

214

RETROSPECTIVE REVIEW OF COMPLICATIONS,
STAY AND COST AS A FUNCTION OF
HYPERGLYCEMIA AND BLOOD SUGAR
VARIABILITY IN CABG PATIENTS (B3) Jennifer
Trask, et al., Deaconess Medical Center, Spokane, WA
(traskj@empirehealth.org) IRB approval pending

Inpatient hyperglycemia and blood sugar variability have been associated with increased morbidity, mortality, length of stay and cost. Accordingly, both the American Diabetes Association and American College of Endocrinology have made recommendations for controlling inpatient hyperglycemia. Additionally, the Centers for Medicare and Medicaid and the Joint Commission on Accreditation of Healthcare Organizations require collection of post-operative blood glucose levels on all patients undergoing CABG surgeries. This study will look at approximately 300 CABG surgical patients in 2008, excluding those younger than 20 and on dialysis. Both hyperglycemia and blood sugar variability over length of stay will be correlated with the following clinical outcomes collected for the Society of Thoracic Surgeons' (STS) national database: operative mortality, stroke, renal failure, prolonged ventilation, sternal wound infection, re-operation, a morbidity/mortality composite outcome, and lengths of stay. Each outcome will be adjusted using the STS patient risk model that evaluates preoperative risk. Additional outcome variables will include cost and 30-day mortality, readmission and infection data. Data will be collected electronically. Results will be discussed.