

Audit on the Outcome of Microbiology Telephone Consultations in Clinical Practice.

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INTRODUCTION

The day to day role of a microbiologist in the hospital setting includes communicating positive microbiology specimens and providing advice to health professionals of all grades from a range of specialties in both primary and secondary care settings. Most of these communications are done via telephone and the outcome of the telephone consultations is not always known.

RESULTS

67 Telephone consultations were carried out over the 2 month period. All calls were done within socialable working hours.

17/67 patients were not known to the health professional they were discussed with.

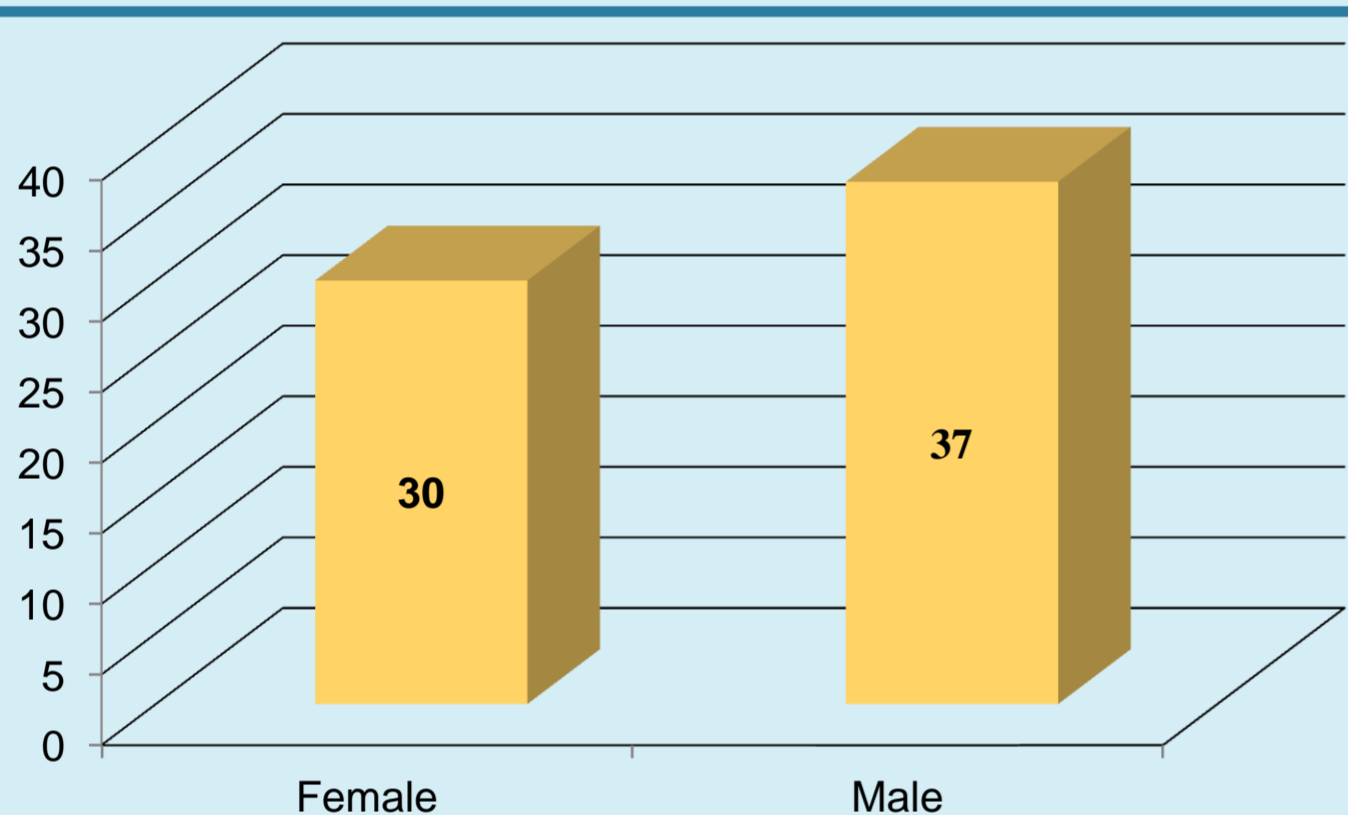
AIM

This was a prospective audit which studied the outcome of telephone consultations initiated by the microbiologist (Me!) over a course of 2 months (October 1st – January 1st 2017) at Colchester General hospital, Essex.

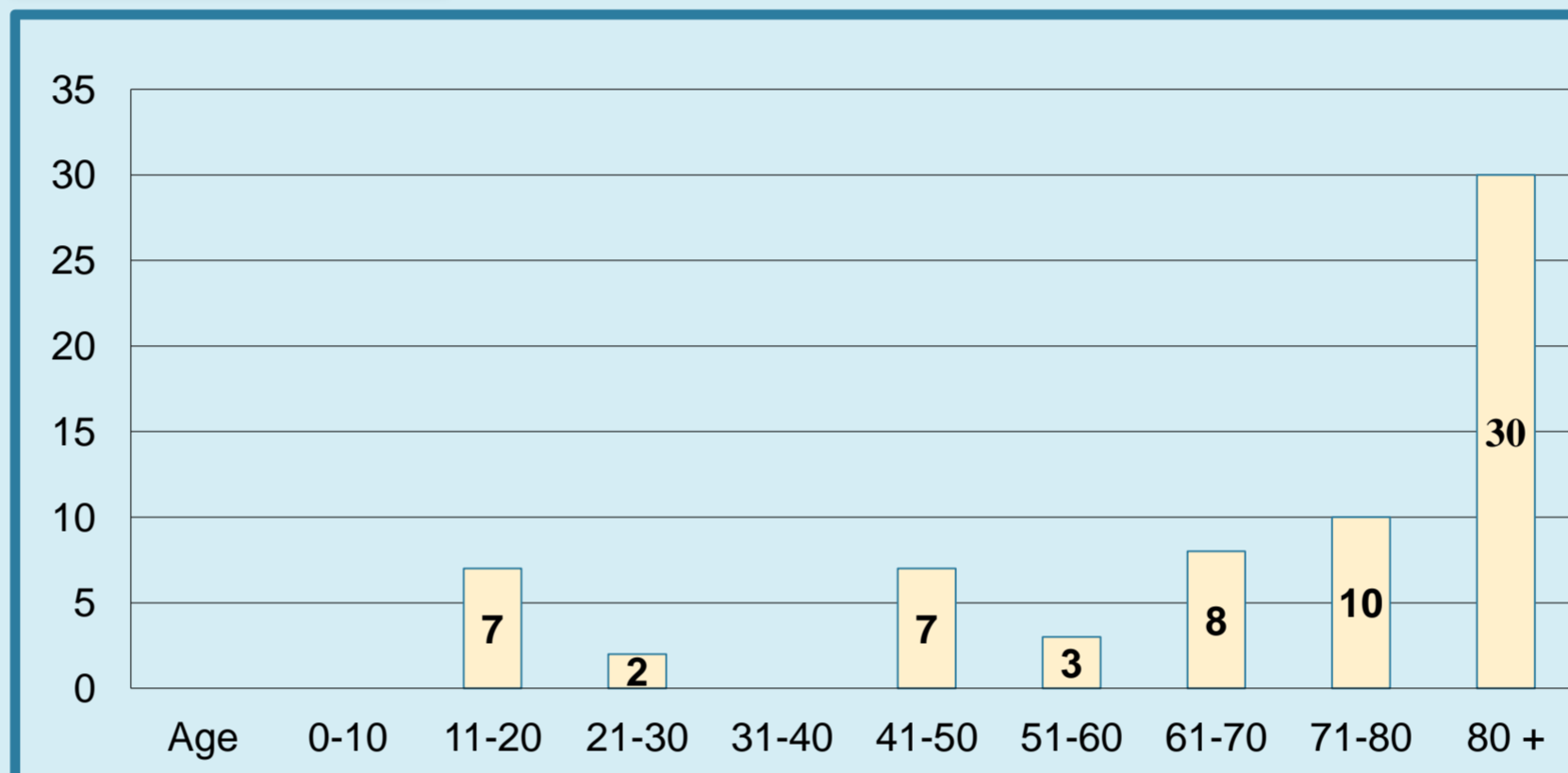
OBJECTIVES

1. Collect data on the topics of consultations that occurred between the microbiologist and health professional.
2. Review if advice given by the microbiologist was followed within 24 hours.
3. Examine if discussions were correctly documented and antimicrobials were correctly prescribed.
4. Review if information provided by the telephone recipient was consistent with the clinical case

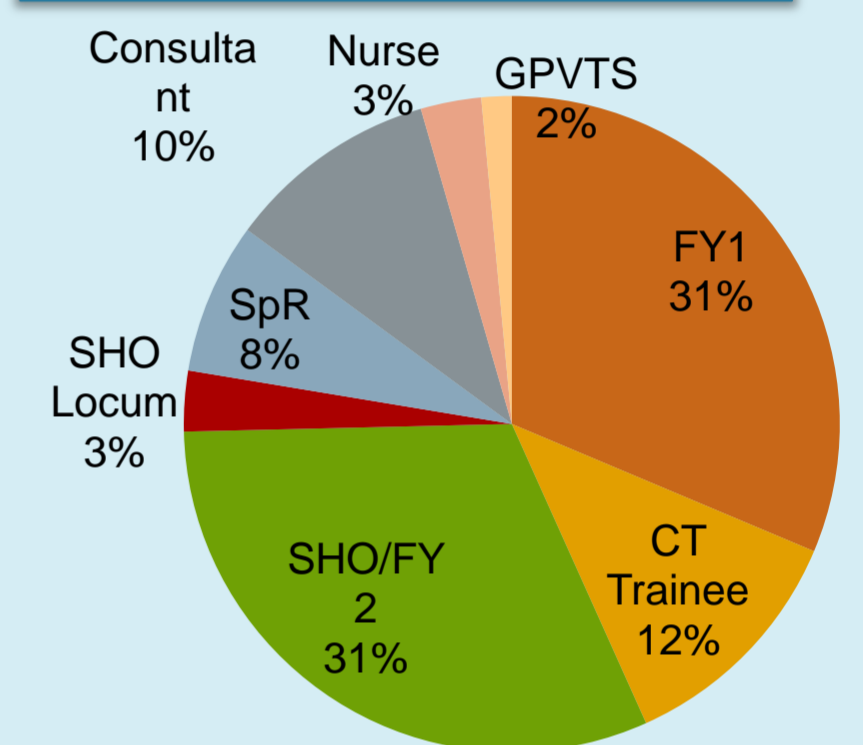
GENDER



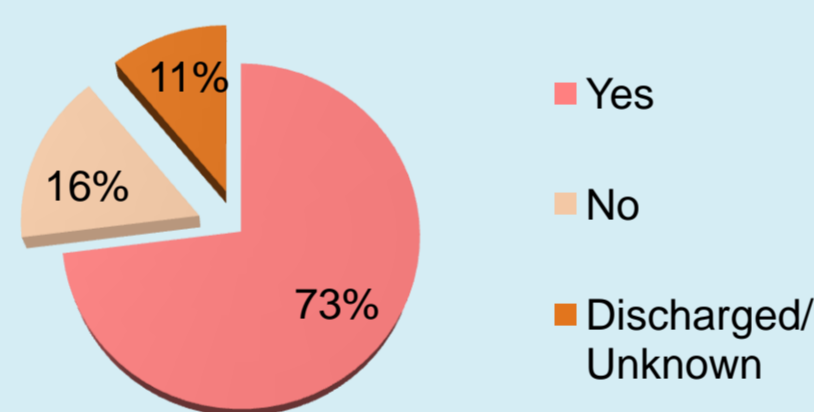
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TELEPHONE RECIPIENTS



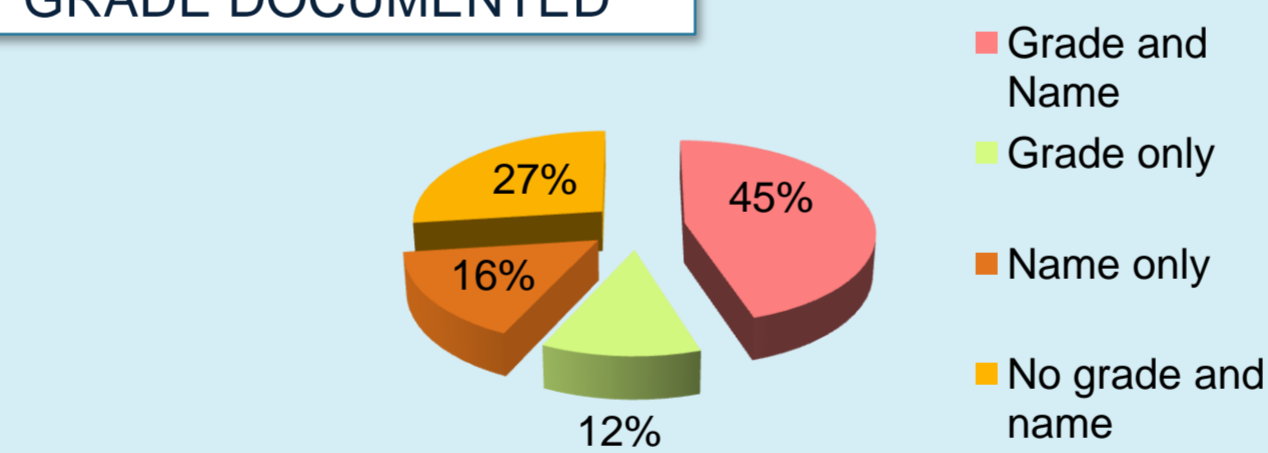
DISCUSSION DOCUMENTED?



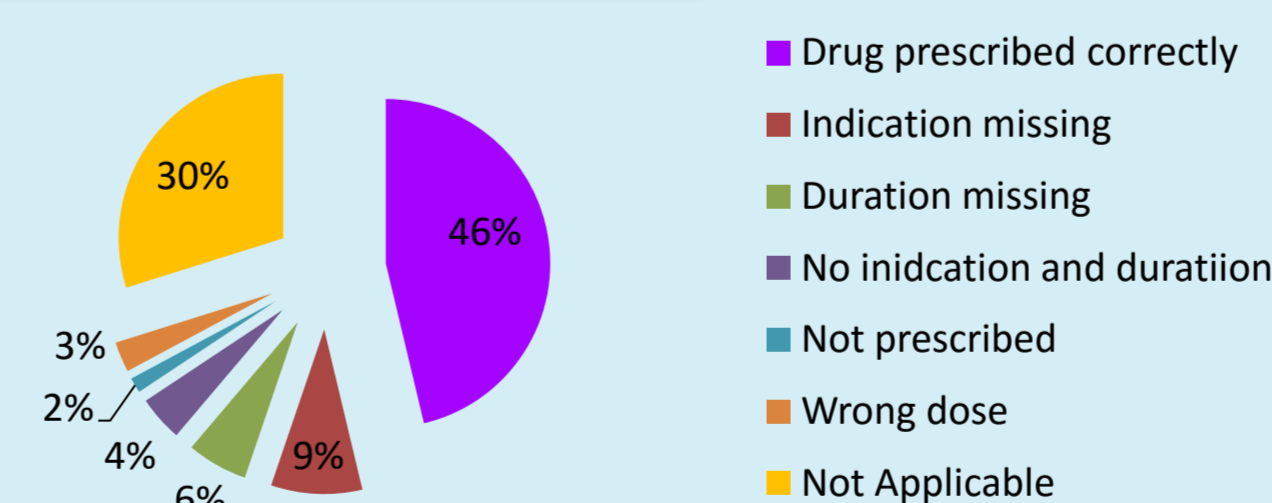
INFORMATION NOT COMMUNICATED

Information Not Communicated	Number of Telephone consultations
Unclear if antibiotic truly indicated	3
Justification for antibiotic not given	3
Source of infection not given	2
Information from tertiary centre not known	1
Patient background	1
Antibiotic allergy	1
Prosthesis present	2
Further plan	1
How well patient is clinically	2
Social factors which impacted antibiotic treatment	3

GRADE DOCUMENTED



DRUG PRESCRIBING



ADVICE FOLLOWED < 24HRS



TOPIC OF TELEPHONE CONSULTATION

Type of Advice given	Number of Telephone consultations
Gram negative bacilli in Blood cultures	16
Gram positive cocci in blood cultures	12
Organism and Sensitivities from blood culture	15
Vancomycin Levels	2
Review of antibiotics and stop date	6
Gram positive cocci in hip/knee aspirate	6
Organism and sensitivities on intra-abdominal abscesses	3
Blood culture result from PICC line	1
Echo review and update	2
CSF Viral PCR result	1
Review source of infection	2
Staphylococcus aureus in ankle swab	1

DISCUSSION

Given movement of patients across wards and ongoing ward rounds, doctors may not have been familiar with the patients that were being discussed by the microbiologist. The audit was started during the first rotation of jobs and therefore junior doctors may not have been familiar with such discussions, prescribing and documentation. Pitfalls in following up discussions may have been less if there was more communication with senior colleagues and better education for junior doctors. It is important not to assume the information being communicated is being understood as each health professional will have different levels of knowledge. It is appreciated that at the 24 hour review, patients could have changed clinically impacting on the initial decision made on antimicrobial treatment.

RECOMMENDATIONS

- Education and simulated sessions to microbiologists in how to conduct telephone consultations at a local and national level.
- Increase microbiology teaching sessions incorporated into the junior doctor curriculum at a local and national level.
- Communications between ward pharmacists and microbiologists could occur on a daily basis electronically informing them of positive specimens and the antibiotics advised.
- Microbiology led ward rounds could reinforce advice from telephone consultations and encourage antimicrobial stewardship.
- A generic sticker for blood culture specimens could be piloted in patients notes to highlight a bacteraemia and encourage better documentation.