

# Impact of Surveillance and Offered Infectious Diseases Consults for *Staphylococcus aureus* Bacteremia on Quality of Care Indicators

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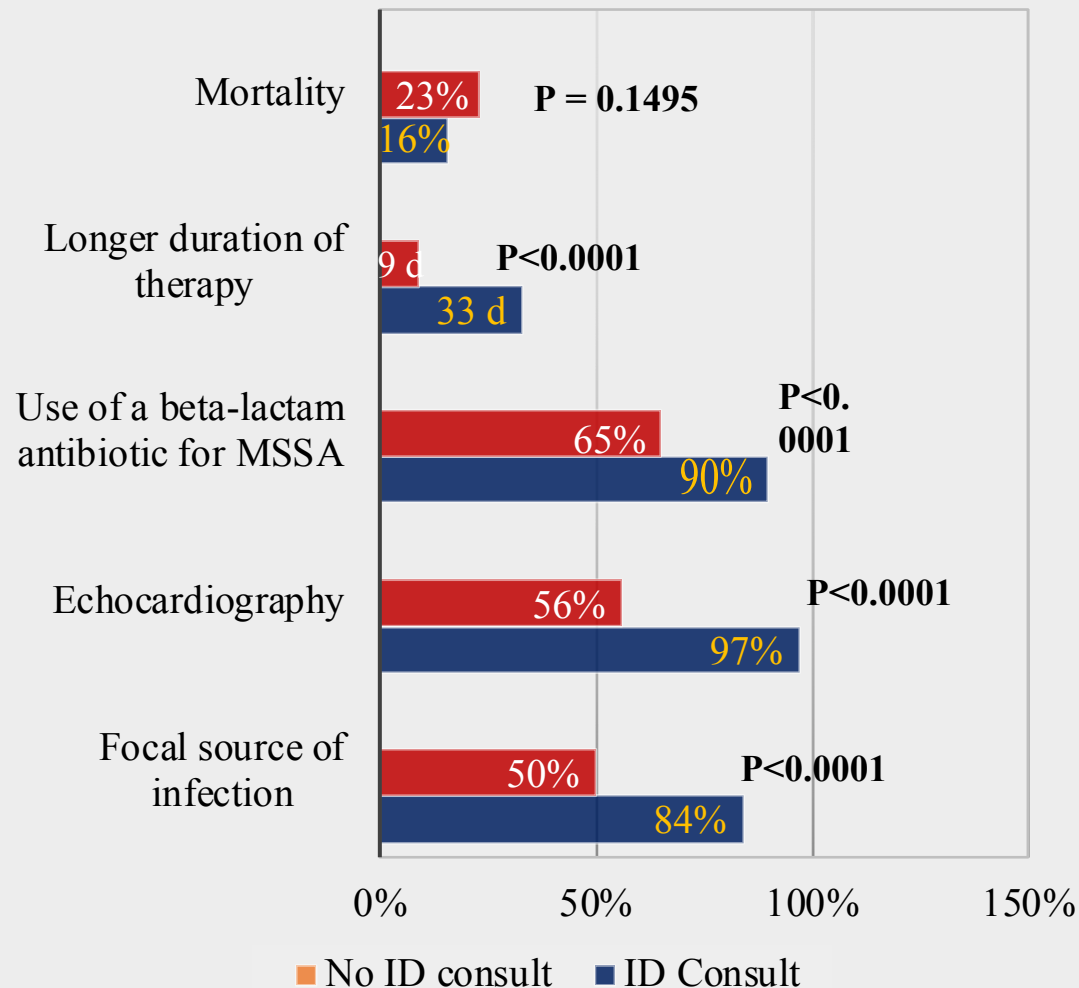
## Background:

- Staphylococcus aureus* bacteremia (SAB) remains the leading cause of bloodstream infections and is associated with 20-40% mortality.<sup>1</sup>
- Past studies demonstrated that Infectious Diseases (ID) consultation is associated with better adherence to quality of care indicators (QCI)s.<sup>2,3</sup>
- Based on a prior study, in 2015 MWHC instituted a policy advocating ID consultation for all SAB patients. Active surveillance was performed by the ID Section to offer prompt consults prospectively<sup>4</sup>.
- Our study aimed to assess the impact of this policy and the proactively offered ID consults on adherence to SAB QCIs.
- Furthermore, we compared crude and attributable mortality rates amongst patients with SAB with and without ID consults.

## Methods:

- We retrospectively reviewed 557 patients diagnosed with SAB between July 1st, 2015 and June 30th, 2018.
- Extracted data included follow-up blood cultures, echocardiography, presence of focal source of infection, use of appropriate antibiotics, measurement of vancomycin levels, duration of therapy, death during hospitalization, and presence of an ID consultation.
- Chi Square and Fisher exact tests, and t-test and Wilcoxon rank sum test were used to analyze categorical and continuous variables, respectively

## ID (N=453) vs No ID (N=60) Consult



## Results:

- A total of 513 patients were included in the analysis, 88% (n=453) of whom had ID consultations.
- Patients with ID consultations were more likely to have a focal source of infection, echocardiography, use of a beta-lactam antibiotic for methicillin-susceptible *S. aureus*, and a longer duration of therapy (See Figure).
- Mortality was lower among patients with ID consults but the difference was not statistically significant.

## Discussion:

- Our study further demonstrates that ID consultation is associated with better adherence to *Staphylococcus aureus* bacteremia quality indicators, with a trend towards lower mortality.

## References:

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