BD Diagnostics Integrated Solutions



Table of contents

Sepsis: a medical emergency and a clinical priority	
BD blood culture integrated solutions	5
"As early as possible but absolutely proven", Clinician	6
BD BACTEC™ Plus media	7
"Sophisticated but simple, for proper collection", Nurse	8
BD Vacutainer™ blood collection system	
"Responsiveness at a high level", Microbiologist	10
BD and Bruker Microbiology Systems	11
"Trust, but monitor", Quality Control Manager	12
BD BACTEC™ Best Practices Program	
"Continuous learning for improved patient care", Head Nurse	14
BD BACTEC™ Best Practices Program	15
"Hand in hand so as not to lose time"	16
BD satellite blood culturing	17
"Investing in diagnostic equipment is a serious matter", Head of Procurement	18
The BD integrated microbiology solution	19

BD integrated solutions in blood culture diagnostics that answer your needs

We are facing new challenges in clinical microbiology including the integration of new technologies, laboratory automation and information system networking. Innovations provide key support in the fight against sepsis but require an enhanced level of integration in the healthcare organisation (e.g. training, expertise, communication).

For blood culture diagnostics, everything starts at the patient's bedside with sample collection, and the key issue is to provide timely and accurate actionable results to guide the correct antimicrobial therapy for the patient. It is necessary to involve the microbiology lab as well as other healthcare workers involved in this clinical diagnosis.

In this magazine, we have selected various fictitious healthcare workers that could be yourself, or someone you are working with, and we show how BD's blood culture integrated solutions can contribute to answering their specific needs.

Do you recognize yourself in one of these testimonials?

Contact us to discuss your challenges!

Sepsis:

A medical emergency and a clinical priority

Globally, an estimated 18 million cases of sepsis occur each year.1 There are approximately 20,000 deaths per day from sepsis worldwide.2 **Every minute,** Sepsis causes more deaths per year than: about 14 people die from sepsis.² combined.1 Each hour of delay in initiation of effective antimicrobials can increase mortality rates by 7.6%

 Blood culture is the most important evidence-based method for the microbiological diagnosis of sepsis.4

- 1 Global Sepsis Alliance. International Organizations Declare Sepsis a Medical Emergency: issued by an expert panel representing 20 adult and pediatric intensive care societies, 2010.
- 2 Daniels R. Surviving the first hours in sepsis: getting the basics right (an intensivist's perspective). Journal of Antimicrobial Chemotherapy, 2011; 66 (suppl2): ii11-ii23.
- B Kumar A, Roberts D, Wood KE, Light B, Parrillo JE, Sharma S, Suppes R, Feinstein D, Zanotti S, Taiberg L, Gurka D, Kumar A, Cheang M.
 Duration of hypotension before initiation of effective antimicrobial therapy is the critical determinant of survival in human septic shock. Crit Care Med, 2006: 34: 1589-96.

BD blood culture integrated solutions:

A commitment in the fight against sepsis

With more than 40 years of experience in microbiology sepsis diagnosis BD has developed an integrated solution in blood culture from specimen collection to actionable results.

BD is committed to delivering solutions which are centered around two principal axes:



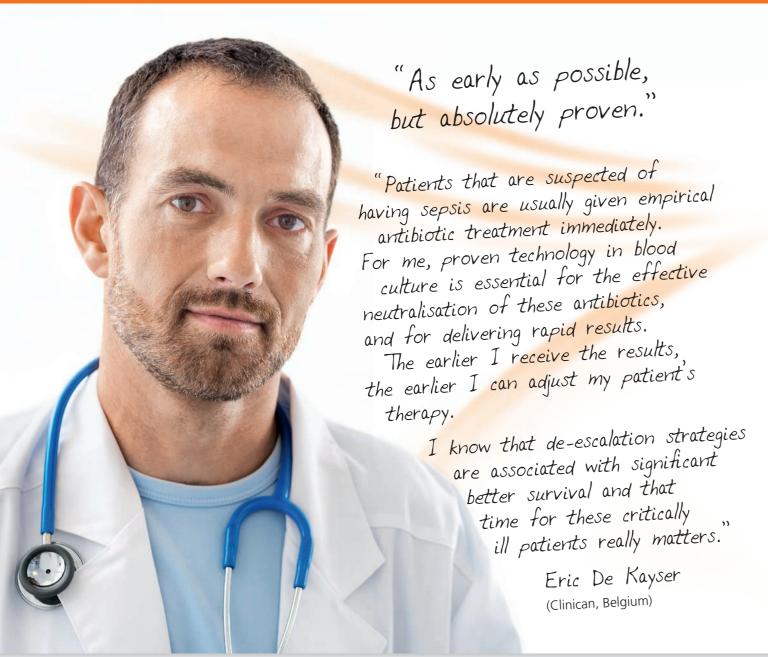
We provide innovative infectious disease diagnostic and information systems that dramatically reduce time-to-result, and provide clinicians with reliable, actionable, more comprehensive information sooner, resulting in improved patient outcomes.



We provide integrated systems and lean processes for infectious disease diagnostics that drive laboratory efficiency and optimize the flow of diagnostic information.

Blood culture medium:

Fast and reliable results despite antibiotic treatment





Some facts

- According to the "Surviving Sepsis Campaign", it is recommended to obtain appropriate cultures before starting antibiotics provided this does not significantly delay antimicrobial administration.⁵
- However, one of the greatest challenges in blood culture is the fact that among patients from whom blood cultures have been obtained, 28-63 % are on antibiotic therapy at the time of blood draw. This can negatively affect the recovery of the etiologic agent.⁶

BD BACTEC™ Plus media:

Proven performance

Unique, clinical head-to-head study proving BD BACTEC™ PLUS superiority⁷



Increased strain recovery

Broader antibiotic neutralization



An independent study published in Clinical Infectious Diseases highlights the importance of antimicrobial removal systems in blood culture to rapidly and accurately aid in the diagnosis of sepsis.

Shorter time to detection





Broader antibiotic neutralization

51% of patients in the General Wards, and 82% of patients in the Medical ICU were already on antimicrobials within four hour prior to blood culture collection.

Throughout the 241 day study period, 59 septic events were only identified from BACTEC media.⁷



Increased strain recovery

In the presence of antibiotics, BD BACTEC™ Plus Aerobic medium recovered 141% more organisms compared to another commonly used aerobic blood culture medium.⁷



Shorter time to detection

BD BACTEC™ Plus Aerobic medium demonstrated faster time to detection of up to 6 hours compared to another commonly used aerobic blood culture medium. Across all time points, BD BACTEC™ outperformed competitive system.⁷



To learn more please visit http://cid.oxfordjournals.org/content/56/6/790 or contact your BD respresentative.

BD BACTEC™ Plus Prime: next generation of resin-based medium with even broader range of antibiotic neutralization coming soon!

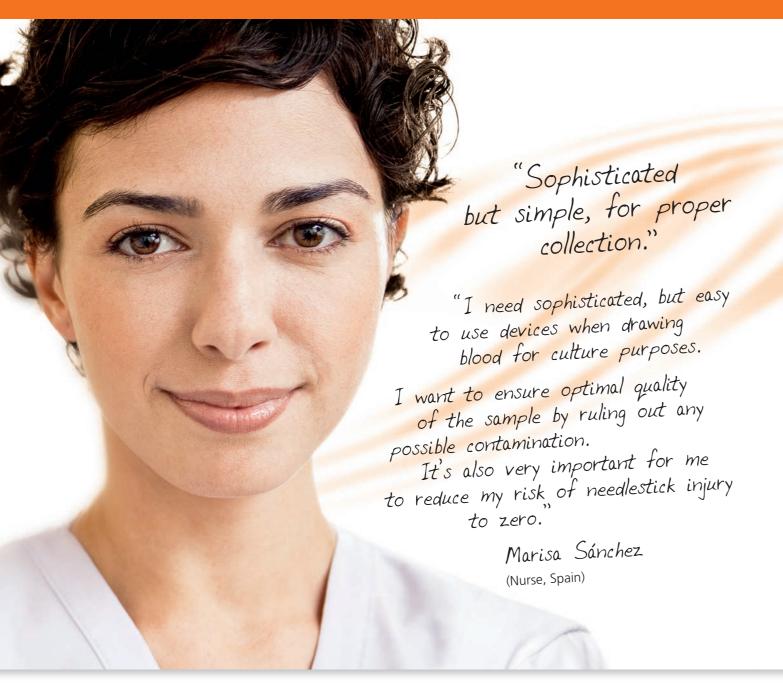
Comparison of Two Blood Culture Media Shows Significant Differences in Bacterial Recovery for Patients on Antimicrobial Therapy by Zadroga et al., Hennepin County Med Ctr ePublished in Clinical Infectious Diseases Jan. 3, 2012.

Blood culture sample collection:

Everyday safety in clinical practice

BD Vacutainer™ blood collection system:

Integrated solutions for convenience and safety during blood collection





Some facts

- In the EU, more than one million needlestick injuries occur every year.8
- A European Parliament report described needlestick injuries as:
 "...one of the most serious health and safety threats in European workplaces..."
- Independant studies have shown that training, safer working practices and the use
 of safety-engineered devices can prevent more than 80 % of needlestick injuries.⁹



As the worldwide leader in safetyengineered medical devices BD has designed
its BD BACTEC[™] blood culture bottles to be
fully compatible with the widely available
BD Vacutainer[™] safety blood collection systems
– thus reducing the risk of contaminations and
accidental needle-stick injuries during blood
collection and sub-culturing.



BD's new blood culture bottles in plastic are smaller and lighter to facilitate handling during collection and transport.

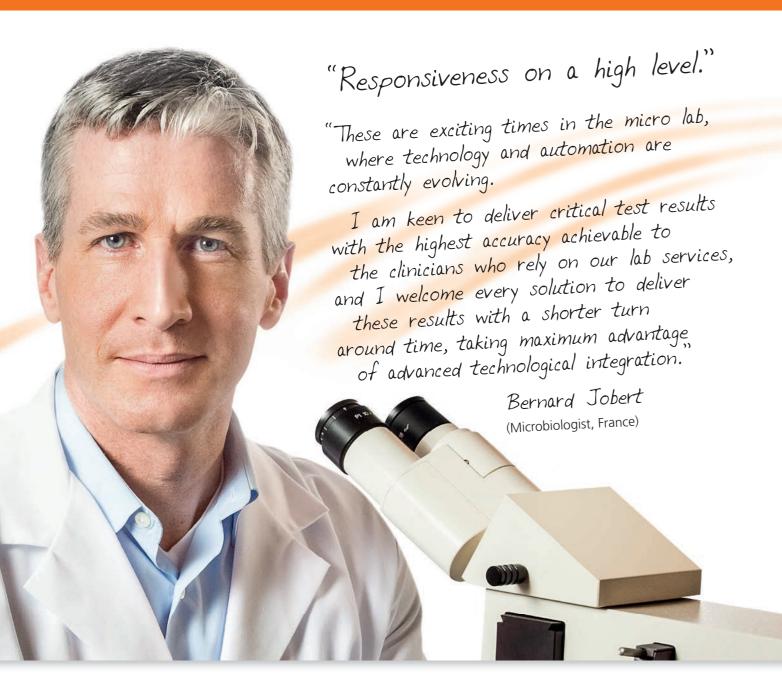
Join us on our website dedicated to improving healthcare worker safety: www.bd.com/europe/safety

⁸ European Parliament. Preventing needle-stick injuries in the health care sector, 11th February 2010

⁹ Sharps injuries – stepping up to the challenge in Europe. Available at http://www.efnweb.eu/version1/en/documents/HHESharpsarticlePaulDeRaeveEFN.pdf (accessed April 2011).

Positive blood cultures:

Urgent need for accurate, rapid detection and identification





Some facts

- Blood cultures are the best approach to establishing the etiology of bloodstream infections and infectious endocarditis. Moreover, rapid identification of the etiological agents of such severe infections is pivotal to guiding antimicrobial therapy.¹⁰
- Thus, more-rapid identification of the causative organism would be highly desirable to facilitate targeted treatment in the critical phase of septic illness.¹¹

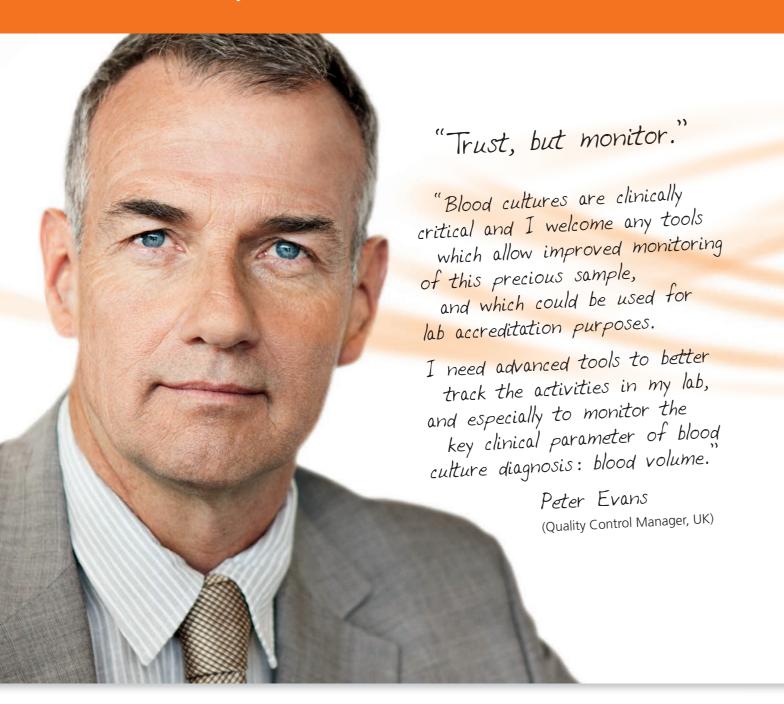
BD and Bruker microbiology systems:

Partnering for quicker results



Optimal blood fill volumes:

More or less really matters





12

Some facts

- Each ml of blood, up to 10 ml, can increase the sensitivity of the blood culture by 3-5%. 12 While overfilling of bottles may cause false-positivity, underfilling reduces the sensitivity of blood cultures.
- It is recommended to collect 2-3 blood culture sets per patient.¹³
- Laboratories should routinely monitor the volume of blood cultured as a quality assurance activity and provide feedback to clinical staff to ensure that an adequate volume of blood is drawn for blood culturing.
- However, manual blood volume monitoring is time consuming and tedious, therefore not commonly done.

BD BACTEC™ Best Practices Program:

Automatic monitoring of blood volumes and blood culture bottles collected per patient

BD BACTEC[™] blood volume monitoring and blood culture bottles collected per patient are new and unique tools, in conjunction with BD BACTEC[™] FX and BD EpiCenter[™].

The BD BACTEC[™] blood volume monitoring tool measures initial blood volumes by analyzing the background signals from negative blood culture bottles.

The BD BACTEC[™] blood cultures collected per patient module determines the number of blood culture vials per patient and links this parameter with the positivity rate.

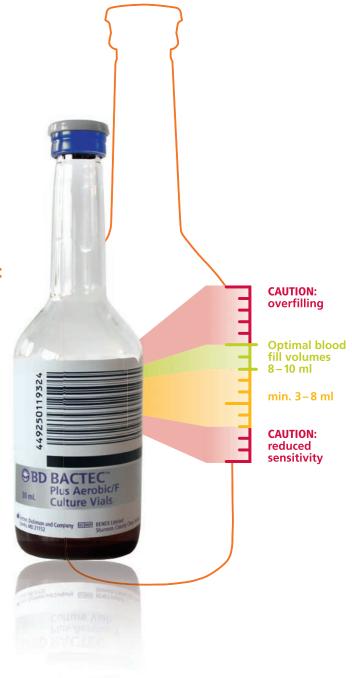
Comprehensive descriptive statistics allow detailed visibility on blood volumes and number of bottles per patient collected in different settings (e.g. wards or satellite hospitals), as well as over time.

The BD e-learning program (page 15) addresses guidance and recommendations to ensure that these parameters are correctly followed by clinical staff.

BD EpiCenter™ enables the tracking of blood culture results by monitoring:



- The optimal blood fill volumes
- The number of blood culture bottles per patient per day
- The percentage rate of contamination
- The percentage rate of organism recovery



12 Cockerill et al: Clin Infect Dis 2004.

13 European Manual of Clinical Microbiology, 1st edition 2011.

Assurance in best outcomes for patients:

Quality diagnostics starts at the patient's bedside

BD BACTEC™ Best Practices Program:

E-learning program for guideline compliant blood culture preanalytics

"Continuous learning for improved patient care."

"I want my nursing staff to be fully aware that the very first step in obtaining an accurate blood culture result, is crucially important and that a professionally collected blood sample may well save a patient's life.

They need to understand how and when blood needs to be taken, and that the collected blood volume is key.

Updating and upgrading their knowledge and skills is crucial. Continuous learning? We owe it to our patients."

Ingrid Wahlstrom (Head Nurse, Norway)

The BD e-learning tool:

- Is designed to give clinicians, nurses, and medical students guidance and recommendations on the optimal guideline-based collection of blood cultures in order to ensure accurate and clinically relevant results, thereby helping to provide appropriate patient treatment.
- Quickly and easily conveys knowledge about the clinical relevance and diagnostic value of blood cultures.
- Interactively explains in a series of four different modules how to perform guideline-conform blood culture collection.
- Confirms and documents the acquired knowledge through a final assessment.





Some facts

- Poorly collected specimens will not only yield poor diagnostic results, they also generate significant unnecessary costs. For example, blood culture contamination is common, accounting for up to 50 % of positive blood cultures. Blood culture contamination leads to unnecessary therapy, prolonged stay and additional costs (> 3,300 €/episode).¹⁴
- High quality blood culture collection can be achieved through use of guideline-based, proper sampling techniques and continuous medical staff education.¹⁴



http://bd.elmg.net/ets/content/home.php

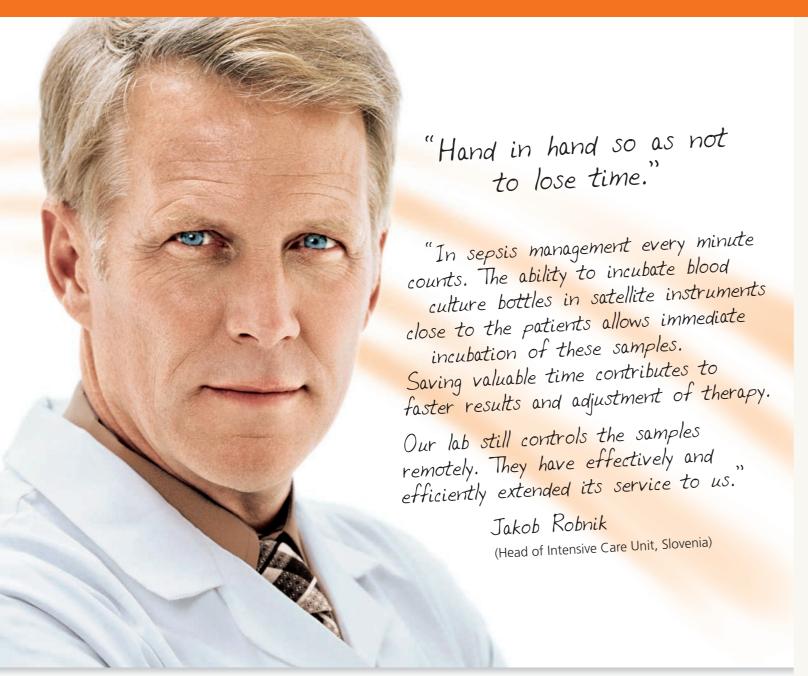
In addition, BD offers its vast pre-analytical expertise and leading solutions in blood collection at on-site trainings.

15

14 14 Eskira et al: Clin Microbiol Infect 2006.

Immediate incubation:

Every minute counts





Some facts

- To optimize the clinical use of blood culture results, the interval between the collection of blood and the entry of the bottles into an automated blood culture system should be kept to a minimum.¹⁵
- Published guidelines recommend that this interval should not be longer than 2 or 16 hours in the US and Germany, respectively. 16, 17
- However, because of off-site collection or restricted lab operating hours, there may be substantial delay between blood culture inoculation and entry into the instrument.¹⁸
- Immediate incubation of blood cultures outside laboratory hours reduces turnaround times and accelerates antibiotic switching.¹⁹

15 Van der Velden et al.: J Clin Micro 2011.

16 Thomson RB et al. Specimen collection; transport and processing: bacteriology. Manual of Clinical Microbiology, 8th ed. ASM Press 2003.

BD satellite blood culturing:

Near patient testing

Our new BD BACTEC™ FX 40 with a capacity of 40 vials and full connectivy features can be easily placed in wards for satellite blood culturing.

Using the power of the BD EpiCenter[™] client-server network system, mutiple BD BACTEC[™] FX blood culture systems can be controlled via a high speed Local Area Network (LAN), no matter where they are located within a hospital. This allows BD BACTEC[™] FX systems to reside in mutiple locations (e.g, ICU and micro lab) within a medical center while the data can be accessed from any connected BD EpiCenter[™] station (satellite blood culturing).

Immediate incubation of blood cultures outside

laboratory hours reduces turnaround times and accelerates antibiotic switching.



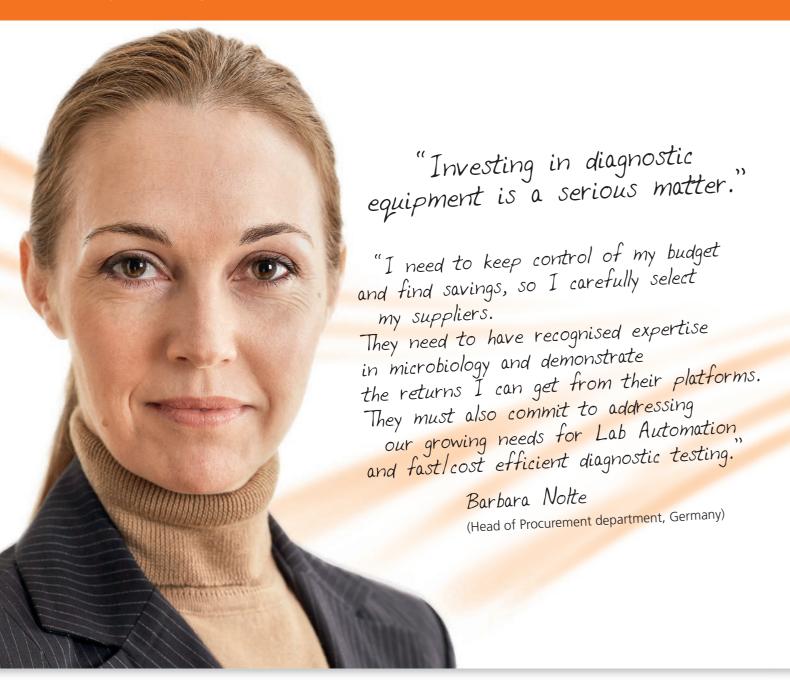
^{17.} Reinhardt et al.: 2010, S-2k guidelines of the german Sepsis Society.

^{18.} Chapin and Lauderdale J Clin Microbiol.1996.

^{19.} Kerremans et al: J Clin Microbiol. 2009.

Value for money – a procurement perspective:

A key challenge – return on investment





Some facts

Health care institutions are under long-term pressure to provide existing health services to patients
even as demand increases over time and a significant amount of money needs to be saved in the
upcoming years for healthcare to meet the level of demands on the system.
 These demands include an ageing population, the increasing cost of drugs and equipment,
and dealing with lifestyle changes.

The BD integrated microbiology solution:

The best investment the hospital can make

THE BD BLOOD CULTURE INTEGRATED SOLUTION: LAB EFFICIENCY AND CLINICAL RESPONSIVENESS

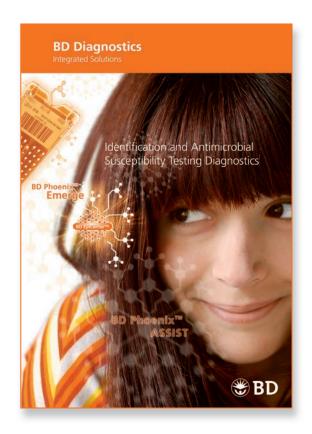


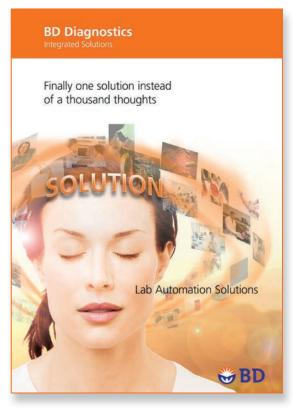
18

BD Diagnostics:

We invite you to experience our other integrated solutions and innovations

Do you want to learn more about BD microbiology solutions?







Please visit our website for further information on our total integrated solutions: www.bd.com/ds/europe



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