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P1297 Six months of advice calls to a tropical and infectious diseases referral centre: a retrospective, descriptive analysis from Liverpool, England

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Background: The regional Tropical and Infectious Disease Unit (TIDU), in conjunction with the Liverpool School of Tropical Medicine (LSTM), provides specialist advice locally, regionally and nationally in England, including through TIDU's on-call telephone service. Few data exist regarding the call volume, clinical advice, communicable disease recognition, patient outcomes, costs, and remuneration of such services. To better understand and improve our service, we created and evaluated a system for recording advice calls to TIDU.

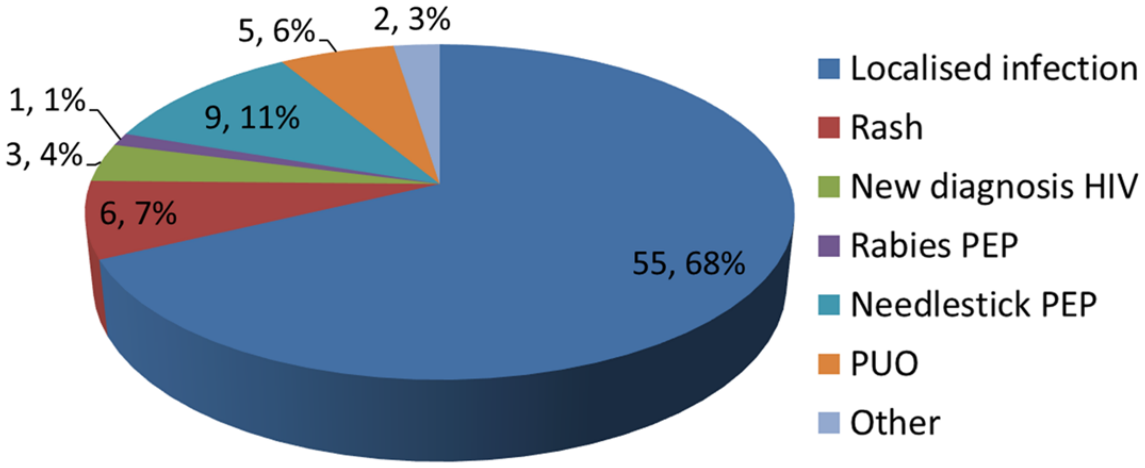
Materials/methods: In June 2017, an electronic advice-call template was created, which recorded: date, receiving clinician details, caller details, patient details, clinical scenario, advice given, and outcome. This Word-based template was used by TIDU specialist trainees to record complex, external calls and is distinct from the dedicated weekday service provided by LSTM. A standard operating procedure and criteria for recording calls was developed and agreed. Six months post-implementation, the system's data were analysed and users sent a satisfaction survey.

Results: 263 calls concerning 165 patients were documented (1.6 calls/patient, 11 calls/week). 64% (106/165) were from secondary healthcare, of which 56% (59/106) were from emergency/acute medicine departments. Average patient age was 42 (range 8-88) and 60% (99/165) were male. 51% (84/165) were returning travellers of whom 60% (50/84) had fever (Figure). Advice about investigations and treatment was given for 92% (152/165) and 63% (104/165) of cases, respectively. Infection consultants were involved in 47% (78/165) of cases. 25% (41/164) of cases discussed were subsequently reviewed at our unit (either by hospital-to-hospital transfer or in clinic). 100% (6/6) of responding clinicians rated the new system as an improvement to the previous, citing continuity and accountability.

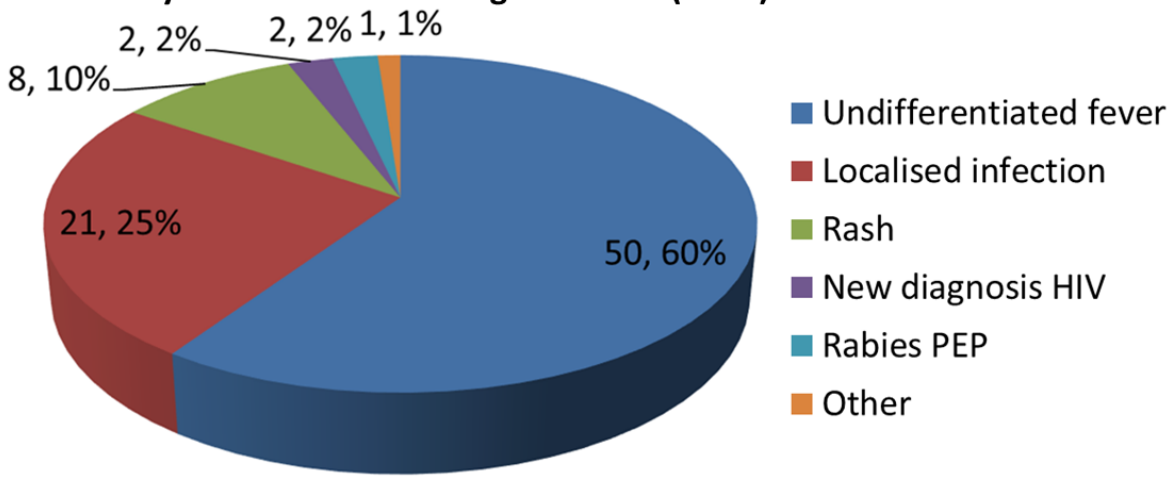
Conclusions: The implementation of an advice call recording system was feasible and well received. In keeping with the role of a national tropical referral centre, returned travellers constituted the majority of advice calls. The previously unquantified burden of calls was higher than anecdotally expected, with 25% of calls leading to a direct TIDU transfer or assessment. These novel data adds to the limited existing literature, allows an improved understanding of future resource allocation and service development, and can contribute to improved patient care.

Figure: Clinical syndromes and countries visited

a. Clinical syndromes in patients without a history of foreign travel (n=81)



b. Clinical syndromes in returning travellers (n=84)



c. Countries visited by returning travellers (n=84)

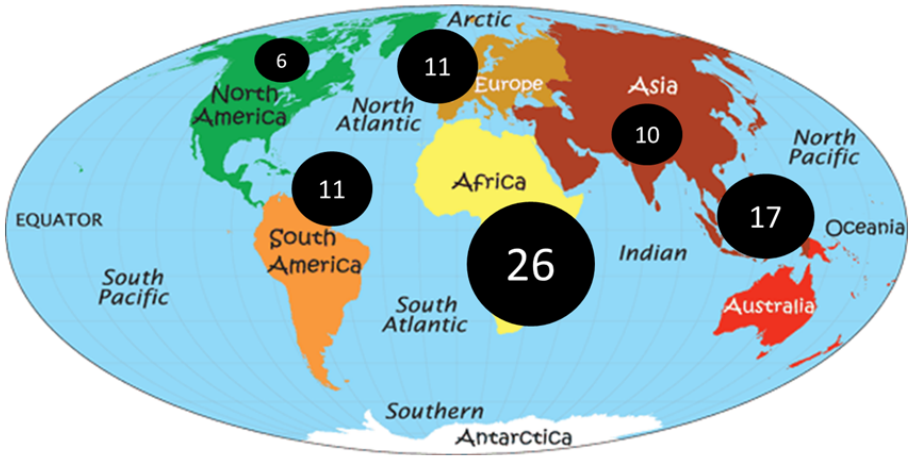


Figure legend: *Other clinical syndromes include drug rash; neurological syndrome; and PEPSE. Two returning travellers had no country of travel documented, one had visited multiple continents*
Abbreviations: PEP=post-exposure prophylaxis; SE=sexual exposure; PUO=pyrexia of unknown origin