Reply to Fries et al. and Valentin et al.

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To the Editor – We would like to thank Fries et al [1] and Valentin et al [2] for their comments on our study [3] and for providing their data. Although their results did not control for confounders, their experience does add to previous works showing that infectious diseases specialist consultations (IDSC) improve the management and prognosis of Staphylococcus aureus bacteremia (SAB), as reviewed in our article.

Valentin et al [1] asked for information about adherence to the whole bundle in the pre-intervention and intervention periods in our study; these could not be calculated because not all the specific indicators included in the bundle were feasible for all patients, which is why we provided adherence to each specific indicator in the pre-intervention and intervention periods. They also asked about the impact of the bundle on specific high-risk populations, because they did not find a significant reduction in mortality in elderly patients, and those with a high Pitt score or Charlson index. Obviously, these features in themselves all considerably increase the risk of death, so that much bigger sample sizes would be needed to demonstrate the impact of any intervention, particularly when stratified analyses are performed, rather than include the whole population in a multivariate model. It is worth noting, as our article showed, that the bundle was associated with reduced 14- and 30-day mortality rates, after controlling for age and Pitt score, and that the results were similar whether age and Pitt score were used as dichotomous variables or continuous variables. In addition, there was almost a statistically significant association with lower 30-day mortality in our intervention among patients aged >60 years and with Pitt score >2 in crude analysis [22/44 (50%) vs. 9/32 (28.1%), P=0.05].

Finally, we would like to emphasize that the main message of our article goes beyond the fact that IDSC improves SAB management and outcome. As we stated in the article, 7 of the 12 participating centers were already providing unsolicited IDSC for all patients with SAB during the pre-intervention period, and yet there was still room for improvement, even in those centers. Our results suggest that structured interventions, aimed at improving a few carefully chosen, evidence-based quality-of-care indicators do provide additional benefits and that they are applicable in different hospitals.
References

