

INSIDE:

Letter from the President

VACC President Joanne Dalusung reflects on this year at VACC and among our certificants.

Celebrating Past and Future Certificants

Join us as we congratulate all who certified and recertified in June 2023. We also wish good luck to our December 2023 test takers.

Going the Extra (Thousand) Miles for Patient Care

Traveling from Louisiana to New Jersey with a patient in tow, VA-BC™ April Winborne met Matthew Ostroff to save her patient's life.

VA-BC™ Spotlight: Dana Baker

We celebrate Dana Baker's recent achievement of passing the June 2023 VA-BC™ exam and share tips that helped her succeed.

Physician Perspective on Finding Vascular Access

Dr. Jack LeDonne leads us through his career in vascular access and how he found his specialty.

Keep in Mind

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The VACC Board enjoy their team-building activity in Portland, OR.

Letter from the President

Dear reader,

Have you taken the chance to reflect on your accomplishments this year? They can be personal, work, or otherwise-focused accomplishments. If not, I invite you to see the work you have put into yourself and others in 2023.

Let's see how far we've come! Or, if you're especially motivated, let's see how far we can go.

We at VACC this year were very fortunate to work with Jackelyn Lutes, BSN, RN, CPN, VA-BC™, to bring her story of IV insertions to life.

If you remember from last year's newsletter around this time, Jackie wanted a resource to calm the nerves of her pediatric patients before they got a line inserted. So, she grabbed her dog, her phone, and a set of patient garments, and created Porter Gets an IV, a children's story starring her dog Porter as he describes the steps of his IV placement.

It was our honor to bring Jackie's story to life and to share it with any clinician who needed it, at no cost.

Following its release on Vascular Access Specialty Day, we've been pleased to see you all take advantage of this resource!

Elsewhere, VACC has made progress on its strategic planning goals. Our board met during this year's AVA Scientific Meeting to stay on track with these goals. We also had the chance to get to know each other better, as you will see in the image above.

It was wonderful to meet with fellow VA-BC™s in Portland, and even more amazing to see how many certificants show up year after year to

present their findings in vascular access. To those who stopped at the VACC booth to get free VA-BC™ store items, I hope you are enjoying them!

The recertification rate grew in June 2023 compared to last year, and you, our current and future certificants, broke records again this year for the number of exam applications received.

Truthfully, I am impressed by our certificants' ability to position themselves around success: for their own professional growth, for their patients' outcomes, for their teams, and for the specialty in general. Certification is not easy, but it can be highly gratifying.

And for some, it is by no means a stopping point. We see so many of our certificants get their VA-BC™

and think to themselves, "What next?"

You press on to conduct research and win awards. You think outside the box for your patients. You continue to care – a radical act itself.

Reaching above and beyond is the sentiment we reflect in this newsletter issue.

Signing off for the last time as the VACC President,

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 June 2023 VA-BC™ exam!

During the June 2023 cycle, 510 candidates passed the VA-BC™ exam for initial certification. Our passing rate for the exam was 88%. Additionally, 486 VA-BC™s successfully recertified from June 2020.

As you're reading this issue, 565 clinicians are preparing to sit for their December certification exam, and some have already taken it. Best of luck to all!

Additionally, 410 passionate VA-BC™s have committed to vascular access once again through recertification by CE.

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:

- Jan. 25:** National IV Nurse Day
- February:** Black History Month
- Feb. 29:** Grace period ends for late December 2023 recertification by CE applications
- March:** VA-BC™ webinar for June exam and recertification
- March 1:** June 2024 VA-BC™ exam registration opens
- March 19:** Certified Nurses Day
- March 20:** Early registration for June 2024 exam and recertification by CE ends
- April 15:** Final registration for June 2024 exam ends
- June:** Pride Month
- June 1:** First day of testing
- June 1:** Recertification by CE applications due

Going the Extra (Thousand) Miles for Patient Care

Over one thousand miles from home, two VA-BC™s met to save a life.

After months of repeated line complications, April Winborne's, MSN, APRN, FNP-C, CPUI, VA-BC™, patient was running out of options for chemotherapy infusions. He had an occluded central line with a suboptimal terminal tip location due to central venous stenosis. Formerly active in bow hunting and fishing, and now spending more time and effort on his infusions, he found his quality of life dwindling.

"The patient said, 'If you can't make this work for me, I'm done. I'm giving up, and I'm tired,'" Winborne recalled.

Winborne immediately began looking for alternative sites, but because of the small size of her hospital and limited resources, it was hard to determine the next steps.

Luckily, Winborne had an in-person training with Matthew Ostroff, MSN, APRN, VA-BC™, at St Joseph's University Hospital in New Jersey a few weeks later.

When they met, they discussed the care that a patient like Winborne's would need. Ostroff recommended that the patient receive a catheter from the femoral approach, and since the patient is ambulatory and active, tunneling the catheter to the abdomen would allow him to take part in the activities he enjoys.

It's a procedure that Winborne was familiar

"I wasn't going to let this patient down... I knew the resources and I knew how to make this happen.

Could we pull it all together? I didn't know. I had to try."



Matthew Ostroff, MSN, APRN, VA-BC™ (left) and April Winborne, MSN, APRN, FNP-C, CPUI, VA-BC™.

with but had never done herself. It was, however, Ostroff's area of expertise. To Winborne's surprise, Ostroff offered to travel to Louisiana to perform the procedure.

"It was like it was meant to be," Winborne said, though Ostroff insists that Winborne creates her own luck.

"April sought out the knowledge," he said. "She didn't wait for someone to give it to her."

Unfortunately, the two-person team could not get approval for Ostroff to conduct the procedure in Winborne's hospital.

Refusing to give up, Winborne thought that if the patient was on board, she could bring him across the country to Ostroff.

A week after Winborne finished her training with Ostroff, and the patient consulted with Dr. Howard Benn, an oncologist at St. Joseph's University Hospital, Winborne was back on a plane to New Jersey. This time, with the patient and his wife.

"I wasn't going to let this patient down," Winborne said. "I knew the resources and I knew how to make this happen. Could we pull it all together? I didn't know. I had to try."

Within an hour of arriving at the hospital, the patient had his new line.

Months later, Winborne said it is the best line any of her patients have.

“As a vascular access specialist, we are always brought to the patient’s bedside to provide the appropriate intervention, but rarely does a patient come to us for that solution,” Ostroff said.

Throughout her time as Chief Nursing Officer in her organization, Winborne has seen the many ways that oncology patients approach their cancer journey. Still, she found that this patient inspired her.

“Sometimes I wonder why this is happening,” Winborne recalled the patient saying as they waited for the procedure. “Why I have cancer, why I’m being flown here to get this access to come back to Louisiana. Maybe it’s all so I can help somebody else.”

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Ultimately, that was Winborne’s goal too: to bring this knowledge back to her hospital so she can help those who need alternative access sites.

Not only did Winborne coordinate the care with Ostroff and his institution’s oncologist, but she also helped ensure funding for the trip. Ostroff’s institution covered the procedure and the patient’s church raised money for the travel costs, while all other expenses were covered by a GoFundMe account that Winborne created.

Moreover, Winborne used her own money—funds her father left her after he passed away.

“I never knew what to do with [the money], but he said I’d figure it out one day,” Winborne said.



“April went so far above and beyond what any clinician would do for their patient,” Ostroff said. “It just shows what kind of person she is. She’s just amazing.”

Ostroff and Winborne hope that more online or in-person training resources will be available in the coming years to provide education to smaller institutions like Winborne’s. With these resources, more clinicians may be able to think outside the box for patients that do not fit in it. ■



VA-BC™ Spotlight: Dana Baker

In the short walk out of the testing center to her car, Dana Baker, MSN, RN, CRNP, VA-BC™, received the passing result of her June 2023 Vascular Access-Board Certified™ exam. She immediately shared the news with friends, family, and coworkers.

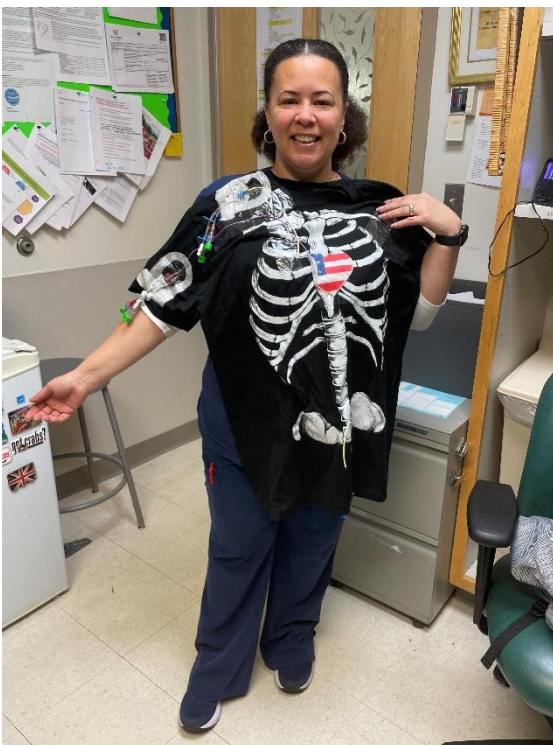
Now, a few months into her new credential, she shares some tips to help prospective test takers.

“Any time you have the opportunity to be a specialist in your area, [certification] is important,” she says.

Baker challenged the VA-BC™ after a year on her current IV team. But she has had years of experience in vascular access through eight years in the ICU and two years on her first vascular access team in 2017. She says these chances to encounter a variety of procedures helped her greatly in the test.

“I was pleasantly surprised that I already knew the answers based on the exposure that I’d had,” Baker

Dana Baker, MSN, RN, CRNP, VA-BC™, models a shirt used to show the anatomy of a line.



says. “I didn’t realize how much data I was collecting in the process, which gave me a sense of accomplishment as well.”

Baker advises those who are preparing for the exam to have a strong knowledge of various lines and their placements and maintenance.

One thing that has been particularly helpful for Baker’s team as they prepare for the VA-BC™ exam is a t-shirt printed with the image of the human skeleton on it. The team tapes lines to the shirt so clinicians can visualize the line in the body.

She recommends that clinicians new to the specialty should seek out the rationale behind these decisions to be able to apply their knowledge, both to the exam and on the job.

Baker says that the exam validated the knowledge that she already had. It also made her more confident when advocating for patients and making line recommendations to providers.

“I’ve run into situations where I needed to use the expertise that I’ve gained that is evident through the certification and have been able to make recommendations based on that,” she says.

Baker also studied vascular access-focused online videos, published research, and even articles from the manufacturers of certain lines to brush up for the test. Studying can look different for other clinicians, she acknowledges. Some of her teammates were more comfortable with study guides for the exam.

After passing the exam, Baker’s institution acknowledged her accomplishment in their internal email highlighting the news of the week. They have also been known to get cakes to celebrate new credentials on the IV team.

Baker ordered a custom badge for work that reads ‘MSN, RN, VA-BC’ to keep the celebration going. After all, she says, she has earned it. Other clinicians and patients have since asked her what ‘VA-BC’ means.

“I told them, that means I’m a specialist in vascular access... I [am] proud of that.” ■

Physician Perspective on Finding Vascular Access

Early on in his career, Dr. Jack LeDonne, MD, FACS, VA-BC™, was confident in his ability to do blind sticks based on anatomical landmarks. In his mind at the time, using ultrasound to place lines was unnecessary, if you knew what you were doing.

What transpired to bring his practice and interest in vascular access from blind sticks to stardom?

Through an unparalleled drive to find the undiscovered and share it with others, Dr. LeDonne became a pioneer in the specialty of vascular access.

Finding vascular access

In the era of “see one, do one, write the paper,” as Dr. LeDonne recalled, resident physicians were shown once how to insert lines. After that, it was up to them to teach themselves.

And until Dr. LeDonne encountered a patient with some troublesome anatomy, he was confident in his line insertions. When he chatted with a group of interventional radiologists on a break one day, he brushed off their talk of using ultrasound to help guide insertions.

“We didn’t need ultrasound. We just stuck it in anatomical landmarks,” he said.

Soon after this conversation, he encountered a patient whose jugular vein he could not access. He recalled that it looked like she had normal anatomy, but he struggled to establish access.

Then, he remembered his conversation with the interventional radiologists and called for an ultrasound machine.

The machine helped him find that the jugular vein was separated from carotid artery.

“I saw that there might be some advantage to this.”

“I wasn’t taught that the carotid and the jugular could be that separated,” he remembered. “I saw that there might be some advantage to this, knowing the structures, that if they were in an ‘abnormal’ position, that [ultrasound] could determine that.”

His interest was piqued.



Dr. Jack LeDonne, MD, FACS, VA-BC™.

Studying the film

He began to practice with ultrasound machines when they were not in use. He also frequently used a needle guide. After enough insertions and plenty of time spent observing interventional radiologists place lines, he abandoned the needle guide, though he still suggests that everyone learns with them.

He began to record his procedures to document his findings, like the separated carotid and jugular. He also found new topics to fuel his research.

In one topic of study, he found that he

could cannulate the cephalic vein in the deltopectoral groove in larger patients.

“It hit me that I had never heard of this,” Dr. LeDonne said.

“I realized that if I was finding something ‘new,’ this would be new for everybody in surgery and probably everybody else, except for radiologists that were doing this routinely.”

He submitted his findings to the Journal of the American College of Surgeons, along with his videos to show how he conducted the procedure.

To his surprise, the journal wanted to publish both his paper and his videos. They were the first videos the journal published.

“I realized video was my medium. I could show people these findings and it would broaden their experience.”

He began attending local and national conferences in vascular access, and he used his videos when presenting. The first time he presented with his videos in tow, the formerly unreactive crowd came alive with questions.

Dr. LeDonne was ready with answers.

Knowledgeable clinicians = Quality care

He has continued to teach others through his career in vascular access. Moreover, he has never stopped learning about this specialty.

In December 2010, Dr. LeDonne sat to take the first VA-BC™ exam. Thirteen years later, he still holds his credential.

“I thought that a credential like that would be the right thing to have. How many physicians in the country have that?” he said.

As the landscape of vascular access and healthcare in general changes, he urges other clinicians to strive for education, whether that be through certifications, getting involved in local or national conferences, or joining research projects. More knowledgeable clinicians, Dr. LeDonne said, leads to elevated careers, advanced practice opportunities, and more quality results for patients.

“I see RNs moving in and taking over the procedure, and certainly advanced education will be the first criteria they have in hospitals if they want nurses to move into these advanced vascular access procedures,” he said. “I think everybody, particularly patients, would be better off.

“There’s no education or certificate that ever hurt you... If you’re looking to get certified, make it happen.” ■

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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
December 2023	December 31, 2026	December 1, 2026
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

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.

Visit the VA-BC™ Store

Wear your VA-BC™ on your sleeve with our VA-BC™ products. From pins to badges, we have what you need to share your achievement. [Shop all things VACC in our online store](#).

Stay connected with your VA-BC™ community

See what other VA-BC™s are accomplishing and celebrate together, get reminders on deadlines, and find updates on all things VA-BC™ on VACC social media. Ready to join the conversation?



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