

if intraoperative TOE is not to be used, the preoperative TTE should be of adequate diagnostic quality.

## References

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### Early Mortality after Isolated Coronary Artery Bypass Grafting (CABG) Surgery Among Hospitals in Australia and New Zealand

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**Background:** Early outcomes of coronary artery bypass grafting (CABG) surgery are uncertain. We assessed variation of in-hospital and 30-day post-discharge mortality after CABG surgery at all public and selected private hospitals in Australia and New Zealand (NZ).

**Methods:** We obtained population-wide hospitalisation data from all Australian State Health Departments (except the Northern Territory) and the NZ Ministry of Health from 2010-2015 linked with Death Registries to identify post-discharge death. Using Australian Classification of Health Interventions procedure codes, we identified hospitalisations for isolated CABG, excluding combined CABG + valve procedures. The study outcomes were all-cause in-hospital mortality and 30-day post-discharge mortality. Hospital-level analyses were limited to unique hospitals with >25 recorded procedures.

**Results:** Of the 57,842 isolated CABG procedures (mean age 66.6 ± 10.2y, 81.0% male; 70% performed as elective), in-hospital death occurred in 902(1.6%). A further 178(0.3%) died within 30-days of hospital discharge. Overall, 1,080(1.9%) died in-hospital or within 30 days of the procedure. Analysis of 47 hospitals with > 25 procedures (including all public hospitals performing CABG) revealed institutional variation in in-hospital mortality (0.0% to 4.8%), post-discharge mortality (0.0% to 1.1%) and overall 30-day mortality (0.0% to 5.0%) (Fig. 1).

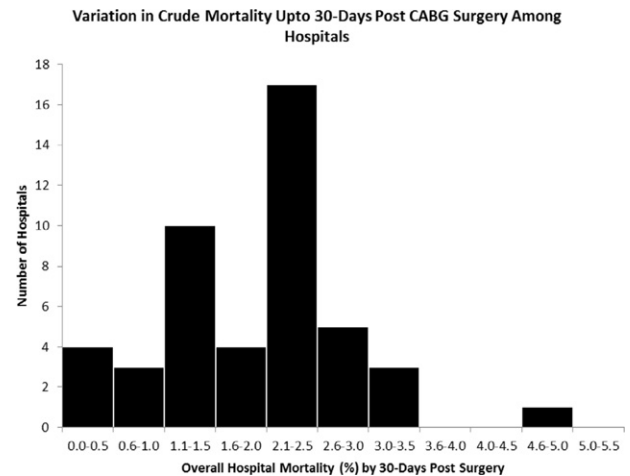


Fig. 1. Variation in Crude Mortality Up to 30-Days Post CABG Surgery Among Hospitals.

**Conclusion:** The overall risk of death within 30 days of isolated CABG surgery is low although there is considerable variability among hospitals. Further risk-adjusted analysis in-progress should determine if the variation reflects variation in care quality.

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### Depression Screening and Screening for Inpatients with STEMI and NSTEMI

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**Background:** The Illawarra/Shoalhaven has population of approximately 500,000 people and Wollongong Hospital is the major centre for admitting patients with cardiac problems. Depression is a known risk factor for heart disease.

**Aim:** The majority of patients with NSTEMI or STEMI are referred to Cardiac Rehabilitation. About 50% of those referred attend Cardiac Rehab and are subsequently screened for depression. We prospectively planned to screen all patients admitted to hospital with NSTEMI or STEMI for depression to detect depression that was previously undiagnosed.

**Methods:** Form was developed using the PHQ-2 and PHQ-9. Nursing staff interview patients the questions on the PHQ-2 "yes/no" version on day 2 or 3. If the patient answered yes to either question, they are referred to Cardiac Rehab Nurses to complete the PHQ-9.