

***Clostridium Difficile*-Associated Disease (CDAD) HAC Candidate Medicare Data (FY 2007) CC/MCC (ICD-9-CM Code) Selected Evidence-Based Guidelines** *Clostridium Difficile* Associated Disease

(CDAD) • 96,336 cases • \$59,153/hospital stay 008.45 (CC) Available on the Web site:

http://www.cdc.gov/ncidod/dhqp/gl_isolation.html Available on the Web site:

http://www.cdc.gov/ncidod/dhqp/id_CdiffFAQ_HCP.html#9 We discussed *Clostridium difficile*-

associated disease (CDAD) in the FY 2008 IPPS final rule with comment period. *Clostridium difficile* is a bacterium that colonizes the gastrointestinal (GI) tract of a certain number of healthy people.

Under conditions where the normal flora of the gastrointestinal tract is altered, *Clostridium difficile* can flourish and release large enough amounts of a toxin to cause severe diarrhea or even life threatening colitis. Risk factors for CDAD include prolonged use of broad spectrum antibiotics, gastrointestinal surgery, prolonged nasogastric tube insertion, and repeated CMS-1390-P 124 enemas. CDAD can be acquired in the hospital or in the community. Its spores can live outside of the body for months and thus can be spread to other patients in the absence of meticulous hand washing by care providers and others who contact the infected patient. We continue to receive strong support in favor of selecting CDAD as an HAC. During the December 17, 2007 HAC and POA Listening Session, representatives of consumers and purchasers advocated to include CDAD as an HAC. The evidence-based guidelines for CDAD prevention emphasize that hand washing by staff and visitors and effective decontamination of environmental surfaces prevent the spread of *Clostridium difficile*. While we are seeking public comments on the applicability of each of the statutory criteria to CDADs, we are particularly interested in receiving comments on the degree of preventability of CDAD. Based on the public comments we receive, we may select CDAD as an HAC.