



Sharon Lehmann <lehma006@umn.edu>

# ARIN Vision, Volume 19.1

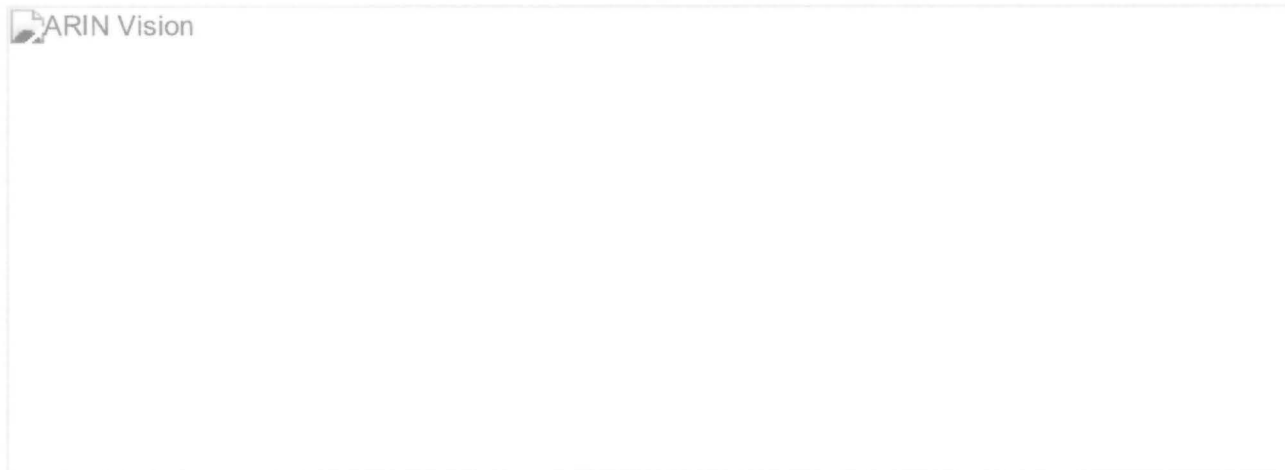
1 message

info@arinursing.org <info@arinursing.org>

Reply-To: info@arinursing.org

To: lehma006@umn.edu

Thu, Jan 23, 2014 at 1:51 PM



## ARIN Updates Strategic Plan



Happy New Year to all. I hope all of you had a great holiday season. But as the saying goes: Life and work go on.



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2014

As ARIN moves into 2014, there is much excitement about the newly updated strategic plan for 2014-2016. The Board of Directors developed this plan around four key areas:

- Education: Improving, expanding, and promoting continuing education activities
- Membership growth and creating undeniable value for radiology nursing
- Body of Knowledge: Becoming the source of radiology nursing expertise
- Networking: Internal and external

When you think of **Education**, what exactly comes to mind? For some, it is convention; for others, it is the *Journal of Radiology Nursing*, or perhaps it is webinars. Truthfully, it is all of this and more. Education includes the venues of social media, archived presentations, the Imaging Nurse Review Course, and Clinical

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Practice Guidelines. But education is also partnering with other nursing organizations on topics related to both groups, where one group may own the expertise imaging nurses need. Partnering with organizations allows reciprocal relationships to take on a life of their own. ARIN is fortunate enough to have Brenda Boone, PhD, RN, CRN, Director of Education, in the midst of all of these areas and more. At the 2013 ARIN convention, we offered a leadership workshop designed to help radiology nurses develop and recognize their leadership abilities and areas for improvement. With the addition of Kathy Baker, MBA, BSN, RN, CCRN, CNRN, NE-BC as the Director of Leadership Development, we will see opportunities to expand knowledge in the multi-faceted area of leadership.

**Membership** is a challenge for many organizations. How does an organization stimulate individuals to join? The answer is creating an undeniable value for radiology and imaging nursing. As the Board discussed this topic, many stated that radiology nurses are the "best kept secret in nursing." Our motto became *Radiology Nurses...Not a Secret Anymore*. Some of you may remember participating in a member survey that focused on your need for growth in your role. This information was recently published as a supplement in Vision in November 2013. The input obtained from this survey was extremely valuable to the Board as we move forward. We need and will create the value in ARIN membership to retain our membership and also to increase membership. The Board is working to maintain a high level of communication with current, new, and lifetime members, keeping everyone in the loop. We need to get the word out that nurses working in the imaging environment are involved in delivering quality care to patients and families undergoing extremely technologically savvy procedures, and nurses are a valuable part of the team.

ARIN recognizes that we are, and must be, the source of our **Body of Knowledge** so radiology nurses develop the expertise necessary in this ever-changing environment. By reviewing our catalogue of materials and evaluating what requires updating and what is beneficial to add, ARIN will focus our efforts on developing materials that will enhance the credibility and reputation of ARIN as THE source for radiology knowledge. Many of you may remember my discussion on micro-volunteering in the last issue of *Vision*. The opportunity is coming for many of you to share your expertise with your colleagues and being recognized for so doing.

The fourth area of our strategic plan involves **Networking**—making connections in the nursing and non-nursing world. In this age of specialization, no one can be expected to know everything, but the battle is won by knowing where to go for information. It is also recognizing those in our midst who are experts in a given area and approaching them to share this expertise in a variety of venues. Our new website will be unveiled in the very near future. We look forward to the many options it allows us for connecting like groups

New England Chapter  
News

RNCB Announces Newly  
Certified Radiology Nurses  
ARIN New Members

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2013-2014

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NE-BC

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MS, BSN, RN, CRN

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ARIN NATIONAL OFFICE  
(908) 359-5308

for listserv discussions. Another networking opportunity revolves around monitoring government policies and regulations—seeking partnerships with associations who share our vision. ARIN is a member of the ANA Organization Alliance (OA) so many opportunities await.

Together, the Board of Directors, the National Office Staff, and I will work in a logical fashion to approach each of these areas with the strength and tenacity necessary, keeping ARIN as an organization and the needs of our members at the forefront of our efforts. We cannot do this alone. Please consider answering the call to micro-volunteer when the opportunity presents. You will not regret it and your colleagues will thank you for your efforts.

To offer a comment or suggestion on any of the above, please send your thoughts to [info@arinursing.org](mailto:info@arinursing.org) and place “Strategic Plan” in the subject line. This will ensure your e-mail is sent my way. Thank you in advance.



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

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## 33rd Annual Spring Convention



**33rd Annual Spring Convention**  
**Collaboration & Communication:**  
**Bridge to the Future**

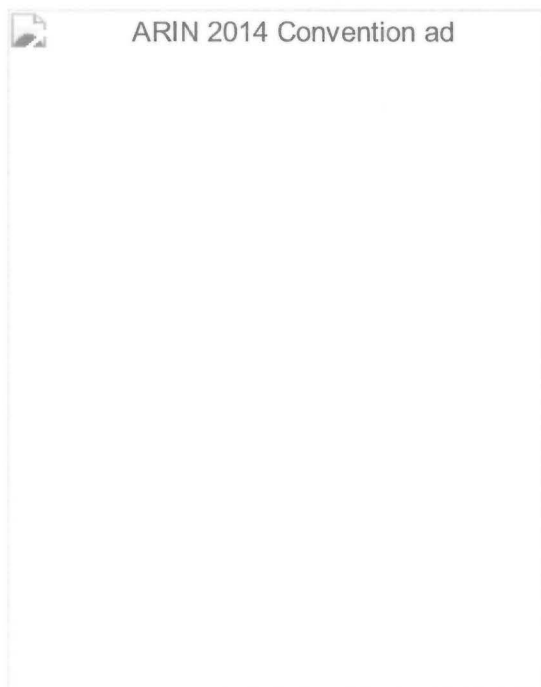
**San Diego Marriott Marquis & Marina**  
**San Diego, CA**

**March 21–22, 2014 - Imaging Nurse Review Course**  
**March 23–26, 2014 – Annual Convention**

866-486-ARNA (2762)  
FAX: (908) 450-1398  
390 Amwell Rd., Ste. 402  
Hillsborough, NJ 08844  
[info@arinursing.org](mailto:info@arinursing.org)  
[www.arinursing.org](http://www.arinursing.org)

### **ARIN Core Purpose**

To foster the growth of nurses who advance the standard of care in the Imaging environment.



The ARIN Spring Convention is typically held in conjunction with the Society of Interventional Radiology / SIR Convention and the Association of Vascular and Interventional Radiographers / AVIR.

The ARIN and AVIR Conventions will be held at the San Diego Marriott Marquis & Marina. A joint day will be planned with the Association of Vascular and Interventional Radiographers / AVIR.

The SIR Convention will be held at the San Diego Convention Center which is closely adjacent to the Marriott.

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## **Message from the Executive Director: ARIN Board of Directors Reviews Educational Programs**

As the Board of Directors met to discuss the future of ARIN and develop the new strategic plan, there were many questions and decisions facing them. One revolved around the future of the Fall Symposium. Many of you may remember the first Symposium back in 2006 in Minneapolis on a beautiful fall weekend. The goal of this conference was to add an additional venue for radiologic and imaging nurses' education while obtaining contact hours toward the CRN examination initial certification and recertification.

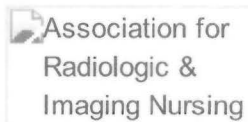
But unfortunately, this program was not financially sound. In today's market, it is imperative that an association be financially solvent.

This requires making difficult decisions affecting our organization and our members. To this end, the Board of Directors has made the difficult decision to cancel the Fall Symposium going forward.

This Board takes their responsibility to members very seriously. This includes our responsibility to assist in meeting the educational needs of our members in a financially sound manner. Our intent is to expand our CE offerings and provide more accessible educational opportunities for current and future ARIN members.

Brenda Boone, PhD, RN, CRN, Director of Education, is compiling a report to membership which will detail the plan stated above. This report will be published in the March edition of *Vision*.

Thank you for your patience and support during this transition.



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

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## From the Editor's Desk

When the Board of Directors met in November 2013 to develop ARIN's strategic plan for 2014-2016, the discussion included ideas to enhance the *Vision* newsletter to better meet the needs of the membership. Karen Green, Executive Director, and Beth Hackett, ARIN President, happened to be in Minneapolis a few weeks later for the National Organization Alliance meeting, so they met me for dinner and laid out the plan.

I am very excited to announce that *Vision* will now be published 6 times a year. We want to keep the issues shorter to not overwhelm the members and keep your interest. The Executive Director and President will alternate writing a message to the membership. We want to write short practice articles that are "hot topics" of interest to the membership. Many of the ideas will be taken from the listserv. We want to keep our membership informed on governmental affairs, news about what meetings other members are sent to, and chapter news.


I also want to hear from you, the members about promotions you receive, degrees you have completed, articles you have published, and other certifications you have completed.

Sharon Lehmann RN, CNS

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## Bare News for Radiology

*What you really need to know*

 Have you heard clip art

**Now that I have your attention, below are some news snippets that arrived on my desk during the holidays that impact our radiology practice.**

*Joint Commission Guidance on New Clinical Alarm Safety Goal*

[http://www.jointcommission.org/assets/1/6/CAH\\_NPSG\\_Chapter\\_2014.pdf](http://www.jointcommission.org/assets/1/6/CAH_NPSG_Chapter_2014.pdf)

Goal 6 of the 2014 National Patient Safety Goals details the history and explains the need for a new National Patient Safety Goal concerning clinical alarms. Visual and/or audio alarms on cardiac monitors, IV systems, ventilators, and other medical equipment are included in the new National Patient Safety Goal for hospital clinical alarm systems. However, it would not include nurse call systems, computerized provider order entry systems, and other information technology systems.

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*Drug Compounding, Tracking Bill Signed Into U.S. Law*

*Reuters (12/02/13)*

On Nov. 27, 2013, President Barack Obama signed the Drug Quality and Security Act into law. This bill provides U.S. health regulators greater oversight and tracking ability of bulk pharmaceutical compounding and distribution. The U.S. Food and Drug Administration's authority over compounded medications is clarified in the act by creating a new class of compounding manufacturer called an "outsourcing" facility. This will be the only class of compounding manufacturer able to sell bulk compounded drugs to hospitals. A national standard for tracking pharmaceuticals through the distribution network was detailed in the law to preclude fake medications from being introduced into the nation's drug supply.

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*Hospitals Expected to Press Devicemakers, EHR Vendors to Make Their Products "Talk"*

Modern Healthcare (11/23/13) Lee, Jaimy

According to the Healthcare Information and Management Systems Society, fewer than 33 percent of hospitals have integrated their EHRs with medical devices. Connecting EHRs to medical devices reduces errors, lowers costs, and improves quality of care. Massachusetts General Hospital attending anesthesiologist Julian Goldman, MD, says, "It's difficult or impossible in most hospitals to have real time or electronic transfer of infusion pump information available and sent to the EHR. If we had that kind of data, then as a nation we could identify these gaps and problems and put the resources in where appropriate." Goldman founded The Medical Device Plug-and-Play Interoperability Program to encourage hospitals to produce and use medical devices that are interoperable. Part of the foundation's process is to inventory bedside medical devices to determine interoperability gaps before exploring the use of "middleware" software to connect devices to each other and health IT systems. Goldman suggests that hospitals' purchasing power can be the driving force behind greater interoperability.

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*Legislation to Notify Patients and Physicians of Prescription Changes*

Hispanic Business (11/18/13)

The Biotechnology Industry Organization and Pennsylvania Bio recently commended the Pennsylvania Senate Public Health and Welfare Committee for approving Senate Bill 405. The legislation requires pharmacist notification of the patient and physician within 72 hours of any biologic substitution on a prescription. Although the U.S. Food and Drug Administration (FDA) oversees the approval of biologic medicines and the interchangeability, all policies governing substitutions and pharmacist notifications of patients and doctors are covered by state law. The FDA is in the process of creating a pathway for the development and approval of interchangeable biologic products within the United States. States will play a major role in monitoring the substitution practices. Senate Bill 405 could be a legislation model in all 50 states to address substitutions.

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*FDA Sets Rules to Address Drug Shortages*

Wall Street Journal (10/31/13) Burton, Thomas M.

The U.S. Food and Drug Administration proposed a new rule that would require drug manufacturers to notify the FDA of any manufacturing stoppages or plans to stop making drugs that are in short supply. The requirement is aimed at the issue of IV and biologic drugs used in emergency medicine, cancer, and intravenous nutrition. The rules enforce a 2012 law for dealing with drug shortages. Since the 2011 law, the number of manufacturing

companies issuing notifications of production stoppages to the FDA increased sixfold from 195 to 282 in 2012.

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### *Hand Hygiene Intervention Bundles Need Study*

<http://cid.oxfordjournals.org/content/early/2013/10/08/cid.cit670>

Hand hygiene interventions are bundled to encourage hand hygiene compliance, but more research is needed to identify the maximal bundle. In a recent article published in the journal, *Clinical Infectious Diseases*, researchers from the University of Iowa reviewed hand hygiene studies conducted in the United States and Europe between 2000 and 2012. Researchers found that in 78 percent of the studies, a bundle of more than one hand hygiene intervention was instituted. The surprising outcome was that bundles with more interventions did not increase compliance as compared with bundles of one or two interventions. The combination of education, reminders, feedback, administrative support, and use of alcohol-based hand rubs were associated with better hand hygiene compliance than the use of education, reminders, and feedback.

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### *Hand Hygiene Dilemma*

Outpatient Surgery (11/05/13) Bernard, David  
University of Maryland School of Medicine researchers studied the use of non-sterile gloves and hand hygiene. Published in the November 2013 issue of the *American Journal of Infection Control*, the study tested bacterial counts of finger and palm samples from healthcare providers as a baseline. They had half of the providers use non-sterile exam gloves. The other half washed or sanitized their hands before putting on the non-sterile gloves. Researchers then retested gloved hands. They found no significant difference between the two gloved groups. "[Hand hygiene] before donning non-sterile gloves does not decrease already low bacterial counts on gloves. The utility of [hand hygiene] before donning non-sterile gloves may be unnecessary," the researchers hypothesized.

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### *World's Largest Imaging Magnet*

<http://www.healthtalk.umn.edu/2013/12/09/worlds-largest-imaging-magnet-arrives-u-ms-center-magnetic-resonance-research/>

The University of Minnesota's Center for Magnetic Resonance Research (CMRR) received the world's largest imaging magnet on Friday, December 6, 2013. The magnet from Agilent Technologies is the first 10.5 Tesla whole body human magnetic resonance imaging (MRI) magnet. Current medical MRIs utilize 1.5 – 3 Tesla



magnets in diagnostic or procedural scanning.

U of M's new magnet will be used to aid in brain research and human body imaging. It was made possible by an \$8 million grant from the National Institutes of Health (NIH) as part of a 10-year, \$100 million BRAIN Initiative Working Group. This cutting edge technology has never been used to map the human brain or the body and the first 5 to 10 years will be spent developing technology to create images researchers can use.

Greg Laukhuf ND RN-BC, CRN, RN-NE  
ARIN President-Elect

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## **ARIN Webinar: Embolization Considerations for Patients Undergoing Fibroid and Radioembolization**

**Thursday, January 30, 2014 – 7 p.m.-8 p.m. Eastern**

Learner Achievement of Objectives:

1. Identify the patient population requiring embolization
2. Identify signs and symptoms for patients requiring embolization
3. Identify medical, surgical, and endovascular treatment options for patients requiring embolization
4. Identify the nursing and technical role in the management of patients during their endovascular treatment intervention

Presented by Karen Marshall, BSN, RN, Clinical Nurse Coordinator, Northwestern, Department of Radiology, Chicago, IL and Michael Wilson, MBA, BSN, RN, Director, Borgess Health, Kalamazoo, MI

Registration Pricing: ARIN Members: \$10 / Non-Members: \$15.

[Click here to register online.](#) You will need to login to the ARIN Action Site and select "Purchase Webinar" in the right sidebar.

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## **To Hold or Not: That is the Question**

In a recent post to the ARIN listserv, the question of holding medications and obtaining coagulation screening pre-myelogram procedure appeared. As a member of the listserv, it has been my experience that this question arises with a periodic frequency that lends itself as a useful hot topic for *Vision*.

Although not statistically significant due to sample size and limited in nature by group self-selection, the answers from the listserv provide a glimpse into the current bedside practices with a sampling of ARIN members on this topic. Nine radiology nurses responded to sections of the question. Seven out of nine members reported holding anticoagulant medications and four out of nine members reported holding psych medications, while three out of nine members reported not holding these same psych medications.

Comments offered by survey participants included: "We have never had an incident holding meds other than anticoagulants" and that "holding psych meds is a habit from the past when contrast was thick and oily with greater risks, not like Isovue which is currently used." Several mentioned the confusion in the literature over which meds to hold, citing that their pharmacists were having difficulty with the issue as well.

The answer to the listserv question does not reside solely in the limited snapshot assessment of current bedside practice. The importance of evidence-based practice has gained recognition since its introduction in 1992. When considering the question, it is important to examine what the literature and research states on the topic. Although the literature is not vast on this subject, I have found some key resources that I will highlight for you. The first is an article by Bruce Sandow and John Donnal in the *American Journal of Radiology* titled, "Myelography Complications and Current Practice Patterns." The researchers e-mailed practice questions to 2,296 members of the American Society of Neuroradiology (ASNR). The questions involved various aspects of myelography, including seizures and screening for epileptogenic, metformin, NSAIDs, and the checking of PT/ PTT prior to the procedure. Their results revealed that 73% of the respondents did not check a coagulation level, 58% did not advise a patient to hold aspirin or NSAIDs, and 63% did not screen for epileptogenic drugs or advise the holding of such drugs. It's important to note that the response rate on the survey was low at 15% and limited to a small group of physicians who were members of the ASNR. This select group may have helped to skew the results and not be representative of the general practice population.

A second key source is the *ARIN Core Curriculum for Radiologic and Imaging Nursing*, 2nd Edition. On page 189 under Myelograms, section 2, line e discusses holding medications. "A complete medical and allergy history should be taken to include medications that may contain phenothiazine derivatives such as prochlorperazine (Compazine) and haloperidol (Haldol), which can

lower the seizure threshold when contrast medium is administered. These drugs must be held 48 hours before and 24 hours after the procedure.” Line f discusses the anticoagulation issue: “The patient receiving anticoagulant therapy or aspirin may require a coagulation profile before the test and the medications held at least 72 hours before the exam to prevent bleeding.”

The third key source is the practice guideline published by the American College of Radiology. The ACR-ASNR-SPR Practice Guideline for the performance of myelography and cisternography discusses the recommendation for holding medications and screening for coagulation levels on page 5, Section V, lines a3, a4, and a5. Line a3 addresses patients on anticoagulation therapy: “Patients who are on anticoagulant therapy (e.g., Coumadin [warfarin], heparin, Plavix [clopidogrel], Ticlid [ticlopidine]) should discontinue these drugs for a period of time indicated in the consensus guideline of the American Society of Regional Anesthesia and Pain Medicine (see Table 1) [9,10] prior to undergoing myelography. If possible, this decision should be made after discussion with the physician who prescribed such medication. If the risks of discontinuing the anticoagulation are deemed greater than the risk of myelography, consideration should be given to bridging with intravenous heparin or delaying the myelogram until such time as it is reasonably safe to hold the anticoagulation (e.g., patient who has recently undergone coronary artery stenting and is on Plavix).” Line a4 states, “For patients with hematologic disorders or other conditions affecting blood coagulation, a platelet count and international normalized ratio (INR), prothrombin time (PT), and partial thromboplastin time (PTT) values within one week of the procedure should be available.” Line a5 discusses the holding of medications. “Medications known to decrease the seizure threshold should be carefully evaluated. While the contributory role of these medications has not been established, physicians may withhold some of these medications for 48 hours pre- and 24 hours post-myelography, based on consideration of the potential risks and benefits.”

After careful examination of the practices, the answer to the question remains mixed. Sandow summarizes the issue in his paper, stating, “Myelography is safe with a low risk of seizures, contrast reactions, and other complications. The results of this study show that a majority of practitioners screen patients for epileptogenic medications and the majority may not require patients discontinue use of aspirin and other NSAIDs nor do they check PT/PTT before procedure.” The *Core Curriculum* and ACR practice guideline recommend holding certain medications and monitoring coagulation values in at-risk patients. It is important to remember, as in all practice issues, the ultimate answer to this practice question resides in the policy of your radiology department, hospital policy, and the practice of your physicians.

## References

ACR-ASNR-SPR Practice Guideline for the performance of Myelography and Cisternography, (2013). Retrieved at <http://www.acr.org/~/media/f4c49aa1834d46a081f5f0ff20e1e26b.pdf>.

Sandow, B. and Donnal, J (2005) Myelography Complications and current Practice patterns. *American Journal of Radiology*. September 2005, Volume 185, Number 3 768-771. 10.22214/ajr.185.3.01850768

Sasso, C. M. (Ed.). (2008). *Core Curriculum for Radiologic and Imaging Nursing* (2nd ed.). Pensacola, FL: Association for Radiologic and Imaging Nursing.

Greg Laukhuf ND, RN-BC, CRN, RN-NE  
ARIN President-Elect

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## NWARIN News

November 16th, 2013 was the date of the 2013 Northwest Chapter of ARIN (NWARIN) Fall Conference, hosted at Providence St. Vincent Medical Center in Portland, Oregon. The conference was an informative full day of speakers from various areas of expertise in PSVMC's Diagnostic Imaging Department.

Altogether, there were 38 attendees with 9 additional direct participants from PSVMC. Attendees came from as far away as Montana and Washington.

The speakers included The Breast Center Nurse Navigators, Patrice Cameron and Dianna Fraser, speaking about their role in assisting women during the difficult journey of obtaining a diagnosis of breast cancer. Dr. J. Tyler Thiesing, Interventional Radiologist with The Radiology Group at PSVMC, discussed stroke treatments available and the controversial subject of clot retrieval in the embolic stroke patient. Keith Younger, RT in MRI at PSVMC described the role of Interventional MRI in the surgical setting. Dr. Anand Jain, Anesthesiologist with the Oregon Anesthesiologist Group at PSVMC, helped participants to better understand some of the challenges in sedating patients in diagnostic imaging procedures. PSVMC diagnostic imaging nurses, Jennifer Lunz and Susan Deatherage, explained the importance of pre-procedural assessment of patients' use of anticoagulants and how to avoid complications related to use of these drugs. Barbara Blair, Certified Child Life Specialist at PSVMC, explained her role in assisting

children and families to be best prepared for and ease their way through various procedures at PSVMC.

Overall, the day was a great success! As the conference coordinator at PSVMC, I would like to thank NWARIN board member, Connie Flores, RN, Treasurer for the NWARIN Board; Douglas Tucker, Webmaster for NWARIN; and Joseph Ancheta, President of the NWARIN Board; as well as the entire NWARIN Board. Also many thanks to the physicians of The Radiology Group at PSVMC and Boston Scientific, Mr. Fred Sundin for their generous financial support of the conference.

Patty Baker, BSN, RN  
Diagnostic Imaging  
Providence St. Vincent Medical Center  
Portland, OR

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## New England Chapter News

Greetings to all from sunny and cold New England,

We start this wonderful new year off with a resolution to increase membership and involvement, "by hook or by crook!" By this I mean, these will be a chief focus. What we *really* need is an abundant and active membership, greater willingness to **join us on the Board**, and for you to take a chance by **volunteering** and filling **needed positions**. This is a tall order, but so necessary to keep our chapter working and thriving. We, the Board, will increase communications to our members and friends; we will solicit their input and suggestions as to how to be, and remain, more responsive to their needs.

Hopefully we can increase "face time" with our members. Our website is a way to achieve this. Building time into our program offerings to allow face time and interaction, with the Board and with other attendees, is another. In spite of the labor involved, we love presenting programs that enlighten and educate our radiology nurses. Our goal has been to grant the most CEU offerings that programs and time will allow. However, this doesn't allow for the opportunity to have real give-and-take interactions with our attendees. Sadly, we had to cancel a program offering last November because of a lack of response. We were shaken by this experience and do not want to see a repeat. But we hope to "make lemonade" by examining our methods and considering how we can be more relevant to our radiology nurses. Hopefully we will whet some appetites in the process, and gather the volunteers we so need. We will keep you posted, and promise to share whatever we

learn. So here's to the new year, and here's to growth and success!

Our next program offering will be at **Winchester Hospital, Winchester, MA**. The date is **March 1st, 2014**. In the next issue of *Vision*, I hope to report a great turnout!

Meanwhile, be well everyone, and stay safe this tough winter.

Sincerely,

Elizabeth Duck, BA, RN  
President, New England Chapter ARIN

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## RNCB Announces Newly Certified Radiology Nurses

### 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 October 5, 2013 and met the requirements to obtain the Certified Radiology Nurse (CRN) credential.

Allen, Mary, Missouri City, TX  
Ayscue, Anthony, Greenville, NC  
Bachman, Julie, Portland, OR  
Baker, Patti, Huntington Beach, CA  
Bauer, June, High Falls, NY  
Bennett, Joy, Madison, WI  
Bourassa, Stephan, Zephyr Hills, FL  
Brice, Kathleen, Tinley Park, IL  
Brown, Annette, Oviedo, FL  
Buteas, Susan, Fanwood, NJ  
Chen, Esther, Campbell, CA  
Clark, AnnRachel, Auburn, CA  
Clark, Michele, Syracuse, IN  
Clement, Josy, Bergenfield, NJ  
Cook, Jennifer, Lexington, SC  
Cutting, Lorraine, Paxton, MA  
Deckard, Holly, Indianapolis, IN  
DeFrancesco, Dolores, Windermere, FL  
DellAgli, Donna, Barkhamsted, CT  
DeRosia, Mariann, Marquette, MI

Ennis, Kathy, Midlothian, VA  
Ferrer, Fe, Bronxville, NY  
Fichtel, Amy, Darien, IL  
Folliard, Sharon, Oak Lawn, IL  
Francis, Lucina, Yonkers, NY  
Gaines, Jennifer, Lake Tapps, WA  
Glennon, Georgette, Woodstock, NY  
Goodman, Andrea, San Pedro, CA  
Guo, Yanwei, Valley Stream, NY  
Gurney, David, Clearwater, FL  
Hague, Ann, Albuquerque, NM  
Hamberlin, Shaun, Dolton, IL  
Handelman, Rosalie, White Plains, NY  
Hanson, Gaile, Slinger, WI  
Hazlet, Deborah, Pittsburgh, PA  
Helminger, Karen, Seattle, WA  
Hodge, Jessica, Mission Viejo, CA  
Holder, Donna, Pickens, SC  
Imes, Gail, Elyria, OH  
Jenkins, Kimberly, Munster, IN  
Kenyon, Lori, Beaver Dam, WI  
Key, Skyler, Wylie, TX  
Kirkbride, Diane, Colorado Springs, CO  
Knatcher-Morgan, Mary, Boerne, TX  
Lamarche, Carol, Muskego, WI  
Larsen, Lynette, Napa, CA  
Latack, Christine, Stevensville, MI  
Lawseth, Nadia, Yuma, AZ  
Lean, Jill, Newport Beach, CA  
Leary, Jennifer, Chicago, IL  
Leatherman, Cheryl, Colorado Springs, CO  
Lenhart, Tamela, Pwanee, IL  
Lofthouse, Lisa, Alachua, FL  
Longshore, Paula, Louisville, KY  
Luciano, Lisa, Califon, NJ  
Mack, Jr., Frank, Toledo, OH  
Manganti, Francis, Willowbrook, IL  
Mantione, Patricia, Hicksville, NY  
McCarthy, Mary, Edgerton, WI  
McInerney, Maureen, Middleton, NY  
Merritt, Brendelyn, Cheyenne, WY  
Miller, Melissa, Chicago, IL  
Morissette, Courtney, Oak Lawn, IL  
Murphy, Ann, Oak Lawn, IL  
Napoli, Gina, Costa Mesa, CA  
Nicholson, Colleen, Oakville, ON  
Noronha, Gemma, Morton Grove, IL  
O'Connell, Maribeth, Chicago, IL  
O'Hanahan, Kristen, Littleton, CO  
Orton, Rick, Evergreen, CO

Penny Dirks, RN, Harrisonburg, VA  
Cynthia Elmido, Elk Grove, CA  
Brandy Embrey, San Francisco, CA  
Judith Emory, RN, CRN, Corona, CA  
Lindsay Anne Erickson, Thornton, CO  
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