

Hospital-acquired C.difficile infection (CDI)

Alternate Name*

Rate of hospital-acquired C. difficile infection per 1,000 inpatient days

INDICATOR DESCRIPTION

Description*

The indicator measures the incidence rate of hospital acquired Clostridium difficile infection (CDI) per 1,000 inpatient days.

HQO Reporting tool/product

Public reporting

Dimension*

Safe

Type*

Outcome

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Rate per 1,000 inpatient days

Calculation Methods*

Numerator divided by the denominator times 1,000

Numerator (short description i.e. not inclusions/exclusions)*

Total number of new nosocomial (i.e. hospital acquired) CDI cases in the reporting period

Denominator (short description i.e. not inclusions/exclusions)*

Total number of inpatient days in the reporting period

Adjustment (risk, age/sex standardization)- generalized

None

Data Source

Self-Reporting Initiative (SRI)

Data provided to HQO by

Ministry of Health and Long-Term Care (MOHLTC)

Reported Levels of comparability /stratifications (defined)

Province

Time

Institution

OTHER RELEVANT INFORMATION

Caveats and Limitations

Data are self-reported by hospitals. Results include only hospital-acquired infections. The following cases are not included in the rate calculation: 1. New nosocomial case associated with other health care facilities: The infection was present on admission (i.e., onset of symptoms < 72 hours after admission) and the patient was exposed to another health care facility (including LTC) other than the reporting facility within the last 4 weeks and the case has not had CDAD in the past 8 weeks. 2. New case associated with a source other than a health care facility or unknown/indeterminate source: The infection was present on admission (i.e., onset of symptoms < 72 hours after admission) and the patient was not exposed to any health care facility (including LTC) within the last 4 weeks or the source of infection cannot be determined and the case has not had CDAD in the past 8 weeks.

Comments Summary

Self-Reporting Initiative (SRI) (July 2012 to present) and Web Enabled Reporting System (WERS) (April 2010-June 2011), Ministry of Health and Long-Term Care; Operating Room Benchmarking Collaborative (ORBC), Cancer Care Ontario

TAGS

TAGS*

Acute Care/Hospital

Outcome

Patient Safety and Never Events

Safe

Self-Reporting Initiative (SRI)

PUBLISH

PUBLISH DATETIME*

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