

A Retrospective Case Series Investigating the Incidence of *Clostridium Difficile* Infection in a Hospital at Home Program

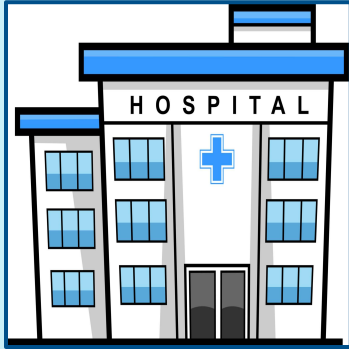
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Hospital at Home
UMass Memorial Health
UMASS MEMORIAL MEDICAL CENTER

Hospital AT **Home**
USERS GROUP™

Background & Rationale



HIGH C. diff
Infection (CDI) Burden

Morbidity, mortality, \$42k/case
in 2018



Hospital-at-home
(HAH)

Decreased mortality, 30-day
readmissions



Unknown CDI
Incidence in HAH

Objective

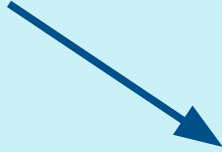
describe *Clostridium difficile* infection cases in UMass Memorial's Hospital-at-Home program in order to evaluate our quality of CDI care and inform future research on this topic

Methods



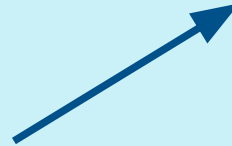
Step 1: Defining a Case

- Stool collected during HAH stay
- Positive PCR, GDH antigen, toxin A/B



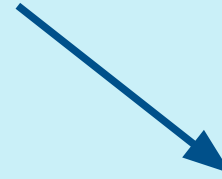
Step 2: Chart Review

- Identified non-modifiable and modifiable risk factors



Step 3: Data Analysis

- Demographics & risk factor tables
- Case timelines



Step 4: Discussion

- Evaluated our HAH quality of care w/ CDIs
- Proposed future research directions

Results



DEMOGRAPHICS



4 Cases

100% Over 65

75% Male

25% Female

100% White

Non-Modifiable Risk Factors

75% Antibiotic Usage in Previous 90 Days

25% Previous CDI

100% Previous CDI Treated

50% Obesity

0% IBD, Cirrhosis, Organ Transplant, Chemotherapy,

GI Surgery or Index Admission Steroid Use

25% Index Admission Enteral Feeding

100% Appropriateness of Enteral Feeding

100% Index Admission PPI Use

Results

Modifiable Risk Factors/ QI Metrics

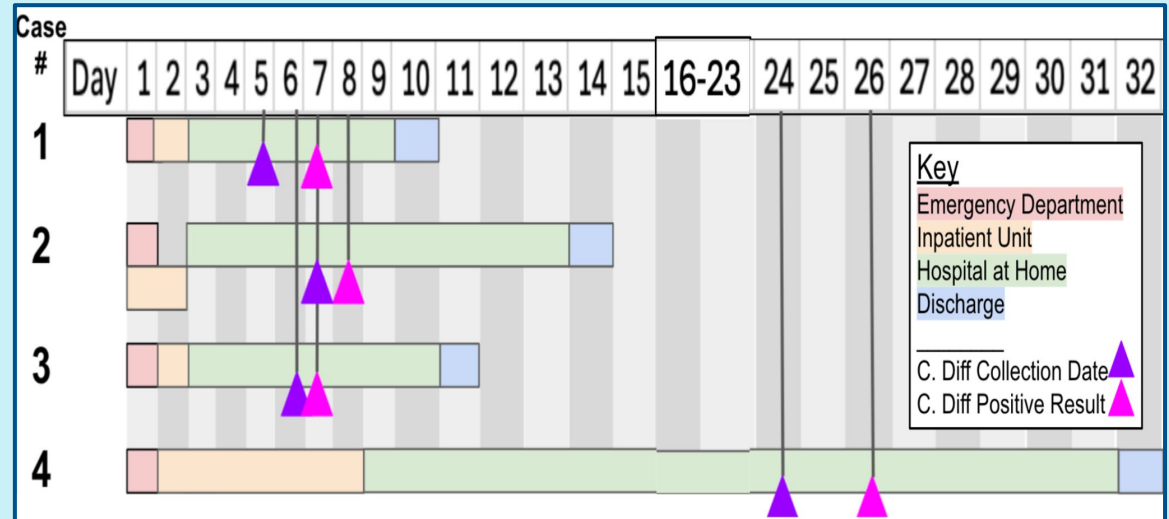
100% Broad Spectrum
Antibiotic Usage during Index Admission

100% Contact Precautions

100% CDI Treated

27.5 Average Hours to Treatment after Stool Collection

Case Timelines



Conclusions and Discussion



Brick & Mortar vs HAH



- Greater distance between patients
- Homes not disinfected before/after admission
- Limited timing of nurse visits → systemic antimicrobial use differs
- Patient populations may differ (sicker/less sick) and thus, have different risk factor distributions



Future Research Qs



- Is CDI incidence higher or lower in HAH compared to B&M hospitals?
 - If lower, are systemic HAH practices protective?
- How do we illustrate to the CDC that HAH CDIs are indeed hospital-acquired?

Thank you!