Reviewer's report

Title: Evaluating the importance of defining healthcare associated bloodstream infections

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Reviewer: Andrew Shorr

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These authors have performed a retrospective analysis of BSI examining the distinctions between CA, HCA, and HA, BSI. I have several concerns:

1. These findings are not particularly novel. Yes the authors have looked at a large dataset that comprises many teaching and non-teaching hospitals. However both the studies by Shorr and Kollef did the same -- they need to better articulate how their data add to the current literature.

2. Their definition for HCA has several concerns that they brush thru in the limitations section: a) the key issue is not whether a pt has cancer but whether he/she is immunosuppressed and b) combining a recent hospitalization in the same group as visit to the ED is a major issue -- there is no way the exposure to the healthcare system for say a broken arm fixed in an ED visit is the same as a 3 day stay for a CHF exacerbation.

3. How did they look at LOS for the HA BSIs -- yes the LOS is longer but it is unclear if that is the entire LOS (from admission to discharge) or whether it is the LOS AFTER the positive blood culture - this needs to be addressed.

4. The main difference in pathogens really only relates to MRSA as I look at the table -- this limits substantially their conclusions of a difference in microbiology and needs to be brought out as others have found major differences in P. aerug as well.

5. The authors need to be clear that the mortality rates they describe are crude -- and not adjusted for the key differences in severity of illness that they show in their table based on age and co-morbid diseases.