



# Letter from the President

J. Hudson Garrett Jr.



Over the last few months, the global and US healthcare system has once again been taxed with another emergent threat: the Ebola Virus Disease (EVD). This latest infectious disease threat has caused tremendous stress for the entire healthcare system as well as our partners in public health. VACC has worked collaboratively with our colleagues at the Association for Vascular Access

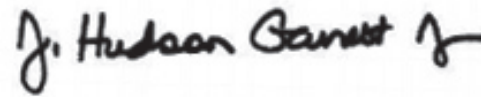
(AVA) to provide vascular access clinicians with evidence-based information to ensure readiness for Ebola and any other emergent infectious disease threat that might arise.

In 2015, VACC will be releasing two exciting continuing education programs for vascular access clinicians seeking an opportunity to develop their professional skill sets. More details on these exciting new programs will be available in early 2015. On behalf of the entire Board of Directors, I thank you for

both your continued commitment to professional certification in Vascular Access and your dedication to advancing this specialty. We encourage you to regularly visit our website, [www.vacert.org](http://www.vacert.org) to receive the latest updates on the Vascular Access Certification Corporation.

Finally, the Board wishes to extend to you and your families a very Happy Holidays and a prosperous 2015. For those of you that will be taking the certification exam in December, we wish you the very best of luck!

Warmest regards,



J. Hudson Garrett Jr., PhD, MSN, MPH, FNP-BC,  
CSRN™, PLNC™, VA-BC™  
President, Board of Directors  
Vascular Access Certification Corporation

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# Innovative Respiratory Therapist Team Benefits Hospital in Many Ways

In an innovative move by the [John C Lincoln Deer Valley Hospital](#) in Phoenix, Arizona, vascular access VA-BC™ techs have become part of a specialized team helping to reduce costs and increasing patient satisfaction.

The team, which became fully operational in October 2013, is comprised of six respiratory therapists who achieved their VA-BC™ during the past six months while three more techs plan on taking the exam in December. Adding to the team's professional credibility was their trainer and educator who took the exam as a means of showing professional solidarity.

According to Nicole Petcu, a vascular access (VA) team member, becoming part of what is described as a specialized team mandated arduous measures comprised of a standardized approach to VA processes, requiring extensive training with nurses and physicians. The team focused on patient safety, legalities and specialized system training. "It took a lot of training and time for the other people in the hospital to understand and accept (us) as a new resource," she said, "but our VA-BC™ education gave us credibility." Petcu added that this unique team has been instrumental in providing the hospital with numerous additional benefits.

She said patient satisfaction has "been tremendous," as has patient trust, given that one team member handles procedures, thereby limiting the chances of errors or infections. The team maintains an "infection free" record to date, an improvement from 5 infections in 2012 and 2 in 2013, according to Brian Shelley, Deer Valley's educator. As Petcu explained, "If you have one professional doing procedures, you reduce the risk for infection."

Using technology to ensure that lines are correctly placed, patients are subjected to fewer additional procedures which would normally add to their discomfort and/or length of stay.

"We're a 24-hour PICC team for all lines," Petcu said, "so now patients don't need to wait for their lines."

She said that the use of a VA "lines team" has proved more cost efficient. Further, procedures are done more often without exposure to x-rays or requiring an interventional radiology (IR) team to intervene.

"The (fewer times) we send a patient to IR allows nurses, doctors and IR personnel to focus more on critical patients and



The Deer Valley team (from left to right): Carolyn Eads, Nicole Petcu, Educator Brian Shelley, Supervisor Derek Wiespiser, Shauna Dusbabeck, Supervisor Ric Coss, and Shannen Walsh. Not pictured, Supervisor Ajla Sutkovic, Courtne Crawford, and Emily Morse.

higher acuity procedures, thereby reducing hospital costs. The IR professionals "trust us," Petcu said. "They've seen the data (and) they see we're saving them money, work, time and effort." As an example, Petcu noted that prior to the certification and equipment implementation they were sending patients to the IR suite several times a week. "Now it's once a month or once every other month."

The results have been phenomenal. "The savings was in the hundreds of thousands," Shelley added. The team inserts 13000 lines annually. "Out of the 99% PICC insertions or 1,287 that will be conducted at bedside we wanted 98% or 1,274 to be done x-ray free. That left 1% or just 13 sticks to be inserted and verified with an x-ray."

Deer Valley's cost savings though were unimaginable. As an example, "The average cost to facility of a line inserted through special procedures is \$1,200, but the average cost of x-ray at bedside is \$23," Shelley said. "Eighty-five percent of the PICC insertions require two x-rays due to reposition/migration." **Shelley estimates that savings such as these meant the new team saved the hospital \$200,390 without labor and \$615,390 with labor annually.**

In addition to organizational benefits, the team won the Deer Valley Quality Award ACT 2013, said Shelley as a result of "the patient satisfaction scores increasing so much due to ultrasound being used for every stick. "It takes more than one person (to achieve this level of success,)" Petcu said. "It takes others across multiple departments to demonstrate value. We had good support from physicians, nurses and our organizational culture."

# Profession Insights: Pettit Winner Shares Perspective



Liz Sharpe,  
this year's Janet Pettit  
Award Recipient

As the *Janet Pettit Scholar in Neonatal and/or Pediatric Vascular Access* recipient, Liz Sharpe is an example the professionalism and contributions AVA hopes to continue to foster. Named in honor of our previous organization president, the award was established in remembrance of the giving nature and participative leadership Janet exemplified so well during her time with VACC. We sat down with Liz to learn more about her

background, impressions of the changing field of Vascular Access and how she has used her opportunity to contribute to the industry's wealth of knowledge.

***Q: Can you share a bit of your professional background and experience?***

A: I have worked in neonatal intensive care for over 20 years, at bedside, on transport, and as an advanced practitioner and educator. One of the most impacting events early in my career was the opportunity to start the first Nurse PICC (Peripherally Inserted Central Catheter) team in our unit, eventually becoming its leader. This increased my awareness of the critical role that vascular access plays in our delivery of care, and this became my focus area of research during my graduate and doctoral studies.

***Q: What are some of the most outstanding changes in the profession that have happened over the years?***

A: There have been a number of outstanding changes in the profession. New technologies have empowered vascular access professionals to expand their practice and improve patient experiences. Greater transparency and accountability have combined to focus institutional commitment with practitioners' goals towards pursuit of best patient outcomes. Nursing has taken increasing ownership and speaks more eloquently for those patients who cannot. I am most proud of the professional ownership that has led to defining and creating a certification for the vascular access specialty, and grow inter-professional alliances that can build new evidence.

**"Tiny babies should not be pincushions, but neither should any patient of any age or size."**

- Dr. Janet Pettit

***Q: Has technology made your job more precise/changed your role? How has technology provided a greater degree of patient safety?***

A: New technologies have definitely increased the composite sophistication of expertise required of vascular access professionals. The level of knowledge and awareness of new knowledge required has changed dramatically as technology and practice has evolved. Fluent skills can significantly impact a patient's experience, safety and outcomes and this is being widely recognized.

***Q: If you were to look into the future of vascular access, what do you and your colleagues expect?***

A: I would like to see increasing refinement of visualization modalities so that patients of all ages and sizes would be able to benefit from first-stick success. I would expect greater adoption with more user-friendly technology and enhanced professional ownership of the domain of vascular access.

***Q: Are many young people going into the profession following graduation?***

A: The vascular access specialty is one that still remains novel in some areas, and this is unfortunate since as we know, vascular access is often a first line strategy in patient care. Many professionals simply aren't aware of the distinct specialty and this is a mission that all of us in vascular access can message through out our professional communities.

***Q: How do you feel about being named the Pettit Scholar?***

A: Being named the Inaugural Pettit Scholar is an incredible and humbling honor. Dr. Pettit was a leader, mentor, colleague

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## Janet Pettit Award Winner, continued

and friend who shared a passion for vascular access with me and inspired many more to pursue research and excellence in vascular access. Her work has impacted countless infants around the world, yet there is more to be done. "Tiny babies should not be pincushions, but neither should any patient of any age or size." This summarizes the heart and soul of the vascular access specialty.

*Q. Award recipients are asked to conduct research and then share their findings with the community of practitioners. What topic did you present at the annual AVA Scientific Meeting?*

A: I presented two topics:

1. Pediatric/Neonatal Patients & Tiny PICCs: Is Everything Black and White?
2. The Pettit Scholar Presentation: Neonatal PICCs: A National Survey of Practices. The talk at AVA focused on a few facets of our work together in the initial reporting of the survey which Dr. Pettit and I published earlier in 2013. New findings presented included correlational analysis on our data set which has since also been published, and other preliminary results.

Note: Both articles can be found at the VACC Site. [Click on Resources -> Newsletters.](#)

## Get Pinned! VA-BC™ Pins Grow in Popularity



The feedback has been overwhelmingly positive about the VA-BC™ pin redesign! Thank you all for your kind comments.

A VA-BC™ pin addition to your usual uniform is a great way to reinforce the image of your professional expertise and proficiency. Add this to your list of stocking stuffer ideas for you and those on your team who are now certified!

[Purchase your VA-BC™ now.](#)

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# Certification: Start the New Year on the Right Foot: Get Registered!

Make getting Vascular Access Certified one of your New Year's resolutions to invest in your career. You can become one of the more than 3,000 professionals who have already become Board Certified in Vascular Access.

Administered by the Vascular Access Certification Corporation (VACC), certification exams are offered only twice a year. The June testing registration deadlines are just around the corner!

## Important June Certification Dates

### EARLY REGISTRATION

(AVA member price: \$300. Non-member price: \$400)\*

**March 1st -  
March 20th**

### FINAL REGISTRATION

(AVA member price: \$375. Non-member price: \$475)\*

**March 21st -  
April 15th**

### TESTING TIME FRAME

**June 1st -  
June 30th**

\*Consider joining AVA by reviewing its membership [benefits](#) and [applying](#).

Be sure to check our [Important Dates and Deadlines Page](#) that is found under our "Take the Exam" tab. Once you've registered there are additional details you'll need to address in order to take your exam.

For complete information on eligibility requirements and to review the detailed exam content outline, please refer to our [Important Dates and Deadlines Page](#) for full details or to our extensive [FAQs page](#).

For more questions, please feel free to contact us at [info@vacert.org](mailto:info@vacert.org).

## Socialize with Us!

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You can catch up with all things VACC by following our Company Page on [Linked In](#) or [Facebook](#) Groups. Our Facebook Community is a closed group: just click on "Join Group" and you'll be granted access as quickly as possible.



## SUBMISSION DATES FOR UPCOMING VACC NEWSLETTERS:

February 2 deadline for submissions for March issue

May 1 deadline for submissions for June issue

July 31 deadline for submissions for September issue

October 26 deadline for submissions for December issue

## Vascular Access Certification Corporation (VACC) Quarterly Newsletter

Published by: The Board of Directors for VACC

This newsletter is designed to be your source for the most up-to-date information about the certification process and other education programs offered by VACC.

We welcome comments and feedback regarding our content. Submissions for announcements, articles, or potential training opportunities may be directed to Lois Davis at [lois.davis@vacert.org](mailto:lois.davis@vacert.org). All letters and articles submitted will become the property of VACC and may be published on a space available basis.

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