

CMS Prioritizes Kidney Health FIZE kUO® Does Too



The significant **financial** and **clinical** burden of Acute Kidney Injury (AKI) prompted the CMS's recent adoption of the Hospital Harm - Acute Kidney Injury (AKI) Electronic Clinical Quality Measure (eCQM).

Effective from CY 2025, improving AKI detection and management will be a priority for all CMS partners.

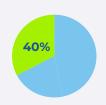
FIZE kUO provides a unique solution to address this vital healthcare challenge.

AKI Financial Burden

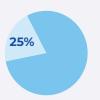


AKI Clinical Burden





Of patients with AKI developed sepsis 5 days following the initial infection⁶



Approx overall mortality rate in critically ill patients⁴

We can do better!

43%

Experienced unacceptable delayed diagnoses⁷

31%

Of cases were avoidable⁷

window_count=window

54%

Had inadequate risk assessment⁷

Clinical Evidence

Why monitor UO?

Intensive UO monitoring improved survival (associated with improved detection of AKI and reduced 30-day mortality in patients experiencing AKI) as well as less fluid overload for all patients.

Intensive Monitoring of Urine Output Is Associated With Increased Detection of Acute Kidney Injury and Improved Outcomes, Jin et al 2017



The FIZE kUO measurement is much more accurate than the manual urine meter, enabling early recognition of AKI and hemodynamic instability

Urine Output Measurement by a Novel Electronic Urinometer is much more accurate than by Conventional Urinometer, Rott et al. 2020

Why digital monitoring?

Automated UO monitoring is more accurate than manual measurements, and more successful in detecting acute kidney injury early on.

Automated versus manual urine output monitoring in the intensive care unit, Minor et al. 2021

Transforming AKI monitoring and Meeting Future Quality Reporting Standards Starts Now

⁷Hoste EAJ. Intensive Care Med. 2015;41:1411-1423

