

Care process use linked to reduced S. aureus mortality

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(HealthDay)—Use of evidence-based care processes in routine care for



Staphylococcus aureus bacteremia is associated with reduced mortality, according to a study published online Sept. 5 in JAMA Internal Medicine.

Michihiko Goto, M.D., from the Iowa City Veterans Affairs Health Care System in Iowa, and colleagues examined the correlation between evidence-based care processes in routine care for *S. aureus* bacteremia and mortality in a retrospective observational cohort study. Data were included for 36,868 patients in 124 hospitals.

The researchers found that from 2003 to 2014 there was a decrease in risk-adjusted mortality from 23.5 to 18.2 percent. During the same period, the rates of appropriate antibiotic prescribing increased from 66.4 to 78.9 percent, echocardiography increased from 33.8 to 72.8 percent, and infectious disease (ID) specialist consultation increased from 37.4 to 68 percent. Receipt of care processes correlated with reductions in mortality, with adjusted odds ratios of 0.74 for appropriate antibiotics, 0.73 for echocardiography, and 0.61 for ID consultation after adjustment for patient characteristics, cohort year, and other care processes. A progressive decrease in mortality was seen as the number of care processes increased (adjusted odds ratio for all three versus no care process, 0.33). Use of these care processes accounted for an estimated 57.3 percent of the decrease in mortality.

"Increasing application of these care processes may improve survival among patients with *S. aureus* bacteremia in routine health care settings," the authors write.

More information: <u>Abstract/Full Text (subscription or payment may be required)</u>

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