

Introduction

- The Centers for Medicare and Medicaid Services evaluate hospital-acquired infections (HAI) and hospital readmissions
- Clostridioides difficile* infection (CDI) is an HAI notorious for causing recurrent illness and potentially leading to re-hospitalizations

Methods

- Single-center, retrospective, chart review at a tertiary academic medical center
- All hospitalized patients with a positive stool test for *C. difficile* (GI panel PCR, FilmArray, Biofire, *C. difficile* PCR, Xpert CD assay, or Cepheid) with or without an ICD-10 code of Enterocolitis due to *C. difficile* (A04.7, A04.71, A04.72) from January 2018 through June 2018 were included
- Demographic and clinical data were collected from the electronic health record
- Primary outcomes:**
 - Frequency of follow-up appointments for patients with CDI
 - Rate of re-hospitalization for recurrent CDI (rCDI)

Results

Table 1: Baseline Patient Characteristics

Variable	Patients (N = 283)
Male, n (%)	141 (49.8)
Age in years, median [IQR]	64 [51, 74.9]
Race, n (%)	
Asian	11 (3.9)
Black or African American	56 (19.8)
White	197 (69.6)
Other Race	33 (11.7)
Charlson Comorbidity Index Score, median [IQR]	2 [1, 4]
Immunocompromised*, n (%)	121 (42.8)

*Transplant, HIV, malignancy, leukemia, lymphoma, autoimmune disease

Results

Table 2: Baseline Hospitalization Characteristics

Variable	Patients (N = 283)
Treating service at time of index episode, n (%)	
Medicine	238 (84.1)
Hematology/Oncology	51 (18.0)
Pulmonary/Critical Care	30 (10.6)
Cardiology	12 (4.2)
Other	145 (51.2)
Surgery	42 (14.8)
General Surgery	11 (3.9)
Colon and Rectal Surgery	9 (3.2)
Surgery Oncology	6 (2.1)
Other	16 (5.7)
OB/GYN	3 (1.1)
Infectious Diseases (ID) Consult, n (%)	64 (22.6)
Gastroenterology (GI) Consult, n (%)	53 (18.7)
ICU admission, n (%)	60 (21.2)

Figure 1: *C. diff* diagnosis based on treating physician (N=283)

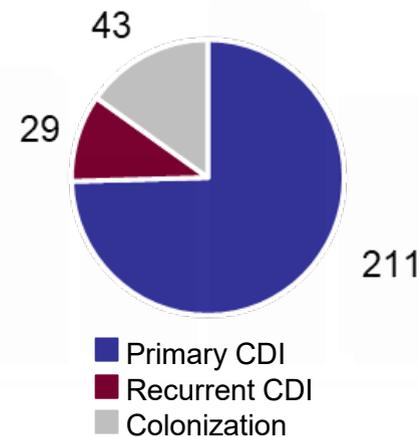
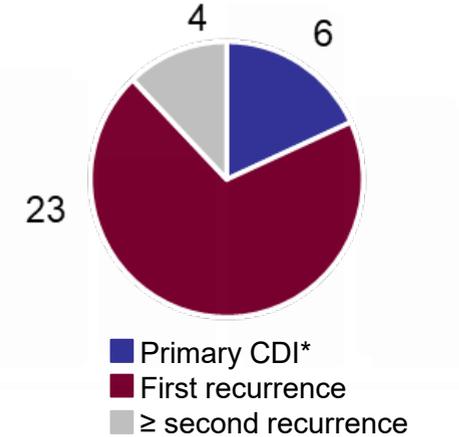


Figure 2: CDI within 90 days of discharge (n = 33)



*The 6 patients with primary CDI within 90 days of discharge were colonized at the index episode with no prior CDI within 90 days before colonization

Table 3: Follow-up Appointments

Variable	Patients (N = 283)
Follow-up appointment within 30 days, n (%)	42 (14.8)
Initial episode, n (%)	
Primary	31/211 (14.7)
Recurrence	9/29 (31.0)
Colonization	2/43 (4.7)

Table 4: Patients with rCDI within 90 days of discharge

Variable	Patients (n = 27)*
ID Consult during index hospitalization, n (%)	2 (7.4)
GI Consult during index hospitalization, n (%)	2 (7.4)
Follow-up appointment within 30 days, n (%)	5 (18.5)
ED-visit for recurrence, n (%)	1 (3.7)
Hospitalization for recurrence, n (%)	12 (44.4)
Follow-up appointment prior to re-hospitalization	2/12 (16.7)

*Only the 27 patients with recurrent CDI are included in this table

Discussion & Conclusions

- A variety of services treated CDI in the hospital
- Few patients had a follow-up appointment for CDI after hospital discharge
- Almost half of the patients who had rCDI had to be re-hospitalized for the recurrent episode
- The majority of patients re-hospitalized with rCDI did not have a follow-up appointment within 30 days of their index episode
- Further study is necessary to determine if a dedicated follow-up appointment specifically for CDI would result in decreased hospitalizations associated with rCDI