

One year of advice calls to a tropical and infectious diseases referral centre: a retrospective, descriptive analysis from Liverpool, England

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Background The Liverpool Tropical and Infectious Disease Unit (TIDU) gives specialist advice locally, regionally and nationally in the UK. To improve governance, reproducibility and patient care, we created a system to document external calls for advice from trainees.

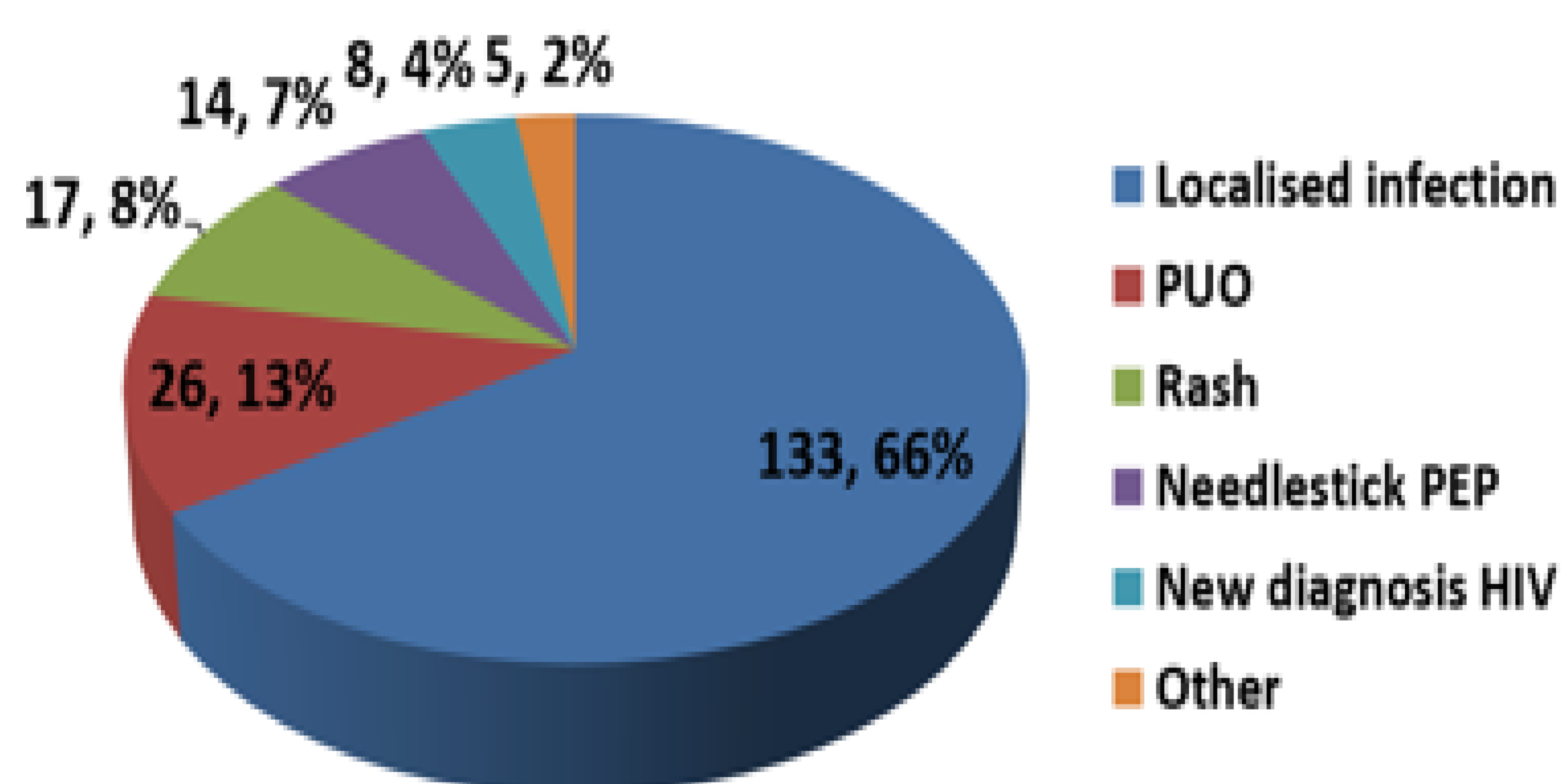
Aim To evaluate 12 months of advice calls received, to inform service development.

Methods

In June 2017, an electronic advice-call template was created and a standard operating procedure for recording calls was agreed. The template was used by TIDU specialist trainees to document complex external calls. This was separate from calls received at the Liverpool School of Tropical Medicine, referrals from the Emergency Room or calls to or from the combined ID/microbiology consult service within the Trust.

We summarise data for the first year (September 2017 – August 2018 inclusive).

a. Clinical syndromes in patients without a history of foreign travel (n=203)



b. Clinical syndromes in returning travellers (n=157)

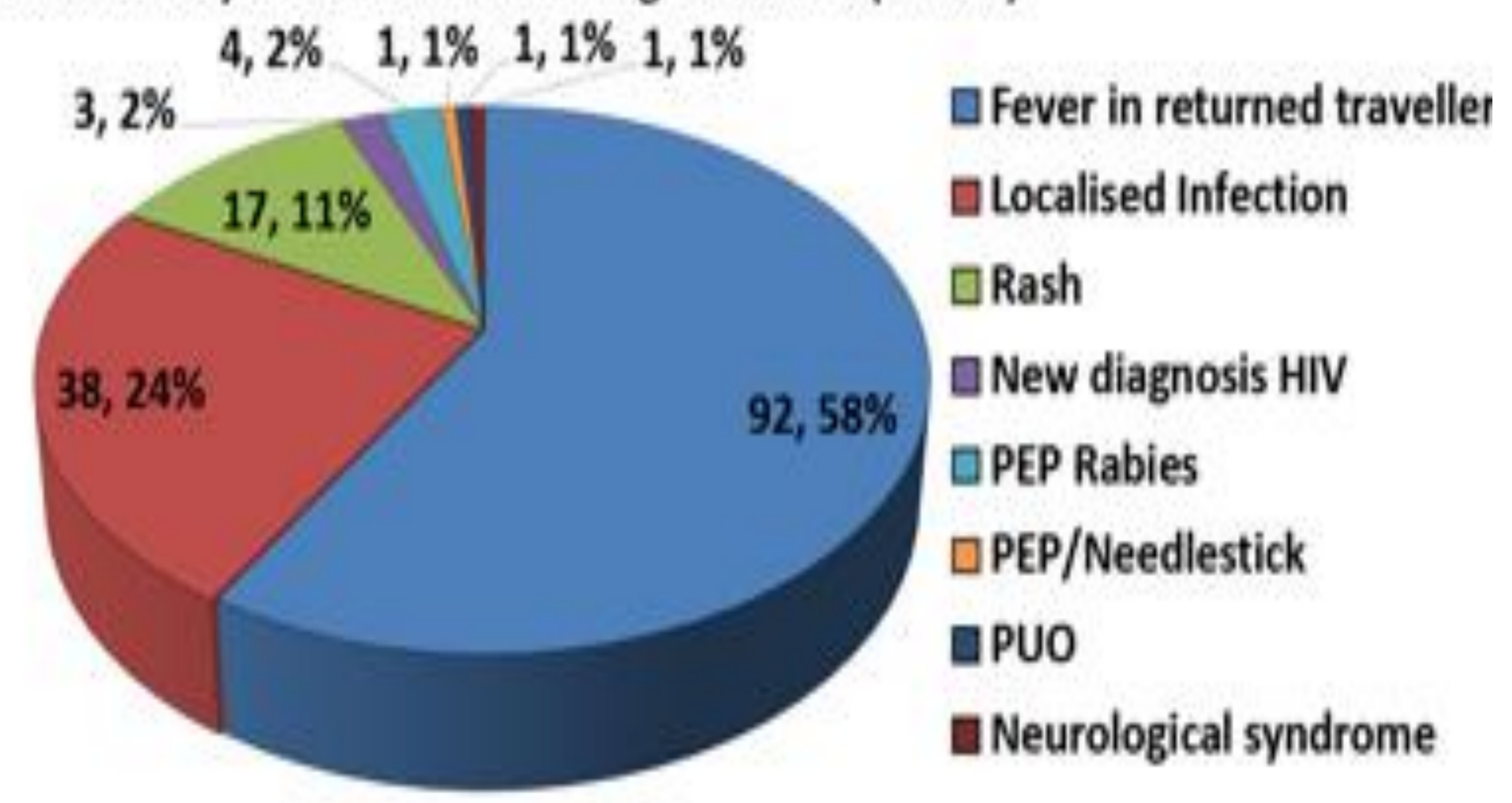


Figure : Other clinical syndromes in patients without history of foreign travel include drug rash (1); Rabies PEP (1); neurological syndrome (1); and PEPSE (2). Abbreviations: PEP=post-exposure prophylaxis; SE=sexual exposure; PUO=pyrexia of unknown origin

Results

- 589 calls were documented, regarding 362 patients.
- Median patient age was 44 (IQR 29-56) years: 56% (203/362) were male.
- 69% (248/360) of patients discussed were from secondary healthcare, of which half (122) were from emergency/acute medicine services.
- In the 57% of patients with no history of travel, localised infection was the most common problem; generalised fever was the most common syndrome in the 43% who were returning travellers (Figure).
- 29% of those with a history of travel were returning from sub-Saharan Africa.
- Infection Consultants were involved and gave advice in 51% (184/360) of cases.
- 32% (116/361) of patients were reviewed further at TIDU: by admission, hospital transfer, MDT, or in clinic.

Discussion Implementing a call documentation system was feasible and improved patient care and service delivery. The call burden was high with advice regarding fever in returned travellers predominating. One third of calls led to further TIDU review.

Conclusion A simple call documentation system is feasible in a busy ID service