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Quality of care standards, projects, bundles, indicators

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Although bloodstream infections (BSI) include a heterogeneous collection of infection types caused by a variety of microorganisms, there are some clear advantages of using them as a priority for quality of care programs in the area of infectious diseases and antimicrobial use. First, BSIs are associated with important morbidity and mortality, and the incidence of BSI has been increasing during last decades. Second, indications for performing blood cultures are similar in most hospitals, and etiologic diagnosis is available by definition, and making BSI a good model for observational investigation on the clinical impact of antibiotic resistance and of antimicrobial treatment. Third, some aspects of the clinical management are common among all patients with BSI. And fourth, programs aimed at improving the earlier adequate management of BSI have been shown to improve outcomes. We have recently proposed some indicators of structure, processes, and outcome that might be useful to evaluate the quality of care for patients with BSI. Although some available data may be used for preliminary benchmarking, more studies are needed. Additionally, data on BSI may serve as indicators for evaluating other programs, such as those directed to improving the management of sepsis, or local protocols for antimicrobial use. The implementation of activities aimed at improving the management and outcome of patients with BSI should be a priority for Infectious Diseases and Clinical Microbiology services in all hospitals. Such activities should ideally be performed in collaboration by well-trained microbiologists and infectologists under a structured program including early reporting of preliminary and definitive results, active offering for specialised clinical management advice and follow-up, educational activities, and feed-back.