Infectious Diseases Inpatient Consult Services
University of Alberta Hospital

The University of Alberta Hospital is a ~700 bed quaternary care center providing inpatient care that includes all cardiac surgery for northern Alberta, provincial/western Canadian solid organ transplantation, a regional level 1 trauma center, general and subspecialty medical and surgical units as well as over 70 ICU beds (general medical/surgical, CVICU and Neuro ICU). Three Infectious Diseases consult services provide clinical care to as follows:

General Infectious Diseases: PURPLE Team

Inpatient **consults and calls** from GSICU/Burn Unit (patients under ICU attending)/Medicine and its subspecialties (GI, Hematology, Pulmonary, Nephrology)/Family Medicine/Psychiatry/ER (direct/not admitted)/Cardiac Sciences (Cardiology, Cardiac Surgery, CVICU)/Neurology and Neuro ICU.
Weekdays 0800-1700
The attending staff on this service covers all calls from outside UAH (including KEC for advice regarding outpatients) 0800-1100 on weekdays
This is the primary teaching service with medical students, residents and ID subspecialty residents rotating regularly.
The ID Pharmacist (+/- pharmacy trainees) also rounds with this team daily.

General Infectious Diseases: GREEN/OPAT Team

Inpatient **consults and calls** from ENT/Plastics (including Burn Unit patients under Plastics)/Orthopedics/General Surgery/Urology/ Neurosurgery
Weekdays 0800-1700
The attending ID physician on this service also covers Outpatient Antimicrobial Therapy (OPAT) Clinic in the morning and all calls from outside UAH (including KEC for advice regarding outpatients) 1100-1700 on weekdays.
This service will generally have no, or only 1 house staff.

Note: General Infectious Diseases after hours coverage (see service schedules for specific assignments):

Weeknights: Alternating PURPLE and GREEN service attending staff 1700-0800 to cover both teams
Weekends: Friday 1700-Monday 0800 one attending staff to cover both teams

Transplant Infectious Diseases

Inpatient **consults and calls** regarding all solid organ, islet cell and hematopoietic stem cell transplant candidates and recipients, regardless of admitting service. This service also provides on site consultations as well as telephone advice for inpatients and outpatients at the Cross Cancer Institute.
Weekdays 0800-0800 and weekends Friday 1700-Monday 0800

Expectations
All services are 1.0 FTE

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The following are expected of ID staff on service:

- A maximum of 1 half day clinic per week will be booked when on Transplant service. When on Purple or Green/OPAT, no additional outpatient clinics should be scheduled;
    - when needed urgent outpatient follow ups may need to be arranged on a one-off basis
    - When on Purple service, if the attending staff is assigned as preceptor to an ID SSR longitudinal clinic, coverage by another attending, ideally who will be in clinic that half day, will be arranged through direct physician to physician communication; when on Green, supervision of the ID SSR clinic may be done in the morning combined with OPAT clinic, or alternate coverage may be arranged at the discretion of the preceptor.
- Scheduling of educational and administrative commitments/meetings will be minimized while on service.
- If the attending staff or house staff are called for a consult that should be directed to another service this should be done in a manner to minimize onus on the consultant; e.g., take the information and pass it on to the correct team, or get a number for the appropriate team to call back.
- Purple/Transplant staff should round with house staff in the morning to review follow up patients on the list and/or any urgent new consults as needed.
- Attending staff will round with the team in the afternoon to review new consults and/or additional follow-up patients on the list.
- Afternoon rounds will, in general, start ~1330, following microbiology teaching rounds.
- There is an Infectious Diseases pharmacist primarily assigned to support and round with the Purple team. The Green team and Transplant ID services may consult the ID pharmacist as needed (pager: 445-2789).
- Attending staff must ensure handover of relevant patient information to the next attending staff by direct communication, as per CPSA standards (www.cpsa.ca/wp-content/uploads/2017/05/Consolidated-Standards-of-Practice.pdf). Ideally, handover from the prior week/weekend to the following week will be done in person and with the whole team in attendance. Usual handover times are:
    - General ID weekly service handover: Monday mornings 8-9 AM in CSB 1-124
        - Weekday handover from night call by direct physician communication following morning.
        - Handover to the weekend on-call staff may be done in person or by phone at a mutually agreeable time end of day Friday to communicate which patients require active clinical follow up.
    - Transplant ID weekly service handover: Fridays 12-130PM in CSB 1-124Q
        - Weekend call handover Monday mornings at mutually agreeable time by direct physician communication

Sign-off and Follow up Arrangements

Recognizing that the primary consideration is ensuring high quality/safe care, the Attending should target to have the list at the end of the week down to:

- Purple Service 10-15 patients or less

- Green 5 or less patients
- Transplant 15 or less

Questions to ask/answer before signing off on a patient (required response):

1. Has the specific question posed in the consult request been answered? (yes)
2. *Are all the relevant cultures complete, and have the results been addressed? (yes)
3. *Are there any outstanding diagnostic tests that would influence the patient's therapy, or disposition? (no)
4. If the patient will continue on antimicrobial therapy after ID signs off, has a duration of treatment, or a date/circumstances for reassessment been determined and documented? (yes)
5. Where the patient will go on Home Parenteral Therapy, has the Therapy Plan been done? (yes)
6. Are there any other medical conditions of a potentially-infectious origin that we should address, independent of the original consultation request? (no)
7. Has the appropriate disposition been arranged for the patient? (yes)
8. Have the case and the plan to sign-off been discussed with/approved by the current ID staff physician? (yes)

*In cases where results (e.g. susceptibilities, particularly where there is a highly predictable result, echocardiogram) are delayed and all other criteria are met, patients may be signed off with clear instructions regarding what to do in the setting of various possible results. In this case, as always, the note should include directions as to who to call back if any questions or concerns arise.

Assuming appropriate responses to the above questions please ensure the following:

1. A sign off note has been written (Connect Care Progress note) with the treatment plan and follow-up requirements clearly documented.
2. The circumstances under which ID should be called back (e.g., after consult "x", result "y", or time period "z") have been CLEARLY DOCUMENTED. If no ID follow-up required, please state this definitively.
3. The ID physician responsible for following the patient has been notified
    a. In general, when patients will require outpatient follow up, the ID attending physician (or where applicable, the ID SSR) who last sees the patient and signs off will follow. If another ID attending is the most appropriate to provide the follow-up care (e.g., pre-existing prior relationship, long stay and known very well by another physician, no change to treatment plan and condition since last physician made the plan, etc.), this will be discussed physician to physician at the time of weekly handover or sign-off.
    b. To arrange the follow up, route the ID sign-off note in Connect Care to the attention of the ID physician AND their medical office assistant:

        NOTE: Sign-off note/orders to be written by
        - The Infectious Diseases attending staff physician who is currently on-service, **OR**
        - The Infectious Diseases Subspecialty Resident or Transplant ID Fellow after discussion with the ID physician currently on-service, **OR**

        - The non-SSR/TID Fellow learner working on the service, with IMMEDIATE review/sign off by the ID physician currently on service (as an educational, professional, and patient safety obligation).
    c. **NOTE**: if no disposition is required from an ID standpoint, this must be **clearly stated** in the sign off note.
    d. Any deviation from the above warrants direct communication from the current ID staff to the previous attending. This would include circumstances where the diagnosis has remained the same from one consultant's week on service to the next, but *where the treatment plan has changed*.

The medical administrative assistant of the ID physician doing follow up will:

- Confirm with the physician all information needed is in the EMR and timing of follow up is acceptable prior to booking the patient follow up per standard practice.

Teaching expectations on service:

- Wednesday noon staff teaching (for all learners on both general ID teams) - assigned topics by ID Training Program to be led by the Purple Team attending.
- If time permits, Green Team Attending will do a formal teaching session (for all learners on both general ID teams) on a topic of choice, and time of choice (Tuesday noon suggested as works well for most learners).
- Bedside clinical teaching – <u>observe</u> all medical students/residents/ID SSRs/fellows performing some part of the clinical assessment (history, physical, explanation to the patient) at least once per week.

<u>Summary of Weekly ID Service Educational Activities:</u>

- Monday
    - 8-9 Service handover
    - 12-1 ID Pharmacist teaching for residents/students
- Tuesday
    - Afternoon – ID SSR Academic Half Day
- Wednesday
    - 12-1 Staff Teaching (PURPLE attending/assigned topic)
- Thursday
    - 11-12 ID Rounds
- Friday
    - Morning: ID SSR Teaching for residents/students
- Every Monday, Wednesday, Thursday, Friday
    - 1-1:15 Microbiology bench teaching by MM residents (via Zoom)