

Substantial costs attributable to hospital-acquired *C. difficile*

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(HealthDay)—Hospital-acquired *Clostridioides difficile* infection (HA-

CDI) is associated with substantial attributable costs, according to a study published online July 25 in *Infection Control & Hospital Epidemiology*.

Jenine R. Leal, from the Cumming School of Medicine at the University of Calgary in Alberta, Canada, and colleagues examined linked clinical, administrative, and micro-costing data to determine the attributable cost and length of stay of HA-CDI among all [adult patients](#) in acute-care facilities in Alberta between April 1, 2012, and March 31, 2016. For comparison, cases were matched to patients without a positive *C. difficile* test or without clinical CDI using propensity score and exposure time.

The researchers identified 2,916 HA-CDI cases at facilities with micro-costing data available; 98.4 percent of these cases were matched to 13,024 noncases of CDI. Among HA-CDI cases, the total adjusted cost was 27 percent greater than that seen in noncases of CDI. The mean attributable cost was \$14,190. The adjusted length of stay among HA-CDI cases was 13 percent greater than for noncases of CDI, translating to an extra 5.6 days in length of hospital stay per HA-CDI case.

"Our estimates will assist [decision makers](#), [health care providers](#), and patients in understanding the health care system burden of disease, justifying expenditures on intervention efforts and policies related to [infection](#) prevention and control, evaluating program effectiveness, determining allocation of research funding, and assessing the potential cost savings or bed days saved due to prevented infections," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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