

## ORAL ABSTRACTS

**134. Implement of a Mandatory Infectious Disease Consultation for Staphylococcus aureus Bacteremia**

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**Background.** *Staphylococcus aureus* bacteremia (SAB) continues to be a major cause of morbidity and mortality. ID consultation has been advocated to optimize care. Mandatory ID consultation was implemented at Orlando Health in August 2012 after we found evidence of improved outcomes with ID consultation in a prior study.

**Methods.** All patients, age  $\geq 18$  years with documented blood cultures positive for *S. aureus* (SA) at Orlando Health were screened and stratified as follows: pre-mandatory consult between January 1 and December 31, 2013 (data previously collected/presented) and post-mandatory consult between December 1, 2012 and December 31, 2013. Exclusion criteria included survival  $\leq 48$  hours from index culture. Patients underwent comprehensive retrospective chart review for outcome and management. Statistical analyses were performed with Microsoft Excel Software, with continuous and nominal data evaluated with the Student's t-test and Chi-Square test respectively.

**Results.** A total of 225 SA bacteremias were included in the post-mandatory consult analysis. ID consultation was obtained in 213 (94%) cases, improved from 142 (80%) before the mandatory consult requirement. Mean duration of therapy increased to 29.3 days ( $p = 0.006$ ). Follow-up blood cultures, line removal and cardiac imaging were significantly improved following implementation of mandatory consultation (86.4% vs. 91.1%,  $p = 0.14$ ; 80% vs. 99%,  $p < 0.001$ ; 67% vs. 89%,  $p = < 0.001$ ). Readmission rates for SAB were decreased after the mandatory ID consult was implemented (17% vs 11.4%,  $p = 0.14$ ).

Parameter	Pre Mandatory Consult (n=177)	Post Mandatory Consult (n=225)	p-value
MRSA, n (%)	90 (50.8)	100 (44.4)	–
Follow-up blood cultures, n (%)	153 (86.4)	205 (91.1)	0.14
Time to negative cultures, mean	3.8	3.9	0.71
Line infection, n (%)	55 (31.1)	69 (30.7)	–
Line removed, n (%)	44 (80) <sup>1</sup>	68 (98.5) <sup>2</sup>	<0.001
Time to afebrile (days), mean	2.3	1.5	0.001
Echocardiogram, n (%)	118 (66.7)	201 (89.3)	<0.001
Vegetations, n (%)	20 (11.3)	30 (13.3)	–
Duration of therapy (days), mean	24.1	29.3	0.0006
Death related to SA, n (%)	13 (7.3)	10 (6)	0.21
Readmission, n (%)	27 (16.8) <sup>3</sup>	23 (11.4) <sup>4</sup>	0.14

<sup>1</sup>n=55; <sup>2</sup>n=69; <sup>3</sup>n=160; <sup>4</sup>n=201

**Conclusion.** Implementation of a mandatory ID consult had a positive impact on the management of SA bacteremia.

**Disclosures.** All authors: No reported disclosures.