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VACC President Joanne Dalusung thanks certificants and partners for their ever-present dedication to excellence in vascular access.

Celebrating Past and Future Certificants

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Dr. Kerry Kennedy utilizes vascular access to prevent gaps in patient care, regardless of the setting.

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VACC President Joanne Dalusung, DNP, APRN, AGACNP-BC, CCRN-K, VA-BC™.

Letter from the President

Dear reader,

It has been a year since I have met with you on these pages. I appeared in last spring's newsletter as President Elect, and it is my great pleasure to address you now, as President, and extend my appreciation for the incredible work that you do.

The Vascular Access Certification Corporation is a leader in promoting and establishing standards for vascular access certification, and we could not do it without you, our certificants and supporters. You have made a positive impact on the quality of care that patients receive. Through your dedication and commitment to excellence, you have helped to improve patient outcomes and enhance the overall quality of care. After all, vascular access impacts nearly every aspect of health care.

I would like to take this opportunity to congratulate all of you on your continued success in advancing our specialty. Whether it be through research, presenting at conferences or webinars, educating other clinicians, or simply getting the right line the first time, your efforts have not gone unnoticed, and I am honored to support your mission.

Looking at our upcoming certification window, we are on pace to have a record-breaking number of first-time candidates take the VA-BC™ certification exam this June.

More test takers hear about the VA-BC™ through colleague recommendations than any other method. This speaks volumes about our certificants' dedication to furthering our specialty by becoming a leader and encouraging their coworkers to showcase their knowledge through board certification. We cannot thank you enough for promoting excellence in our specialty.

As we move forward, let us continue to work together to bring vascular access to new heights. I am confident that we can achieve great things, and I look forward to seeing all the amazing accomplishments of our community this year. ■

- Joanne Dalusung, DNP, APRN, AGACNP-BC, CCRN-K, VA-BC™



Celebrating Past and Future Certificants

The VACC board and staff would like to extend our congratulations to our newest certificants who passed the December 2022 VA-BC™ exam!

During the December 2022 cycle, 369 candidates passed the VA-BC™ exam for initial certification. Our passing rate for the exam was 83%. Additionally, 522 VA-BC™s successfully recertified from December 2019.

As you're reading this issue, we've achieved a record number of applications for the June 2023 exam at 640. Additionally, 286 passionate VA-BC™s have committed to vascular access once again for the June recertification by CE window, applications for which close on June 1.

Thank you all for showing your dedication to your patients who need vascular access through board certification! ■

Interested in seeing more about VACC activities?
We've listed a few dates below to show what's coming up on our calendar:

- May:** Asian American and Pacific Islander Heritage Month, Jewish American Heritage Month, and Mental Health Awareness Month
- May:** National Nurses Month
- June:** Pride Month
- June 1:** First day of VA-BC™ testing
- June 1:** Recertification by CE applications due
- June 14:** June recerts receive digital badges
- June 30:** Last day of testing
- July 10:** June passing testers receive digital badges
- Sept 1:** December exam applications open
- Sept. 1:** VA-BC™ Webinar
- Sept. 15:** National Hispanic Heritage Month
- Oct. 5:** Vascular Access Specialty Day
- Oct 15:** December exam applications close



Through Degrees and Specialties, Doctor Channels Vascular Access Roots

When Dr. Kerry Kennedy, DNP, APRN, FNP-BC, ACHPN, VA-BC™, started her journey as an LVN working on a cardiac step-down unit in 2001, she quickly figured out how integral vascular access was to almost every aspect of health care.

“Back in the day, if you didn’t know how to start your own IVs, your workday was going to be miserable,” Dr. Kennedy said. “That’s how I saw it.”

It is a sentiment she has carried with her through degrees and career changes: vascular access is an integral skill for all health care professionals, regardless of practice setting.

As a Nurse Practitioner with the pediatric and adult home hospice and palliative population, she rarely inserts or directly maintains lines anymore. She now manages the clinical needs of patients with chronic or terminal illnesses to palliate symptoms, and to make treatment and end-of-life care decisions in line with their personal beliefs and values.

VA-BC™ since 2012, she also has made an intentional point to prevent gaps in her patients’ care by including evidence-based practices in vascular access wherever possible, regardless of the clinical setting.

“Vascular access devices are a central intervention, a central process, needed for many patients in health care in order to receive medications, lab work or diagnostic testing,” she said. “It’s just a necessity to understand how these devices work.”

Her vascular access journey blossomed while working on the IV Team at MD Anderson Cancer Center. Since they saw thousands of patients each year for all sorts of devices, Dr. Kennedy said her supervisor at the time pushed for the whole team to gain their VA-BC™ to deliver the best care and achieve the best outcomes possible.

“Working there gave me this great foundation to always ensure my goal is to aim for clinical excellence,” she said.

During her time at MD Anderson, she gained her bachelor’s and master’s degrees (her doctorate to soon follow), advanced her skills, and became comfortable with



Dr. Kerry Kennedy, DNP, APRN, FNP-BC, ACHPN, VA-BC™.

public speaking by educating patients and their families about caring for their lines.

When she changed direction in her career, she debated keeping her VA-BC™. Then she saw the hesitancy from other health care professionals when it came to managing vascular access devices: how they work, how to manage them, and how to utilize them to improve patient outcomes. Dr. Kennedy became determined to reduce the intimidation that other clinicians felt by mentoring on the job.

Due to her experience and certification, Kennedy has educated not only other staff through several positions in her career, but she also has traveled to institution-wide leadership meetings to do the same. She has also used her

“So many of the wonderful things that helped me to feel really good about who I have become, and all I have accomplished, occurred because of this initial certification and because of my role in placing and managing these lines. It’s the absolute truth.”

advanced practice nursing role to help implement policies and procedures to integrate best practices in vascular access and prevent gaps in care, like checking for adhesive allergies.

“Things that in the vascular access world we take for granted, because it’s just the standard,” she said.

Even in her current role, she can easily forget how vascular access knowledge is not widespread. She was explaining the structure and function of a patient’s double lumen PICC to her coworkers and turned to find that they were looking at her wide-eyed in amazement.

“It changed the way that the nurses have approached me since then. They do feel more confident,” she said. “The goal is trying to make sure that we address every aspect of [a patient’s] care.”

One reason why vascular access may be intimidating to some is because it is largely seen as specialized knowledge that has not been accessible to many clinicians in the field, Dr. Kennedy said, which can limit the opportunities for other clinicians to become familiar with it.

“One of the problems of health care is that everyone is functioning in silos. We forget that we’re talking about the same human being— it’s just that different departments and services manage different parts of their care,” she said. “Palliative medicine has taught me to look at the whole human being.”

She traces back her ability to be a leader and a resource to colleagues, regardless of the setting, to her beginnings in vascular access and the passion for the specialty that only grew in the years to come.

“So many of the wonderful things that helped me to feel really good about who I have become, and all I have accomplished, occurred because of this initial certification and because of my role in placing and managing these lines. It’s the absolute truth.” ■

From Infusion to Innovation: Creating a Vascular Access Team from Scratch



Chris Jungkans, BSN, RN, CPUI, VA-BC™, celebrating Certified Nurses Day.

For two years, Chris Jungkans, BSN, RN, CPUI, VA-BC™, dodged his coworker’s urges to take his skills in the outpatient infusion department a step further: learning peripherally inserted central catheters. When he finally agreed—more for his coworker’s sake than his own—he did not expect much to come from it.

Now, he has successfully created and maintained his institution’s vascular access team from the ground up.

The idea to lead the charge on creating the team took hold of Jungkans after he found that he was skilled with PICCs. And better yet, he really enjoyed this skill.

His excitement turned to a passion as he dove into the deep end of the vascular access pool, looking for more knowledge and gaining his VA-BC™.

“Through certification, I began reading periodicals and articles related to vascular access. I happened to stumble upon one that talked about organizational benefits associated with creation of a vascular access team,” Jungkans said. “The lightbulb went [on] in my head.”

After six months of research and a 30-page business proposal, he and his coworkers proposed the new team to leadership. To his surprise, they approved a three-month trial run by the end of the meeting.

Jungkans got to work immediately. And he had plenty of work to do.

“Early in the process, as word got out that we had a vascular access team, we started to be overwhelmed with ultrasound IV requests,” he said. This made it more difficult to help patients with more urgent requests, like PICCs and midlines, or central line dressing changes.

Still, it was a welcome struggle to have. The team was in high demand and doing their jobs well, according to the research from the trial period.

Three years later, the success of the team has only grown, according to Jungkans.

“Our team has greatly reduced device complications, and the hospital’s spending a lot less money on material supplies,” he said. “The patient experience scores are higher with the insertion process.”

The team reduced delays in care, wasted material costs, and patient pain as they intended, but it has soared past Jungkans’s early expectations in several ways. For one, the team has expanded to become a mobile vascular access team with a sister hospital nearby. The staff of the team has also been able to educate other clinicians, from new graduates to physicians, about line insertion and assessment to cut down on complications, too.

Jungkans noted that the VA-BC™ credential—something he hopes the whole team will add to their names by the end of the year—has helped strengthen the team’s relationship with physicians when looking for recommendations on a patient’s care.



“Oftentimes, they come to us and say, ‘What do you think? How is this patient going to be best served?’”

And yet, his work in creating, maintaining and expanding the vascular access team is not what cinched Jungkans’s 2022 Nurse of the Year award for his institution.

What inspired his nomination and cemented his reception of the award was his work on four shared governance councils. He advocates for bedside clinicians and connects their suggestions with leadership to inform decision making. With his work on the Nursing Professional Development Council, Jungkans tripled the hospital rates of newly certified nurses in 2023 compared to the previous year.

Even with his clear team-player attitude, he was surprised at his award win.

“You don’t expect it to be you,” he said. “I felt completely blindsided and very blessed, grateful and surprised. And honored—can’t forget the word honored.”

The vascular access team hopes to start a central venous catheter insertion program. With the hospital’s physicians on board and a research proposal already crafted—clocking in around 12 pages, true to Jungkans’s fashion—Jungkans feels ready for the new challenge. ■

Escaping From the Island and Other Ways to Promote Multidisciplinary Vascular Access

After completing a degree or certification, many health care professionals take pride in adding credentials like “RRT,” “RN,” “PA-C” or “MD” to their name. Keegan Mahoney, BS, RRT, VA-BC™, however, raises the question: What if some of those credentials are not as important as we think when it comes to the practice of vascular access?

Certainly, education should be celebrated and clinicians recognized for their skills and additional certifications. Mahoney also argues, however, that when we fixate on these degrees and credentials, health care providers can lose sight of the patient’s needs. This is especially true in multidisciplinary specialties and fields such as vascular access.

Instead, Mahoney advocates promoting a patient-centered focus. In this way, vascular access specialists are recognized as just that: a multidisciplinary practice of clinicians working for the patient, regardless of their initial credential.

“At all levels, the goal is to do what’s best for the patient,” he



Headshot of Keegan Mahoney, BS, RRT, VA-BC™.

“I’m an RT by credential and a vascular access clinician by trade.”

said. “[Most] patients will need some sort of vascular access when they go into a hospital. Educating the clinician to do that procedure the best, regardless of the credentials behind their name, [is the goal].”

Mahoney sums up his goals nicely with the phrase, “I’m an RT by credential and a vascular access clinician by trade.”

Mahoney has been spreading this message within the vascular access community for nearly two decades. In Arizona in the early 2000s, respiratory therapists had waded deeper into vascular access, and Mahoney was all in.

“I’ve always been someone that wants to be challenged,” he said. “I was already placing arterial lines, doing lab draws. I was already sticking patients, but it was an opportunity to advance that skillset.”

After his training period, he began expanding his

team. Eventually, the team became a hub for training other Arizona respiratory therapists in vascular access, who would then bring those skills back to their hospitals.

He later began attending conferences, writing papers and giving presentations to connect with other leaders and educators in the specialty. And he was surprised to find that he was in a small minority of respiratory therapists providing vascular access procedures at all.

“Until you escape from that island, you make the assumption that RRTs must be doing this everywhere. We have moved on to CVC and dialysis catheters. Why wouldn’t every vascular access specialist do this?” he said.

Patients should have access to the best care possible, and a multidisciplinary approach to vascular

access, with skilled and knowledgeable clinicians at the helm, achieves this goal.

The idea took a few years to get traction in neighboring states, but the passion for expanding skills and improving patient care only grew. About 10 years after Mahoney began his journey in vascular access, Texan Scott Murach, EMT, RRT, VA-BC™, took up the mantle to become the first respiratory therapist in his institution to be a vascular access specialist.

Once respiratory therapists were approved to practice vascular access by the Texas Medical Board—no small thanks to Stacey Cutts, BS, RRT, VA-BC™, Murach noted—Murach and colleagues took the proposal to their institution’s executives. They were prepared for more of a battle. What they got was enthusiasm.

“Much to our surprise, they said, ‘Make it happen.’ And we did,” Murach said.

Using Arizona’s functioning vascular access teams as a model, Murach trained from the latter half of 2017 into 2018, sometimes in classes that Mahoney taught. Within about six months, Murach was inserting his first line.

He was also a one-person vascular access team at first. He relates it to a test subject. Before his institution put more effort into training another staff person, they had to make sure this would work.

“You had two camps: people that said, ‘I want you to succeed,’ and ones that said ‘See, we told you it wouldn’t

“They said ‘Make it happen.’ And we did.”

work out,’” he said.

The pressure was on. But he liked the challenge, both of mastering a new skill and of paving the way for other clinicians interested in the specialty.

“Being the person that helps make it happen in the state of Texas, there’s certainly the pride factor involved, the determination factor,” he said. “It’s the ‘go ahead and tell me what I can’t do’ mindset.”

This determination is what Murach said helped set him up for success despite the pressure to do well. By the end of 2018, Murach had a second specialist on the team and a third joined in 2019. Now, the team has two more specialists in training.

Mahoney, Murach, and other clinicians in the specialty reiterate their goal from the start: to see vascular access teams made up of dedicated clinicians known for their skill and knowledge, not necessarily for their degree. Their focus is on the patient and providing the best possible care, and they believe this goal can be achieved through inclusivity and elevating the profession as a whole.

The future of vascular access looks bright, according to both Mahoney and Murach.

“I think everybody sees the value in vascular access. Getting the [VA-BC™] is important because it says that I’m taking the same test that anyone can take, RT or RN or whatever. It tells me that we have a similar knowledge base,” he said.

While both agree that certifications are important, they emphasize that they should not be the sole focus of recognition. Instead, clinicians should be eager to promote best-practices and ensure the highest quality of vascular access care for their patients.

“By prioritizing skills and knowledge, we can ensure that patients are at the center of care in all health care settings,” Mahoney said. ■



Keep in Mind

If you need a reminder on when you are due to recertify, see our timeline below. Remember that recertification by CE applications open 10 months prior to when applications are due. For more information on dates and fees, please [visit our website](#).

VA-BC™ Attained	VA-BC™ Expires	VA-BC™ Renewal Documents and Fees Due Date
June 2023	June 30, 2026	June 1, 2026
December 2022	December 31, 2025	December 1, 2025
June 2022	June 30, 2025	June 1, 2025
December 2021	December 31, 2024	December 1, 2024
June 2021	June 30, 2024	June 1, 2024
December 2020	December 31, 2023	December 1, 2023
June 2020	June 30, 2023	June 1, 2023

Not sure where to start with your VA-BC™ journey?

Take a look at our [Certification Toolkit](#) if you want to show your dedication to vascular access by taking the exam, or dive into our [Recertification Toolkit](#) if you're looking to renew your credential and your commitment to vascular access.

We like to hear from you! Remember to keep your information updated with VACC so we can reach you with any questions, concerns, or announcements. Log into the [Certificant Portal](#) and click the "My Profile" button to confirm that your information is right.

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