The Journey to our Future

Association for Vascular Access

Celebrating 30 Annual Conferences
focused on promoting excellence in the specialty and practice of vascular access.

1987 - 2016
Three decades ago, a decision was made to take a risk—and a courageous risk it was as we look back on the history of our association. Scroll through the timeline and you will realize that the vision captured many years ago in themes and presentations still hold the same significance as we boldly embrace transformational changes for the future.

1991 - Improving Patient Outcomes by Minimizing Complications
1992 - Excellence through Expertise
2000 - Improving Outcomes Through Advanced Technology
2001 - Leadership Through Consensus
2006 - Changing Paradigms

The metamorphosis over the past 30 years of a small, local gathering of like-minded professionals has evolved to an international organization that embraces multidisciplinary collaboration without boundaries.

The next two years will bring significant changes to AVA. The consensus statements have laid the groundwork for future works. Position statements will be authored to support best practice. We will collaborate with complementary organizations to enhance the effectiveness of AVA initiatives.

“My fellow Americans, ask not what your country can do for you, ask what you can do for your country” - John F. Kennedy

In that same light - we cannot accomplish these goals without you. This is a volunteer organization. Please do something you’ve never done before, volunteer your time and expertise, get involved. Please join us as we lead change.

We can’t wait to work with you.

Judy Thompson & Andrea Owens
2017 AVA President 2014-16 AVA Director at Large
Before there were any conferences, there was Suzanne Herbst, RN, MA, who worked as a home infusion clinician in San Francisco, CA. While caring for patients and friends with AIDS, Suzanne discovered that clinicians’ knowledge of vascular access and vascular access devices (VADs) varied widely. She noted that the lack of knowledge also applied to healthcare institutions and consumers.

In June of 1985, Suzanne sent a letter to 12 colleagues and to 18 mothers of consumers in the San Francisco Bay Area . . . colleagues whom she believed shared the same thoughts and concerns about VADs. She proposed the development of a multidisciplinary network of professionals to address the complexities of VADs including their insertion, use, and care and maintenance. Issues ranging from research and development of new devices to educating the health care community and the consumer were on the agenda. Suzanne’s vision was focused on improving outcomes for patients with VADs and creating a specialty in vascular access.
1987

1ST CONFERENCE

- BAVAN held their first Conference in San Francisco, CA. on June 12, 1987
- Nominees submitted for BAVAN’s First Board

1988

MARCH 23 - SAN FRANCISCO, CA


- BAVAN’s First Board established
- BAVIEWS Newsletter first published
- Suzanne Herbst attends Central Venous Catheter Working Group Meeting on May 23-24, 1988 representing BAVAN

- According to an FDA analysis of 185 central venous catheter medical device reports between Dec. 1984 and Dec. 1986, 55% of deaths and injuries recorded in the reports were “Health Care Professional-related”

1989

MARCH 13-14 - SAN JOSE, CA

“Vascular Access Devices: Trends and Issues at Home and in the Hospital”

3M Tegaderm™ transparent film dressings revolutionize the healthcare industry, replacing tape and gauze as the new standard of practice to protect and secure I.V. lines
Congratulations on 30 years of excellence!

As vascular access care has evolved over the past 30 years, the Association for Vascular Access (AVA) and its members have inspired us to develop solutions that help protect patient and clinician safety, prevent complications, and improve patient satisfaction.

Here’s to many more years of collaboration!
1990

MARCH 12-13 - SAN FRANCISCO, CA

- Session topics: “To filter or not to filter,” Frances L. Scott, PhD; “New Dimensions in Catheter Materials,” Dwayne Hardy, BS, MBA; “Looking at CVCs on X-Ray,” Bruce Wolfe, MD
- BAVAN membership votes to name national organization NAVAN
- NAVAN publishes first issue of JVAN: The Publication of the National Association of Vascular Access Networks
- **Developed first national mission statement:** To provide a national/ international multidisciplinary network of health professionals which, through education, standardization, and research, benefits the care of patients who require various infusion devices

1991

SEPT. 25-27 - SAN DIEGO, CA

“Improving Patient Outcomes by Minimizing Complications”

- Session topics: “Minimizing Complications through Education”; “Issues on Flushing: Avoiding Problems”; “The IV Therapist: A Technical Specialist or Comprehensive Practitioner?”
- Conference grows to 450 attendees

Left: Keynote speaker, opened the conference with, “The Evolution of Vascular Access.” Center: Presented, “Prophalactic Antibiotic Treatment of VADs”. Right: Presented the concept of the Abbey-Shepherd Device Education Model which attempts to provide manufacturers, clinical users, technicians, and patients with shared a understanding of the purpose, use, and safety favors of various medical devices.
Supporting the rise of the vascular access specialist

Turn to us for our broad portfolio of products—including the Arrow® midline catheter and VPS® tip location systems. Trust us for our antithrombogenic and antimicrobial technology. Grow with us through our new innovative Teleflex Academy courses. It’s time to discover the many ways that we can help you deliver: the right line for the right patient at the right time.™

Register for Teleflex Academy at Booth #500 and receive limited access to Midline Fundamentals Course.*

*Payments, including the provision of free education, made to clinicians, teaching hospitals, and other healthcare providers in conjunction with this promotion may be subject to reporting requirements in accordance with applicable law at a value of $66.50.

Teleflex, the Teleflex logo, Arrow, Right line, right patient, right time and VPS are trademarks or registered trademarks of Teleflex Incorporated or its affiliates, in the U.S. and/or other countries. All other trademarks are trademarks of their respective owners.

© 2016 Teleflex Incorporated. All rights reserved. MC-002395
Celebrating 30 Years of Excellence in Vascular Access

1992

SEPT. 24-26 - NEW ORLEANS, LA

“Excellence Through Expertise”

• Session topics: “Safety of the Health Care Worker”, “PICC Lines: Establishing Guidelines for Excellence”, “Restoring Patency of Long Term VADs”

1993

SEPT. 16-18 - WASHINGTON, DC

“Capital Ideas in Vascular Access”

• Session topics: “Complications Associated with IV Therapy” Dennis Maki, MD; “Chronic Venous Access: Radiological Contributions” James C. Andrews, MD

The ARROWg+ard® Blue Technology is introduced as the first catheter with broad-spectrum antimicrobial protection against gram-positive bacteria, gram-negative bacteria and fungi.
1994

SEPT. 8-10 - SAN FRANCISCO, CA
“Golden Opportunities”

CONFERENCE CHAIR
Chris Tribble

NAVAN PRESIDENT
Stella Petrakis

Joseph Brown, Marcia Wise, Sue Masoorli

Above: Sue Masoorli, discussing PICC Certification with the general assembly. Right: Keynote speaker discussed Health Care Reform with the general assembly

Suzanne Herbst, Dennis Maki, Denise Macklin

HICKMAN BROVIAC AWARD OF EXCELLENCE AWARDED TO DR. DENNIS MAKI

1995

SEPT. 6-9 - SALT LAKE CITY, UT
“Heighten Your Knowledge in Vascular Access”

· Session topics: “The Team Approach to Outpatient Antibiotic Therapy” Alan Tice, MD; “Osmolality of Solutions/Effects on the Vascular System” Austin Lee; “Cather-Related Infections - A Multidisciplinary Prospective Panel Discussion” Dennis Maki, MD, Edward Septimus, MD, Austin Lee and Lucy Shoell, RN

· Conference Chair: Louise Collins

· Journal name changed from JVAN to JVAD: Journal of Vascular Access Devices

Left: Marcia Wise presents overview to opening and operating an ambulatory infusion center during her roundtable presentation; Middle: Dr. Dennis Maki; Right: Vendors demonstrate the advances in technology
1996

Disneyland Hotel, Anaheim, CA
“Celebrate the Magic”

EXECUTIVE DIRECTOR
Linda Grace

NAVAN PRESIDENT
Chris Tribble

CONFERENCE CHAIR
Teri Puhalsky

1997

Sept. 17-20 - Philadelphia, PA
“Outcomes Accountability . . . With Liberty and Justice for All”

• Session topics: “My Needlestick: My Life and My Passion”
  Lynda Arnold, RN, BSN; “Pediatric PICC Complications”
  Anne Marie Frey, RN, BSN, CRNI; “Impact of Documentation on
  Infusion Related Malpractice Cases” Darnell Roth, RN, CRNI

• Spring 1997: Marcia Wise assumes NAVAN Presidency
• Published first Membership Directory
• Developed first website
1998

AUG. 30 - SEPT. 3 - SAN DIEGO, CA

“Navigating Your Way Through Vascular Access”

- Session topics: “Intravascular Catheter - Related Infections: New Horizons” Issam Raad, MD, FACP;
  “Technical and Infectious Complications of Percutaneous Central Venous Catheters in Neonates” Linda Lefrak, NNP, MS;
  “Coding and Reimbursement in VAD Management” Jim Lacy, RN, CRNI

1999

SEPT. 26-29 - ORLANDO, FL

“A New Dawn of Opportunity”

- Session topics: “Endothelium and Venous Access” Robert Schelper, MD, PhD;
  “Challenges in Neonatal Vascular Access” Janet Pettit, MSN, RNC, NNP;
  “Manufacturer Session: Valved vs. Non-Valved Peripherally Inserted Central Catheters” Eric Hoffer, MD

- Lorrie Fender, RN served as Executive Director from Spring – Fall 1999

AngioDynamics starts manufacturing of Vortex Ports.
BioFlo with Endexo technology is an advanced technology proven to reduce thrombus accumulation in-vitro, compared to commonly used catheters (based on platelet count).†

Your job is hard enough, make AngioDynamics your partner in patient care.

†The Endexo catheter is designed to reduce thrombus accumulation. The reduction of thrombus accumulation (based on platelet count) is supported by acute in-vitro testing. Pre-clinical in-vitro evaluations do not necessarily predict clinical performance with respect to thrombus formation.

Refer to Directions for Use provided with the product for complete instructions, warnings, precautions and potential complications.

CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a physician.

AngioDynamics, the AngioDynamics logo, BioFlo and the BioFlo logo are trademarks and/or registered trademarks of AngioDynamics, Inc., an affiliate or a subsidiary. Endexo is a trademark and/or registered trademark of Interface Biologics, Inc. © 2016 AngioDynamics, Inc. ANGAD 270 US Rev 01 07/16
Let Endexo do the work

BioFlo with Endexo technology is an advanced technology proven to reduce thrombus accumulation in-vitro, compared to commonly used catheters (based on platelet count).†

Your job is hard enough, make AngioDynamics your partner in patient care.

AngioDynamics, the AngioDynamics logo, BioFlo and the BioFlo logo are trademarks and/or registered trademarks of AngioDynamics, Inc., an affiliate or a subsidiary. Endexo is a trademark and/or registered trademark of Interface Biologics, Inc. © 2016 AngioDynamics, Inc. ANGAD 270 US Rev 01 07/16

†The Endexo catheter is designed to reduce thrombus accumulation. The reduction of thrombus accumulation (based on platelet count) is supported by acute in-vitro testing. Pre-clinical in-vitro evaluations do not necessarily predict clinical performance with respect to thrombus formation.

Refer to Directions for Use provided with the product for complete instructions, warnings, precautions and potential complications.

CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a physician.

Celebrating 30 Years of Excellence in Vascular Access

2000

SEPT. 6-10 - SAN DIEGO, CA

“Improving Outcomes Through Advanced Technology”

· Session topics: “Advanced Vascular Access Device Placement Strategies: Use of Imaging and Micropuncture Technology” Gail Sansivero, RN, MS, ANP, OCN;
  “Thrombotic Catheter Occlusions: An Update on Research and Recommendations” Susanne L. Herbst, RN, MA; “Nurse Inventors – Monomaniacs With a Mission, An Entrepreneurial Approach to the Business of IV Therapy” Betty M. Rozier

2001

JAN. 19-22, 2002 - ALEXANDRIA, VA (RESCHEDULED DUE TO 9/11)

“Leadership Through Consensus”

· Session topics: “State of the Art: A Radiologist’s Perspective” Thomas M. Vesely, MD; Biofilm-Unlocking the Mystery of Catheter Related Infections” Marcia Ryder, PhD(c), MS, RN; “The Coming Plague: Bioterrorism” Dennis Maki, MD

ChloraPrep™ patient preoperative skin preparation launched in 2001 with a unique applicator designed to reduce the risk of direct hand-to-patient contact, helping decrease the risk of cross-contamination

March 2001 PASV is first used in a CVC
Congratulations AVA!  
30 years of promoting excellence in vascular access

As one of the first corporate members, BD has supported the Association of Vascular Access by providing an ever-evolving portfolio of vascular access products and services to help vascular access professionals improve the quality of patient care.

Visit bd.com or call 888-237-2762 to find solutions for taking care of your patients.

© 2016 BD. BD and the BD Logo are trademarks of Becton, Dickinson and Company. BD-1242 (07/16)
2002

Sept. 4-7 - San Diego, CA

“Pathways to Progress”

• Session topics: “Certifying Infusion RNs to Read Chest X-rays for PICC Tip Placement” Timothy Royer, BSN, CRNI; “Vascular Access Practice – An International Perspective” Jim Lacy, RN, CRNI; “Atraumatic Intravascular Therapy Across the Life Span” Donna L. Wong, PhD, RN, PNP, PN, FAAN

• First Annual Herbst Award

2003

Sept. 13-16 - Atlanta, GA

“Advancing Practice through Research and Technology”

• Session topics: “Endoluminal Brushing: Trick or Treat?” Anthony Nicholls, MD; “Interpretation of Catheter Tip Position on X-Rays” Thomas Vesely, MD; “Development of a Nurse-Led CVC Insertion Program” Tim Spencer, IC Cert, Dip, App. Sci, BaH, MCN; “Advanced Techniques for Ultrasound Guidance” Nancy Mitchell, MS, FNP

• Name changes from NAVAN to AVA
Celebrating 30 Years of Excellence in Vascular Access

2004

SEPT. 18-21 - VANCOUVER, CANADA

“Impact of Vascular Access on Patient Safety and Quality”
- Session topics: “Modified Seldinger Technique and Ultrasound Workshop” Brian Keegan, BS, RDMS, Nadine Nakazawa, BS, RN, OCN; “Safety and Efficacy of Impregnated Catheters: A Research Study” Deb Richardson, RN, BS, BSN, MSN; “Managing VAD Skin Site Integrity” Karen LaForet, RN, BA, CINAC©; “Use and Management of Central Venous Access Devices in the Home” Nancy Kramer, RN, BSN

2005

JAN. 12-15, 2006 - SAVANNAH, GA

(RESCHEDEULDE DUE TO HURRICANE KATRINA)

“Moving Forward with Innovation and Collaboration”
  - Introduced Save that Line campaign

Bard Access Systems launched the first Power Injectable PICC on the market, helping to advance the lives of nearly 12,500,000 patients globally

MaxPlus™ Clear is introduced - A revolutionary connector that minimizes risks of bacterial contamination and helps reduce occlusions by promoting line patency.
Indications For Use:
The PowerGlide Pro™ Midline Catheter is inserted into a patient’s vascular system for short-term use (< 30 days) to sample blood or administer fluids intravenously. These catheters may be used for any patient population with consideration given to adequacy of vascular anatomy and appropriateness of the procedure. The PowerGlide Pro™ Midline Catheter is suitable for use with power injectors.

Contraindications:
The device is contraindicated whenever:
- The presence of device-related infection, bacteremia, or septicemia is known or suspected
- The patient’s body size is insufficient to accommodate the size of the implanted device
- The patient is known or is suspected to be allergic to materials contained in the device
- Local tissue factors and/or past treatment will prevent proper device stabilization and/or access

Please consult product labels and inserts for any indications, contraindications, hazards, warnings, cautions and instructions for use.
2006 Sept. 9-12 - Indianapolis, IN

“Changing Paradigms; Patient Safety and Quality Improvement”


PDI introduced 3.15% CHG/70% IPA skin prep products (now Prevantics® Skin Antiseptics)

BD released the first of its kind, all-in-one BD Nexiva™ closed IV catheter system, which has enabled longer dwell times and reduced complication rates versus the traditional open system.1,2

Protection against CLABSI*

WHERE YOU NEED IT, WHEN YOU NEED IT.

The first and ONLY 3.15% Chlorhexidine Gluconate/70% Isopropyl Alcohol solution with FDA clearance to disinfect needleless access sites prior to use.

New Strip Format Now Available!

Visit booth 323

For a free sample, visit pdihc.com/Pre vanticsDeviceStrip

References:
1. Hayden, M. K., et al. A Randomized Cross-Over Clinical Trial to Compare 3.15% Chlorhexidine/70% Isopropyl Alcohol (CHG) vs 70% Isopropyl Alcohol Alone (Alcohol) and 5s vs 15s Scrub for Routine Disinfection of Needleless Connectors (NCs) on Central Venous Catheters (CVCs) in an Adult Medical Intensive Care Unit (ICU), Oral Abstract Presented at 2014 ID Week Conference, October 11, 2014, Philadelphia, PA.

©2016 PDI PDIO5168527

PATIENT CARE ENVIRONMENT OF CARE INTERVENTIONAL CARE
Celebrating 30 Years of Excellence in Vascular Access

2007

SEPT. 7-10 - PHOENIX, AZ

“Achieving Excellence in Vascular Access”

- Session topics: “Topical Antiseptics: Separating Fact from Fiction in Catheter Antisepsis” Greg Art, BA, MBA, NPDP; “No! I’m not pulling that PICC Back...It’s at the Caval-Atrial Junction: Establishing Consensus for Optimal Catheter Tip Position on the Chest Radiograph” Peter Verhey, MD, MS and Jamie Bowen Santolucito, RN, CRNI; “Catheter Tip Position - Point/Counterpoint” Thomas M. Vesely, MD and David W. Hunter, MD; “The Age of Reason: The Rise and Fall of Blind Central Venous Access” Jack LeDonne, MD, FACS

2008

SEPT. 11-14 - SAVANNAH, GA

- Session topics: “Infection — Pull the Catheter or Treat Through It” and “Thrombosis- Pull the Catheter or Treat Through It” Ruth Carrico, PhD, RN, CIC, and Scott Trerotola, MD; “Catheter Lock Solutions/Catheter Coatings” Stephen Ash, MD, FACP; “The Relationship Between Upper Extremity Deep Vein Thrombosis and CT Rated Peripherally Inserted Central Catheters (PICC’s)” Michael Anstett, RN

- Initiated first virtual network: Pedivan

3M introduces Tegaderm™ Chlorhexidine Gluconate (CHG) I.V. Securement Dressings, providing antimicrobial protection, site visibility, catheter securement, and consistent application all in a single product

Celebrating 30 Years of Excellence in Vascular Access
Celebrating 30 Years of Excellence in Vascular Access

2009

Sept. 15-17 - Las Vegas, NV

“What’s Learned in Vegas, Doesn’t Stay in Vegas”

- Session topics: “ECG: More than a QRS Complex . . . It’s a Guide!” Mary Costantino, MD; “Vessel Health and Preservation: An Intentional Approach to Device Selection and Management” Nancy Moureau, BS, RN, CRNI; “Bridge Access’ Placement of a Short Peripheral IV under Ultrasound Guidance with Guidelines” Irene Muirhead, RN, BSN, CRNI

AVA President: Nadine Nakazawa
CEO: PJ Haylock
Conference Chair: Mark Rowe
Herbst Winner: Mauro Pittiruti

2010

Sept. 24-26 - National Harbor, MD

“Making Monumental Advances in Vascular Access”


First VACC exam held in December 2010

AVA President: Leigh Ann Bowe-Geddes
CEO: Cheryl Kelley
Conference Chair: Nadine Nakazawa
Herbst Winner: Mauro Pittiruti

Teleflex introduces the first broad spectrum antimicrobial PICC, the ARROW® PICC with Chlorag+ard® Technology. Chlorag+ard® Technology is a chlorhexidine treatment on catheters that provides antimicrobial protection both intra and extraluminally.
Celebrating 30 Years of Excellence in Vascular Access

2011

Oct. 3-6 - San Jose, CA

- Session topics: “Why Hospitals MUST Fly!” John J. Nance, JD; “Occupational Mucocutaneous Exposures to Blood and Body Fluids in U.S. Hospitals” Amber Hogan Mitchell, DrPH(c), MPH, CPH, Cheryll Collins, RN, MSN, FNP-BC, OCN, Irita King, RN, BSN, PHN, CRNI®; “Point/Counterpoint: Where are We Going to Place these CVCs: Internal Jugular vs. Axillo-Subclavian?” Jack LeDonne, MD, VA-BC™ and Scott Trerotola, MD

- Journal publication moved to Elsivier
- Foundation name changed to AVA Foundation

2012

Oct. 16-19 - San Antonio, TX

- Session topics: “Venous Thrombosis: Associated Risks, and Advances in Treatment and Prevention” Anthony J. Comerota, M.D., FACS, RVT; “Midlines: Proactive or Problematic?” Michelle Hawes, RN, MSN, CRNI, VA-BC™; “Reducing the Need for Peripheral Inserted Central Catheters by Using Near-Infrared Technology in the NICU” Gary Parker, PhD, MS, BSN
- Journal publication moved to Elsivier
- Foundation name changed to AVA Foundation

The ARROW® VPS® Device combines Doppler ultrasound, intravascular ECG and an advanced algorithmic logic to position the catheter in the lower 1/3 of the SVC/CAJ

First BioFlo PICC was placed in a patient in Canada in December

AVA President
Leigh Ann Bowe-Geddes
CONFERENCE CHAIR & HERBST WINNER
Jim Lacy

AVA President
Jack LeDonne
CONFERENCE CHAIR
Jim Lacy

HERBST WINNER
Josie Stone

First BioFlo PICC was placed in a patient in Canada in December
2013

SEPT. 20-23 - NASHVILLE, TN

- Session topics: “New World of Clinically Indicated Replacement” Claire Rickard, RN, PhD; “Vascular Access in the Dialysis Patient: How to Ensure the Best Access Under the Most Challenging Circumstances” Bradley Hill, MD and Peter Bream, MD; “Release Your Inner Nerd to Find Your Inner Balance: Online Tools and Apps to Get Organized and Get It Together” Beth Ziesenis, MA

2014

SEPT. 7-10 - NATIONAL HARBOR, MD

- Session topics: “Bloodstream Infection from PICCs: Patterns, Predictors and Prevention” Vineet Chopra, MD, MSc; “Everything You Need to Know about Interosseous Vascular Access—Its Place in a Vascular Access Program” Ken Symington, MD and Jullette M. Saussy, MD, FACEP; “Not the Chest, Then Where? Alternative Placement of Venous Access Ports via the Arm and Translumbar Approach when Traditional Chest Placement is not a Feasible Option” Judith Borsody Lotti, VA-BC™, Catherine Saltalamacchia, MSN, ANP-BC and Gloria Salazar, MD

PDI Launched Prevantics® Device Swab, the first and only 3.15% CHG / 70% IPA solution to receive FDA clearance to disinfect needleless access sites
Celebrating 30 Years of Excellence in Vascular Access

2015

SEPT. 26-29 - DALLAS, TX

- Session topics:
  “Critical Issues in Chronic Central Venous Access” Kevin M. Baskin, MD; “Contraindication or Not: Vascular Access Consideration for Patients with Lymphnode Resection” Nadine Nakazawa, RN, BS, OCN, VA-BC™; “Peripheral Venous Catheter Dressing and Securement: Results from a 4-group Randomized Controlled Trial of 1,708 Patients in 2 Hospitals” Claire M. Rickard, RN, PhD, Nicole M. Marsh, RN, MAdvP, Samantha J. Keogh, RN, BSc(Hons) PhD

PETTIT SCHOLAR
Mary Wyckoff

HERBST WINNER
Marcia Wise

AVA PRESIDENT
Mark Rowe

CONFERENCE CHAIR
Jocelyn Hill

3M expands portfolio with Curos™ Disinfecting Port Protectors, which disinfect and protect needleless connectors and male luers to help reduce the risk of contaminants from entering the catheter post-insertion

2016

SEPT. 16-19 - ORLANDO, FL

AVA PRESIDENT
Mike Brazunas

CONFERENCE CHAIR
Mickey Hawes

PETTIT SCHOLAR
Amanda Ullman

HERBST WINNER
Amy Bardin-Spencer

PDI launched Prevantics® Device Swab strip, providing protection against CLABSIs where you need it, when you need it

AVA PRESIDENT
Mike Brazunas

PETTIT SCHOLAR
Amanda Ullman

HERBST WINNER
Amy Bardin-Spencer

FIRST ANNOUNCED: IMPACT AWARD
I attended my first AVA conference in 2015. I have always had a great passion for PICC placement, but never thought I would be so inspired. I felt like I had entered a different world. I ran from speaker to speaker, trying to grasp everything. It was surreal! I felt like a kid in a candy store. I learned so much and was able to take these learnings back to my colleagues. I still refer back to all the information. It was a wonderful experience. Thanks AVA!

- Karen Nellums, First Conference 2015

I had been practicing vascular access for over 10 years when I attended my first NAVAN meeting in 1992. I remember the incredible sense of belonging that I felt. The passion was contagious and I definitely was infected! I was so impressed with the openness of the leadership and the willingness to embrace everyone. I joined the conference planning committee immediately and have been involved in some way with the organization ever since. I have seen the organization grow into the premier association dedicated to improve vascular access for all patients around the world.

- Marcia Wise, First Conference 1992

I would not think about missing the AVA Conference . . . I simply learn too much, meet too many people, renew acquaintances, and network.

- Sharon Armes, RN

Other organizations know about what I do. AVA members do what I do.

- Mark Rowe, RNP, MNSc

No matter how good your clinical practice is, you can always learn something from other clinicians . . .

- Doug Burns, RN, BS

I remember thinking, ‘Where has AVA been all my life?’

- Jack LeDonne, MD, VA-BC™
I started doing PICC’s in Nov of 2007, the RN that taught me was retiring and she saw one PICC placed and then started placing them. She was basically self-taught. She was very good for being self-taught but had poor technique due to no formal instruction. I learned from her and had no idea that my technique was poor until one day a Bard rep came by and watched me place a line and said, you need to go to AVA. My first year to attend was 2009, I learned what a needle guide was, I found out that we should be using the 70mm introducer needle instead of the 20g peripheral IV when accessing a vein. It was our practice, that after we placed a line, we left the stylet in until after the chest x-ray in case we had to reposition the line, which could be hours. We used sterilized bed sheets which I learned were not acceptable to be used as a sterile barrier. I had no idea there was such a thing as a max barrier kit. We were gathering all of our supplies dropping them individually onto what we thought was a sterile field. We were using a single lumen, non-power injectable PICC, we only had one catheter to use. I learned how to troubleshoot and what do it if the wire or PICC wouldn’t thread. I learned ultrasound skills and my success rate went from 75% to 97% successful placement at the bedside immediately on my return from AVA.

I come to AVA every year. Now we are placing 100 lines per month, we are developing a vascular access team. We have five different lines to choose from, all power injectable. All our kits are max barrier kits, we use ECG tip location. My team comes to AVA, they are AVA members, we are Vascular Access Board Certified and active in the local chapter. I have served two terms as Vice-President in our local network and I am now serving my second term as President of ARVAN. I have presented 2 posters at AVA and published one transcript in JAVA. I have attended AVA every year since the first in 2009. This is what AVA has done for me and so much more.

- Vicki Mabry, First Conference 2009
My first AVA conference should have been in September 2005 in New Orleans . . . but Hurricane Katrina blew in. That should have given me pause about my desire to be a part of this organization. True to the omen it has been quite the whirlwind since I attended my first conference. I had been an IV Geek for a few years already but after arriving at the conference in Savannah I felt like I had a back stage pass to meet and learn from my vascular access idols . . . I still feel like that ten years later. At that conference I was so impressed with what they were able to pull together after Katrina, I volunteered for the Indianapolis conference planning committee and said I’d be happy to park cars if that is what they needed.

- Mickey Hawes, First Conference 2006

Attending AVA meetings are life changing experiences. As a representative of the Oley Foundation I am focused on learning and networking with information and people who advance my understanding of vascular access and better position me to support those who are dependent upon vascular access for home parenteral nutrition (HPN) infusions. One particular meeting found me personally appealing to the AVA Board of Directors for help in keeping home nutrition patients safe while hospitalized. My significant other, dependent upon HPN, had suffered a stroke, was hospitalized and his central line was contaminated several times in 6 weeks. I witnessed reckless care of what was his “lifeline” and knew that Oley and AVA could act to improve lives. The AVA Board supported my appeal and within a week we developed the Oley Keep Me Safe Poster to help promote optimal line care. AVA quickly responded within the organization to implement the SAVE That Line campaign to drive change. I was impressed with AVA’s commitment and to this day applaud the organization’s efforts and believe that the interest, commitment and enthusiasm in the vascular access arena . . . helps to keep patients safe and living full lives. What would we do without AVA?

- Joan Bishop, First Conference 1997