

**Quality indicators in the management of *Staphylococcus aureus* bloodstream infection**

Quality-of-care indicators (QCI) are quantitative measures used to monitor and evaluate the quality of patient care, clinical support services, and organizational functions that affect patients' outcomes. QCI should be selected according to the standards of care and evidence based. A standard value for an indicator is the minimum level for the indicator that is considered acceptable in order to get the expected results. Clinical management of SAB is challenging; since appropriate management has been shown to influence the outcome, this is a medical problem that would be typically approached by defining QCI. A systematic review of the evidence showed that several aspects of management of SAB can be defined as QCI: performance of follow-up blood cultures, use of oxacillin for methicillin-susceptible isolates instead of a glycopeptide, monitoring vancomycin levels if this antibiotic is needed, early removal of catheter in cases of catheter-related infections (or early drainage of other foci if possible), performance of echocardiography if indicated, and duration of therapy according to pre-specified criteria. Adherence to these indicators has been shown to reduce mortality. The use of these QCI may be useful to improve the management and outcome of patients with SAB in different hospitals.