The American Society of Diagnostic and Interventional Nephrology (ASDIN) is dedicated to enhancing the quality of care that patients receive related to vascular access, peritoneal dialysis access, and ultrasonography. Established in 2000, the mission of ASDIN is to promote the appropriate application of new and existing procedures in order to improve the care of patients with kidney disease. Membership includes physicians, nurses, technicians, and administrators—all with interest in this specialized field. ASDIN is the representative society for the growing number of interventional nephrologists in America and internationally. The society currently has approximately 600 members.

ASDIN works to accomplish its mission in a number of ways. We are active in promoting research, publication, and the adoption of clinical practice standards related to dialysis access and access procedures. We provide certification of physicians in various procedures and accredited training centers to ensure the highest standards in training for the next generation of interventionalists. We participate in physician and ancillary staff education through an annual meeting and joint meetings with the American Society of Nephrology (ASN) and National Kidney Foundation (NKF). We have been a leading society in establishing best coding practices and a comprehensive coding manual for dialysis and vascular access procedures. Our newest quality initiative is the development of a national dialysis access procedure outcomes benchmarking database.

The ASDIN Procedure Outcomes Registry is an Internet database that collects quality and outcome data related to dialysis vascular access procedures. The goal of this voluntary registry is to promote quality in dialysis vascular access procedures, provide benchmarking opportunity for participants, promote useful data, and protect the patient's right to the highest quality, most efficient procedural care. The survey is open to participation by anyone who performs dialysis vascular access procedures; ASDIN membership is not required. Participants may be individual physicians, group physician practices, access centers, or other institutions. More information about this registry is available at the ASDIN website: www.asdin.org under the “Outcomes” tab. The registry is currently structured to track quality outcomes of catheter and endovascular dialysis access procedures. There are specific data questions in four general areas:

**General demographics**
1. ESRD population served
2. Number of dialysis facilities served
3. Number of physicians in the practice by specialty
4. Physician credentialing
5. Leadership in procedures done by physician(s): inpatient hospital, outpatient hospital, freestanding facility
6. Percentage of referring dialysis facilities using surveillance technology

**Procedure numbers**
1. Number of patient encounters
2. Number of specific procedures performed
3. Number of each CPT code used

**Patient characteristics**
1. Number of patients at each ASA classification
2. Patient CKD stage
3. Number of each type of anesthesia used: local, moderate sedation, deep sedation
4. Procedural complications: type and severity
5. Hospitalizations
6. Percentage of referring dialysis facilities

Although not comprehensive, these questions represent the core information needed in a dialysis vascular access quality assurance performance improvement (QAPI) program. Participants will easily be able to benchmark their own outcomes with the aggregate quality results across all areas of the survey. Additional survey data questions will be added over time to continue to provide participants with quality improvement resources. Future plans for the ASDIN Procedure Outcomes Registry also include modules directed at quality improvement in peritoneal dialysis access procedures, surgical access procedures, and multicenter research collaboration.

Dialysis access care has improved dramatically over the past 10 years. According to Fistula First Breakthrough Initiative (FFBI) data, prevalent arteriovenous fistula (AVF) rates have increased between 2003 and 2010 from 32 percent to 55 percent. Patients benefit greatly from this trend since those with AVFs experience fewer infections, thrombosis events, and hospitalizations. Indeed, their overall mortality is significantly lower when dialyzing with an AVF.

Also during this time period, there has been a significant shift in the location dialysis access procedures are performed. Procedures continue to shift from the relatively high cost inpatient hospital to lower cost outpatient and freestanding centers. In addition to reducing per procedure cost, this change has allowed patients to have the necessary procedures done more rapidly, which minimizes catheter use.

Over the past few years there has been growing recognition of the specialized skill set involved in performing dialysis vascular access procedures. There are a growing number of surgeons and interventionalists with specific focus on dialysis vascular access. The growth of interventional nephrology has been a key factor in facilitating this trend. Working with other areas of nephrology and the broader medical community, the American Society of Diagnostic and Interventional Nephrology will continue to play an important role in improvements in vascular access, peritoneal dialysis, and ultrasound procedures in the coming years.

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**Novel Nephrology**

**ASDIN: Improving Quality in Dialysis Access Procedures**

By Timothy A. Pflederer

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