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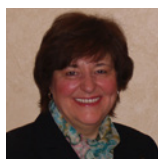
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ARIN ANNOUNCES 2016 CAPNOGRAPHY POSITION STATEMENT

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



The use of capnography in a procedural setting has been discussed both in the literature and at educational programs in recent years. While the majority of ARIN members surveyed have implemented capnography in their setting (ARIN, 2014; ARIN, 2015), the longstanding debate remained regarding the efficacy of Capnography in the Radiology environment. There are many facilities who have not fully embraced this monitoring parameter for patients receiving moderate sedation and analgesia.

Increasingly, new and complex image guided procedures are performed utilizing a combination of anesthetic, analgesics and anxiolytics to keep the patient comfortable and sedated, while limiting movement during radiology procedures. Patient acuity, complex co-morbidities add to the complexity of safe careful monitoring. It is vital to ensure that patients are safe while in the imaging department. It is the Radiology nurse who is responsible for administering sedation and analgesia to patients undergoing procedures, continually assessing the patient and appropriately monitoring vital signs, rhythm, oxygenation, and

level of consciousness throughout the procedure and recovery phase.

Many members are not aware that ARIN has both a position statement and a clinical practice guideline for moderate sedation and a position statement of the role of the radiology nurse with patients undergoing sedated procedures. Until recently, ARIN had not formally addressed capnography use in the interventional arena. In May 2015, ARIN formed the Capnography Task Force with the objective of researching and investigating evidence and data related to use of Capnography in radiology and creating an evidence-based position statement to guide care.

After thorough investigation, the task force addressed key points of the provision of appropriate and optimal patient monitoring as a vital component in the provision of safe quality care and finally, answering the longstanding inquiry. They concluded:

ARIN endorses the routine use of capnography for all patients who receive moderate sedation/analgesia during procedures in the imaging environment. This position is based on an extensive literature review demonstrating technical

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superiority and cost advantages with capnography use. (ARIN, 2016).

The ARIN BOD approved the position statement in January 2016. The Capnography Position Statement is posted on the ARIN website and scheduled for publication in the March 2016 edition of the Journal of Radiology Nursing (JRN). ARIN will also release this position statement to Society of Interventional Radiology (SIR), American Nurses Association (ANA), and a variety of nursing specialty organizations.

The Task Force will proceed to phase II of the project working on a series of supporting

educational documents, webinars, presentations and research papers. I encourage you to access the document in the link provide below. The Capnography Position Statement can be found on the ARIN website under the section entitled "Resources".

Use of Capnography for Patients Who Receive Moderate Sedation/Analgesia -

Reference:

Association for Radiologic & Imaging Nursing. Capnography use in radiology setting. ARIN member surveys. (ARIN 2014)

Association for Radiologic & Imaging Nursing. Capnography use in radiology setting. ARIN member surveys. (ARIN, 2015).

ARIN PRESIDENT VISITS NORTHWESTERN MEMORIAL HOSPITAL IN CHICAGO, IL

During her visit to the Radiological Society of North America (RSNA) conference last November, Mary Sousa, BSN, RN, the President for the Association of Radiologic & Imaging Nursing (ARIN) had the opportunity to visit the Radiology department at Northwestern Memorial Hospital. Located in downtown Chicago, this 894-bed academic medical center and the Northwestern University Feinberg School of Medicine, stands out as one of the nation's top research-intensive medical schools, attracting talented faculty, staff, and students through its cutting-edge research initiatives, superb clinical affiliates, global outlook and innovative curriculum.

Karen Marshall (Grace), BSN, RN, CRN, Clinical Nurse Coordinator and recipient of the ARIN Radiology Nurse of the Year Award provided a friendly greeting, making introductions to nursing leadership and various radiology members. Among one of the radiology members was Robert J. Lewandowski, M.D., associate professor of radiology and interventional oncology Northwestern Medical Hospital.

While visiting, the staff shared how their department recognizes and celebrates the Radiology team for the wonderful care they provide to patients every day. A "Kudos" board, employee spotlights, amongst other items conveyed the camaraderie and collaborative nature of the group. President Sousa remarked these are excellent ideas departments may consider for celebrating the upcoming Radiology Nurses Day, April 12th. It is great to view teams functioning at such an elite level.

The tour ended with a personal invitation to attend annual convention in Vancouver by Mary, ARIN President.

Special thanks to Dr. Robert L. Vogelzang who kindly took the group picture.

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



Front row: Gemma Noronha, Mary Sousa (ARIN President), Karen Grace (Past-president GLARIN)

Two in the middle: Sherie Monzin, Ellie Kruk

Back row: Marzena Lemanski, Amy Fichtel (educational chair for GLARIN), Karen Knier (educational chair for GLARIN) GLARIN is the Great Lakes Chapter of ARIN

WHAT LEGACY WILL YOU LEAVE BEHIND?

By: Sharon Lehmann, MS, APRN, CNS
Vision Editor

The Dorothy (Dot) Budnek Memorial Scholarship Fund was established in the late 1980's to provide financial assistance to ARIN members who have returned to school to advance their nursing education. The recipient will receive a scholarship in the amount of \$600.00. Individuals who have been members of ARIN for at least three years are eligible to apply for the Dorothy Budnek Memorial Scholarship.

Dot Budnek began her career as a Radiologic Technologist. Dot strongly believed in the importance of the nurse's role in radiology and returned to the University of South Carolina to pursue her BSN degree. She faithfully supported ARIN and attended classes at USC throughout her battle with breast cancer. In the memory of Dot, a faithful ARIN member and nursing education advocate, ARIN is proud to award a scholarship to a radiology nurse who is continuing his/her education.

Helen Malenock was elected to the ARNA Board of Directors in 1993 and became ARNA secretary in 1996. Board members were honored to serve alongside her. She was remembered for her professionalism, grace, and her quiet perseverance on ARNA's behalf. The BOD's were at her side in 1997 when she was diagnosed with cancer, we had dinner with her and her husband at board meetings, and talked of family and friends. She passed away January 31, 1999.

Helen had more than 35 years of nursing experience and worked in Radiology since 1975. She had been the senior radiology nurse in pediatric oncology at Children's Hospital Medical Center of Akron, Ohio. She had also been instrumental in organizing the Akron Chapter of the Lupus foundation and became a member back in 1997. In 1978 she became their treasurer.

Helen served ARNA through the Membership and Chapter Committees. She was chairperson of the Fundraising Task Force, as well as a founding member of ARNA's Ohio Chapter in 1989. She held the chapter's presidency from 1989-1995, and also served on the Education Committee. Helen was a recipient of the Ohio Radiological Nurses Association Continuing Education Scholarship, as well as a board member and historian.

To honor Helen's Legacy a scholarship was created in her name. This scholarship gives one year of membership to someone who might not otherwise be able to afford to belong to this organization.

What do you see as your legacy? Mag Brown-McManus chose the word legacy as her theme word during her year as president. She thought of us as members of ARIN as living legacies. Have you thought about remembering ARIN in your will?

2016 CALL FOR CHAPTERS

By: Jim La Forge, MSN BSN RN
Director of Membership

It's that time of year again! Time to complete and submit the annually required Chapters report. Actually, the deadline was January 31st but it's never too late to get this much needed information submitted to the ARIN national office. This year, ARIN has developed a process where your chapter information can be submitted online electronically! Ah, yes. Technology that actually makes getting the task done that much easier!

Keep in mind, completing this 'paperwork' is a requirement for chapters to remain chartered and in good standing with ARIN, the parent organization. The forms demonstrate to the IRS that your chapter is and remains a non-profit organization. The chapter report submitted to

ARIN demonstrates that your chapter is active and, by and large, in compliance with the chapter's by-laws. Providing this information essentially keeps your chapter in good standing with ARIN and the IRS.

It's easy to do! Simply click here [Chapter report link](#) to get started. However, if you would prefer to submit your forms via email or fax, click here to be directed to the ARIN website chapters link. You can download/print the forms, complete, and send to ARIN by whatever means you desire!

As always, thank you for your commitment and dedication to your own chapter and ARIN. We couldn't do it without you!



LICE AND MOSQUITOES, OH MY!

By: Greg Laukhuf ND, RN-BC, CRN. NE-BC
ARIN Past President

"I'm terrified of bugs and I travel with sprays, lotions, potions; the lot. I have to check the room before I go to sleep and if I come across a bug and fail to remove it, I have to sleep in a separate room as I'm paranoid that I'll be taken advantage of as I sleep."

– Freema Agyeman (British Actress)

How many of us feel like the actress in the quote? Are you itching yet? As radiology nurses, we are still not over the bedbug outbreak and the impact on our practice. Recent headlines and news channels are reporting that we now have to contend with mosquito transmission of a new Zika virus and super lice. What is a Radiology nurse to do? It is our hope that a brief overview of these parasites and the situation will help to arm you with information to combat this pestilence.

Zika virus is a single-stranded RNA virus, genus *Flavivirus*. Zika virus as reported by the CDC, is transmitted to humans primarily through the bite of an infected *Aedes* species mosquito. As many of us remember from science class, mosquitoes breed in water-holding containers or stagnant water and as many can attest to on many a summer night, they are aggressive biters. Mosquitos feed indoors and outdoors with humans and primates as targets. The CDC has been reported that anthroponotic (human-to-vector-to-human) transmission, perinatal, in utero, sexual and transfusion transmission of the virus has occurred. In addition, Zika virus RNA has been identified in asymptomatic blood donors. (Centers for Disease Control and Prevention, 2016).

Clinical Signs & Symptoms

About 1 in 5 people become symptomatic when infected with Zika virus. Clinical symptoms of the disease include acute onset of fever with maculopapular rash, arthralgia, or conjunctivitis, myalgia and headache. The illness is usually mild with symptoms lasting for several days to a week. Disease severity requiring hospitalization is rare. However, there have been cases of Guillain-Barre syndrome reported in patients following suspected Zika virus infection. The Brazilian Ministry of Health is also investigating the possible association between the Zika virus and a reported increase in the number of babies born with microcephaly. Due to concerns of microcephaly associated with maternal Zika virus infection, fetuses and infants of women infected with the Zika virus during

pregnancy should be evaluated for possible congenital infection and neurologic abnormalities (CDC, 2016).

Diagnosis

The differential diagnosis for Zika virus infection is broad. Initial diagnosis is based on the patient's clinical features, places and dates of travel, and activities. Laboratory tests are performed by examining serum or plasma to detect virus, viral nucleic acid, or virus-specific immunoglobulin M and neutralizing antibodies.

According to the CDC, Zika virus is a nationally notifiable condition. Healthcare providers are encouraged to report suspected cases to their state or local health departments to facilitate diagnosis and mitigate the risk of local transmission. State or local health departments are encouraged to report laboratory-confirmed cases to CDC (CDC, 2016).

Treatment

No specific antiviral treatment is available for the Zika virus disease. Treatment is generally supportive and can include rest, fluids, and use of analgesics and antipyretics. People infected with the Zika virus should be protected from further mosquito exposure during the first few days of illness to prevent other mosquitoes from becoming infected and reduce the risk of local transmission (CDC, 2016).

The other "Bug" gaining notoriety recently is the Super Louse. Unfortunately for this parasite, it is immune to kryptonite. "Super lice" are infesting the nation and have appeared in half the country, according to an NBC affiliate in St. Louis, Missouri. The insidious creatures are resistant to chemicals present in most over-the-counter treatments that reportedly could cure 100 percent of lice cases back in 2000 (Dicker, 2016).

Clinical signs and Symptoms

Lice are parasitic insects that can be found on people's heads, bodies, and pubic areas. Lice found on each area of the body are quite different from each other. The three types of lice found on humans are: *Pediculus humanus capitis* (head louse), *Pediculus humanus corporis* (body louse),

Continued on page 5

and *Phthirus pubis* ("crabs", pubic louse). Of the three lice, only the body louse is known to spread disease.

Human lice survive by feeding on human blood. Lice infestations (pediculosis and phthiriasis) are usually spread by close person-to-person contact. Dogs, cats, and other pets do not play a role in the transmission of lice. Lice move by crawling; they cannot hop, pole vault or fly as in common folklore. Most drug stores carry over-the-counter and prescription medications for treatment of infestations (CDC, 2013).

Diagnosis

Lice infestations can be asymptomatic with an initial infestation or when an infestation is light. Pruritus is the most common symptom of lice infestation and is caused by an allergic reaction to louse bites. It may take 4–6 weeks for itching. Other reported symptoms include a tickling feeling or a sensation of something moving on the body, irritability and sleeplessness, or sores caused by scratching. These areas can sometimes become infected with skin bacteria and must be treated accordingly (CDC, 2013).

Treatment

As with many parasites, prevention is the key. Grandma's advice, "Don't share hats, don't share hairbrushes," has never been more true. You should try to avoid the actual contact with hair, another head or items in contact with the infected person. That's how the lice are transferred.

If a case of lice does rear its ugly head in your house, here are a few things you can do. Experts endorse thoroughly vacuuming and throwing stuffed animals in a hot dryer for 20 to 30 minutes. Beddings should be washed in hot water. It is also recommended to get out the lice comb and pick those nits: The old-fashioned way still works. FDA-approved advanced treatment to counter the super lice are available. However, insurance may not cover the cost which can reach nearly \$200. Above all, do not use fumigant sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed (CDC, 2013).

If you encounter any of these bugs or viruses, do not despair. Knowledge is your most powerful weapon. The CDC website has up to date information on Zika and Lice. Your professional association is also available to help direct you to informational resources for your use at <http://www.arinursing.org/>.

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IMAGING REVIEW COURSE NEWS

By: Bruce Boulter
Executive Director

Happy New Year from the IRC Team. As we jump into 2016, we are excited about all of the courses that are lined up in the new year. After the record breaking year in 2015 we look forward to advancing the careers of many radiology nurses across the country, but more importantly, improving the lives of the patients that we care for.

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 the Johns Hopkins Hospital on April 16-17. Moving up the coast, we pay a visit to Beantown, or more accurately, Lowell, MA April 30-May 1. As usual, keep your eyes on the ARIN website to find a course near you.

While 2016 starts with a bit of an "east coast bias" to coin a sports phrase, we have received a lot of requests from facilities in the Midwest to hold courses throughout the year. We are considering the possibility of a live virtual course. We would love hearing from all of you on your thoughts on the idea.

WHO ARE YOU OR WHO R U?

By: Greg Laukhuf ND, RN-BC, CRN. NE-BC
ARIN Past President

People have to start talking to know more about other cultures and to understand each other.

— Martin Scorsese

At an ANA conference in Tampa, Florida in 2014, a keynote speaker discussed the various generational characteristics found in the modern day workplace. The purpose was to share the culture and motivation of each group in addition to the membership needs they require from their professional organization. As ARIN continues to expand and modernize, this is a great topic to explore.

According to Bump (2014), listed below are the different generations found on the job with starting and ending timeframes.

Perhaps the best recognized are the Baby Boomers. This is the generation from the end of WWII to 1964. The keyword for this group is optimist. They value money, title and status with many in management positions currently. Baby boomers are the group nearest to retirement and were motivated out of school to join professional associations as an expectation. As a group, they expected the world to improve with time (American Management Association, 2014).

Generation X or Gen X is the group born 1965 to 1984. The keyword for this generation is skepticism. This group is flexible and motivated. Gen X tends to be educated, happy, balanced and want a portable career. They are highly adaptive to technology. Gen X is family oriented and need a balance between work and family (American Management Association, 2014).

Millennials were born 1982 to 2004. The years for this group can be murky as the title Gen Y is sometimes applied and dates overlap with the Gen X group. The keyword for this group is realistic. The traits exhibited by the Millennials include confidence and tolerance. Millennials value diversity, change and work that is meaningful. This group is extremely cyber literate. (American Management Association, 2014).

Generation Z is the term appearing online for the next generation. Born late 1990 or mid-2000s, this generation is seen as sophisticated, educated, connected global, social and visual.

Who are you on the list? This is an important question as it affects your relationship with ARIN. Are you a baby boomer? Your ARIN membership provides you with the print and webinar resources to keep you well educated and on the cutting edge for your job. ARIN offers cutting edge education at the annual meetings and Imaging Review Courses in a classroom setting for certification review.

Did you find yourself in the Gen X era? Your ARIN membership with podcasts, recorded webinars, Journal of Radiology Nursing and Vision in electronic format allow you to stay current as you balance work with family and home life. Our updated website allows convenient access of resources without spending valuable time searching.

Perhaps you found you were a Millennial. A partnership with ARIN provides networking and social opportunities to keep you connected with your peers. Our technology provides the education you need for the busy "On the Go" professional.

Finally, you may be a Generation Z discovering ARIN for the first time. Our technological infrastructure and global reach provide you access to the latest materials, regardless of where you travel.

Regardless of how you view yourself or the generational characteristics you may have, belonging to ARIN is not a membership but a partnership. We are dedicated to serving you, to meeting your needs and receiving your feedback for change. ARIN is not static but dynamic. We are constantly changing to meet your needs while responding to changes in industry, health care and technology. You look to us for answers and we look to you for direction. THAT IS PARTNERSHIP!

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Bump, P. (March 25, 2014). Here is where each generation begins and ends, according to facts. The Atlantic. Retrieved <http://www.theatlantic.com/national/archive/2014/03/here-is-when-each-generation-begins-and-ends-according-to-facts/359589/> September/October

WEBINAR COMMITTEE REPORT:



A benefit of your ARIN membership is free access to live and recorded webinars with CEUs available. Two new webinar recordings have been archived since the beginning of 2016 for you to view at your convenience.

Y90/TARE Treatment: What Nurses Need to Know was presented on January 13, 2016 by Sarah Whitehead, BSN, RN, CRN, the Diagnostic and Therapeutic Imaging Service Nurse Manager at Central

Arkansas Veterans Healthcare System in Little Rock, Arkansas.

Code Neurointervention, presented on February 24, 2016 by Brenda Boone, PhD, RN, CRN covered how a neurointerventional program for acute stroke was created and implemented in her facility.

On March 23, 2016 (7 pm ET, 6 pm CT, 5 pm MT, and 4 pm PT) PET/CT Guided Intervention in Oncologic Patients: A Nursing Perspective will be presented by L. Keller, BSN, RN and J. Taylor, BA, BSN, RN. The advantages of CT and PET as individual modalities will be explored prior to presenting the imaging advantages from combining the modalities of making PET/CT a desired tool in select patients. Please watch your email for registration information.

To celebrate Radiology Nurses Day on Tuesday, April 12, 2016, Richard Sigler, MSN, RN will be presenting a webinar titled: Interventional Oncology: What it is, Where it is and Where it's Going. Registration links will be sent out via email.

Respectfully submitted by Cathy Brown, BScN, RN, CRN, Webinar Committee Chair.

NEWS FOR RADIOLOGY: WHAT YOU REALLY NEED TO KNOW!

By: Greg Laukhuf ND, RN-BC, CRN. NE-BC
ARIN Past President

[Drug Shortages Forcing Decisions on Rationing](#)

The New York Times (01/29/16) P. A1 Fink, Sheri

Shortages of a wide assortment of drugs are increasingly common in American medicine. The American Society of Health-System Pharmacists lists scarce supplies of more than 150 drugs and therapeutics at <http://www.ashp.org/shortages>. The reasons are diverse, including manufacturing problems and federal safety crackdowns. The resultant rationing has been from the patient and the public scrutiny. Medical institutions in the US have faced choices about who gets drugs. Some organizations have formal committees comprised of ethicists and patient representatives while in other organizations individual physicians, pharmacists, and industry representatives decide who receives a needed medication. Even within the same system policies can vary. Marc Earl, a Cleveland Clinic pharmacist, says children are not favored over adults during chemotherapy shortages, while Ning-Tsu Kuo, a pharmacist at the Cleveland hospital's home infusion pharmacy, says children came first during shortages of nutritional products. The Cleveland Clinic employs a small group of doctors and pharmacists in decisions about conserving, substituting, and allocating scarce drugs.

[Medicare to Penalize Hospitals for Safety Lapses](#)

Outpatient Surgery (01/05/16) Cook, Daniel

The Centers for Medicare & Medicaid Services (CMS) announced that Medicare would reduce payments under the Hospital-Acquired Conditions program (HAC) to 758 hospitals in 2016. The payment reductions will save Medicare \$364 million. A hospital's HAC score is based on its performance in four of the Agency for Healthcare Research Quality's (AHRQ) patient safety indicators: rates of pressure ulcers and post-op PE or DVT, central-line bloodstream infections, catheter-associated urinary tract infections, and surgical site infections following colon surgery or hysterectomy. The number of hospitals penalized this year is up from 2015 levels.

[Lax Needlestick Reporting, Disposal Lead to Fines for Hospital](#)

Business Insurance (12/22/15) Gonzalez, Gloria

The California Division of Occupational Safety and Health recently fined Dignity Health, \$44,125 for health and safety violations at a facility that exposed 1,700 employees to bloodborne pathogens. The provider was cited for failing to record information in 18 needlestick and failing to provide closeable biohazard containers. CAL/OSHA Chief Juliann Sum said, "California's health and safety requirements are some of the strongest in the nation, and they're meant to prevent hospital workers from becoming hospital patients."

[N.J. Lawmakers Propose Minimum Nurse Staffing Levels](#)

Outpatient Surgery (12/15/15) Cook, Daniel

New Jersey lawmakers are reviewing legislation requiring one Registered Nurse (RN) for every six patients on a medical/surgical unit and one RN for every five patients in subsequent years. In addition, the law would require one RN for every patient under anesthesia in an operating room and one RN for every two post-anesthesia patients in a recovery room or PACU. Lawmakers feel the minimum nurse staffing levels could improve patient safety and prevent workplace burnout. If the law is passed, New Jersey and California would be the first two states to mandate nurse-to-patient staffing ratios.

[Infusion Nurses Society \(INS\) Releases New Infusion Therapy Standards of Practice](#)

PRNewswire (01/25/16)

The Infusion Nurses Society (INS) has released its long awaited update to the Infusion Therapy Standards of Practice which is available for sale on its website. Each standard was reviewed to ensure it was evidence-based and clinically sound. The standards provide criteria for action and accountability; supported by the latest research. The new edition of the Standards includes 350 additional references over the 2011 edition while providing detailed explanations regarding specific practice settings and patient groups. INS CEO Mary Alexander, MA, RN, CRNI, CAE, FAAN, says,

"As infusion therapy clinicians, we always keep in mind that our patients are the reason we do what we do. No doubt there will be a positive impact on care when clinicians integrate the Infusion Therapy Standards of Practice in their practice. Our patients deserve nothing less!"

[Virtual Attendee Option for Annual Meeting Association for Radiologic and Imaging Nursing](#)

The Association for Radiologic and Imaging Nursing (ARIN) has announced they will be hosting the entire Spring Convention LIVE from Vancouver. This option is available to both members and non-members who would like to participate in the event, but cannot travel to the meeting. All educational sessions will be broadcast live at the time of the lecture and then hosted online for one month for those who cannot attend the live broadcast or for those who would like to watch a lecture again. CNE credits will be awarded and virtual attendees can still ask questions and participate with the speakers as if they were in Vancouver. ARIN President Mary Sousa, BSN, RN recently shared her thoughts on the new venture, "ARIN is committed to breaking down the barriers that prevent our members from fully participating in ARIN events and engaging. Using new technologies and our Virtual platform, we can now reach our members anywhere in the world, bringing new cutting edge procedures and radiology education to all. I encourage you to take advantage of this member benefit and attend convention in the format best suited to your schedule."

STREAMAWAY BY SKYLINE

Latest Technological Advance: Say Goodbye to Evacuated Bottles

One of the Core Values of ARIN is to be responsive to technological advances — to champion strategic technologies that can improve the patient experience, provide a safer working environment and/or save your department money.

Here's a new technology that does all three: The FDA-approved STREAMWAY® System from Skyline Medical. It's an automated, self-contained system that's changing the way radiology departments collect and dispose of potentially infectious waste fluid from paracentesis and thoracentesis procedures.

The STREAMWAY System eliminates the need for evacuated bottles and suction canisters, which results in numerous benefits:

- **Reduces your department's medical supply costs.** If you've been using evacuated bottles at upwards of \$17 each, the cost savings add up quickly, considering that most paracentesis procedures require multiple bottles. You also eliminate disposal fees, since the STREAMWAY System is tied directly into your facility's plumbing system. Money saved can be redirected to critical, mission-fulfilling initiatives.
- **Provides a safer workflow for nurses and technologists.** Because the STREAMWAY System is self-contained, it minimizes human intervention with potentially infectious waste fluid. By eliminating the need for evacuated bottles or containers, the system reduces the risk of spilled fluid from changing or dropping bottles — which can help improve your compliance with Occupational State and Health Association (OSHA) and other regulatory agency safety guidelines.
- **Improves the patient experience.** By eliminating evacuated bottles, the STREAMWAY System eliminates the risk of accidentally dislodging the catheter when changing bottles. It also eliminates disruptions to reduce procedure time. For high-volume and high-frequency patients, the time savings can be noticeable and appreciated. To reduce patient risk, the STREAMWAY System includes safety features, including preset volume and suction level, and auto stop.



How It Works

The STREAMWAY System is installed in or on a wall with direct-to-drain fluid removal for safe, continuous collection and disposal. It includes an illuminated touch screen with simple instructions. Following is the basic workflow:

1. The nurse or technologist inserts a single-use procedure filter, connects the suction tubes, sets the appropriate suction level and volume as prescribed by the radiologist, then presses start on the touchscreen.
2. The STREAMWAY System performs uninterrupted, regardless of total fluid volumes, and it displays those volumes on a backlit screen.
3. After each procedure, the nurse or technologist removes the single-use procedure filter, attaches the cleaning solution bottle and presses the touch screen to start the automated cleaning cycle. In five minutes, the system is ready for the next procedure.

Case Study: Tucson Medical Center

Facility: Imaging Services department of Tucson Medical Center (TMC), a 600+ bed regional teaching hospital

Dedicated ultrasound rooms: 1

Paracentesis and thoracentesis procedures annually: 650+

Installed the STREAMWAY System: December 2015

Number of evacuated bottles annually prior to installation:
Nearly 1,900

Cost per procedure with bottles, including disposal fees: \$107.10

Cost per procedure with the STREAMWAY System, including filter and cleaning solution: \$24.00

The high cost of evacuated bottles drove TMC Imaging Services Director Dan Felix to explore alternatives for collecting and disposing of ascitic and pleural fluid. "We chose the STREAMWAY System because it's self-contained, extremely easy to use and, for us, had a return on investment of approximately nine months. So our realized savings are around \$10,000 in Year 1, and about \$46,000 every year after," he said.

TMC uses the STREAMWAY System for roughly 80 percent of its paracentesis and thoracentesis procedures. "The other 20 percent are either portables, where we have done the procedure in the patient's room because they can't be moved, or for patients we see on a regular basis who have low volume and only require one bottle. Our break-even point is two bottles," Felix explained.

Nurses and technologists appreciate the many benefits

Moravia Costanza, the TCM Ultrasound Department Supervisor who also performs procedures, noted the many benefits for procedure staff:

- **Ease of use:** "The instruction screen is very user friendly."
- **The safety factor:** "We're not spilling fluid or accidentally pulling the patient's catheter out, because we aren't having to stop and exchange bottles."
- **Speed:** "You might not notice a difference with low volumes, but if you're taking out 10 liters, the procedure is about 15 minutes faster."
- **Accuracy of volume extraction:** "One of our radiologists said the STREAMWAY System is worth its weight in gold, because of its accuracy."
- **Greater focus on the patient:** "We don't have to watch and exchange bottles, so we can interact more with patients."

To learn more about the STREAMWAY System and Skyline Medical, go to www.skylinemedical.com.



ARIN AND PUBLIC POLICY

By: Pauline Lentowski MSN, RN, ACNS-BC, CRN
ARIN Public Policy Chair

"Nurses today are essential members of our nation's health team, the health needs of a growing population cannot be met without their help. Blessed with the gifts of healing and with a wise and understanding heart, nurses perform a vital role in maintaining and strengthening America's health services and our national wellbeing. Yet we are critically short of the nurses we need". This statement was not made recently, but was made on September 4, 1964, over 50 years ago by then President Lyndon B. Johnson when he signed the Nurse Training Act (PL88-851) into law. But this statement still rings true today; nurses remain the backbone of the health industry but our numbers are dwindling. In 2012 the Bureau of Labor predicted a nursing shortage with statistics for 2012-2022 that indicate the expected number of practicing nurses needed to deliver health care within our nation will grow from 2.85 million in 2012 to 3.43 million in 2022. So how can we the individual nurse influence this predicted shortage that will affect not only our profession but how health care is delivered to the patients we care for as well as our loved ones. This article will briefly explain what ARIN is doing to support you and the nursing profession; and what you can do to support the nursing profession.

What is ARIN doing to support the nursing profession?

ARIN is one of many professional nursing organizations that represents nurses who practice within specific specialties. ARIN or the Association for Radiologic and Imaging Nurses represents nurses who practice within the Medical Imaging domain which includes areas such as diagnostic and interventional radiology, nuclear medicine, ultrasound, MRI, CT, radiation oncology, and the heart catheterization lab. So what is ARIN doing to support imaging nurses in this current health care climate? In August 2014, ARIN joined the Nurse Community as well as developed the Public Policy Team. The Public Policy Team includes three volunteer members from ARIN who work with the Nursing Community. This small but mighty team has joined numerous nursing organizations to lend the voice of ARIN and its members in supporting the profession of nursing and the increased health care delivery needs of our nation.

What is the Nurse Community?

The Nurse Community (NC) is a coalition of over 62 nursing organizations which also includes friends of nursing that represent over the one million nurses in the nation by creating a unified voice for nursing. The NC does this by addressing such issues as health care reform, federal funding, and federal legislation which all influence such issues:

- The nurse shortage
- The need for more nurse faculty
- Funding for nursing education
- Nurse run clinics to provide access to quality care that is cost effective
- Nursing workforce development programs

How does the Nurse Community accomplish this?

The NC has invited nursing organizations to join this team of supporters of nursing who include friends from nursing as well as legislative representatives. They have monthly teleconference meetings where they address the issues that will impact nursing and health care; they formulate letters regarding these issues and send them off to the various legislative bodies.

What can you as an individual do?

ARIN and the NC are encouraging nurses to take action, become advocates of our profession- nursing. Join ARIN and review the issues, and lend us your voice to support those issues that you feel will impact you and your practice. If each nurse supported one issue- think of the impact, this would create a mighty unified voice for nursing and the issues that are affecting our practice. The public policy team would like to invite you to visit our table at the ARIN Vancouver convention in April. Two members of the Public Policy team – Pauline Lentowski and Joanne Graf will be available throughout the conference to offer information and literature about the public policy team, and the Nurse Community. We can provide you with information about various issues show you how you can support nursing with just a click of your computer. We hope to see you there. If you are unable to meet with us at the Vancouver convention, please contact us at info@arinursing.org



CELEBRATE NATIONAL RADIOLOGY NURSE DAY

Tuesday, April 12, 2016 is National Radiology Nurse Day. This is a day to recognize those working in the specialty practice of radiologic and imaging nursing who advance the standard of care in the imaging environment. There are a few websites dedicated to products that can assist your department in celebrating this day.

1. **Brown Industries, Inc.** You can select from recognition pins, key holders, greeting cards, plaques, and desktop awards.
2. **NurseWing.com.** There is a wide variety of nurse appreciation gifts to select from on this site.

In the past, hospitals have celebrated National Radiology Nurse Day by hosting pot lucks, or physicians have purchased breakfast or lunch.

Nurses have made posters for the lobby explaining what radiology and imaging nursing is, which is not only to educate the public, but also their co-workers. You could also develop a kudos board for your department to promote and share what you appreciate about each other as co-workers.

Please share your celebrations so that they can be published in the Vision newsletter. Send your submissions to Sharon Lehmann at lehma006@umn.edu.

CELEBRATE CERTIFIED NURSES DAY

March 19th is Certified Nurses Day. The Association for Radiologic & Imaging Nursing wishes to celebrate all Certified Radiology Nurses (CRNs) on this day! The dedication to your profession through certification is an example of the comprehensive care you offer to patients. ARIN recognizes your expertise and diligent efforts not only on this day, but throughout the year as stalwarts in the area of radiology and imaging nursing.

Visit the "Certification Toolbox" found on ARIN's website today for ways you can celebrate your CRNs within your radiology and imaging department!

NURSING IN RADIOLOGY: PART 4

By: Sharon Lehmann, MS, APRN, CNS
Vision Editor

A Time to Grow, Relevance, Action, Vision, Achieve, Legacy, Evolve, Committed, Collaboration, Communication, and Go Forth and Lead.

Over the past decade ARNA, now ARIN has seen many changes. Working with a new management company, increasing the number of issues in Vision each year, and redesigning the board of directors to meet the changing needs of the membership to name a few. ARIN would not exist today if it were not for the dedication of the membership and the commitment to Radiology and Imaging Nursing.

In 2005 ARNA made a bold decision and held their 25th Anniversary conference separate from the Society of Interventional Radiology Conference in Las Vegas, NV. So during the hot month of June in 2006 over 500 nurses gathered for pre-conference workshops and 4.5 days of lectures. We held a Gala celebration, with a magician for entertainment and reminisced about the past. Paulette Snoby, MPA, BSN, RN, CRN, was President in the year leading up to this celebration. She chose as her theme for the year "A Time to Grow".

1. Published our first Standards of Practice with ANA approval
2. Special Interest Groups, Orientation Task Force and Certification Task Force were developed
3. ARNA Position Statements and Clinical Fast Facts began
4. Radiology Nurse of the year was initiated.
5. Paulette's term was 16 months long and she wrote most of the articles for Vision during her term as there was no Editor for Vision.
6. In February 2006 membership stood at 1634 members,

Patrick Glickman, BSN, RN, CRN worked fast and furiously during his time as it was only 9 months long. He chose as his word relevance. He felt passionate about keeping the newer members of ARNA engaged. He pushed for us to start having a Fall Symposium, to meet the needs of our members. The theme for the annual convention was "Enhancing Safe Practices Through Technology in Radiology Nursing". As past president, Patrick was part of the reshaping of ARNA to ARIN. He also designed our new logo.

Kathy Sheffer, MN, RN, CRN was so proud to become President in Seattle, WA where she hails from in 2007. Kathy chose for her word "Action". The first Fall Symposium was held in Minneapolis, MN. There were several projects taking place within ARNA and her goal was to get them done during her Presidency.

1. Strengthening and expansion of the Liaison activities. We sent our first Nurse Representative

to the Joint Commission to address changes in the National Patient Safety goals and the medication reconciliation and their effect on the Imaging Departments Around the country

2. Publication of the second edition of the *Core Curriculum* and the availability of it on CD.
3. Kathy represented ARNA at a summit hosted by the American Society of Peri-anesthesia Nurses (ASPN). Our collaboration led to the publishing of a clinical practice guideline *Handoff Communication Concerning Patients Undergoing Radiological Procedures with General Anesthesia in their Standards of Care*.
4. Kathy served as board liaison for the development of our Certification Review course. Kathy was the first Certified Radiology nurse for the Northwest in 1997.
5. ARNA sent a representative to the Emergency Nurses' Association to discuss procedural sedation in the procedural settings. ARNA also actively participated at the RSNA quality council and the Consortium for Associated Sciences. We also sent our first representative to the AHA Stroke conference to represent our growing neuro interventional Radiology specialty.
6. The first edition of the Orientation Manual was unveiled at the annual convention
7. **Most importantly ARNA changed its name to ARIN, Association for Radiologic and Imaging Nursing. Our Strategic Plan was updated. We felt the name change better represented who ARIN is, an International Nurses Association. This was announced at the annual convention held in Washington, DC.**

Sharon Lehmann, MS, APRN, CNS chose as her theme word "Vision" for her presidency in 2008. I felt that vision reflects an optimistic view of the world, or more personally, ARN'S future. In June 2008 the bylaws were approved by membership vote, which included changing the name to ARIN. The goals for my presidency included fostering the growth of the Fall Symposium, which was held in St. Louis, MO, mentoring and growing new leaders and assuring that ARIN continues to be the leader in national patient safety goals. The Theme for the 2009 convention was "Honoring the Past, Imagining the Future" which was held in San Diego, CA.

In an effort to "go green" the board of directors made some tough, fiscally responsible decisions on behalf of the organization. This included decreasing the annual convention from 4.5 to 3.5 days. Decreasing the waste of printing handouts for sessions by increasing the use of on-line downloads of handouts, and providing a

"thin book" with the bare essentials and a take home CD of speaker presentations.

1. Led the move from "fast facts" to Clinical Practice Guidelines and Position Statements, moving this information from the members only section of the ARIN website to the public section.
2. Established Clinical Practice guideline on sedation and analgesia.
3. Moved ARIN election process to online voting
4. Facilitated the ARIN website enhancement, including links and portals to online education and CE opportunities.
5. Vision newsletter now published on-line
6. In January 2009 membership stood at 2,167.

The Fall Symposium in 2009 was held in Philadelphia and was very financially successful. Karen Green, MHA, VSN, RN, CRN was President this year and was so honored to be a part of this event as she is from Philadelphia. A pre-conference workshop on Evidenced Based Practice was offered in conjunction with three faculty members from Waynesburg University in Pittsburgh. They also provided resource/reference material to ARIN for website posting. Karen's action word was "Achieve" and the theme for the annual convention was "Achieving Success through Education and Networking".

1. Master Faculty were chosen to update and revise the newly renamed Imaging Nurse Review Course (formerly the Certification Radiology Nurse Review Course). The course will broaden the imaging nurse's knowledge of the modalities in which we work. The BOD plans to market this course to healthcare facilities at their locations.
2. RNCB completed the pre-requisites for application to the Accreditation Board of Specialty Nursing Certification (ABSNC) to have the CRN credential formally recognized.
3. Together with AHRA, offered a one-day management and leadership workshop for managing nurses and administrators at their Washington, D. C. conference.
4. The BOD approved web based education offerings initially utilizing sessions presented at the Tampa Convention.

Mage Brown-McManus, BAHS, RN had the honor of serving as our president the year we celebrated our 30th Anniversary. She chose as her theme word Legacy. Living a Legacy relates to actions and values that one lives every day in the imaging world, this could be continuously promoting safe nursing practice, continuously looking for new practices to promote and positively affect not only our patient but those we work alongside. The 30th year anniversary is pearl and thus this resulted in the theme "Adding to Our Legacy – One Pearl at a Time".

1. Started the initiative for on-line CE available through ARIN.
2. Developed the position statement for "Bariatric Patient Safety in the Imaging Environment"
3. Extensive membership campaign. Despite our best

efforts our membership numbers did not change.

4. The 4th Annual Fall Symposium was held in Houston, Texas.
5. There was a Gala that was held at the annual convention, which was held in Chicago, IL. The guest speaker was Suzanne Lindley, who at that time was a 5+ year stage IV colon cancer survivor. She gave an inspiring speech about her journey, hope for the future and the power of the health care professionals to make a difference in a patient's life.

Linda McDonald, MSN, RN, CRN chose the word "evolve" for her theme. Evolve means to develop something gradually, often into something more complex and advanced. The annual meeting was held in San Francisco with the message "Evolving the Future of Imaging Nursing".

1. The 5th Annual Fall Symposium was held in Las Vegas, NV.
2. ARIN initiated a webinar program and held 4 webinars. A Webinar Committee was established.
3. Under Linda's direction The Radiology Nursing Scope and Standards of Practice was completely updated and revised.
4. The Core Curriculum for Radiologic and Imaging Nursing, 3rd Edition is in development under the leadership of editor Kathleen Gross.
5. ARIN partnered with AHRA, the radiology administration organization to present a radiology nursing leadership workshop at the AHRA annual meeting in August.
6. The Imaging Nurse Review Course Master Faculty led by Kathy Sheffer completely updated the course content. The course was presented at multiple sites over the past year.
7. Based upon the book, "The Race for Relevance" the Board of Directors added these concepts into the running of the ARIN organization.
8. Karen Green was hired as Executive Director for ARIN.

Christy Lee, MSN, APRN, NP, CRN chose for her theme word "Committed". With encouragement from her boss Dr. Gonzalez and many fellow ARIN members, Christy committed herself to being President of ARIN, even though she is very afraid to do public speaking. For years Christy has been involved in the planning committee for the conventions and has even led the planning committees, but she did not have to get up and really do any speaking before a large audience. The theme for the convention became "Committed to Advancing Radiologic and Imaging Nursing". Christy also committed once she found out the annual meeting where she would preside over as president was in her own neighborhood of New Orleans, LA in 2013.

1. The 6th Annual Fall Symposium was held in Pittsburgh, PA.
2. Members from GLARIN were enlisted to help improve ARIN's webinar service.
3. A membership survey was undertaken and the results published in JRN.

4. Finally, after 4 long years the "Joint Practice Guidelines for Sterile Technique during Vascular and Interventional Radiology Procedures", from the Society of Interventional Radiology, Association of Peri-Operative Registered Nurses and Association for Radiology and Imaging Nursing was finally published in the December 2012 issue of JRN, and in JVIR. Chris Keough, BSN, RN, CRN represented ARIN as a key stakeholder in getting this document published.

5. The Radiologic and Imaging Scope and Standards of Practice, co-published with ARN and ANA, published its revision in 2013. The new publication builds upon the previous publication by incorporating the broader practice environment that nurses working in this specialty are encountering in their nursing practice. The new publication also incorporates standards for the advanced practice nurse in all areas covered throughout.

Beth Hackett, MSN, APRN, NP, CRN took over the reins as President in 2013 as ARIN transitioned from the management group of International AMC (formerly Puetz & Associates, and Dancy, Puetz & Associates, Dancy AMC) to PMA (Professional Management Association). Beth had a very ambitious year. She chose as her theme word "collaboration". The 7th Annual Fall Symposium was held in Cincinnati, OH. The Annual Convention was held in San Diego, CA and the theme for the conference was "Collaboration and Communication: Bridges to the Future".

1. During a fall retreat, the strategic plan was updated for a three year plan from 2014-2016.

2. The Board of Directors was restructured to meet the needs of the membership.

- One of the board positions was relabeled as Director of Education. The goal is to improve, expand and promote continuing education activities
- One of the board positions was relabeled as Director of Leadership Development. Working with a committee to oversee nominations, awards and scholarships, and mentoring of leaders.
- One of the board positions was relabeled as Director of Memberships. Working with chapter development, and how to strengthen the existing chapters. Promoting membership.
- There are many more committees that are being reviewed to see how to strengthen them or fold them into one another.

3. A new web site was unveiled.

4. Increased the Vision newsletter from four to six issues a year.

5. Developed a strategic partnership brochure and program that was distributed to several sponsors.

6. A decision was made to stop having the Fall Symposium. While it provided a valuable education forum for the memberships, it was a financially losing endeavor.

7. The Radiologic and Nursing Certification Board (RNCB) accomplished a landmark milestone in 2013

when the Certified Radiology Nurse credential was nationally recognized by the Accreditation Board for Specialty Nursing Certification (ABSNC). This was a major accomplishment and now all nurses with CRN designation can be nationally recognized.

Greg Laukhuf, RN-BC, ND, CRN, NE-BC took the helm to continue the work that Beth Hackett had started with restructuring the board of directors and building relationships with sponsors. Greg chose for his motto for the year "Go Forth and Lead". The annual convention was held in Atlanta, GA in 2015.

1. While president-elect Greg has been writing a column for Vision entitled, "Bare News in Radiology". This column highlights important events that are relevant to Imaging Nursing and keeps us informed of drug shortages, changes in practice, Joint Commission updates, etc.
2. The 3rd Edition of the *Core Curriculum* was released in May 2014.
3. The *Journal of Radiology Nursing* began offering contact hours in March 2015. Spearheaded by Linda McDonald.
4. The management company, PMA was not a good fit for ARIN and so ARIN has secured the services of the Boulter Management Company (BMC).
5. The position statements and clinical practice guidelines were updated and new ones developed.
6. Continued to develop strategic partnerships
7. The current memberships as of January 2015 was 1570.
8. With the hiring of BMC as the management company, Karen Green retired as Executive Director in March 2015.
9. Orientation Manual for Radiologic and Imaging Nursing, 2nd Edition came out in early 2015.
10. The Imaging Nurse Review Course has been offered at more US sites over the past couple of years. In early 2015 the first "virtual" IRC was held for Saudi Arabia. This offered overseas radiology nurses the opportunity to take this course by televising it using east and west coast instructors to mitigate the time zone differences here and overseas.

Mary Sousa, BSN, RN was elected as President in 2015. The new ARIN was unveiled: Visible, Virtual and Vital. The Future is now. The *Vision* newsletter has a new look. Webinars are happening monthly. If you cannot make the webinar, you can watch and earn CE when it is convenient for you. Imaging Nurse Review Courses and taking place all over the USA. The *Journal of Radiology Nursing* continues to be a premier resource for Radiology and Imaging Nurses. Most importantly as of January 2016 membership is back up with 2000+ members.



Journal of Radiology Nursing Call for Manuscripts

Pediatric Imaging and Interventions March 2017

JRN is the official peer-reviewed journal of the Association for Radiologic and Imaging Nursing (ARIN) and is published quarterly by Elsevier.

The audience of the journal is primarily radiology nurses but radiologic technologists and radiologists also see the journal. **JRN** has a growing international circulation. **JRN** is included in Mosby's Nursing Consult and CINAHL (Cumulative Index to Nursing and Allied Health Literature). **JRN** holds a membership in the Committee on Publication Ethics (COPE) and follows COPE's guidelines for ethical publishing. The articles in **JRN** cover a wide variety of topics related to imaging and imaging interventions. Original research, review articles, case studies, essays, letters to the editor, book reviews and humanities features are published. Published articles are eligible for the Linda Strangio Editor's Award which is presented at the annual ARIN business meeting.



The deadline to submit a manuscript for the Pediatric Imaging and Interventions issue is September 1, 2016. Prospective author query letters should be sent to the editor, Kathleen A. Gross, MSN, BS, RN-BC, CRN at rgross@comcast.net.

Manuscript word counts should be 1500-2000 words (case studies and short communications) to 8000 words for review articles. Example topics include:

- Anesthesia required; recovery issues
- Concussions and imaging
- Coordination of care and handoffs for the pediatric patient
- Equipment readiness for the pediatric patient
- Feeding tubes, placement, troubleshooting, etc.
- Imaging and child abuse; incidental findings
- Imaging and the special needs child
- Imaging pediatric sports trauma
- Interesting pediatric case studies
- Newborn imaging
- Pain management procedures
- Parental presence in procedure rooms
- Pediatric cardiovascular imaging
- Pediatric simulation
- Procedural education (patient and parent)
- Radiation protection for the pediatric patient
- Sedation and analgesia
- Venous access devices/PICC lines

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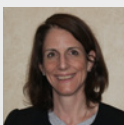
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