

June 5, 2020

Dear Rural Medical Advisory Committee,

With emerging literature demonstrating improved patient outcomes with ID specialist's involvement in care, we would like to seek your approval to expand automatic Infectious Diseases Consult from patients with *S. aureus* bacteremia to patients with *S. aureus*, *Candida*, or *Enterococcus* blood stream infections.

Please note that this expansion only applies to CoC sites on Cerner (i.e. Squamish General Hospital currently).

Benefits:

- Enhance quality of patient care
- Reduce workload for admitting physicians
- Facilitate discharge/referral to community IV programs and outpatient follow up

Supporting literature:

Effect of infectious disease consultation on mortality and treatment of patients with candida bloodstream infections: a retrospective, cohort study (Lancet Infect Dis 2019; 19: 1336–44)

- Retrospective cohort study, n= 1691
- Patients received ID consultation had lower 90-day mortality (29% vs 51%; p<0.05)
 - More likely to have longer antifungal treatment duration, central line removal, echocardiogram (diagnosis of endocarditis), and ophthalmological examination (diagnosis of endophthalmitis).
 - Less likely to be not treated.

Infectious Diseases Consultation Is Associated with Decreased Mortality in Enterococcal Bloodstream Infections (Open Forum Infectious Diseases, Volume 7, Issue 3, March 2020)

- Retrospective cohort study, n= 205
- Patients received ID consult had lower 30-day mortality (12% vs 27%; p<0.05)
 - more likely to have blood clearance confirmed with repeated blood cultures, to receive echocardiogram (diagnosis of endocarditis), source control (surgical intervention, drain placement), and appropriate treatment duration.

Thank you,

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(on behalf of LGH Infectious Diseases and VCH Coastal Antimicrobial Stewardship Program)

Letter endorsed by RMAC Sept 4, 2020.