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Vasc-Alert reports overview

The following reports are available on a weekly basis from Vasc-Alert. These reports reflect the status of your patient's vascular access surveillance as performed by Vasc-Alert from data uploaded to our servers. The information contained in these reports provides trending of information so it is easier to see a progression of a vascular access dysfunction. The same information is also available on-line via the secure Vasc-Alert web portal.

AAPR Alert List

This weekly report lists the patients who have been issued at least one arterial alert within the time frame defined at the top of the report. A patient appears on the alert list when he/she has had three consecutive treatments with AAPR results above the defined threshold. The threshold is 0.65 for fistula patients and 0.60 for graft patients.

The report also shows the date of the two most recent alerts and the number of alerts within the past 90 days. The patients who are currently on alert will be highlighted in yellow and show the number of alerts within the past 30 days in red to the left of their name.

If an alert has been issued, a clinician should try to determine the cause of the elevated pressure reading, correct or rule out any correctable cause of pressure elevation, and then refer the patient for intervention if necessary.

VAPR Alert List

This weekly report lists the patients who have been issued at least one venous alert within the time frame defined at the top of the report. A patient appears on the alert list when he/she has had three consecutive treatments with VAPR results above the defined threshold. The threshold is 0.55 for both fistula patients and graft patients.

The report also shows the date of the two most recent alerts and the number of alerts within the past 90 days. The patients who are currently on alert will be highlighted in yellow and the number of alerts within the past 30 days will be shown in red to the left of their name.

If an alert has been issued, a clinician should try to determine the cause of the elevated pressure reading, correct or rule out any correctable cause of pressure elevation, and then refer the patient for intervention if necessary.

Access Report

This weekly report lists the accesses for every patient that we have received data on within the defined one month time frame located at the top of the report. The report can assist you in improving the quality of your medical records by helping you identify problematic or missing access information so you can make corrections in your medical records. For example, a patient might be listed with a graft or fistula but no needle gauge. The access information is incomplete, so we are unable to make calculations until the correct needle gauge is entered in your electronic medical record program (EMR).

There is a summary at the top of the report, so you can quickly see the number of patients with inconsistent data. Each patient's access information is listed below the summary. This data reflects what was sent to us from your EMR. The report allows you to review each patient to find those with problem data so it can be updated.

Patient Detail All Patients on Alert 30 Day

This weekly report shows trends in VAPR, AAPR, BFR, VP and AP in both tabular and graphic form for all patients who have been issued a VAPR or AAPR alert within the defined 30 day period. All of the values shown are averaged values for the treatment.

This report makes it easy to identify patients with increasing trends or consistently elevated VAPR or AAPR values, so early referrals can be made.

Patient Detail All Patients Except Alerts 30 Day

This weekly report shows trends in VAPR, AAPR, BFR, VP and AP in both tabular and graphic form for all patients who are not currently on alert. All of the values shown are averaged values for the treatment.

This report allows the clinical staff to review the patients that are not on alert and potentially identify early trends before the patient moves onto the alert list. It also allows the staff to review any non-alerting patients that they may have concerns about.