Central Triage Edmonton Zone Infectious Diseases

Edmonton Zone ID Referral Form (or Connect Care Referral with relevant information) will be utilized by referring providers.

All ambulatory Infectious Diseases referrals (directed/non-directed) are sent to the ID Triage Clerk (phone: 780-492-9287 Fax: 780-492-8050 AHS email: IDCentralTriage@albertahealthservices.ca) for entry into the Referral Work queue. Referrals come to Infectious Diseases in the following ways:

- Electronic Fax/e-mail from a non-Connect Care user/location
- Connect Care referral from a CC user/site
- As a message from an ID physician to the triage clerk if they have provided telephone/electronic advice, and suggested a formal referral would be arranged on their behalf. In this case the ID physician will send the triage clerk a message to enter the referral in the work queue for triage and include the name of the referring MD, reason for referral and date of the telephone/virtual advice provided to facilitate locating this in CC encounters/notes.

There are several **Referral Pathways** in Infectious Diseases.

- ➢ URGENT Referrals – Both in CC and the Referral form should be returned to the referring physician with clear instructions to call ID on call to arrange urgent consultation.
    - ○ ID on call physician should then put in a referral on their behalf and instruct Katie to book into OPAT clinic if deemed urgent.
    - ○ If not deemed urgent ID on call should instruct provider to enter new non urgent referral
- ➢ Referral for HIV disease — clerk to **change department** to Northern Alberta HIV Program (NAP)
- ➢ Referral for Hepatitis B or C — clerk to **change department** to Hepatitis Support Program (HSP)
- ➢ Referral for SIC (Special Immunization Clinic) — **Referral to Dr. Robyn Harrison**
- ➢ Referral from Ventricular Assist Device team - (previously directed to transplant ID) will now be seen by **general ID physicians at the UAH KEC** unless being actively evaluated or already on the transplant list.
- ➢ Heme-onc referrals - (previously seen by general ID) will now be seen by **Transplant ID** if they meet the following criteria: Hematologic malignancy undergoing active or palliative therapy. (5F4/ICU)
- ➢ Referral for tropical/travel-related, parasitic infection — **Referral Triage to** Tropical Medicine Parasitic will be reviewed by the triage physician who will provide instructions back to the triage clerk as to where referrals should be directed.

- Referral for assessment of a transplant patient (in work-up, listed or post) — **Referral Triage to** Transplant ID triage MD
- If a patient has been seen by an ID physician in the last two years, the referral should be sent to that physician.

Physicians

- ➢ Referral for nontuberculous mycobacterial infection – unless patient meets criteria for treatment and has agreed to same, should be sent to general ID clinic

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[*NOTE: If a physician has had direct contact (i.e. phone or hallway conversation) and are expecting a specific referral that they wish to be booked DIRECTLY with them, and bypass the triage process, they must let the triage clerk know immediately. Once the faxed/Connect Care referral is received this will be directed to that physician to provide booking instructions]

- Referrals from Red Deer should be accepted as physicians in Red Deer are only seeing follow ups from hospital
- Referrals from Calgary should be redirected to CGY RGH Non-Urgent INF DIS
- Referrals from Calgary for NTM should be redirected to CGY PLC PULM NTM

- Referrals that have been seen by an ID physician or SSR more than 2 years ago should be sent to the next available physician/SSR

- Referral to Infectious Diseases for any other reason (process details below) — General ID

    - Triage Clerk routes referral received to the Triage Physician using Referral Entry (with attached referral fax from RightFax OR Route the internal CC referral)
    - Triage Physician: (expected timeline — daily review)
        - Triage physician opens/reviews the referral and completes the following
        - Referring diagnosis
        - Booking instructions (3 options)

        a) REJECT - in the CC Referral Triage

        To complete the letter to the referring physician, type/dictate the body of your letter into the comment box. This will generate a letter back to the referring MD sent through CC messaging/fax indicating the referral is declined with your typed/dictated text outlining the reason(s).

        i. Note: Divisional agreement is that the only routinely declined consult requests are for those designated chronic fatigue syndrome, delusions of parasitosis (confirmed or highly suspected based on the referral information and letter may be generated using the smartphrase .dopreferraldecline), routine uncomplicated PrEP and Lyme without serology in an accredited laboratory. These should be declined by the TRIAGE physician. Those referrals for S. aureus colonization/recurrent boils (MSSA/MRSA) may also be declined using the smartphrase .decolonization and modified as needed.

        ii. Any letter of decline must detail the reason for decline as well as any suggested alternative to ID assessment, where appropriate,

(e.g. e-consultation advice provided, or if felt better served by another service) and the option to call the declining physician to discuss further if needed.

OR

b) Deemed URGENT (to be seen within 5 days) by triage MD even if marked routine

- Triage Clerk to send to OPAT clerk for booking on a rotational basis
- In Comments back to referring MD the smartphrase .iddeclineurgentreferral can be used to generate the letter.

Note: It is left to the triage MD to determine whether or not to call the referring MD directly to communicate this/arrange assessment based on the nature of the problem/diagnosis.

OR

c) ROUTINE (timeline for booking < 7 days; target to be seen ≤ 30 days)

i. Triage physician designates next available booking with either:

1. ID SSR (if high value from educational perspective — e.g. rare/uncommon infections)
2. Any next available EZ ID staff or SSR
3. If the referral is not a general ID referral, but for TMPI, NTM or Transplant ID, reply back as such to the triage clerk who will then redirect to the appropriate clinic/triage physician; If the referral is for HSP or NAP, this should be redirected using the "REDIRECT" function through the Referral work queue.
4. If the referral request asks for a specific site/physician this will be confirmed by the Triage MD to direct to a specific site/physician.

NOTE: The triage physician **will not order tests**, request records etc., but rather leave this to the assigned consultant. The only exception is if an “Info Request” is needed to clarify an aspect of the referral to complete triage.

ii. Triage Clerk determines which MD/SSR is assigned based on the above and routes the referral to: The MD/SSR and their medical office assistant (MOA).

iii. MOA books the patient based on the booking instructions of the assigned MD/SSR (including whether virtual or in person) NOTE: If the assigned MD feels the referral does not need to be seen and should be rejected, they must complete the REJECT process as outlined above with a letter back to the referring physician

iv. MOA books the appointment, and notifies the patient. (The booking information is automatically sent to the referring physician through the CC work queue

Managing URGENT Referrals

Any request for URGENT Infectious Diseases assessment will have been called to the on call ID Physician. For URGENT ID REFERRALS, destined for OPAT (or other site-based urgent clinic):

1. ID staff receiving the call will put in a referral on their behalf indicating it has been discussed and needs to be booked into OPAT
   OR
2. Send a secure chat message to the ID Triage Clerk (Katie Swanson) with the patient details, indicating that you've accepted the referral, and that you will make arrangements for the OPAT/urgent clinic provider to see the patient
3. Call or secure chat the OPAT staff with the patient details, ask them to book in an appropriate time frame.
4. The Triage Clerk will link the referral to the booked OPAT encounter.
5. OPTIONAL: if you're not the OPAT provider, a courtesy call to the individual who will be seeing the patient would be appropriate.

Appendix – Smartphrases

.dopreferraldecline
Thank you for your referral regarding @M@ @LNAME@.

This referral has been declined due to criteria not met (no evidence of infection or parasitosis).

*** The division of Infectious Diseases does not accept referrals for delusions of parasitosis. Please consider a referral to psychiatry or to the psychodermatology clinic at the Kaye Edmonton Clinic (KEC) if there are specific dermatologic concerns/ complaints.

*** You indicated in your referral that @M@ @LNAME@ has concerns regarding visible *** in their stool. It is recommended that at least 3 stool specimens be sent for microscopy for ova and parasites. Specimens should be sent on different days to increase sensitivity. It is important to clearly request microscopy for evaluation of helminth infection on the requisition. Additional clinical and exposure information should also be included. Failure to include supporting information will result in the specimen only being processed for Cryptosporidium spp. and Giardia spp. by PCR. Three or more negative stool samples by microscopy should sufficiently exclude intestinal parasitoses that are visible in the stool macroscopically.

*** You indicated in your referral that @M@ @LNAME@ has concerns regarding a cutaneous parasitosis with no visible cutaneous lesions noted on your assessment other than excoriations. In such circumstances a more detailed dermatologic examination with dermoscopy and potential skin biopsy is most helpful to either confirm or exclude parasitosis. Please consider a referral to dermatology or to the psychodermatology clinic at the Kaye Edmonton Clinic (KEC). Should a parasitic infection be confirmed and assistance with management be required please resubmit another referral. If you feel there are additional clinical details such as supportive exposure or travel history that was not included in your original referral, please do not hesitate to contact me.

*** You indicated in your referral that @M@ @LNAME@ has a concern for ***. Please note *** is typically only diagnosed in those who have ***. Your referral did not indicate this patient had such an exposure and thus *** would be excluded epidemiologically. If you feel there are additional clinical details such as supportive exposure or travel history that was not included in your original referral, please do not hesitate to contact me.

If you would like to discuss this referral further, please do not hesitate to contact me.

.iddeclineurgentreferral
Your request for Infectious Disease consultation for this patient was received. On review of the referral information +/- that in NetCare/Connect Care, this is a matter requiring Urgent assessment and not appropriate for routine ambulatory referrals. Please contact the on-call ID physician via RAAPID North.

.decolonization
Thank you for your referral on the above named patient. You document a syndrome of recurrent Staphylococcus aureus skin infections. In this situation, typically, the patient does not need to be seen by an infectious diseases specialist immediately+. We would first recommend you trial S. aureus decolonization. If the decolonization protocol is completed, it is > 70% effective at eradicating S. aureus colonization and thereby preventing further infection.
We recommend the following 4-part regimen over 7 days:
1. Oral antibiotics*:

Doxycycline 100 mg po BID x 7 days
(TMP/SMX 1 DS tablet po BID x 7 days may be used as an alternative if the patient is allergic or intolerant of tetracyclines)

PLUS

Rifampin 300 mg po BID x 7 days**

2. Mupirocin 2% ointment: apply with a Q-tip to the inside of each nostril BID x 7 days as well to any areas of skin breakdown

3. Chlorhexidine soap, 2-4%, used daily in the shower and for any handwashing

4. At least 3 days into and prior to completion of treatment, wash all bed linens and towels in the hot cycle of the washing machine.

*In some situations, use of oral antibiotics may be contraindicated due to interactions with other medications, personal history of allergy, or other contraindication. If this is the case, trialing steps 2-4 alone are still recommended.

Patients should be advised that they do not need to take any special precautions at home/school or in the community other than routine hand washing.

We do not recommend re-screening after decolonization. If the patient develops recurrence of infections after decolonization, we would be happy to see in consultation and a new referral should be sent. If you wish to discuss this directly, please do not hesitate to contact me.