

# The Society for Pediatric Radiology: Nurse and Technologist Meeting Speaking Points May, 2008

The second annual meeting of pediatric nurses and technologists was held on May 8<sup>th</sup> at the 51<sup>st</sup> annual meeting of the Society of Pediatric Radiology. Dr. Kimberly Applegate, our wonderful mentor, welcomed the group. Christine Schuck, RN, MS representing the American Radiological Nurses Association again serving as the facilitator and thanked Dr. Applegate and the SPR for the wonderful opportunity to meet again this year.

Christine thanked everyone for coming and opened with a review of the 2007 nurses and technologists meeting. Our initial purpose, mission, and vision were read to the group and all seemed to feel a strong commitment to continue with the purpose as written. We also reviewed the four goals that were established last year, which addressed advancement of professionalism, a liaison with ARNA, development and maintenance of our web site, communication through our list serve, education methods for all levels of radiology staff, patients, and parents, and identification and education of safety topics for patients and staff.

The Speaking Points of the 2007 meeting were presented to the group and brief summaries of the break out groups held last year were given by Roger Meece, RN, BSN, on Education, and Roberta Forman, RN, BSN, on Communication, and Christine Schuck on Safety.

The 2008 agenda began with a discussion on the establishment of standards. As this year we decided to concentrate on one particular topic, CT contrast, standards of contrast education became the focal point of our first discussion.

Roger Meece presented a computer based learning module (CBL) entitled "Contrast Media: Fundamentals" which was developed by a group of radiology staff nurses at A. I. duPont Hospital for Children/Nemours. A copy of the CBL is attached or available on the Yahoo List Serve. Beverly Paul, RN, MSN, from the Children's Hospital of Philadelphia, shared the highlights of their contrast policy with the group.

The many topics addressed by Roger and Beverly during their presentations are as follows:

- types of contrast
- physiologic response of contrast administration
- CT study specific protocols with oral and IV contrast guidelines
- Dosing guidelines
- documentation of contrast administration
- IV site selection
- Picc, Ports, central line, and dialysis catheter injection protocols
- contrast infiltrates and treatment guidelines

- patient screening including pregnancy screening guidelines
- power injector guidelines
- oral and IV contrast guidelines
- contrast reactions (mild, moderate, severe)
- anaphylaxis treatment guidelines
- MRI contrast

All members of the group engaged in passionate discussions regarding a myriad of topics related to the above information. When comparing and contrasting not only these two children's hospital's policies and protocols but those of the many nurses and techs from a number of major children's hospitals, a decision was made to develop a survey pertaining to contrast. When completed, the survey generated by feedback from the group will be sent to all participants on the Yahoo list serve. Results of this survey can be established as common practice for future reference.

During our lunch break, we had the opportunity to listen to one of our nursing group, Sue Hohenhaus, RN, MA, present with physician Karen Frush on enhancing best practices in pediatric patient safety. These two experts on Emergency Care offered the entire conference many insightful points on how errors can occur in organizations that feel that they are promoting a culture of safety while harboring potential for error. This talk brought home the need to constantly evaluate our safety practices no matter how good we feel they may be. "Normalization of deviance", a concept that can occur when a procedure that is risky is repeated enough times without incident, becomes accepted practice over time was only one of many very interesting and thought provoking ideas to take away from this great presentation.

In keeping with our mission to provide a forum for nurses and technologists to promote education and safety, we had the honor of two more presentations from members within our own group of nurses and technologists.

The afternoon started with Marguerite Davoren, RN, from Children's Hospital Boston as she gave a timely and cautionary talk on "Evolution of Universal Protocol in Interventional Radiology". This was a very detailed, fact filled and yet at times heart wrenching report on a very important mandate in IR. Marguerite not only talked about the safety goals but also first painted the picture of two incidents where failure of those safety goals ended in harm to patients. As was expected, this topic stimulated a host of questions and discussion on this important topic.

Albert Azziza, RT from Hospital for Sick Children in Toronto, then gave a rather appropriate presentation on "Internal Quality Assessment in Diagnostic Imaging: First step to make improvements". The emphasis was on make a quality assessment, developing measures, setting strategic goals, developing a tool, measurement, and final analysis. He noted that continuous quality improvement could only take place with activities that ensure safe, effective, efficient, and patient centered care in an environment that was safe for both patients and staff. Throughout the talk, Albert emphasized that

quality improvement has become an organizational priority, which requires employee involvement at the staff level to succeed.

In this era of JCAHO National Patient Safety Goals, both universal precautions and quality improvement are a major step toward a safe environment of care for the pediatric radiology patient.

In conclusion, the group discussed how we would like to proceed as an organization and how we would support ARNA. It was decided that continued membership with ARNA was beneficial as they provided valuable radiology information. Continuing to meet at SPR was an overwhelmingly popular decision and in fact, all in attendance agreed to request at least another half day of nurse/technologist meetings at the 2009 SPR conference, as there was not enough time to discuss the issues at hand. A number of attendees asked if we could possibly become a type of "associate" member of SPR and this request will be passed on to the SPR board.

Sincerely,

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