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**Poster Session III**

**Clostridium difficile: epidemiology and outcomes**

**IMPROVED DOCUMENTATION OF INPATIENT CLOSTRIDIUM DIFFICILE INFECTION (CDI) IN ELECTRONIC DISCHARGE SUMMARIES FOLLOWING AN INTERVENTION**

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**Background:**

Current Irish CDI guidelines emphasise the importance of communicating a CDI diagnosis to the general practitioner (GP) or institution receiving care of the patient on discharge, which facilitates infection control precautions, judicious antimicrobial use and vigilance for symptoms of recurrence. We felt that communication in this situation was suboptimal in our institution and hypothesised that an intervention in the form of a prompt to include this information in the discharge summary would improve practices.

**Methods:**

A historically controlled study was conducted. The initial phase involved a retrospective review of cases of CDI diagnosed in admissions to a tertiary hospital during 2012. Electronic discharge letters (EDLs) were reviewed for evidence of communication of CDI. A specific 'Infection Control' section was added to the EDL, effective January 2013. Re-audit was conducted to assess the impact of this intervention on improving communication.

**Results:**

Of 142 hospitalised CDI patients in 2012, those who had died, who remained inpatients or who had no EDL were excluded, leaving a cohort of 78 patients, with 82 EDLs. The majority were female (49; 63%) and the median length-of-stay was 28.5 days. Medical admissions accounted for the majority of cases (n= 53; 65%). Most CDI cases were new (n= 75; 91%) and healthcare-associated cases predominated (n=68; 83%).

Overall, CDI was documented in 74% of discharge letters in 2012 (n=61), with similar documentation seen for medical (74%) and surgical admissions (76%).

A re-audit was conducted of data for the first 6 months of 2013. Sixty cases of inpatient CDI were identified in 57 patients. Thirty-two cases were excluded for similar reasons to those cited for the initial phase. For the 28 EDLs reviewed, patient demographics were similar to those observed in the initial phase. A CDI documentation rate of 100% was observed in the post-intervention phase. The specific 'Infection Control' section was filled out in only 5 of the 28 cases; nevertheless, we feel that it may have improved documentation by acting as a reminder.

EDLs are the primary mode of communication with the GP/ receiving facility in our institution but of note, other means of communicating a CDI diagnosis were not included in the study, potentially confounding the results. In addition, the improvement in documentation in the post-intervention phase may in part be due to junior medical staff generally being more experienced at that time of year.

**Conclusions:**

This study highlighted suboptimal communication of CDI upon discharge in the initial phase, with an improvement in documentation rate from 74% in 2012 to 100% in the first half of 2013 observed following addition of an 'Infection Control' section to the discharge summary.