HOW AVA AND PEDISIG FORGED MY VASCULAR ACCESS JOURNEY

Katie Frate, RN, BSN, VA-BC™

I vividly remember attending my first AVA conference in Nashville in 2013. I was like a kid on Christmas morning – completely blown away by all the opportunities available in pediatric vascular access. This conference introduced me to the possibilities of what we could do at Cleveland Clinic Children’s, my hometown hospital where I had been a nurse on a medical/surgical floor for the past three years.

I was fortunate to receive the travel scholarship through AVA to attend another conference the following year. This opportunity opened the doors to networking with colleagues from all over the world. It was there that I met Stephanie Pitts, MSN, RN, CPN, VA-BC™, then the lead of the Pediatric Vascular Access Team at St. Joseph Children’s Hospital in Tampa. Stephanie’s presentation moved me and made feel like she was someone who could help make our dream a reality.

After introducing myself, I asked for help starting a vascular access team at Cleveland Clinic Children’s. My colleague and mentor, Jane Hartman, MSN, APRN, PNP-BC shared the same dream, but needed a motivated nurse with the same passion to help put things in motion. Stephanie was that person.

A year and countless conference calls later, our administration approved a Pediatric Vascular Access Team at Cleveland Clinic Children’s. In 2015, Jane and I presented at the AVA Scientific Meeting in Dallas, sharing the story of the team’s formation, the growing pains we endured, and the positive clinical outcomes we achieved. She appropriately titled the presentation, “The David and Goliath of Vascular Access, How One Staff Nurse Slayed the Giant.”

A few years later, Stephanie mentioned an open position on the team at St. Joseph Children’s. I could not pass up the opportunity. And, I’d be lying if I said trading the harsh Cleveland winters for the year-round sun of Florida wasn’t another driving force to relocate my family south.

My career led me to become Secretary of the PediSIG Board of Directors. I am grateful to be involved with this organization because I want to make a difference and work alongside others who want to do the same. What seemed impossible only a few years ago become a reality and I want to share that message with fellow nurses. My ultimate goal is to help improve the continuity of vascular access care in our most vulnerable population: Pediatrics.

Through AVA you can meet leaders in the field of pediatric vascular access by attending the annual conference, making connections at our PediSIG welcome reception and through the uniquely Pediatric and Neonatal content in our conference tracks! I can’t wait to meet you and make improvements together!

Katie Frate lives in Lutz, Florida with her husband, Nick, and their two children, Aria and John Anthony.
JAMBOREE: BRINGING IT ALL TOGETHER

Michelle DeVries, MPH, CIC, VA-BC™
Nancy Scott DNP, APN, ACNS-BC, CIC, VA-BC™, PCCN, SCRN, CNRN

Are you looking for a way to broaden the interest and awareness around vascular access outcomes? Is your goal to make it a priority for more than just the vascular access team?

Several years ago, the infection prevention team at our large, urban community hospital handled rounding on vascular access devices. Soon, an identified gap between the general understanding of a unit-based staff and the observations reported in bedside rounds became apparent. With the support of hospital administration, the expectation of ongoing rounds was expanded to include nursing leadership in all inpatient care units. The institution developed data dictionaries and spreadsheets to assist in the standardization of observations and analysis of data and conducted trainings for individuals who would begin assisting in the collection. Monthly nursing score cards were updated to include performance measures obtained through these rounds.

Analysis of the data led to the identification of trends and planned interventions. Often, the needs were at the interface of several different products. Historically, the organization took advantage of many of the value added, point prevalence offerings that the vascular access device manufacturers provided. This included rounds, interviews, data-based reports and recommendations for improvement. The concept of a “Jamboree” grew from our desire to create a framework where we could partner with all vascular access providers in addition to our internal stakeholders and learn together, through bedside rounding, where there remained opportunities to optimize outcomes by improving the understanding around the appropriate use of the products provided in the vascular access kits for central and peripheral vascular access devices.

Product representatives and their clinical support are invited monthly to attend inclusive rounds at the hospital. Two VA-BC™ members of the infection prevention team lead the team, with organization invitations including the vascular access team, professional development/clinical nurse specialists and nursing leadership. Front line nurses are engaged during the team’s rounds. Industry involvement includes the companies represented in the hospitals central and peripheral line options, semi-permeable transparent dressing, CHG skin preparation, CHG sponge dressing, gum mastic liquid adhesive/adhesive remover, flush syringe manufacturer and alteplase clinical support.

The group divides into peripheral IV and central line teams, always including at least one hospital-based nurse on each to validate and record observations. Members on each team obtain consensus following each observation and report any deficiencies to the individual primary nurse and, possibly, a unit-based huddle. The team rounds for approximately 3 hours each.

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month (seeing between 50 and 100 patients) on the patient care units before debriefing with the other group. During the debrief, initial data is shared on the findings and each member of the team shares their personal observations based on their specialty and/or the product they represent. They also share any actions they plan to take (education, auditing, etc.) prior to the following month’s rounds. Vendors from different companies have an opportunity to learn from one another and see how their products work together through direct visualization in a clinical setting and feedback from front line providers and ancillary clinical support.

The first two years of data management for the process involved using a paper-based tracking sheet during the rounds, with the information then entered into an Excel spreadsheet. That sheet is housed on a shared drive that all patient care leadership can access. Once entered, each unit’s data is automatically calculated to show our targeted performance metrics, which include observations such as dressing integrity, administration set dates, presence of CHG impregnated sponge dressings and alcohol caps. Data is also aggregated across all units to provide a hospital wide snapshot.

This process, while labor intensive, provides robust data to help drive improvements. Over the first two years of the Jamboree, the teams estimated that the post-rounds data entry burden took approximately the same amount of time as the bedside rounds each month.

Late in 2018, the group began piloting an app-based tool in an effort to decrease the time spent with post-rounds data entry (Access Point Vascular, Minneapolis, MN). For the purposes of the Jamboree, only the care and maintenance section of the app is used. Fields mirror what is collected on paper and can be entered bedside during the time of observation without adding any substantial delays to the rounding process. Once entered, the data is immediately viewable in an aggregated form.

A dashboard view can be shared with the rounds team and clinical leadership allowing an overview by the day, line type, hospital unit or other desired stratification. Continuing to refine data elements for consistent use will continue to streamline the data collection burden as well as optimize the utility of the data. While the current focus for the organization is individual improvement, over time the intent is to build a substantial data base for insertion related factors in addition to care and maintenance that can be used to interfacility comparisons.

In short, we introduced a Jamboree to harness the power of point prevalence surveys with strong collaboration with our industry partners. Bringing this diverse team of experts to the bedside every month gives our front line staff an opportunity to have questions answered by company representatives and clinical experts and help make sure their voices are heard when they identify barriers to optimal policy implementation.
AVA PUBLIC POLICY UPDATE

Alana Fusco, RN, VA-BC™

Like most of you, I am faced daily with the current challenges that exist in vascular access as a bedside clinician. There are disputes over everything we know to be true in evidence-based practice.

Challenges arise by those who are ill-informed and want to bypass standards for the bottom line and for the appearance of improved outcomes.

Challenges arise over the implementation of CMS/HAC/Medicare regulations that in turn created non-reimbursement for Central Line-Associated Bloodstream Infections (CLABSI). These workarounds, effectuated to avoid CLABSI, are detrimental to our patients and clinical practice.

The examples of patient harm are endless – and just when you think you’ve seen it all, another unusual situation presents itself.

Consider the patient who has been stuck 10 times for each IV and requires a new IV daily because the infused medications are irritants or vesicants. Then on Day 6 of the patient’s stay, the staff decides to call the Vascular Access Team (VAT). Every vein has been utilized and ruined for any type of peripheral intervention.

What about the number of infiltrations or ecchymotic areas found on patients? Should they be reportable as battery?

We’ve all seen the placement of IVs in digits, breasts, and other anatomical locations not suitable for cannulation.

These are all avoidable with a comprehensive multidisciplinary VAT and the adherence to evidence-based practice.

HOW DO WE MOVE FORWARD?

To kick off 2020, AVA created the AVA Public Policy Task Force (PPTF). We are excited to share what has been happening in our newly formed committee and ask you to join our cause. The PPTF is a group of vascular access professionals who, through lobbying efforts, promote educational, clinical and research opportunities to advance the practice and guide the delivery of expert vascular access care to patients with vascular access needs.

Our Goal is to advance our practice and promote best practices locally and nationally. We know this is not a small undertaking. Millions of vascular access devices are sold in the United States each year. The vast majority of patients require some type of vascular access device. The average patient in the hospital gets stuck numerous times during a hospital stay. We need to promote and ensure evidenced-based policies are utilized and patient safety and outcomes are improved.

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Our **Mission** is to bring awareness to Vascular Access at the local and national level to influence healthcare policy and legislation.

The **Vision** is for ALL patients to have access to a Vascular Access Specialist/Team for vascular access device placement, care and management.

Our committee’s **Purpose** is to promote a multidisciplinary Vascular Access Service Model to reduce complications, morbidity and mortality associated with vascular access device placement and management.

The **Philosophy** of the Public Policy Task Force is that vascular access as a specialty crosses all patients in multiple settings. Patients with access to a Vascular Access Specialist/Team will experience improved outcomes, reduced delays in care, diminished waste and a reduction in healthcare costs. Patient harm, including venous depletion, is also reduced.

We are implementing a five-year strategy and established goals with the hope for a government mandate to have access to a vascular access specialist available in every institution by the end of 2024. The PPTF is in the process of drafting a letter for the membership to send to their state and federal representatives and senators to review and enact. An impact can be made through legislation.

The PPTF is further defining the role of vascular access as a specialty. As defined on the AVA website, “The Vascular Access Specialist is educated and experienced in the specialty. Specialists provide exceptional vascular access insertion, care and insertion, care and maintenance with the promoting an optimal, proactive and intentional approach to preserve vasculature, improve clinical outcomes, enhance patient safety and educate all stakeholders.” This definition will further be addressed and discussed with a final decision by September.

**HOW CAN YOU HELP?**

- Watch your email for a sample letter for you to use to send to your local and national representatives and senators.

- Join us in D.C.! We are planning visits to the Capitol to speak to our representatives. Task Force members will meet with those in Washington who will hear our case for better and safer care of our patients. Here are a few dates where healthcare lobbying will be done in D.C. We intend to send a group on June 19, 2020. **Will you join us?**
  
  
  b. Nurses Take D.C. April 21-22, 2020
  
  c. AONE Advocacy Day June 4, 2020
  
  d. ANA Hill Day June 19, 2020

- The PPTF is seeking financial support through health policy grants. We will look to our industry partners for assistance.

- The PPTF is putting together a public service campaign. We are asking for patient stories (with photos) to bring the reality we see daily to our local and national governmental officials.

- In conjunction with the AVA Member Engagement Committee, this summer we ask you to petition your local city, county and state government agencies to declare October 5 “Vascular Access Specialty Day.” (To be accomplished between August and September).

Please send questions, proclamations and stories (along with photos and permission for photo use) to Beth Gore at bgore@avainfo.org

We look forward to working with the membership to improve our practice for the betterment of our patients. Plan to hear more from our team. Every member’s involvement will make a difference in the future of vascular access and the improvement of outcomes in patient care!
The Association for Vascular Access (AVA) used to be an organization that primarily brought together multidisciplinary clinicians from across the United States once a year to learn about issues in vascular access. The annual scientific meeting has been a fun and exciting time of learning, growth, and networking for decades. But the leaders of the association realized long ago that it could not survive as just an annual conference planning organization. AVA continues to evolve into a year-round organization that reaches out to patients, lobbies for change, and advocates for best practices.

As this evolution continues, we need more than ever the identification and involvement of our members. The small paid staff of the Association does amazing work to advance the mission and fulfill the strategic plan. But the cutting edge work of lobbying different levels of government, developing guidelines for best practice, and building out other projects is more than our staff can ever take on. Furthermore, the broader the pool of input, the better off everyone is since diverse viewpoints and ideas are better incorporated.

In the past, the primary benefits of membership were discounts on Scientific Meeting registration and the vascular access board certification exam. Together, they equaled the cost of a membership. AVA aims to make membership benefits more robust and valuable. Additionally, access to the Journal of the Association for Vascular Access and Intravascular Quarterly are valuable perks of a membership – but there is more.

Membership connects us all. It puts each of us down as co-laborers in advancing vascular access. We are united in pushing for better care for patients and for more recognition of the importance of vascular access specialists. AVA needs us all to stand together so that we can make a maximal impact.

Volunteering is scary. Many of us have all been taught from an early age to avoid volunteering. But AVA is built on volunteers and can only grow and prosper through this spirit. Imagine if no one volunteered to speak at the Annual Scientific Meeting. Consider what would happen if no one offered to serve as officers of the association and its committees. We need you!

Each of our members are busy with work, professional opportunities, and family issues. But those who give AVA a few hours a month are helping make us all better. Whenever new tasks begin, we consider how the work will impact our volunteers. We need multiple members to offer their time since many hands make light work. Various expertise is required to study, plan, and implement changes.

It all starts with identifying your willingness to serve. Go to the AVA website and fill out the AVA volunteer survey. Tell us as much as you can about your background and interests and in return, we will do our best to pair you with the best opportunities. Also, keep your ears open for other ways to help. We are forming a public policy group to more consistently message the needs that patients have for consistent and quality vascular access services. It is also our intention to form a committee that reviews AVA policies and insures they are consistent and up-to-date. When it comes to members of the AVA Board of Directors, we are looking for individuals from within the organization and those who have not been part of AVA but have complimentary skills that can strengthen the association.

So, volunteer! And encourage your friends and colleagues to take the step forward with you!

AVA NEEDS YOU!

Jon A. Bell, RN, MSN, VA-BC™
Vascular Access Specialty Day is October 5, 2020. This day commemorates the birthday of our founder, Suzanne Herbst, RN, MA, and recognizes the vital role that Vascular Access Specialists play in improving patient outcomes.

Part celebration, part awareness campaign, this day is YOUR day. How will you celebrate this year? It is not too early to start planning! The 2020 AVA Scientific Meeting is set to be held before VAS Day this year, so make plans now to celebrate with your facility, coworkers and local AVA Network!

One way to bring awareness to the Vascular Access specialty and commemorate the day is to request an official Proclamation from your local, county, or state government. Specific instructions to do this are on the AVA Website HERE. Click the Get Instructions link toward the bottom of the page. There you will find an example you can use to create a Proclamation for your government agency, as well as simple, step-by-step instructions for requesting one.

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The entire process can take up to 4-8 weeks from application to a proclamation issue, so don't hesitate! If you want to request a proclamation, do it today. You can request a proclamation online from your city, county and state governments. If you receive a proclamation, please share it with AVA headquarters so that it then can be highlighted across AVA's social media. And, don't forget to also share it with your local AVA Network so they can also spread the news. Note: Proclamations are only valid for the specific date, so they need to be requested annually.

Networks can commemorate the day by holding an all-day seminar, a special dinner meeting, or luncheon with a festive theme. Issuing a press release is another great idea to spread awareness. Share it with media outlets and on your own social media platforms, where you could even focus on a member story or create a snapshot of a day in the life of a Vascular Access Specialist. Whatever your local Network chooses, please share your plans and photos with AVA Headquarters so that ideas can be shared with the membership.

What if you are not part of a local Network? You can still celebrate with your coworkers! Hold a special dinner or luncheon on October 5. Create a poster with the official logo and post it in an area where its visible to other employees. The official logo and slogan will be available to download from the AVA website in a format that can be printed and blown up for posters and banners.

You could even put a table in your cafeteria with information about your department, Vascular Access and AVA in order to share the important work you do with your fellow employees. And, as always, don't forget to share your ideas, commemorations, and photos with AVA headquarters!

The Member Engagement Committee plans to hold a contest to create the tag line to spearhead this year’s Vascular Access Specialty Day celebration. Get ready to submit your ideas for our official slogan starting April 1. Entries are accepted until May 1, and the Member Engagement Committee will anonymously choose the winner. Official VAS Day gear and advertising will feature the winning tag line, and the author will win a 1-year membership to AVA. Start thinking of short, catchy slogans now, and watch social media and the AVA Website for the entry form available April 1!

*What will you be doing on October 5?* We can’t wait to hear about it!
AVA members who register for the World Congress for Vascular Access (WoCoVA) in Athens, Greece, this coming June, receive a €50 discount (which translates to roughly $55) on their registration.

FIND OUT MORE AT: WWW.AVAINFO.ORG

NURSES HONORING NURSES

Constance Girgenti, BSN, RN, VA-BC™ and Sheri Pieroni, BSN, RN, VA-BC™

Nursing is a selfless, time-honored profession. Nurses bring life into the world and usher life out of the world. Some are called to duty as a child, while others receive inspiration later in life to make a difference.

Many things come to mind when we hear the word “nurse,” and the greatest might be commitment. What is often not realized or appreciated are the times that a nurse leaves their own family to care for other families. Perhaps it is a birthday and/or a traditional holiday when a nurse spends time with other families instead of their own. Or, when a nurse doesn’t get a chance to eat a meal or get a drink of water, or even the chance to go to the bathroom during a shift.

Eight-hour shifts are often spent running from room to room, working for patient after patient without thinking about themselves. Not to mention the 12-hour shifts on their feet in order to be present during difficult and tragic times. Nurses provide care and comfort to a family and patients near the end of their lives and even calm violent, aggressive patients. Once at home, many nurses often collapse from physical and emotional exhaustion.

It is rare that nurses are thanked for the sacrifices they make to their own family and personal health. It is even more uncommon for a nurse’s family to be thanked for the sacrifices they experience by having a nurse in the family. Nurses are first to dismiss the contributions they make to a patient, a patient’s family, coworkers, unit or the hospital as a whole. A nurse’s humble nature stops them from accepting adulation.

Life is busy for everyone and a nurse’s life is no exception. Management of children and sports, aging parents and running a household can all make time a valuable and precious commodity. Participating in baccalaureate and/or masters programs, attending educational conferences, and most importantly, much needed personal time, can add to a nurse’s stress and duty. Keeping all this in mind, let us pause for a moment to fully acknowledge the sacrifices nurses and their families make and continue to make until retirement or the toll has been paid and they leave their earthly duties behind.

It is for these reasons that it is vitally important to pause and take the well-deserved time to honor a nurse. It’s a time to also thank the nurse’s families for

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their support and love of the nurse when they pass away.

**How? A Nurse Honor Guard.**

After learning about the work of the Northwest Indiana Nurse Honor Guard from Margaret Garastik, BSN, RN, VA-BC™, Constance Girgenti, BSN, RN, VA-BC™ and Sheri Pieron, BSN, RN, VA-BC™ knew it was needed in the Chicagoland area, and decided to start the Chicagoland Nurse Honor Guard to honor the nurses of Chicago.

A Nurse Honor Guard wears a traditional white uniform with a nurse’s cap and cape. During a wake or funeral, the Honor Guard performs a 5-8-minute ceremony. The Honor Guard lights a Nightingale lamp before the procession to the front of the room, and once it is lined up, the lead nurse will ask any nurses present to stand during the Nightingale Pledge and remain standing during the Nurse Honor Guard Ceremony. Following the Nightingale Pledge comes a Nightingale Tribute in the fallen nurse’s honor, followed by saying “(Nurse), we honor you this day and give you this white rose to symbolize our honor and appreciation for being our nursing colleague.” The Guard places a white rose on the casket or next to the urn or grave.

Roll call is then performed by calling the nurses name to report to duty: “Nurse (Name) report to duty, a bell is rung, Nurse (Name) report to duty, a bell is rung, Nurse (Name) report to duty, a final bell is rung.” After the third call, the Honor Guard will say “Nurse (Name), we officially release you from your earthly nursing duties.”

The lamp is extinguished and then presented to a family member and private condolences are given. The Nurse Honor Guard also offers Casket Honor Guard; the Honor Guard may be posted at the head of the casket, standing silently to give their last respects. The Nurse Honor Guard may be requested to attend the visitation and/or funeral services to serve as honorary pallbearers.

Offering this type of ceremony can be one of the most healing moments for family, friends, and fellow nurses. A nurse’s job is never over when they punch out. Families know the love for others in their loved one’s heart and understand how that love has shaped them as a nurse. This care is very impactful to patients and their families. These caring moments embody nursing as a profession. The Nurse Honor Guard takes the needed moments to pay tribute to a fellow nurse and her contributions to our profession.

As nurses, the Northwest Indiana and Chicagoland Nurse Honor Guard experience has taught Nurse Connie, Nurse Sheri and Nurse Margaret that nurses are not only bonded by friendship but by the nursing profession and through experiences as nurses. This experience will never be forgotten.

Connie, Sheri, and Margeret hope that nurses in the Indiana and the Chicagoland area are inspired to join them in the Nurse Honor Guard. Please check online to see if there is an Honor Guard in your area. If not, do not hesitate to contact one of them to discover how easy it is to start one in your region. Those interested in joining are welcome to check out the Facebook groups **NWI Nursing Honor Guard Nurses** and/or **The Chicagoland Nurse Honor Guard** in honor of Frank Aguilar. Please contact **TCLNHG@gmail.com** if you have any questions.

“You must give some time to your fellow men. Even if it’s a little thing, do something for others - something for which you get no pay but the privilege of doing it.”

-Albert Schweitzer
The 2020 AVA Resource Guide for Vascular Access: AVA’s Recommended Study Guide for Vascular Access Board Certification provides an overview of basic vascular access knowledge and covers essential elements that clinicians implement on a daily basis. Throughout the Resource Guide, readers have access to high definition images, videos, illustrations and engaging animations that give them a greater understanding of the concepts. The guide may be used to prepare for the vascular access board certification examination (VA-BC™), as well as serve as a resource throughout professional practice.

**AVA MEMBER PRICE:**
- $85  print
- $75  digital only
- $140 bundle (print and digital)

**NON AVA MEMBER PRICE:**
- $100  print
- $90  digital only
- $165 bundle (print and digital)

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Check out the Resource Guide sneak peak videos on our YouTube channel! [Link](https://www.youtube.com/channel/UCP3i3q44bvmVdjjUclt9esw)
Over the years, there has been one thing that I never paid attention to: Needleless connectors (NC). As a matter of fact, they annoyed me. I struggled to tell the difference between the different variations of NCs, and some of the Instructions For Use that came with them were less than helpful. They all do the same thing, right?

At one point in my career, a device sales rep shared that a certain product was neutral, and therefore, didn't reflux. It didn't take long for me to latch on to it, because overall, it seemed to make the most sense to me.

Turns out, that is hardly the case. NCs are widely different in function and performance. A couple years ago, I came across an article from Hull that assessed reflux in those NCs currently on the market. This publication outlined the different categories with NCs: Negative, positive, neutral and anti-reflux.

Surprisingly, the very same neutral NC I liked so much refluxed enough to fill the entire lumen of a 20-gauge catheter with blood. I was specifically told there was no need to clamp upon disconnection because this NC was neutral, and everyone knows neutral NCs don't reflux. Boy, was I surprised! What I learned from that device sales rep not only appeared to be misleading but begged for further evaluation.

Here's something else I discovered: Each time a connection to a “positive” displacement NC is made, the connectors reflux – and reflux quite a bit.

So, fellow Vascular Access Specialists and colleagues, I started to pay attention. Hull's article helped me realize ALL NCs reflux. It's just a matter of how much and when, because there is a huge variation...
in the amount of reflux. Negative, positive and neutral displacement is confusing and, in some ways, deceiving. However, I’m not alone in feeling like I’m in the dark on this matter. According to a study completed by Hadaway, 25.4% of nurses surveyed did not know if their connector was positive, negative or neutral, and 47.2% did not understand the correct way to flush and clamp the catheter. She writes, “There is a significant gap of knowledge about the specific needleless connectors being used, the most appropriate cleaning, flushing, and clamping sequence for the specific device.”

With all this confusion, it’s easy to see how Helm reports occlusion as the most common peripheral complication with a median of 22.8%. This made me wonder: Has anyone ever tried to calculate what that cost of occlusions in peripheral sites? I gave it a shot:

These articles inspired me and led me to do my own testing. The figure on the next page detail what I found.

The numbers outlined in that figure are the results I submitted for publication consideration to the Journal of the Association for Vascular Access. After completing this testing, I realized that this is something that requires more attention. There is such a wide range of reflux with these devices. How can we truly eliminate thrombotic occlusions?

When blood touches the walls of the catheter, it immediately sticks. As explained by Guiffant and Katsikogianni, blood components begin to adhere to the inside of the catheter lumen within one second of exposure, creating a biofilm matrix that begins a surface conditioning process on the catheter material (urethane/teflon). This enables the blood protein cell receptors such as fibrin and fibrinogen to successfully adhere to the walls of the IV catheter material, becoming a rich field bed for bacteria to grow and thrombotic occlusions to form.

To put it simply, we may not completely understand the design, function and performance of the NC, which could create unanticipated complications. In order to properly prevent occlusion, our device care and maintenance must be precious and pristine. However, the data doesn’t always account for the human factor within health care. Actions that lead to exclamations like, “oops! I forgot to clamp!” or, “when do I clamp?” are simply not acceptable. We have to work with the manufacturers to rectify the abundance of misleading details or misinformation they present to clinicians about the design and function, care and maintenance needed to prevent occlusions.

According to the Infusion Nurses Society, “Peripheral catheters can become occluded if monitoring or proper maintenance and care are not carried out.”

Furthermore, improper maintenance and care lead to similar results. Proper flushing of the NC certainly can help with the intraluminal blood exposure. We always want to blame the catheter, at times saying.
“The catheter clotted off!” It’s time to take notice and let the truth be known.

Blood clots – catheters occlude! What’s between the two is free choice.

We must choose to understand how reflux occurs and in what NCs, the respective design and function of the different types of NCs, and treat each with appropriate care and maintenance. If we prevent intraluminal blood exposure, we won’t need to blame the catheter. And, always remember, with no blood exposure, the catheter can’t clot off.

REFERENCES


You probably already know about the ISAVE That Line campaign AVA launched in 2006 to bring crucial principles of vascular access device management directly to the bedside. Putting patients first, ISAVE encourages and emphasizes a “back to basics” approach, essential to reducing the risk of infection and improving the management of all vascular access devices.

**On the clinician-centered version, ISAVE stands for:**

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<td>Implement insertion care and maintenance bundles</td>
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<td>Scrupulous hand hygiene</td>
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<td>Always disinfect every needleless connector</td>
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Introducing our NEW addition to the ISAVE family that supports this program from the ground level: A patient-friendly version. Written and edited by patients and caregivers, this new resource is completely **FREE** as a downloadable PDF. Please share and distribute this resource in your facilities, with your colleagues, on your social media platforms, with your patients and with your family. We simply ask that you not amend it without prior permission from AVA.

**On the patient-centered version, ISAVE stands for:**

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<td>Ask us to clean our hands</td>
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<td>Value your veins</td>
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If you’d like laminated full-size sheet versions of this patient asset already printed, we have those available for sale in the AVA store in packs of 10 for $25. **Click here to purchase yours.**

Remember, purchasing official ISAVE assets directly helps AVA advance its mission, which is Protect the Patient | Educate the Clinician | Save the Line. You can also support the AVA Foundation, which focuses on advancing Education, Research and Innovation in vascular access.

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This Enhanced Edition includes **hours of exclusive audio interviews** with its authors discussing their areas of expertise, as well as **animated videography** capturing elements from actual vascular access procedures. AVA has also elevated the overall readability, and through Apple, Amazon and Barnes & Noble has added note-taking and flash card functionality for readers. The book serves as a modern and comprehensive guide for safely performing the most common invasive procedure in healthcare.

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4. In the NOOK/Barnes & Noble app or web browser, select the button that says "Add to Cart" then checkout to purchase
With more than 40 years of experience as a nurse in the United Kingdom, I have spent most of my career as an Infection Prevention and Control Nurse. This includes holding the position of Assistant Director of Infection Prevention and Control for 10 years, until I moved into a lead role within Quality Improvement in 2019.

During my time working in infection prevention and control I became interested in vascular access, driven originally from an infection prevention perspective. I set up an IV Strategy Group within the hospital following an observed gap in local policy, guidance and training. A significant reduction of central line bloodstream infections at the institution is indicative of the success of this group.

I have held a number of positions with the Infection Prevention Society (IPS) including Honorary Secretary to the IPS Board. I had the opportunity to be the coordinator of the IPS IV Forum, and during this time led the UK Vessel Health and Preservation (VHP) project working with the Royal College of Nursing (RCN) and the National Infusion and Vascular Access Society (NIVAS) in the UK.

I was inspired to develop the UK VHP Framework following a conversation with Nancy Trick and Professor Heather Loveday in 2012. This conversation with Nancy and Heather totally convinced me that the concept of vessel health and preservation was of the utmost important, and we needed to be proactive rather than reactive with the patient at the center of the decision-making for vascular access. Not only do our patients deserve a better experience but also it is vital that the vessels are preserved for future use. I am not an expert in vascular access, just a nurse with a passion for doing the right thing for patients.

My knowledge has grown tremendously around vascular access, in particular vessel health. I was honored to be invited as one of the authors for the VHP textbook by Dr. Nancy Moureau at the 2016 AVA Scientific Meeting in Orlando, Florida. I enjoyed reviewing the evidence for the disinfection of IV catheter hubs along with the national guidelines of various countries.

I have had the opportunity to present at a number of conferences both nationally and internationally, speaking on a number of infection prevention and control topics including the work on vessel health and preservation. I have also published several articles in nursing journals and more recently became a peer reviewer for the Journal of Infection Prevention.

I am extremely proud to have been nominated and awarded four prestigious awards, IPS Practitioner of the Year award in 2013, Nursing Times Award for the partnership working in Romania in 2015, British Journal of Nursing ‘Rising star in IV therapy’ award in 2017 and the Premium COPAC award for sustained support to healthcare in Romania in 2018.

I am convinced the readers of Vessel Health and Preservation: The Right Approach for Vascular Access will find the information a valuable resource in their practice and ultimately safer vascular access care for patients. Full credit to Nancy Moureau for her vision, expertise, persuasion and perseverance to complete this book.

Disclosures: none
After qualifying, I took a combined role in coronary care/intensive care (ICU) and later specialized in the ICU. I then gained a secondment as a nurse clinician, a role covering surgical patients. This role served patients across the breadth of surgical specialties from hepatic, vascular, ear, nose and throat (ENT), gynecological, orthopedic wards to high dependency and attending trauma calls in accident and emergency. The role was varied, from being the first point of contact for patients whose conditions had deteriorated to establishing difficult peripheral IVs. This position gave me my first exposure to vascular access.

Back then, there was no infrared visualization technology, ultrasounds were safely housed in radiology or theater and the antecubital was the selected destination for PIVs. At the time, the inner-city hospital served a poor area where alcohol and drug abuse ran rampant and patients often entered with multiple complex morbidities. Often, we’d see patients who were frequent flyers with chronic conditions and patients with a history of IV drug abuse, both with exhausted vasculature. It was considered normal to struggle with PIVs, and many of the vascular access choices we today take for granted were not an option.

When my work first shifted to vascular access service, nearly two decades ago, the role involved placing tunnelled CVADs using the landmark subclavian approach and PICCs were placed at the antecubital using a 14 guage cannula. Thankfully, the vascular access world has evolved, providing highly skilled clinicians using visual aids like ultrasound.

The vascular access world is ever advancing, so it’s easy to take for granted the changes we have seen in recent years. Among them: the use of micro-sets to reduce trauma to the vessels, ultrasound, ECG tip confirmation and its host of benefits, not to mention advances in catheter design, dressings and securement.

Recently, I developed a vascular access service across a number of hospitals, where nurse-led vascular access specialists do an amazing job of managing vascular solutions for patients across a breadth of specialties. Among those include medical and surgical patients, infectious disease patients, patients in the ICU, plus those outpatients and oncology.

The nurse-led teams now place all centrally placed devices using ECG tip confirmation including PICCs, tunnelled CVCs and ports. In order to achieve the vision of providing a complete vascular service access, it was imperative that we included implantable ports in the portfolio of devices as many of our patients have longer-term IV access needs. When more advanced approaches are needed and patients have more challenging anatomy, we utilize fluoroscopy. Devices are placed peripherally, in the internal jugular, in axillary veins, overlying the Trapezius, and femorally (when indicated).

I became involved with the vessel health preservation forum run by the Infection Prevention Society many years ago. The team looked to apply the US framework to the UK health setting. This fantastic bunch of clinicians have worked tirelessly to develop the VHP framework in its current form, working with US pioneers to maintain key concepts. Currently, the team is on the hunt for the next evidence-based evolution of VHP framework.

It was a wonderful opportunity to continue the work on VHP and contribute to the textbook. I made it my goal (where possible) to bring clinical practice examples to the chapters to make it more relevant and interesting for the reader. Thanks to Dr. Nancy Moureau and the team for bringing the book to fruition and also for making it open access to allow anyone to read.
Vessel Health and Preservation:

Ch. 21: Staff Education and Evaluation for Vessel Health and Preservation; Ch. 22: Right Evaluation of Products and Compliance Measures

Linda J. Kelly, RN, BA, PgC(TLHE), TCH, MSc, PhD student, Clinical Nurse Advisor, Vygon (UK)

Vascular access and vessel preservation have played pivotal roles in my professional career.

In 2002, I developed one of the first nurse-led Vascular Access Services in the United Kingdom. This role involved inserting long term vascular access devices like tunneled central venous catheters, renal dialysis catheters, PICCs and midline catheters. In addition, I provided care and maintenance training and education as part of this role.

I developed the Scottish IV Access Network (SIVAN) in 2004 to share and improve vascular access care on a more local level. The Nursing Standard named me Vascular Nurse of the Year, while The Nursing Times named me Nurse of the Year for showing innovation in the specialty.

I accepted the position of Lecturer in Advanced Clinical Practice at the University of the West of Scotland in June 2010, at last becoming the program lead for both the Advancing Practice MSc program and the Urgent Care program. I developed an online Master’s Level Advanced Vascular Access module during my time in academia.

In 2016, I took a position as Clinical Advisor for Vygon (UK). This role involves teaching and training intravascular therapies across Scotland, Northern Ireland and Northern England. I write regularly for publications related to vascular access and give presentations at national and international conferences. I am completing my PhD on the experience of patients that live with a vascular access device at Edinburgh Napier University.

In conclusion and as the above shows, I have worked within the vascular access specialty for many years and maintained a passion for the specialty.

Disclosures: Works for Vygon (UK) as a Vascular Access Clinical Nurse Advisor

Disclosures: has provided consultancy for Vygon, Teleflex, and PFM in the past, but no current agreements in place. Steve is the Director of Precision Vascular and Surgical Services, Ltd.
FLAVAN

Diana Melton, MSHA, RN, CRNI®, VA-BC™ | FLAVAN President
Caitlin Soldati, BSN, RN, VA-BC™ | FLAVAN Secretary
Meagan Capen, MSN, RN, VA-BC™ | FLAVAN Treasurer

FLAVAN (Florida Association for Vascular Access Network) had an eventful winter and its members look forward to a fantastic 2020! We are so excited to welcome our newest board member, Treasurer Meagan Capen, MSN, RN, VA-BC™. Meagan joins our board with extensive pediatric vascular access experience.

Genentech sponsored our December meeting, which saw great attendance by our members. We also welcomed Heidi Baker, RN, VA-BC™ to present “My AVA Experience” as our AVASM19 Scholarship winner! Congrats again to Heidi! We had fun connecting with our fellow Florida AVA chapters in Las Vegas!

Plans are well underway for our 12th Annual FLAVAN Vascular Access Summit, scheduled for August 15, 2020. We are looking forward to a wonderful educational event in historic downtown St. Augustine, FL, the oldest city in the US. We invite you to come down to the Sunshine State! For FLAVAN news and upcoming events visit our website at www.FloridaAVA.com and don’t forget to like us on Facebook!
NETWORK NEWS

DMVVAN

A group of clinicians from the DMV area established new local AVA Network, DMVVAN, in July 2018. It serves Washington, DC, Maryland, and Virginia.

Here are some brief highlights of our quarterly meetings thus far:

- The Ultimate Challenge Part 1: Vascular Access for the IV Drug Abuser, with Mickey Hawes, MSN, RN, CRNI®, VA-BC™
- The Ultimate Challenge Part 2: Case Management & Risk Management Considerations, with David Hirsch, RN, MSN, MBA
- Infusion Confusion with Occlusions with S. Matthew Gibson, RN, CRNI®, VA-BC™, CPUI

CONTINUED ON NEXT PAGE
GULFVAN

Kristin Jacobs, MSN, RN, VA-BC™ | GulfVAN President

GulfVAN held its 2019 year-end meeting in December titled, “Great Stories from National AVA.” Presenters included the network’s first two Nina Marie Marino-Williams Scholarship recipients, Darlene Socha, RN, VA-BC™ and KatieFrate, BSN, RN, VA-BC™. Both reviewed miniMagic and pediatric challenges. Sandra Mehner, GulfVAN Secretary/Treasurer, RN, VA-BC™, reviewed the ECRI Institute and its mission, while Jamie Moore, BSN, RN, CRNI®, VA-BC™ discussed the new Spaulding classification for probe disinfection, a hot topic for everyone in the room. This meeting was kindly sponsored by Rymed Technologies. Our next meeting is February 6, 2020, where our members will gain confidence with intraosseous access.

DMVVAN, CONTINUED FROM PREVIOUS PAGE

DMVVAN Secretary Jessica Langille, MSN, RN, CMSRN published for the first time in the November 2019 issue of IQ with her entry titled, “Expert to Novice: An Educational Journey to Vascular Access.”

DMVVAN President, Tonja Stevens, RN, VA-BC™ became the Secretary of the AVA Board of Directors in January 2020.

DMVVAN Vice President, Michele Cox, RN, CCRN, VA-BC™ currently serves as the chair of the 2020 AVA Scientific Meeting Design Team, or D-TEAM.

DMVVAN continues to grow our membership and eager to welcome new members with rolling membership. Learn more HERE.

• Catheter-Related Thrombosis: A Catalyst of Complications, with Jack Ingold BSN, RN, VA-BC™

In 2019, DMVVAN also for the first time sponsored a member to go to the national AVA Scientific Meeting in Las Vegas.
On September 19, 2019, AVACNY was fortunate enough to network with the American Association of Critical Care Nurses (AACN) to offer a dinner presentation titled, “Total Parental Nutrition vs. Enteral Nutrition.”

So often our jobs and even technology overlap one another, so we felt it would be beneficial to get together and share ideas on nutritional support and advance technologies for the placement of the devices that deliver these therapies.

Avanos Medical brought in Jan Powers, PhD, RN, CCRN, CCNS, CNRN, FCCM, the Director of Clinical Nurse Specialists and Nursing Research, Trauma Critical Care Clinical Nurse Specialist at St. Vincent Hospital in Indianapolis. Dr. Powers spoke to an attentive cross functional audience that included dietitians as well as critical care, infusion therapy and vascular access nurses about when to use enteral vs. parenteral nutrition in the critically ill population.

She referenced the differences in risks, safety and costs with parental vs. enteral and the delicacy involved with vascular vs. the “gut,” including which one is more favorable and why. It was great to hear about the different reasons to use each modality and the accountability of the health care team making those critical decisions.

It was also fantastic to learn about the CorTRAK device that is now used to help visualize the tip of an NG tube advance post-pylorically into the small bowel. This allows for enteral feedings immediately after placement similar to our chest, eliminating X-Ray technology 3cg and Doppler that has calculated and enhanced our vascular access profession to be precise with CVAD tip placement.

We reviewed the similarities of this navigational resource and how it has improved patient outcomes and the efficiency of patient care. Everyone that attended learned so much about the importance of nutritional support from our presenter and other colleagues during the meeting. The key to better outcomes is being proactive with the nutritional assessment collaborating with the multidisciplinary team and choosing the right plan for that patient to avoid malnutrition.

We had a great presenter with a great message and will definitely continue to hold joint network meetings in the future and discuss opportunities for continuing education in 2020.
The Association for Vascular Access (AVA), in collaboration with The Clinician Exchange (TCX), launched a new, best-in-class learning management system tailored to aspiring and established vascular access clinicians.

Providing cutting edge training, critically-acclaimed presentations from scientific meetings, journal review courses and much more, AVA Academy is a groundbreaking initiative that advances the heart of AVA’s mission – Protect the Patient | Educate the Clinician | Save the Line. Academy curriculum is now available to the public, and to active AVA members at a discount.

Looking to further your education but struggling to find the time amidst a busy work schedule? AVA Academy is always open!

It’s our mission to create greater public awareness of vascular access and to empower our members with significantly more educational resources, networking opportunities, and advocacy tools in support of and dedication to the patients that we are entrusted to serve.

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- Available to Members and Non-members with a Guest Account
- You will need to sign in to the AVA website prior to clicking Launch My Courses above

Learn more at www.avainfo.org/AcademyLaunch
Season 3 - Episode 1 - 1/30/20
Season 3 kicks off in grand style as we chat with the three new members of the AVA Board of Directors – Chellie DeVries, MPH, CIC, VA-BC™, Tonya Heim, MHA, MSN, RN, NEA-BC, and Dr. Monte Harvill – about their plans for 2020 and hear from Lee Steere, RN, CRNI®, VA-BC™ on working with hospital nurse leadership to grown your vascular access team.

Season 2 - Episode 15 - 12/19/19
In our final episode of 2019, we celebrate the year’s greatest hits and revisit the five most popular episodes of the season.

Season 2 - Episode 14 - 11/20/19
Brought to you by AVA Academy, episode 14 provides an in-depth look at the current status of ultrasound transducer reprocessing procedures from the ground level and up with Hudson Garrett Jr., PhD, FNP-BC, IP-BC™, VA-BC™ and Mark Rowe, MNSc, RNP, VA-BC™ as well as a discussion on an article set for publication in the winter 2019 issue of JAVA with author Sinead Sheils, RGN, MN (NP).
ANNOUNCING THE 2020–2021 AVA BOARD OF DIRECTORS

It is with great pleasure that we inform you the slate of candidates for the 2020 AVA Board of Directors recommended by the AVA Board Development Committee (BDC) has been accepted by the membership. The BDC is proud to announce the addition of three new members to the Board, all of whom will continue to help drive AVA forward as a pillar in the vascular access community. The individuals slated to join the Board of Directors are Michelle “Chellie” DeVries, MPH, CIC, VA-BC™, Monte Harvill, MD, and Tonya Heim, MHA, MSN, RN, NEA-BC. All three will serve as Directors-at-Large.

Chellie has been involved in Infection Control for more than 25 years, with a focus in vascular access. With a background in Hospital and Molecular Epidemiology, her interest is in improving safety and outcomes associated with all types of vascular access devices. She has published and taught internationally and throughout the United States on topics at the intersection of vascular access, patient safety and Infection Prevention and previously served on the Vascular Access Certification Corporation (VACC) Board of Directors. She is currently serving as co-president of her local network (HoosierVAN) and is thrilled to join her colleagues as part of the National AVA board.

As a veteran in health care, Vice President of Patient Services and Chief Nursing Officer at Memorial Hospital and Health Care Center, Jasper, IN, Tonya led the implementation of a Vascular Access Services department at MHHCC which improved access to PICC and Midline placement and reduced the number of sticks to achieve venous access. She has previously held certification in Infection Control (APIC) and is currently Nurse Executive Advanced-Board Certified. Tonya has high expectations of her teams and higher expectations of herself while being a role model to many. In her quest for quality and excellence, her innovative ideas brought MHHCC the prestigious honor of being the only healthcare Malcolm Baldrige National Quality Award recipient in 2018. Tonya is quick to remind others that we can do better by improving processes while focusing on the patient.

Dr. Harvill is an accomplished health care professional with an extensive background in leadership and service in his specialty of interventional radiology. He is active in the Society of Interventional Radiology (SIR) and has served on several regional and national committees. Dr. Harvill currently serves as the Vice Chief, Department of Radiology and Medical Director of Special Procedures for Harper University Hospital, one of eight hospitals that compose the Detroit Medical Center (DMC). In addition, he serves as Chief, Interventional Radiology, and Medical Director, Vascular Access Team at DMC. Since 2015, he has been the DMC Physician Delegate to the Michigan Hospital Medicine Safety Consortium. With a desire to elevate the importance of vascular access within his discipline and among his peers, Dr. Harvill is a physician champion for the vascular access specialty and desires to facilitate the expanded the role of VA clinicians in order to serve the patients for all of their vascular access needs.

Please join the BDC in welcoming our 2020 Board by recognizing their commitment to AVA’s growth and development. New member terms began January 2020.
The special enhanced edition of *Vessel Health and Preservation: The Right Approach for Vascular Access* is now available to purchase.

**Get yours today for just $9.99!**

Hours of exclusive audio interviews with the authors discussing their areas of expertise are embedded into this version of the book, as well as animated videography capturing elements from actual vascular access procedures. AVA has also elevated the overall readability, and through Apple, Amazon and Barnes & Noble has added note-taking and flash card functionality for readers.

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jhill@avainfo.org

**PRESIDENTIAL ADVISOR**
ANDREA OWENS  
aowens@avainfo.org

**SECRETARY**
TONJA STEVENS  
tstevens@avainfo.org

**TREASURER**
RUSSELL NASSOF  
rnassof@avainfo.org

**DIRECTOR-AT-LARGE**
JON BELL  
jbell@avainfo.org

**DIRECTOR-AT-LARGE**  
SHEILA HALE  
shale@avainfo.org

**DIRECTOR-AT-LARGE**  
MICHELLE DEVRIES  
mdevries@avainfo.org

**DIRECTOR-AT-LARGE**  
MONTE HARVILL  
mharvill@avainfo.org

**DIRECTOR-AT-LARGE**  
TONYA HEIM  
theim@avainfo.org

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### OUR STAFF

**CHIEF OPERATIONS OFFICER**
TONYA HUTCHISON  
thutchison@avainfo.org

**DIRECTOR OF CLINICAL EDUCATION**
JUDY THOMPSON  
jthompson@avainfo.org

**DIRECTOR OF COMMUNICATIONS / JAVA EDITOR-IN-CHIEF**
ERIC SEGER  
eseger@avainfo.org

**PROJECT AND RELATIONSHIP MANAGER**  
BETH GORE  
bgore@avainfo.org

**DIRECTOR OF FINANCE**
KATIE TORNOW  
ktornow@avainfo.org

**MEMBER AND NETWORK MANAGER**
JENNIFER LIVSEY  
jlivsey@avainfo.org
AVA CURRENTLY HAS 52 ACTIVE NETWORKS

The Association for Vascular Access is committed to providing an opportunity for members to broaden their knowledge of vascular access and related fields through networking opportunities and education.

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Welcome to our newest AVA Members

(Join November 1, 2019 - January 31, 2020)

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Danielle Malkin -- Tampa, FL
Autumn Robertson -- Gainesville, FL
Kendra Duckstein -- Denver, CO
Josephine May Villa -- Van Nuys, CA
Kevin Heidari -- Tampa, FL
Cary Dikeman -- Lenexa, KS
Jillena Wells -- Greenwood, IN
Cosmin Popa -- Phoenix, AZ
Lisa Ricker -- Milton, NC
Akilandeswari Rayar -- Antioch, CA
Todd Chelak -- Clinton, MA
Suzanne Chandler -- Killeen, TX
Joyce Dujale-Deaver -- West Palm Beach, FL
Debra Ramsey -- Higginsville, AR
Cheris Pearson -- Canton, GA
Megan Lopez -- Salinas, CA
Regalado Castro -- San Mateo, CA
Roberta Cheek -- State Road, NC
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Sandra Wall Evers -- Saint Henry, OH
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Torre Jacobs -- Indian Trail, NC
Kaitlyn Libby -- Bingham, ME
Darla Fagan -- Sammadish, WA
Nicole Osinski -- Fort Lauderdale, FL
Kathryn Garson -- Folsom, CA
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The Journal of the Association for Vascular Access (JAVA) publishes original peer-reviewed feature articles related to the care and management of patients with vascular access devices. AVA members are the 'trend-setters' in the vascular access arena and are keeping up with the most current advancements in the industry.

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We invite you to submit original manuscripts in the field of Vascular Access. We are interested in receiving manuscripts on clinical practice, education and research related to vascular access including articles on vascular access manufacturing and technology, and vascular access care and maintenance issues in hospitals, home settings, hospice, and alternative care facilities.

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Writing a submission does not mean that you have to write the next great American novel. It is more about presenting pertinent information in a brief, fun and creative way. Please submit to eseger@avainfo.org

SUBMISSION DATES ARE:

FEBRUARY 1 deadline for submissions for February issue
MAY 1 deadline for submissions for May issue
AUGUST 1 deadline for submissions for August issue
NOVEMBER 1 deadline for submissions for November issue

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