Virginia Cardiac Services Quality Initiative

Quarterly Quality Committee Conference Call: December 9, 2021 – 3:00 p.m.

Attendees:

Carilion: Heather Miller, Charles Bullins, Steve Andrews

Inova: Linda Halpin

Mary Washington: Barbie Schumm, Mike Brown, Beth Hart

Riverside: O'Brien Gossage

Sentara: Dr. Robert Bernstein

Southside: Leslie Vangils

UVA: Judy Smith, Myra Brent-McGarry, Nancy Fauber

VCSQI: Sherri White, Eddie Fonner

Meeting Recording: https://youtu.be/BZVoosrWrdQ

Agenda:

1. FAQs
    a. CSU-ALS Training Site: UVA will begin in 2022
        i. Would other VCSQI facilities be interested in attending training?
        ii. Carilion is also a training site for CSU-ALS
2. Data Review
    a. AKI Reports (*attachment*)
3. TVT Survey
    a. 9 responses thus far
    b. Workgroup launching next year
    c. Physician Champion: Eric Sarin (Inova)
4. Quarterly Meeting
    a. Winter: December 9, 2021 – AKI
        i. First collaborative protocol between cardiology and surgery
    b. Spring: March 17, 2022 – TVT
5. Open Forum (All)

FAQs

Questions:

1. How does your hospital handle elective CABG pts with elevated HgbA1C above 7 or glucose out of control?
2. Our surgeon wants to admit elective pts the night before surgery for an insulin GTT. Is this common practice at your institution?
3. Also, for urgent cases is anything done?

Vicki Silvius (Memorial Care)

Responses:
Yes, for urgent cases, if at all possible.

Vickie Westmoreland (Carilion)

For patients that we have the time to get control of, we refer them to Endocrinology (usually 4 to 6 weeks prior to surgery).
For those closer to surgery dates, if the patient has an A1c of 7.5-8 in presurgical, we will admit 24hrs preop for glucose control with Endotool.
Urgent/emergent cases that are uncontrolled, they start Endotool intraop and continue postop with an Endocrinology consult.
…One additional thought. We do sometimes have issues getting a bed preop for glycemic control or insurance approval – this is rare, but it has happened before. Usually it's resolved with a peer-to-peer phone call.

Charles M. Bullins (Carilion)

Depending on the amount of time we have before the scheduled surgery we might send them back to their Endocrine doc. If little time we will follow our in-house patient protocol and admit them, put on Glucommander, and get BG down below 200 before surgery

We don't have a written protocol. What we do is based on how much time we have before surgery. If the patient is elective and can wait, we would send to Endo. If in-house and needs to go urgently we put on Glucommander and try to get BG below 200 before going to surgery.

Linda Halpin (Inova Fairfax)

Do any of you have a protocol for this practice you could share? **Is anyone willing to share their intraop glucose management protocol?** (STS recommendations about HgbA1c > 180 – what are the criteria for when they start their drip?)

Mike Brown (Mary Washington)

Robbin is our clinic manager at UVA. She says that they place CV Endocrine inpatient consult to the admission orders for all patients with an A1C greater than 7. If they have time, they will refer to endocrine to PCP for management. However, this is greatly depending on the timing of when the lab is collected/resulted and surgery date. Often it is difficult to get them in to see a provider on short notice.

She has shared their ambulatory protocol which includes the referral to endocrine for patients with A1C's greater than 7.

It would be rare to admit patients before an elective surgery solely for glucose control. We pre-admit some elective patients who have HF and need a tune up or heparin bridge, but rarely for glucose management only. It would be interesting to see if that makes a difference in post op outcomes.

Judy Smith (UVA)

Referral to CV Endocrine	ALL patients with HgA1c >7.0	Assist w/glucose control pre-op

---

Question:

1. We are inquiring if any other cardiac surgery programs are including SGLT-2 in the post op CABG/HF patient population. We are exploring adding this to our pathway for this patient population.

Sheree Emore (Carilion)

Response:
We just had some issues with patients on SGLT-2, specifically Jardiance, preop. Several had postop ketoacidosis postop. We are now stopping SGLT-2s 3 days prior to surgery and have a protocol written by Pharm and Endocrine to deal with the ketoacidosis. It might be a good idea to add them to the preop risk factor diabetes meds

Linda Halpin (Inova Fairfax)

Question: treating pre-op anemia with IV iron?

- Inova protocol in development: Hgb trigger of 13