Use of the eGlycemic Management Solution by Glytec to Identify, Treat and Improve Glycemic Care for CHF Patients

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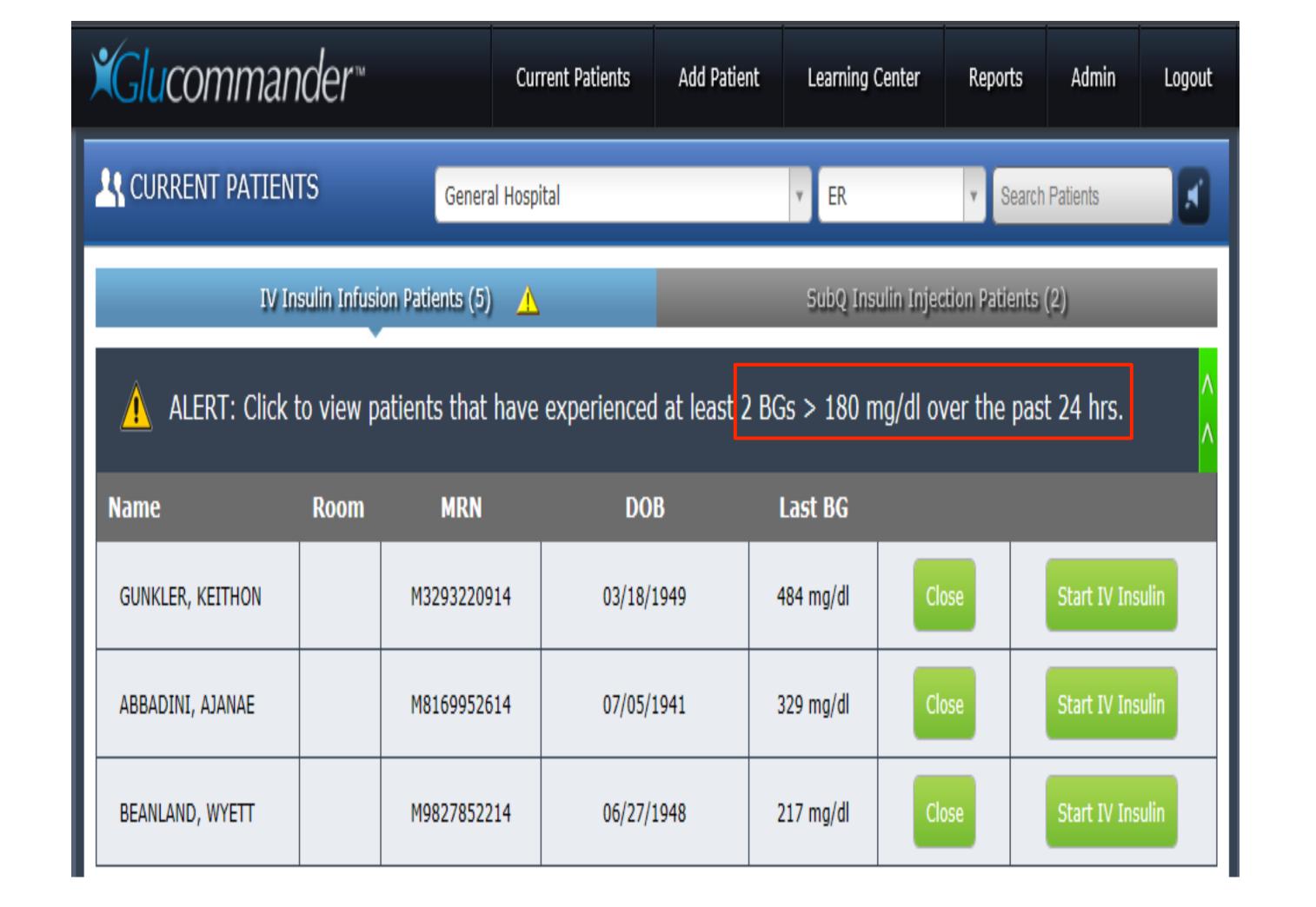
OBJECTIVE

Patients with multiple chronic conditions have more hospital admissions. Patients with congestive heart failure (CHF) admitted to the hospital have very high rates of diabetes or hyperglycemia. CHF has been included in multiple CMS measures from readmissions to mortality. This study sought to discover if Glucommander (GM) Surveillance can find, treat, and improve glycemic condition for patients with CHF in the hospital.

METHODS

261 patients who were identified by GM Surveillance as having two blood glucose (BG) values > 180 mg/dL in a 24-hour timeframe were reviewed. Patients were started on GM IV, transitioned from IV to SubQ using GM recommendations, and continued on GM Subcutaneous (SubQ) all with a target of 140-180 mg/dL. The safety and efficacy for glucose outcomes were evaluated including: (1) average BG (2) reduction of initial BG to target (3) hypoglycemia <40 mg/dL and <70 mg/dL. (4) percent in prescribed target range.

Screen Example 1. GlucoSurveillance



RESULTS

Average BG from GM Surveillance was 255 mg/dL. The average initial BG at the start of GM IV treatment was 289 mg/dL. The average reduction in BG on GM was 123 mg/dL, with an average BG of 166 mg/dL. The percent of all hypoglycemia <70 mg/dL was 1.1% and there were no BGs <40 mg/dL. The percent of BG in the prescribed target range of 140-180 mg/dL was 72.1%. **Figure 1. Hypoglycemia**

Table 1.

BG from Surveillance 255 mg/dL

Initial BG at the start of GM IV treatment 289 mg/dL

Reduction in BG on GM 123mg/dL

Average BG on GM 166 mg/dL

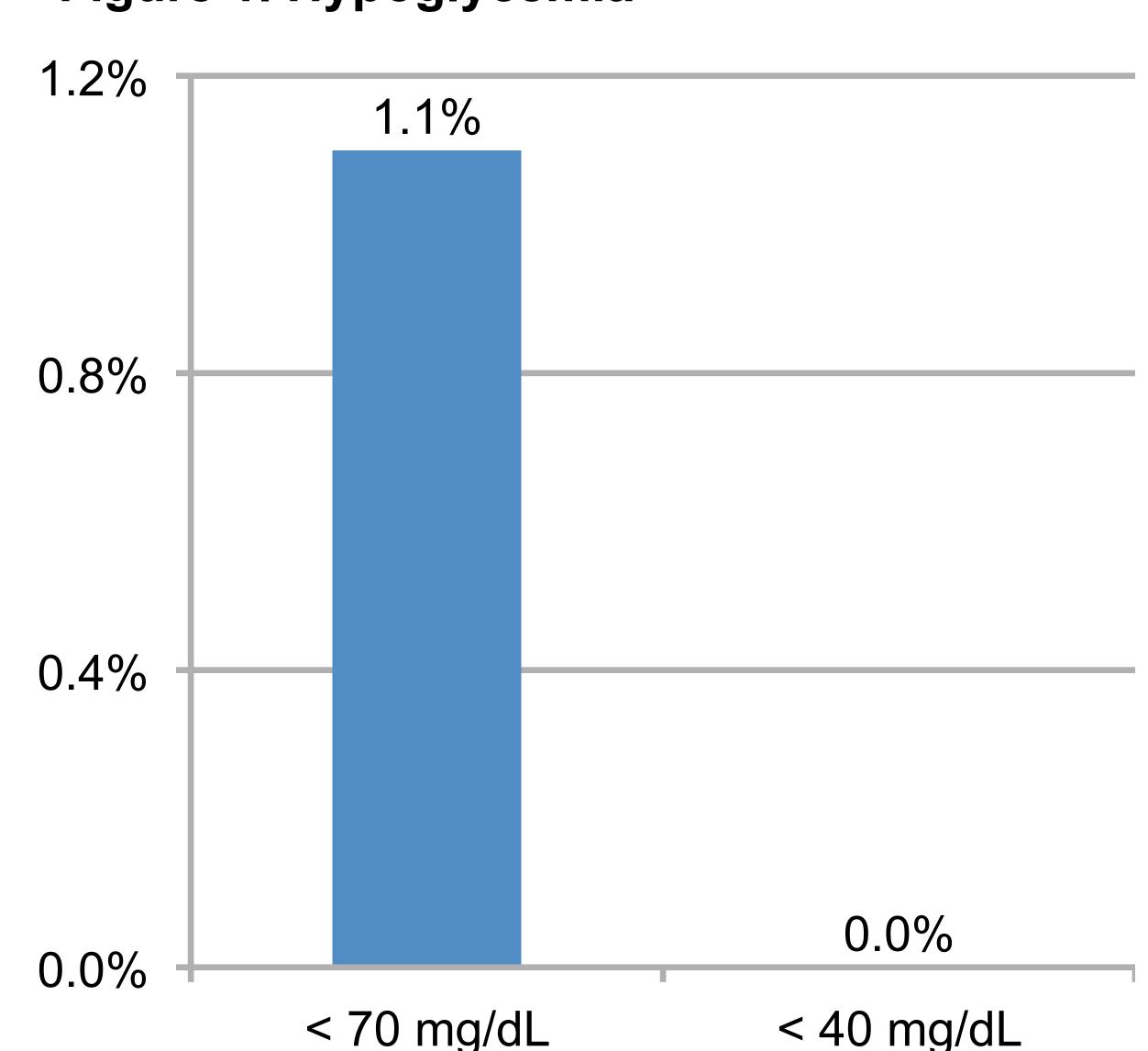
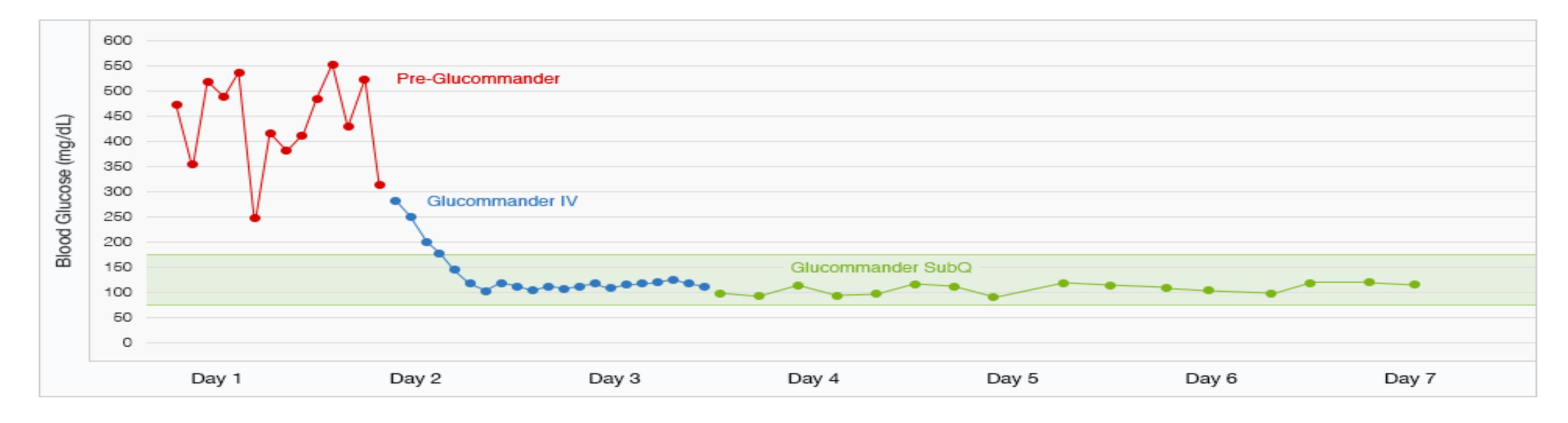


Figure 2. Patient Case



CONCLUSION

These results suggest using GM Surveillance can safely identify patients with CHF in need of improved glucose control. Patients with CHF on GM IV transitioned to SubQ reached and maintained prescribed target glucose with low incidence of hypoglycemia.

