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# From scientific evidence to best practices for clinical practice for the prevention of the risk of healthcare-associated infections: the ISS-SItI project

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**Background.** The Recommendations for Best Practices for Clinical Practice (Raccomandazioni di Buona Pratica Clinico-Assistenziale, RBPCA) are clinical governance tools designed to systematically translate the best available evidence into the operational processes of healthcare organizations. Developed by multidisciplinary and multiprofessional groups using rigorous and transparent methodologies, they support healthcare professionals in making clinical and care-related decisions by providing recommendations grounded in a solid scientific foundation. The Italian Society of Hygiene, Preventive Medicine and Public Health, SItI, is involved by the Istituto Superiore di Santità in the development of two RBPCA for the surveillance and prevention of Surgical Site Infections (SSI) and of Healthcare-Associated Infections (HAI) of the Lower Respiratory Tract.

**Materials and Methods.** The two documents are being drafted by two multidisciplinary and multiprofessional working groups, using the standard modified Delphi methodology. The modified Delphi method is a structured consensus-building process used to develop evidence-informed recommendations that involves a multidisciplinary panel of experts who independently assess and rate proposed statements through successive rounds, with feedback between rounds to refine opinions and achieve consensus.

**Results.** Most SSIs can be prevented if appropriate strategies are implemented. There is a substantial body of scientific evidence regarding the most effective interventions and strategies for the prevention and control of SSIs; consequently, major international organizations have developed and updated guidelines for this purpose. HAIs of the lower respiratory tract represent a significant health issue; their surveillance, prevention, and control, which have the potential to mitigate their negative impact in clinical, social, and economic terms, pose considerable challenges from the perspectives of clinical care, organization, and health policy. However, for some preventive strategies, limited evidence or evidence not supported by robust scientific proof are identified and these strategies are the focus of the two RBPCA guidelines currently under development.

**Conclusions.** Addressing the challenges posed by HAIs and developing evidence-based Good Clinical Practice Recommendations require a multidisciplinary approach that bridges scientific evidence, clinical expertise, and implementation in real-world healthcare settings.