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Editorial:

CLINICAL MICROBIOLOGY AND INFECTIOUS DISEASES. A PROPOSAL FOR EFFICIENCY

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The current economic circumstances in neighboring countries to raise forces under different sanitary measures to ensure continuity of care processes. There is unanimity in accepting that self-criticism and determination to implement corrective measures of inefficiency should be a priority in the design of health policies in the short to medium term¹⁻².

Although the picture is not specific to the health field seems appropriate to provide feasible proposals for efficiency, they value the relationship between the resources and benefits. Consideration of evidence-based medicine, the importance of quality, the use of modern information systems and the introduction of new forms of health management, constitute essential

elements in the daily activity³⁻⁵. Our task must necessarily be viewed from an approach by a team of trained, motivated, able to know how to combine their caring activities, teaching and research and simultaneously integrate autonomy and coordination to perform such tasks.

Infectious diseases together represent an excellent model for cross-and multidisciplinary pathology. His attention is not outside the competence of specialties such as microbiology, in which the acquisition of specific training for diagnosis should not be minimized⁶.

Within our work as clinical microbiologists describing the situation forces us to consider some facts. In the first care activity in microbiology is done transverse (developed its work both in the service of Primary Care and the Specialties Hospital most) and represents a significant economic burden approaching 10% of health spending, which always been associated with clinical laboratories⁷. Secondly there is variability in diagnostic procedures without proper notarization objective. Observed duplication and poor planning of them. Microbiological processes in our environment are heterogeneous and are due more to the sense of opportunity that effective planning of the same⁸. In the third instance the unstoppable progress in diagnostic techniques makes it advisable to plan in the Castilla y León to prevent outsourcing of tests in 2011 have brought a charge to the system of 2.5 million. This creates a huge impact in economic terms by the deficient coordination between the departments of Microbiology and Welfare. As an example of therapeutic control with very high health care costs such as antimicrobial and antiretroviral J group (representing about half of the "pie" of hospital pharmaceutical expenditure) should be based on criteria of effectiveness⁹. It is necessary to establish the impact of microbiological diagnosis has on the correctness of empiric therapy, which in many cases nonexistent.

So it would seem appropriate in the circumstances to perform a Comprehensive Management Plan, Efficiency and Cost Savings in the microbiology services dependent SACYL, adopting the model implemented in other Focal Points¹⁰. Our reflection on this Editorial sits to consider a proposal to serve six-efficiency targets. First priority is to unify the microbiological diagnosis in the whole range of benefits SACYL. Second is needed for a uniform system of receipt of samples, process management and reporting to the sections / microbiology services. In the second appeal would be desirable to promote a strategy of "minimum" on offer diagnostic and define the skill levels of the different care units. It would result in suppression fourth overlap and eliminating unnecessary repetition of tests and identifying inefficiency bags. Fifth term would be appropriate to quantify the impact of microbiological diagnosis efficiently implemented on pharmaceutical expenditure performance indicators to demonstrate their impact on "large areas". These included point duality "Test of resistance to HIV / Antiretroviral consumption" or "Detection of Microorganisms causing outbreaks Hospital / appropriate antimicrobial prescribing." Finally, follow-ups would make changes in treatment resulting from microbiological diagnosis and expand best practices to lower-level units.

Clearly, knowledge and dedication of the professionals are the pivots upon which rests any project in the field of health¹¹, so the incentive to their efforts should not be delayed.

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