



Defining the Specialty of Vascular Access through Consensus: Shaping the Future of Vascular Access

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Abstract

The Association for Vascular Access (AVA) is an organization of health care professionals founded in 1985 to support and promote the specialty of vascular access. The mission of AVA is to distinguish the vascular access specialty and define standards of vascular access through an evidence-based approach designed to enhance health care. There is little guidance for multidisciplinary procedures/practice, and this is the case for vascular access. There are also inconsistencies and conflicts in terminology. Additionally, there is no consensus of vascular access as a specialty. It is the focus of AVA to promote consistency in vascular access practice. This document embraces a common title for a clinician with knowledge and skills in the area of vascular access. This establishes a new paradigm that will strengthen the advancement of the vascular access specialty.

Keywords: Consensus, Vascular Access, Specialty

Background

The Association for Vascular Access (AVA) is an organization of health care professionals founded in 1985 to support and promote the specialty of vascular access. The mission of AVA is to distinguish the vascular access specialty and define standards of vascular access through an evidence-based approach designed to enhance health care. Today, its multidisciplinary membership advances research, provides professional and public education to shape practice and enhance patient outcomes, and partners with the device manufacturing community to bring about evidence-based innovations in vascular access.¹

Vascular access is a mainstay in medical treatment for acute and chronic diseases. More than 7 million central vascular

access devices are inserted in the United States every year. In addition, it is estimated that up to 70% of hospitalized patients require a peripheral vascular access device.^{2,3}

There are numerous sets of published guidelines, standards, and recommendations related to vascular access, vascular access devices, and infusion therapy from many different disciplines and organizations. These include, but are not limited to, Centers for Disease Control and Prevention, The Institute for Healthcare Improvement, Society for Healthcare and Epidemiology in America, Infectious Disease Society of America, Infusion Nurses Society, Registered Nurses' Association of Ontario, and the Australian Clinical Practice Guidelines.⁴⁻¹⁰

Unfortunately, very few experts offer guidance for multidisciplinary procedures/practice. Inconsistencies and conflicts, not just in practice, but also in terminology, were identified among these documents. Additionally, there was no consensus of vascular access as a specialty. AVA's focus is to promote consistency in the vascular access practice. To this end, a representative group of subject-matter experts who reflected the diversity within the practice convened to discuss and reach consensus on the tenets of vascular access.

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Purpose

The AVA Consensus Statements for Vascular Access is the first step in declaring vascular access a multidisciplinary specialty. Vascular access is a high-volume/high-risk invasive procedure that requires specialized expertise to ensure positive outcomes. A specialist is concerned with all aspects of vascular access, vessel health, and patient safety. This consensus statement provides the infrastructure that supports the development of future standards and/or guidelines.

This document embraces a common title for a clinician with knowledge and skills in the area of vascular access. This establishes a new paradigm that will strengthen the advancement of the vascular access specialty.

Clinicians must work within the confines of their scope of practice and credentials and within their facility policies and procedures. Disparity exists across the continuum of practice in vascular access. The same procedures are performed with varying degrees of clinical expertise guided by diverse guidelines and/or standards.

The public has the right to expect competent health care professionals with demonstrated skills and knowledge to deliver safe care. These skills, or competencies, include the requisite knowledge and are general descriptions of the abilities needed to perform a role. These observable behaviors encompass the knowledge, skills, and personal characteristics that distinguish levels of performance in the work environment.¹¹ Competencies are an expected level of performance, and every patient deserves this from his or her clinician regardless of discipline or experience.

All disciplines involved with vascular access have a fundamental responsibility to promote patient safety with evidence-based strategies. The role of a vascular access specialist encompasses more than the specific act of device insertion. Understanding of care and maintenance, education, research, and patient advocacy influence patient outcomes. A specialist should also serve as a guide to other providers with respect to appropriate device selection given the needs of the patient, intended therapy, and the technology available.

Conclusions

The AVA Consensus Statements for Vascular Access is the source for the future development of a core curriculum and clinical practice guidelines or standards for professional performance of vascular access specialists. The future authoritative statements within these documents will be supported by evidence and will describe a common level of expected performance by which the quality of practice can be judged. A research-based analysis of gaps in the current evidence-based literature will be performed by additional subject matter experts and recommendations for future studies will be solicited. Even in the current phase of development, the consensus document describes the specialty and provides guidance that will be useful in developing training, business plans, job descriptions, policies, and employee evaluations.

Consensus Statements (CSs)

CS1

The specialty of vascular access shall be patient centered, multidisciplinary, and must be collaborative to include all stakeholders.

Rationale

Working independently or in silos offers a limited, and at times, biased vision of the problem and solution. Vascular access, as a multidisciplinary clinical specialty, is a cost-effective patient-focused strategy. Operationalizing complex care systems to achieve optimal patient safety within vascular access is best accomplished by multidisciplinary collaboration.¹²⁻¹⁷

CS2

The vascular access specialist shall have the demonstrated knowledge and validated skill set required for effective performance of evidence-based care within their scope of practice.

Rationale

Competency and competency validation are essential for safe patient care. Competency validation documents that a vascular access specialist has the training, knowledge, judgment, and skills to function safely. Vascular access specialists will have validated competency to include all procedures within their practice arena.

Medical malpractice occurs when a medical professional does not adhere to the standard of care required (ie, the caution that a reasonable person in similar circumstances would exercise in providing care) and their negligence results in harm to patients.¹⁸⁻²³

CS3

The vascular access specialist shall recognize and acknowledge vascular access complications and initiate interventions within their scope of practice.

Rationale

The use of vascular access devices is associated with a variety of risks. Didactic and simulation training supports best outcomes through the reduction of procedural risks and early identification of complications. Patient outcomes are improved through early intervention when complications are identified.^{21,24-29}

CS4

The vascular access specialist shall comprehend infection risks and apply evidence-based infection prevention procedures/protocols within their scope of practice.

Rationale

Vascular access devices are an integral facet of modern health care. Their use is associated with the risk of infection. These infections are associated with increased morbidity, mortality, and health care costs. These infections are largely preventable when

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