our

organization and our specialty. My vision is to invite cross industry leaders to partner with ARIN on educational initiatives, as guest lecturers, to share their voice at ARIN events as guest speakers, and to encourage contributions to JRN and Visions via articles and interviews. This shift from introduction to engagement is imperative to achieving greater visibility.

We've made great progress towards our mission throughout the first half of the 2015 to 2016 term and are poised for an equally successful second half. Let's see through our vision.

Thank you to our corporate sponsors



**Registration is Now Open!**  
ARIN 35th Spring Convention  
April 3-6, 2016

**[CLICK TO REGISTER NOW](#)**

## NEW FOR 2016: EARN UP TO 15 CNE CREDITS ON YOUR OWN TIME

Over the past 12 months ARIN has focused on improving educational opportunities for our members. Hospitals and institutions are reducing travel funds at the same time they are increasing continuing education requirements. In January ARIN changed its member benefits to include all live webinars and directed reading activities. This change increased online education participation from 375 CNEs earned in 2014 to 2100 CNEs in 2015.

Launching on December 1, 2015 ARIN members will be able to purchase 15 individual lectures/15 CNE credits that can be viewed on your own time via any computer, smartphone or tablet. At the launch of the new self-paced podcasts members will be able to purchase the "all you can eat option" for \$100 through the ARIN store. Starting in January 2016 ARIN will finish an upgrade to the education platform that will allow members to pick and choose the podcasts they would like to purchase for \$15 each.

The podcasts can be accessed at any time through the ARIN website. Similar to the webinars, Podcasts will require the participant to take a short evaluation after they have watched the 50-minute session. All session recordings and evaluations are located on this webpage. Podcast sessions may be watched as many times as the participant would like.

Some of the Topics for 2016 are:

- IR Team Concept: "Changing times, re-defining roles"
- The Future of Interventional Radiology
- The Unique Voice of Nursing in Imaging - Can We Be Heard?
- Critical Care Nursing Management of Patients Undergoing Endovascular Treatment for Cerebral Vasospasm
- Creating a Drain Management and Discharge Teaching Program in Radiology

When you purchase the podcast package you will receive an email with instructions and a password to access the lectures. You will use the links on that page to download session handouts, view the recording and complete the evaluation. Sessions are available for CNE credit through January 31, 2017.

We are excited to provide another avenue of education for our members and our profession. It is our goal to keep our nurses at the forefront of technology, practice and procedures in radiology and imaging. If you have any questions about this new option you can visit the ARIN website at [www.arinursing.org](http://www.arinursing.org) or email our office at [liz.boulter@arinursing.org](mailto:liz.boulter@arinursing.org).



## ATTENTION ALL ARIN MEMBERS

Have you ever asked yourself, "wouldn't it be great to speak to the ARIN President?" What questions would I ask her? Well, on December 2, you will have that exact opportunity. ARIN will be hosting its first Town Meeting featuring our board president, Mary Sousa. Not only will you be able to speak with our current president, but our immediate past president as well, Greg Laukhuf.

We are inviting all ARIN members to join in on the virtual call, and especially those in chapter leadership. To continue his efforts in assisting the chapters to grow and thrive, Jim LaForge, Director

of Membership, will join the presidents during this event. This Town Hall meeting will be the first in an on-going series. As Mary has brought out with her theme for this year, this is another example of ARIN being visible.

Please look forward to the website and emails for more information on how to log in for this virtual meeting. We are anxious to hear from you. We want to know what your thoughts are.

**See you on December 2nd!**

## LETTER FROM THE SECRETARY

By: Kristy L. Reese, BSN, RN

Over the past year, I have been diligently working on the completion of my master's degree! I have had the opportunity to take many interesting courses including Nursing Informatics, Quantitative & Qualitative Research, Global Perspectives, Quality Strategies, Project and Resource Management, and Organizational Behavior! As I work through this program, I appreciate how well ARIN utilizes the concepts I have learned from each of these courses in order to provide resources, education, and leadership for its membership.

Board members are committed to the vision of our President, Mary Sousa: Visible, Vital, and Virtual. ARIN reaches out globally, strives to provide educational opportunities based on the evidence, and receives guidance from dedicated nursing leaders. This organization targets the Imaging and Radiology nurse; however, patients are the ultimate recipient of the resources ARIN provides with improved patient safety and outcomes!

If you have been following the most recent issues of VISION, you are aware that ARIN has transitioned from the Listserv to the ARIN FORUMS. FORUMS

are a way to ask questions related to Assessment & Screening, Equipment & Supplies, Medications & Contrast, Policies & Procedures, Staffing & Training, and Procedures & Scans. FORUMS enable interaction, collaboration, and sharing of best practice. Be sure to connect with your colleagues using this feature found on the ARIN Homepage!

Finally, under the direction of ARIN-Past Secretary, Kathy Duncan, the Orientation/Competency Manual was updated; the official 2015 edition is now available for purchase through the ARIN On-Line Store. This manual is a valuable resource for your Imaging and Interventional Radiology department!

With the season of gratitude upon us, I am thankful for the opportunity to participate in this organization, and I am grateful for the dedicated Radiologic and Imaging nurses we serve! Best wishes for a safe and happy holiday!

## ARIN FORUMS – TALK IT OUT!!

By: Kristy L. Reese, BSN, RN

If you have engaged in professional collaboration by using the Listserv feature on the ARIN website, you will quickly appreciate ARIN FORUMS! This new, interactive feature replaces the Listserv and provides a more user friendly way to communicate with colleagues regarding many aspects of radiologic and imaging nursing. Your ARIN member user name and password grants you immediate access to the FORUM page!

To access the FORUMS, look for the green balloon icon (bottom right corner of the ARIN Logo) at the top of the website's home page. Click on this icon, then on "Top Posters" icon, then on "Forums" icon. FORUMS are broken into three categories: General ARIN Topics, Nursing Procedures, and the Annual Spring Convention. Next, click on one of the underlined topics that relate to your question

or comment and select from one of the FORUMS shown there, or select the "New Topic" icon to begin your own. Once you are on the specific FORUM page, you can post by selecting "Quick Reply" for a basic response, the "Reply" icon, or "Reply Using Full Editor" for more advanced writing capabilities!

We hope that ARIN FORUMS will continue to provide an important means of informational exchange between nursing professionals across the country and around the world!

[Click here for Forum Instructions](#)

**See you at the forum!**

# NURSING ALLIANCE LEADERSHIP ACADEMY (NALA)

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

By: Kristy L. Reese, BSN, RN  
ARIN - Secretary



During the weekend of August 29-30, 2015, three ARIN Board members attended the Nursing Alliance Leadership Conference (NALA) including Mary Sousa, President; Evelyn Wempe, President-Elect, and Kristy Reese, Secretary. Approximately 27 national nursing organizations were represented at this year's conference in Louisville,

Kentucky! The goal was to promote effective leadership by educating newly elected and emerging volunteer leaders regarding roles, responsibilities, governance, and organizational strategies.

For Kristy Reese, ARIN Secretary, the conference itinerary was exciting to read as there were many topics that pertained directly to her responsibilities on the ARIN Board. She realized the importance of her role

as both a record keeper and historian! Advice on appropriate preparation of meeting minutes was greatly appreciated. In addition, Reese found topics related to strategic planning, effective communication, and stewardship helpful. She is excited to be able to apply these leadership strategies in order to promote the mission of ARIN and support its membership throughout her term as Secretary!

For Evelyn Wempe, President-Elect, the conference introduced topics relevant to help guide board members to lead organizations, to stay focused and successfully address identified strategic goals set by board members. In addition to the topics presented, it was inspiring to see the collaboration and discussion amongst organizational leaders within the various nursing specialties in attendance. The atmosphere was of collegiality, generating ideas and forming new relationships that will bridge organizations for the same common goal – to advance the nursing profession through specialty and improve the delivery of care to patients.

## IMAGING REVIEW COURSE NEWS

By: Bruce Boulter, Executive Director

As we wind down 2015 and look at the advances we've made, it has been a truly amazing year. This past spring, the master faculty, along with the balance of the committee, performed a major revamping of the course. In conjunction with this included a modern revision of the manual to go with it.

The faculty has conducted 3 times as many courses this year than in 2014. The team has taught courses from one coast to the other and north to south. We even conducted our first virtual course for a great group of nurses in Saudi Arabia.

As we look forward to 2016, a half dozen courses are already on the schedule for next year, pending finalization. Once again the faculty will be earning their frequent flyer miles keeping up with all the facilities asking for more training.

Included in the early going next year is the course at the Virginia Commonwealth University Hospital that has been moved from its original November 14/15 date to January 9/10. We will be conducting our traditional course the first two days of the Annual Convention April 1/2 in Vancouver, BC, followed by another trip to the east coast to Johns Hopkins. As usual, keep your eyes on the ARIN website to find a course near you. See You All Next Year!

## IMAGING REVIEW COURSE NEWS

By: Teresa Conklin, DNP, FNP-BC



*Kristina Hoerl, RN, addresses participants.*

Nurses reviewed the skills required for a nurse to work in the imaging, interventional and therapeutic environments of radiology at a two-day program at Morristown Medical Center on September 12 and 13.

The program was designed as a study tool for nurses who are preparing to take the radiologic nursing certification exam.

The review course drew nurses (and one radiology technician) from New Jersey, New York, Connecticut, Pennsylvania, Maryland, Virginia, West Virginia and Texas. Forty people attended the program, 10 of whom are Morristown Medical Center employees.

On the first day, attendees heard from Kristina Hoerl, RN, a master faculty of the Association for Radiologic and Imaging Nursing (ARIN). She works

as a nurse educator in the Russell H. Morgan Department of Radiology and Radiology Science at the Johns Hopkins Hospital in Baltimore.

On the second day of the review seminar, attendees were addressed by Mary Sousa, RN, president of ARIN via a remote web conference. She offered an historical perspective of radiology nursing, reminding the audience that radiology has been completely transformed over the past three decades.

Sousa emphasized the importance of the role of a radiology nurse, describing it as a new, exciting and integral entity in this evolving specialty. She encouraged nurses to continue in their professional journey by taking the radiology certification exam. She charged the group with sharing the information and knowledge gained during this workshop with their colleagues, serving to further enhance the growth of this nursing specialty.

Simone Songui, RN, nursing coordinator of Radiology and Special Procedures at MMC was the driving force in planning this course. She had the support of April Dixon, manager of Radiology and Wendy Silverstein, DNP, RN, manager of Nursing Education/Magnet/Shared Governance.

# ICD-10-CM, WHAT IS IT AND WHY DOES IT MATTER TO A RADIOLOGY NURSE

By: Sharon Lehmann, MS, APRN, CNS

The International Classification of Diseases (ICD) is the standard diagnostic tool for epidemiology, health management and clinical purposes. This includes the analysis of the general health situation of population groups. It is used to monitor the incidence and prevalence of diseases and other health problems, providing a picture of the general health status of countries and populations.

ICD is used by physicians, nurses, ancillary healthcare providers, researchers, health information managers and coders, health information technology workers, policy-makers, insurers and patient organizations to classify diseases and health problems recorded on many types of health and vital records. This includes death certificates and personal health records. In addition, ICD enables the storage and retrieval of diagnostic information for clinical, epidemiological and quality purposes. These records provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States.

All Member States use the ICD which has been translated into 43 languages. Most countries (117) use the system to report mortality data, a primary indicator of health status. The information in ICD is used for reimbursement and resource allocation decision-making by these countries.

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) is a revision of the ICD-9-CM system to which physicians and providers currently use to code all diagnoses, symptoms, and procedures recorded in hospital and physician practices. The ICD-10-CM revision has more than 68,000 diagnostic codes, compared to the 13,000 found in the ICD-9-CM. The revision includes twice as many categories as ICD-9-CM, and is more specific in identifying treatments. For example, ICD-10 provides codes to distinguish between a left or right leg. ICD-9 does not. The U.S. Department of Health and Human Services (HHS) had intended to require implantation of the new coding system by October 1, 2014. However, on April 1, 2014, President Obama signed into law H.R. 3402 which prevents HHS from establishing ICD-10 as the standard code set before October 1 2015.

## Why Change from the ICD-9-CM Code Set to the ICD-10-CM/PCS Code Set?

The practice of medicine has changed dramatically in the last 25 years or so. There have been many new conditions discovered, many new treatments developed, and many new types of medical devices placed into service. The ICD-9 code set was not designed to capture all of this progress, and as such, has become bogged down with modifications in an attempt to capture information. The ICD-10 code set is much better at describing the current practice of medicine, and contains the flexibility to adapt as medicine changes.

Diagnosis codes and procedure codes permeate almost every business process and system in both health plan and provider organizations. Diagnosis codes are key for determining coverage and are used in treatment decisions. From plan design to statistical tracking of disease, these codes are a crucial part of the way health plans — including State Medicaid agencies — run their programs.

**ICD-10 won't affect how providers deliver patient care, but it will make documentation more comprehensive.** Better documentation can improve healthcare delivery through enhanced informatics, allowing for better public health tracking and more effective, higher quality, evidence-based care.

## Additional benefits of ICD-10

- Accommodate newly developed diagnoses and procedures, innovations in technology and treatment, performance-based payment systems, and more accurate billing
- Make the billing process more streamlined and efficient
- Align us with coding systems worldwide
- Provide better data for measuring quality, safety, and efficacy
- Allow clinical IT systems to record specific diagnostic data
- Boost efficiencies by helping identify specific health conditions.

*Continued on page 6*

### What is at stake?

Remember the better the data provided through ICD-10 will lead to better insights about health conditions and care management, better predictive analytics and better health outcomes.

### What does this mean for the Radiology Nurse?

The changes that are forthcoming in the healthcare world, further stress the importance of accurate and complete documentation. Payment for expensive diagnostic tests will depend on the documentation supporting the necessity of the exam. While the bedside TN may not see the implications of omitting information or rush through a health history, the patient may feel the impact when they get a bill for services denied. The information that Radiology Nurses document not only helps to guide the care of the patient, but it also justifies the necessity of patient care.

It is recommended that all reports include the following information to reduce the number of unspecified codes and therefore the risk of denied claims

- Location: laterality, quadrant of the organ, etc.
- Severity: acute v. chronic, open v. closed, etc.
- Context: underlying conditions, history of..., intent of the imaging etc.
- Story: where the event happened (does not replace clinical statement), what the patient was doing, the patient's status at the time

In some instances the Radiologist may never lay eyes on the patient, but as the nurse you can make a huge difference in the care of the patient by providing accurate documentation.

Further information on this exciting change in healthcare can be found at:

<http://www.cdc.gov/nchs/icd/icd10cm.htm>

<http://www.cms.gov/ICD10/>

<http://www.who.int/classifications/icd/en/>



## WEBINAR UPDATE

Cathy Brown BSCN RN CRN  
Webinar Committee Chairman

A benefit of your ARIN membership is free access to live and recorded webinars. When first presented live, webinars have CEU's that are available for up to two years. These webinars are then archived so they can be viewed at your convenience. As time progresses and the CEU's expire, the recordings remain available for viewing.

The CEU's for the webinars are provided through the Georgia Nurses' Association and once you earn them they stay on your ARIN membership profile for 5 years, ready for you to review and print off when you need them for your license requirements.

There are currently [16 archived webinars available](#), with new ones being added approximately monthly.

If you have an idea for a webinar, a suggestion for something you'd like to see covered or are interested in presenting a webinar, please reach out to Cathy Brown, webinar committee chair at [Cathy.Brown@ahs.ca](mailto:Cathy.Brown@ahs.ca).



## I AM A RADIOLOGY NURSE!

Jennifer Luksza, BSN, RN, CCRN is a busy Clinical Supervisor in Radiology at Barnes Jewish Hospital in St. Louis, MO. She has been an ARIN Member since 2013.

### Why did you become a nurse?

I could give the standard answer of "I like to help others", "It was my calling", or even "I wanted to help others in a time of need". Yes, those are all the foundations of being a nurse. All nurses have those attributes. Now the good stuff: I was inspired to become a nurse from watching the television show "ER". Yes, really. That is what led me into this amazing journey. I wanted to be a part of what they did on TV.

### What about nursing makes you happy?

Knowing that I have made a difference in the way people feel in a time of vulnerability. Whether I am providing direct patient care or sitting with a family member while they wait for news, it all involves feelings. As nurses, we have the ability to provide comfort and compassion to complete strangers in all different settings. We make a difference by first caring for them as individuals. Patients and families, both remember "the nurse". They remember how we made them feel. That is important.

### What has been the most amazing experience you have had as a radiology nurse?

Being able to attend the ARIN conference in Atlanta and meet nurses from Japan. We communicated via email for approximately six months before the convention. When we met in Atlanta, we did not have an interpreter (Thank you Google translate!) but we were able to talk and learn the differences in nursing between our countries. It was surreal and exciting!

### What are the challenges you encounter and how do you overcome them?

There are many challenges that present themselves in nursing as a whole, but even more specifically in Radiology. For me, the scheduling piece is what consistently presents as a challenge. Many procedures that we do are the same procedures that routinely take the same amount of time. However, something as simple as a patient arriving late, to abnormal lab results can put a curveball in the entire day. I often explain it as the spinning plates act at a circus. There are always many plates spinning, the art is being able to keep them all going without dropping them before the act is over.

### What has your nursing journey been like?

My journey has been exciting, challenging, and rewarding. There are many times people ask me if I would do it all over again if I were offered the chance. Yes, absolutely! Every day has been different. Being a nurse has taught me more about life than any class or book ever could.

### At the end of a busy day, how do you find balance in your life?

I have found that running helps me keep a work-life balance. After a long day, I like to exercise and clear my thoughts. Every day is different and presents itself with its own set of challenges and triumphs. Being able to reflect on the day's events allows me to process what was excellent, what could be done better, and what will I do differently the next day.

### How has ARIN played a role in your career?

ARIN has been very impactful in my role as a radiology nurse. I first discovered ARIN when I was planning to advance my career beyond critical care. In 2012, I was new to the Radiology environment and quickly began researching certifications and graduate degrees with Radiology as the focus. It was then that I learned about ARIN and what it was they could offer; not only to me as an individual nurse but also to nursing at my facility.

We began incorporating ARIN's practice guidelines and position statements into our standard work. We network with other ARIN members and facilities and obtain feedback about current topics.

I attended the annual ARIN conference in both San Diego and Atlanta. There is not currently an ARIN chapter here in Missouri, so my hope is to start a local chapter and network within our area.

"I Am a Radiology Nurse" features unique Radiology Nurses in everyday practice. To be featured in this column, contact [Liz.boulter@arinursing.org](mailto:Liz.boulter@arinursing.org).



*From left to right: Greg Laukhuf, Mary Sousa, Jennifer Riddiford, David Reich, Brenda Sheive, Patricia Murphy Serki Testave, Shondra Jones*

## ARIN VISITS Inova

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

On a beautiful, crisp fall day in October, Mary Sousa, BSN, RN, ARIN President and Greg Laukhuf, ND, RN-BC, CRN, NE-BC, ARIN Past President had the opportunity during the ARIN Fall Board meeting to visit the Heart and Vascular Institute at Inova Health Systems Loudoun Campus in Leesburg Virginia. Located in a historic Virginia suburb near ARIN Headquarters, this 183 bed hospital hosts cutting edge technology for the care of patients in northern Virginia.

We were warmly greeted at the door by Patricia Murphy, RN, clinical outcomes and educator in the area. David Reich MHA, RCIS was our host for the tour. With input from the staff, we were able to tour the heart and vascular facility in addition to the 9 bed prep and holding area. The staff shared best practices in their daily work flow while David shared the Inova vision for the future.

The tour ended with a personal invitation to attend Vancouver by Mary to Brenda Sheive RN, one of our ARIN colleagues who works in the Heart and Vascular Lab. It was a very exciting visit for the executive committee. If you would like us to visit your hospital when we are in the area, please drop us an email at [Liz.boulter@arinursing.org](mailto:Liz.boulter@arinursing.org).





## NURSING IN RADIOLOGY: PART 3

Sharon Lehmann, MS, APRN, CNS

Florence Nightingale as you may recall, is the founder of modern nursing. Charlotte Godwin can be compared to Florence and is aptly named the founder of Radiology Nursing. As far back as 1911 it is documented that nurses made contributions to the diagnostic section of radiology. At Massachusetts General Hospital nurses assisted the physician in a dual role as a nurse and a technician. In the early 1920's nurses were registered as members of the American Society of X-Ray Technicians and the American Registry of Radiologic Technicians. In 1920 contrast media was introduced and the Nurse-Technician was involved to provide care. By the 1930's nurses were running portable x-ray units, and assisting with fluoroscopy procedures.

In 1935 The Johns Hopkins Hospital opened a radiology department staffed with 2 technicians and 1 nurse. Diagnostic Radiology hired a nurse as the member of the team. This resulted in the reversal of the dual nurse-technician role. Radiology Nursing became a new specialty. Radiology nursing responsibilities expanded as a result of technological advancement and regulatory mandates. Regulatory mandates included JACHO, sedation, and continuum of care, just to name a few. As patient acuity changed, so did the role of the nurses.

Joanna PO, who is one of the founding members of ARNA and served as president from 1984 -1985 recalled when the Texas Medical Center first hired radiology nurses. In 1978 the division of nursing was created in the radiology department. They had 5 goals: to provide continuity of patient care, in-patient safety and comfort, cost containment, expedite patient flow and have employees work safely. The theme for the 2005 Annual Convention held in New Orleans, LA was "Radiology Nurse: Many Roles, One Profession". Joanna identified the multi-faced roles of the radiology nurse, which included: specialist, consultant, resource person, patient advocate, researcher, collaborator, role model, change agent and teacher. She went on to state, "Nurses manage patient care through expert application of the nursing process". The nursing process includes: assessment, nursing diagnosis, plan of care, intervention, evaluation of outcomes and documentation. The nursing process also includes continuous quality of care in the diagnostic and/or therapeutic environment.

Joanna and her nurses were very forward thinking. They started a local chapter and held meetings in the basement of local hospitals. The Texas Gulf Coast Radiology Nurses Association was formed and included nurses from 11 hospitals. In 1979 they started a community initiative by having family nights and providing blood pressure screenings.

Pennsylvania, Florida and Maryland also started local chapters. An interstate connection was formed through publications and meetings. In 1981 ARNA was formed. The opportunities that ARNA offered its members included: networking and forming a unified group, increased involvement/visibility as a member of the radiology team, participation in the CQI activities and research studies, and plan and participate in the educational activities.

Joanna Po was nurse manager for the nurses in her radiology department until the time of her retirement. In 1994 she developed "Po's Survival Kit". This was a list of qualities she felt were necessary for her nurses to survive and thrive in her radiology department. The core of this survival kit included the nurses providing quality centered patient care (caring). Building upon the kit the nurses should cross train/be competent, be flexible and be a team player. This can create a collaborative and positive working environment and make the nurse's valuable employees as well as making them marketable. The mission for her Diagnostic Imaging Radiology Nurses was: The mission of radiology nursing is to provide the best coordinated continuum of care in the Diagnostic Imaging environment through cross training, flexibility, teamwork, communication, education and research.

### Highlights of ARNA from 19982-1985

1. First educational theme: "The Radiology Nurse: The Missing Link"
2. ARNA bylaws adopted, including the ARNA logo
3. ARNA incorporated in the state of Maryland
4. ARNA "Images" copyright obtained
5. 1985 theme: "Radiological Nurse: The Link is No Longer Missing"
6. Participated in the Associated Sciences Consortium Annual Meeting

### Highlights from 1986-1990

1. 1986 theme: "Radiological Nursing: The Key to Quality Patient Care".
2. Handbook for chapter formation available
3. First ARNA chapter granted – Northern Virginia Metropolitan
4. Dot Budnek Memorial Scholarship Fund was established
5. Intersociety Liaisons were appointed
  - a. Nursing Organizations
    - i. American Nurses Association (ANA)
    - ii. Nursing Organization Liaison Forum (NOLF)
  - b. American College of Radiology (ACR)
  - c. Society of Cardiovascular Radiologists (SCVIR- known today as SIR)
  - d. American Healthcare Radiology Administration (AHRA)
  - e. Associated Sciences Consortium



6. Lifetime Membership granted to Charlotte Godwin
7. Creation of ARNA Advisory Committee – former ARNA presidents
8. ACR provided the administrative support to ARNA
9. 1990 theme: “Caring, Quality and Team Work – Dawn of a New Decade”

#### Highlights from 1991-1995

1. 1991 Theme: ARNA in Focus: Accountable, Resourceful, Nurturing, Advocate:
2. First combined AVIR/ARNA educational meeting
3. Membership survey conducted
4. Computer generated membership directory mail to members
5. ARNA was listed as a member of the Radiology Centennial Incorporated (RCI)
6. Participated in the Associated Sciences Workshops and refresher courses
7. ARNA standards approved by members and ANA
8. Lifetime members granted to 3 past presidents: Joanna Po, Martha Fasciano, and Elain Deutsch
9. ARNA and AVIR relationship disbanded
10. First educational meeting in conjunction with 19th SCVIR meeting
11. 1995 theme: “Images From the Past to Design A Vision for the Future”
12. Radiology Centennial Incorporated 100th Anniversary
  - a. Hartman Lecture “Radiology Nursing: Past, Present and Future”
  - b. Time capsule will be open in 2095 and several ARNA items were included

#### Highlights from 1996-2000

1. ARNA newsletter “RN News” spearheaded by Bob Steel, RN as a means to improve communication among members
2. ARNA recognized as a specialty by ANA Congress of Nursing Practice
3. ARNA became a member of the National Federation of Specialty Nursing Organizations (NFSNO)
4. Professional Testing Corporation (PTC) was hired to develop the ARNA’s certification examination
5. 1998, first certification exam was conducted
  - a. 113 out of 122 RN’s passed and certified as Radiology Nurses
6. ARNA signed a contract with R. Miller and Associated to assist The Strategic Planning Committee in writing the case statements for ARNA
7. Helen Malenock Award was established

8. Radiology Nursing Cord Curriculum completed and available for purchase
9. Three part form for tracking attendance and continuing education credit was implemented
10. Plans for ARNA’s 20th Anniversary celebration are underway
11. ARNA was incorporated in Maryland

#### Highlights from 2001-2005

1. ARNA sponsors an education event annually in conjunction with SCVIR
2. 20th ARNA celebration
3. The second Tuesday of April recognized as Radiological Nurses Day
4. The Revisions Task Force was created to streamline the committee structure
5. Liaisons activity expanded with additional representation to
  - a. American Heart Association
  - b. National Committee for Clinical Laboratory Standards (NCCLS)
  - c. Vascular Disease Foundation
  - d. Radiological Society of North America (RSNA)
6. ARNA’s quarterly newsletter was renamed “Vision”
7. RNCB became a separate entity
8. Journal of Radiology Nursing with Marie Korenstein, MHS, RN, CRN was the first editor
9. 2nd edition of the Core Curriculum with Colleen Sasso, BSN, RN, CRN
10. As of January 2005 there were 1620 members
11. 28 local chapters
12. ARNA bylaws revised
13. ARNA Strategic Plan (draft) – reviewed by chapters and past presidents. Membership approval in early 2005 to include core purpose and goals

The Board of Directors in 2004 believed that a strong strategic plan would enable the association to grow and advance in order to meet the challenges that many organizations are facing. In the Scope and Standards for Nurse Administrators in 2004 they saw this as a time of great change and challenge, as well as a time of great opportunity and innovation. As I close this segment of the history of ARNA, I want to especially thank Joann Po and the other past presidents for their great contributions to this organization and to the field of Radiology Nursing. Without all of you this organization would not continue to exist so that we can continue to grow and prosper.

# HOW DO YOU STAFF?

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



Eventually everything connects - people, ideas, objects. The quality of the connections is the key to quality per se.

Charles Eames

As a member of the ARIN listserv community, I have perceived that over the years certain questions have a definite possibility of reappearing. This is the case with the question in the title of this article, "How do you staff?" I have observed various forms of these questions appear on the listserv since 2009. In recent years, the question seems to surface every couple of months. Although not scientific in nature, the replies were gathered and presented in the following paragraphs. I believe the answers together can begin to give us a glimpse into the community standard for radiology nursing which begs to be answered as evidenced by the recurrent questions on the listserv.

The first step in looking at the data is to describe the parameters of the data. Using a retrospective approach, the data was gathered from answers to questions on the listserv regarding staffing from 2009 to 2014. The data were from a mix of tertiary care facilities and community hospitals. A total of forty seven people responded during this time frame and the respondents picked which questions to answer or leave blank. The questions were not the exact questions each time, so similarities in the data were examined for trends or patterns that would point to an area for a more detailed questionnaire in the future.

The data patterns from the answers fell into seven broad categories.

## Q1-What areas do your nurses cover?

## Q2-Do you have a prep area?

## Q3-How is your IR room staffed?

## Q4-Is the IR nurse dedicated to the room?

## Q5-Do you have a recovery area in radiology?

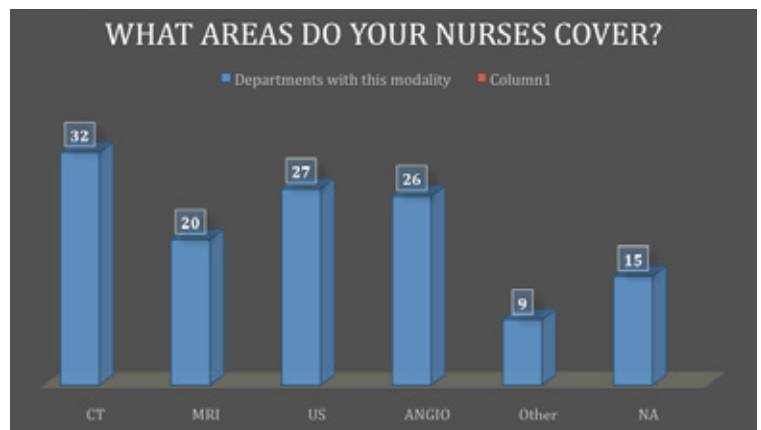
## Q6-What is your Nurse to patient ratio in the recovery area?

## Q7-Does the nursing staff do on call?

Individual results to the questions with relevant commentary are listed below. A graph is included for easy visual reference.

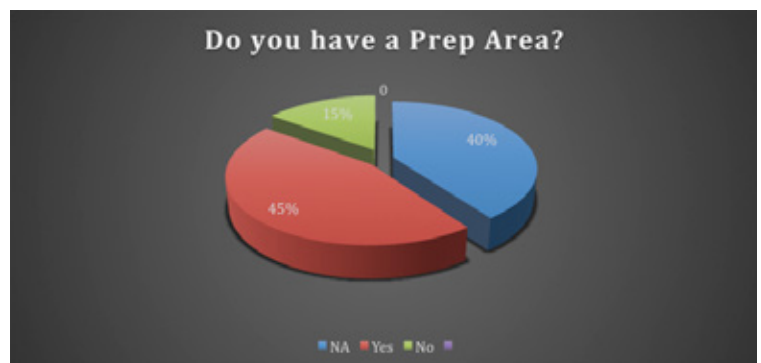
## Q1-What areas do your nurses cover?

The answer to this initial inquiry of radiology nurse coverage areas was varied. The answers from most respondents included CT, U/S and Angio modalities as staffing areas in their departments. Some hospitals included MRI while larger departments included Nuc med, Picc teams and stress labs manned by radiology nurses. These areas are represented as "Other" on the graph.



## Q2-Do you have a prep area?

This question has been posted on the listserv several times over the years. Prep areas are usually found in larger departments, but is becoming more popular as the struggle to find prep areas for radiology patients without tying up a valuable procedure tables increases. The respondents to the question provided a prep area in 19/47 answers or 40% of the time, no area 7/47 answers or 15% of the time and not applicable (NA) in 21/47 answers or 45% of the time.



Click here to participate in the ongoing Staffing Survey <https://www.surveymonkey.com/r/arinstaffing>

Continued on page 12

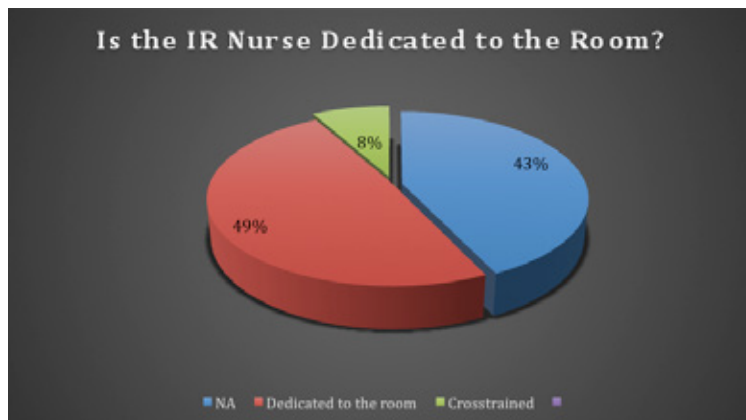
### Q3-How is your IR room staffed?

The overwhelming response to this question in 39/47 responses was 1 nurse per room. This occurred in 83% of the responses. Not applicable NA accounted for 8/47 responses or 17% of all responses to this question. The tasks the nurse was responsible for in the room was not defined by the question or the answers. This is an important area for further study as a community standard is defined.



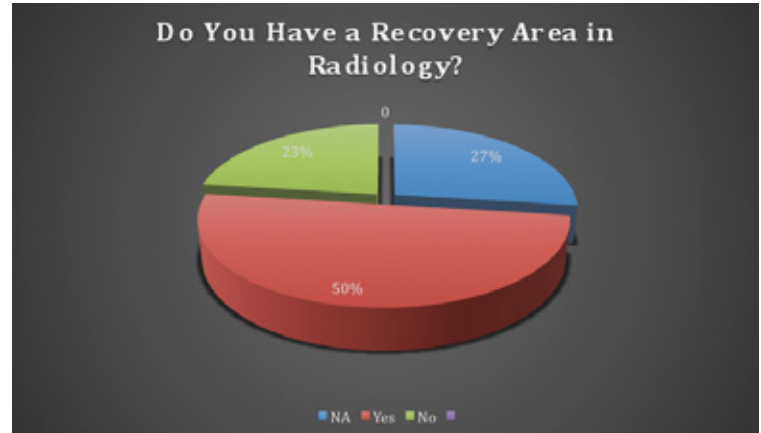
### Q4-Is the IR nurse dedicated to the room?

Many directors, managers and supervisors in Radiology use various formulas to calculate how they will staff. For room situations in IR, many supervisors and managers utilize the Association of Perioperative Registered Nurses (AORN) standard with 1 nurse per room. This is especially true of rooms with moderate sedation in which the moderate sedation metric recommended by the American Society of Anesthesiologists (ASA) may be employed. The answer to this question seems to support this. 23/47 respondents answered yes, 4/47 members replied that staff were cross trained in multiple modalities and 20/47 respondents replied NA to the question.



### Q5-Do you have a recovery area in radiology?

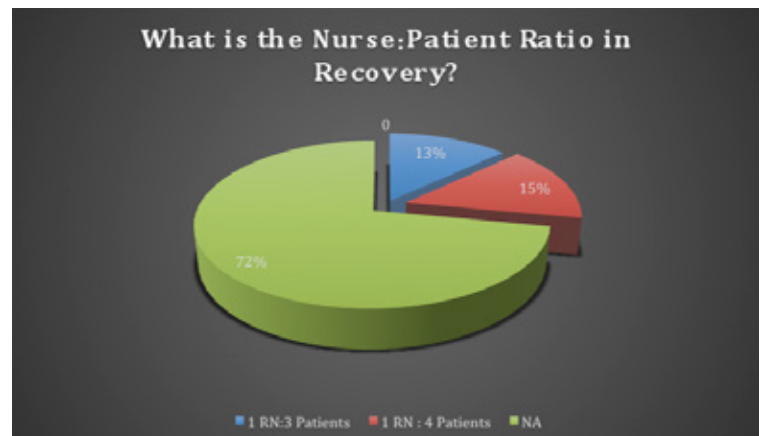
The data from this question is mixed. 13/47 respondents answering NA, 23/47 respondents answering yes, while the remainder, 12 /47 respondents answered No. The type and extent of the recovery area was not defined in the replies. This is a crucial element to be addressed in future surveys.



### Q6-What is your Nurse to patient ratio in the recovery area?

In recovery situations, many managers use American Society of PeriAnesthesia Nurses (ASpan) metric in which the staffing is usually 1 nurse for every 3-5 patients (ASpan, 2015). What does our listserv data reveal? 7/47 respondents indicated a ratio of 1 RN: 3 patients as the ratio. 1 RN: 4 patients was chosen 6/47 and NA was indicated 34/47 respondents. The large number may be due to lack of a dedicated area to recover in radiology or the availability of PACU and short term beds in the facility.

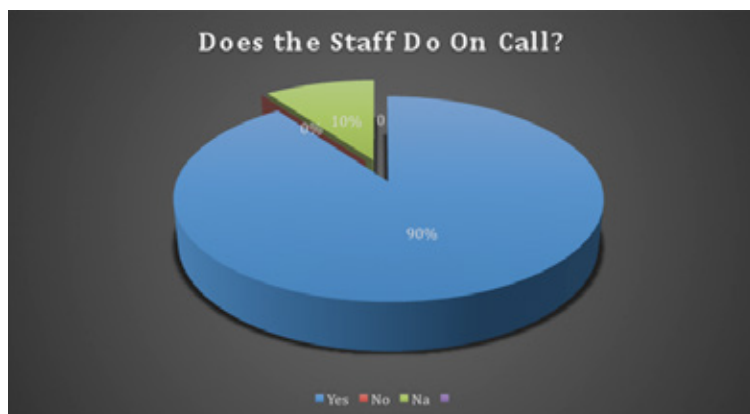
The data did not indicate the environment of care in those departments with a recovery area. The availability of a secretary for phone calls or the use of nursing assistants impacts the nurse patient ratio. Future surveys should account for the environment of care when assessing the staffing ratio.



### Q7-Does the nursing staff do on call?

The results were mixed regarding question 7 with 31/47 respondents replying NA, 0/47 respondents not answering the question while 16/47 of the respondents do have an on call system. The nature of the on call system was not investigated by the listserv inquiry. This area of questioning should be a focus to explore in a future survey.

As stated earlier, the numbers and graphs presented were a glimpse into self-reported community standards. In any survey the quality of the results is dependent on the accuracy of the response by the survey taker. The ARIN board is attempting to further define the community radiology staffing practices with a survey monkey that is on the website. I invite all ARIN members to carefully reflect on the questions to provide the most accurate response and take the time to fill out the Survey Monkey inquiries. The data will be used by the staffing subcommittee to formulate position statements and staffing policies for ARIN membership. The results of the survey will be published in a future edition of Vision for all to reference.



#### Reference

- American Society of PeriAnesthesia Nurses (ASPAN). (2017). Practice Recommendation 1: Patient Classification / Staffing Recommendations, 2015-2017 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. Retrieved <http://www.aspan.org/Clinical-Practice/Patient-Classification-Staffing>
- AORN. (2013). Perioperative patient focused model. In: Perioperative Standards and Recommended Practices. Denver, CO: AORN, Inc.; 2013:4.
- AORN Position Statement: Perioperative Safe Staffing and On-Call Practices. AORN, Inc. Last updated 2014. Retrieved from [http://www.aorn.org/Clinical\\_Practice/Position\\_Statements/Supporting\\_documents/PosStat\\_Staffing.aspx](http://www.aorn.org/Clinical_Practice/Position_Statements/Supporting_documents/PosStat_Staffing.aspx).
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## AWARDS AND SCHOLARSHIPS

Piera Robson, MSN, CNS, NP, AOCNS, ANP-BC, OCN, CRN

ARIN offers many awards and scholarships in order to aide and assist current members in advancing their careers in the Radiology field.

The Radiology Nurse of the Year award recognizes a member who has excelled in the radiology and imaging field evidenced by leadership, mentorship, and professional development. The Dorothy Budnek Memorial Scholarship financially helps ARIN members returning to school, seeking to advance their nursing education. The Helen Malenock Award provides a complimentary one-year membership to ARIN. The Charlotte Godwin Scholarship provides a complimentary registration fee to the annual spring conference as well as a cash stipend to defray the cost of expenses to attend the conference. The CRN scholarship award will assist in providing financial assistance to members seeking certification.

The Awards and scholarship applications will open in December. The Leadership Development Committee hopes you will take this opportunity to acknowledge and nominate a phenomenal radiology and imaging nurse you know!

## WANTED: EDITOR FOR THE VISION NEWSLETTER

ARIN is seeking a dynamic and creative individual who supports the Mission of ARIN and wants to take the newsletter to the next level. You will be working closely with the management company and the Past President, as your board liaison, to put out 6 newsletters per year.

The Editor has to be willing to support the changing healthcare environment and bring that information to the newsletter. This individual should have strong values, eagerness to learn new things, willingness to support research, reporting and writing skills.

Are you a team player, do you embrace accountability, and are you committed to continuous learning, then this position is right for you.

This position requires approximately 6-8 hours of your time per week. ARIN will pay a small stipend and support you to attend the ARIN Annual Spring Convention.

The current Vision editor is willing to mentor someone who enters into this position.

If you are eager to become more involved in ARIN this just may be the right opportunity for you. If you are interested, please submit your resume and a letter of interest in the position to: Liz Boulter at - [Liz.boulter@arinursing.org](mailto:Liz.boulter@arinursing.org)

# NEW MEMBERS

First Name	Last Name	City	State	Country
Andrea	Losh	Colorado	CO	United States
Lydia	Caberto	New York	NY	United States
Laura	Kelliher	Massachusetts	MA	United States
Mark	Izzo	North Carolina	NC	United States
Janelle	Maynes	Colorado	CO	United States
Kelley	Walrond	Colorado	CO	United States
Emma	Gonzalez	Texas	TX	United States
Jean	Ritchie-Peterson	Florida	FL	United States
Mã€™Lissa	Morillo	California	CA	United States
Kandy	Gilvary	New Jersey	NJ	United States
Sharron	Alejandria	Ontario	ON	Canada
Bridgitte	Reed	Pennsylvania	PA	United States
Jennifer	Goldberg	Pennsylvania	PA	United States
Susan	Michaels	New York	NY	United States
Jennifer	Willoughby-Haynes	New York	NY	United States
Ibarra	Ibarra	Texas	TX	United States
Stacy	Krupco	Illinois	IL	United States
Danna	Stone	Texas	TX	United States
Nathan	Hughes	Abu Dhabi		United Arab Emirates
Virginia	Doherty	New Jersey	NJ	United States
Lisa	Johnson	Minnesota	MN	United States
Staci	House	Minnesota	MN	United States
Lisa	Johnson	Massachusetts	MA	United States
Jaye	Hurtin	Florida	FL	United States
Denise	Campbell	North Carolina	NC	United States
Jessica	Thompson	North Carolina	NC	United States
David	Heald	Florida	FL	United States
Ana Maria	Alba	California	CA	United States
Christine	Bergen	Arizona	AZ	United States
Tara	Holloway	New York	NY	United States
Mindy	Martinez	New York	NY	United States
Teresa	Osborne	Minnesota	MN	United States
Valerie	Howell	Texas	TX	United States
Cindy	Williams-Newell	Washington	WA	United States
Michelle	Futrell	Virginia	VA	United States
Melissa	Meister	Wisconsin	WI	United States
Olivia	Hoang	Texas	TX	United States
Anna	Mitchell	Virginia	VA	United States
Heather	Thornton	Washington	WA	United States
Kara	Leslie-Haug	Washington	WA	United States
Christy	Moeller	Wisconsin	WI	United States
Teresa	Moore	New York	NY	United States
Vivian	Arugay	Texas	TX	United States
Luis	Valdes	Oregon	OR	United States
Naomi	Saucedo-Tanouye	California	CA	United States
Mariaronesa	Rabanzo	New York	NY	United States
Alicia	Johansen	Florida	FL	United States
Cheryl	Reading	North Carolina	NC	United States
Delia	Keane	Florida	FL	United States
Tiffani	Maynard	North Carolina	NC	United States
Dana	Jones	North Carolina	NC	United States
William	Murphy	Florida	FL	United States
Deanna	Janes	Alberta	AB	Canada
Anne	Strange	Wisconsin	WI	United States
Zuyin	Gao	California	CA	United States
Dee	Bowers	North Carolina	NC	United States

First Name	Last Name	City	State	Country
Richard	Sheridan	Michigan	MI	United States
Regan	Solidarios	California	CA	United States
Michele	Evanyk	Texas	TX	United States
Mark	Fessler	Texas	TX	United States
Angela	Jones	Tennessee	TN	United States
Kimberly	Ott	Florida	FL	United States
Candace	Conway	North Carolina	NC	United States
Beth	Fitzgerald	Delaware	DE	United States
Sondra	Blount	Tennessee	TN	United States
Rita	Bare	Minnesota	MN	United States
Laurie	Wells	Tennessee	TN	United States
Donna	Inman	Tennessee	TN	United States
Julia	Naray	California	CA	United States
John	Davis	Texas	TX	United States
Janice	Trump	Virginia	VA	United States
Johanna	Bartels	Kansas	KS	United States
Deborah	Payne	California	CA	United States
Kathryn	Jones			Australia
Eric	Estabrook	Minnesota	MN	United States
Roy	Primero	Texas	TX	United States
Janelle	Villa	California	CA	United States
Mary Anne	Dawson	Oregon	OR	United States
Kim	Ferguson			Canada
Sheryl	Redlin-Frazier	Tennessee	TN	United States
Myla	Cabildo	South Carolina	SC	United States
Tia	St Onge	Minnesota	MN	United States
Robin	Sark	Georgia	GA	United States
Linda	Sullivan	New Jersey	NJ	United States
Mary Jo	Cimino	New Jersey	NJ	United States
Paul	Barnes	North Carolina	NC	United States
Toni	Esposito	Texas	TX	United States
Wayne	Martell	Virginia	VA	United States
Joan	Brown	Georgia	GA	United States
Alicia	Olivas	North Carolina	NC	United States
Shanna	Mosher	Washington	WA	United States
Susan	Beckstedt	Ohio	OH	United States
Marc	Bowman	Ohio	OH	United States
Kea Hoa	Chin	Ohio	OH	United States
Nancy	Collins	Ohio	OH	United States
Elizabeth	Doster	Ohio	OH	United States
Alan	Leasure	Ohio	OH	United States
Teresa	Cummins	Florida	FL	United States
Patricia	Kaplan	California	CA	United States
Diane	Deaza	Florida	FL	United States
Rich	Sigler	Pennsylvania	PA	United States
Dawn	Dewitt	California	CA	United States
Lisa	Carver	New York	NY	United States
Monika	Busick	Illinois	IL	United States
Katherine	Erdelyi	Illinois	IL	United States
Jeffrey	Willcockson	Florida	FL	United States
Majel	Reinhardt	Texas	TX	United States
Barb	Frye	Virginia	VA	United States
Annamarie	Huey	Washington	WA	United States
Nguyet	Khong	Ohio	OH	United States
Jessica	Lofland	Illinois	IL	United States
Rose	Aumen	Pennsylvania	PA	United States

# 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 September 19, 2015 (Syracuse, NY) and October 17, 2015 and met the requirements to obtain the Certified Radiology Nurse (CRN) credential.

## September 19, 2015

Cheri Jones	Fulton, NY
Denise Livingston	Baldwinsville, NY
Anne Marie Seller	Camillus, NY
Jeffrey Toczydlowski	Clinton, NY
Yulian Wang	Ithaca, NY

## October 17, 2015

Evelyn Acab-Padilla	Kent, WA	Jaquias Godofredo	Long Island, NY	Donald Pattillo	Laguna Beach, CA
Vina Andaya	Skokie, IL	Aramantha Guillory	Monterey, CA	Anne Patullo	Manassas, VA
Cynthia Arvin	Falling Water, WV	Breanna Gunerius	Plymouth, MN	Cheryl Pauley	Lexington Park, MD
Sharaleen Au	Downey, CA	Shelli Hancock	Chattanooga, TN	Susan Petsche	Chino Valley, AZ
Janet Azbell	Grand Junction, CO	Yvonne Harris-Morris	Chester, VA	Kathryn Pittman	Springfield, MO
Tina Marie Benna	San Jose, CA	April Harvey Franklin	Lakes, NJ	Jennifer Reed	San Antonio, TX
Patricia Berardinucci	Chalfont, PA	Christina Higgins	Oakdale, MN	Amanda Ring	Portland, OR
Jamie Boles	Charlotte, NC	Sueli Holmes	Redondo Beach, CA	Victoria Ritenour	Valley Center, CA
Connie Brooks	Wyoming, MI	Rita Hoover	Jacksonville, FL	Faith Robinson	Los Angeles, CA
Linda Brooks	Minneapolis, MN	Jack Iafrate	Calimesa, CA	Lisa Ryman	Ellenville, NY
William Brown	Hoyt, KS	Karen Jones	Hood River, OR	Marie Girlie Sarria	Stamford, CT
Kimberly Chacon	Grand Junction, CO	Christa Jones-Hooker	Youngsville, NC	Michelle Scott	Summerville, SC
Danielle Chevalier	Verona, NJ	Danielle Kane	Lawrenceville, NJ	Mary Severson	Burnsville, MN
Jason Daniel	Rocky Face, GA	Mary Kramer	Marina, CA	Robert Shaddock	Lewiston, ID
Sarah Derycke	Cary, NC	Jeanette Krause	Buffalo Grove, IL	Sheryl Thrash	Garland, TX
Nayana Desai	Corona, CA	Sara Lagasse	Sunnyvale, CA	Kelli Valdivieso	Littleton, CO
Theresa Drummond	Skokie, IL	Mary Leneghan	Boca Raton, FL	Minerva Vazquez	Chula Vista, CA
Corinne Duncan	LaGrange, IL	Soo Li	Brooklyn, NY	Tammy Vrabel	Sparta,
Marie Dwyer	Ridge Manor, FL	Amy Magyar	Drayden, MD	Charlotte Wheeler	Fremont, CA
Alisha Ferguson	Lauderhill, FL	Anne Martineau	Wood Cross, UT	Paula Whetstone	Cincinnati, OH
Jermiah Floyd	Portland, OR	Jewel Mitchell	Richmond, VA	Betsy Zoladz	Seattle, WA
Claire Gil	Floral Park, NY	Colleen O'Brien-Cholis	Townawanda, NY		

A total of 9 nurses took the Special Site/Special Date Certified Radiology Nurses (CRN®) Exam on September 19, 2015, in Syracuse, NY, with a total of 5 passing. This is a pass rate of 55.5 %.

A total of 81 nurses took the October 17, 2015, CRN® Exam with a total of 65 passing. This is a pass rate of 80.25 %.

# 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 71 nurses who met the stringent standards to maintain their certification August and October 2015.

## August 2015 Renewals

Shelli Cramer	Franklin, OH
Susan Gallagher	Arlington Heights, IL
Monica Gerhart	Papillion, NE
Donna Longfield	Tulsa, OK
Amy Reiner	North Mankato, MN
Peggy Sturdy	Boise, ID
Christina Ann Berler	Holbrook, NY
Judy Chessar	Spokane, WA
Angela Gwartney	Tulsa, OK
Audrey Holmes	Auburn, GA
Karen Hughes	Spokane, WA
Aleyamma Jacob	Sugar Land, TX
Linda Lanfear	Middletown, NY
Donna Shull	Pipersville, PA
Julie Suppenbach	Lees Summit, MO
Brenda Terwilliger	Clear Lake, IA
Kathleen Gross	Owings Mills, MD
Tricia Donovan	Syracuse, NY

## September 2015 Renewals

Cheri Jones	Fulton, NY
Denise Livingston	Baldwinsville, NY
Anne Marie Seller	Camillus, NY
Jeffrey Toczydlowski	Clinton, NY
Yulian Wang	Ithaca, NY

## October 2015 Renewals

Cynthia Johnston	Centennial, CO	Richard Huff	Kent, WA	Christine Reynolds	Cleveland, TN
Kathryn Krohn	Centennial, CO	Patricia M. Hughes	Hollyglen, CA	Kathleen Shiring	Stevensville, MD
Charmaine Semeon	Sylmar, CA	Susan R. Hunter	Roxboro, NC	Leigh Simmons	Stephens City, VA
Linda G. Sherman	Indianapolis, IN	Kathleen Johnson	Suffolk, VA	Teresa M. Smith	Wilson, NC
Eden M. Abella	Beverly Hills, CA	George Karakey III	Sublimity, OR	Heather Stevens	Littleton, CO
Karen Aversano	Valley Cottage, NY	Monica Karamian	Thousand Oaks, CA	Suzanne M. Sweeney	Glenolden, PA
Sandra H. Bak	Jacksonville, FL	Madeline Karl-Jackson	Lomita, CA	Kharla Cavina	Redondo Beach, CA
Cristy Bauer	Accord, NY	David Kauffman	Elkins Park, PA	Patricia Tschacher	Chatsworth, CA
Katie L. Black	Austin, TX	Melody Kennedy	Severna Park, MD	Angela Cheek	Newton, NC
Judith A. Bost	Pittsboro, NC	Christine E. Keough	Rochester, NY	Annette Cooper	Holly Springs, NC
Maureen Brock	Tinton Falls, NJ	Julie Kuruville	Houston, TX	Pasqualina English	Belmar, NJ
Sharon S. Clifton	Gallipolis, OH	Francina R. Lindog	Missouri City, TX	Consuelo Kader	Laguna Niguel, CA
Yvonne I. Coles	Auburndale, KY	Elizabeth S. Lowman	Hickory, NC	Steven M. Nunes	Napa, CA
Rachel Ranzinger Cox	Nesbit, MS	Lauren Miller	Peoria, AZ	Marilyn Patterson	Port Angeles, WA
Patrick Dowd	Durham, NC	Mary Ellen Murphy	Virginia Beach, VA	Deborah Payne	Fullerton, CA
Madelyn Foronda	Granada Hills, CA	Heidi M. Nordh	Bodega Bay, CA	Laurie Daschner-Simmons	Portage, MI
Carrie Furberg	Carrboro, NC	Alexis Olivares	Pearland, TX	Kathleen E. Snyder	Bethesda, MD
Renee Gilchrist	The Woodlands, TX	Cherie Parker	Bourbonnais, IL	Danna G. Stone	Pearland, TX
Ann Grauer Jackson	McFarland, WI	Debora A. Phillips	Baltimore, MD	Jessica E. Throne	Park Ridge, NJ
Grace Greacen	Bellingham, WA	Ellen E. Pittman	Tempe, AZ	Janet Tuttle	Grand Junction, CO
Christy M. Haines	Boise, ID	Shannon Hubbard	Frisco, TX	Susan Aliff	Huntington, WV
Claude Hatoum	Seattle, WA	Remedios Regala	Long Beach, CA		

A total of 147 nurses with the CRN® credential were due for recertification between August and October 2015. There were 88 nurses who renewed their certification and 59 that did not submit for recertification via continuing education credit. The recertification rate for this period was 59.86 %.