BACKGROUND
In an Integrated Healthcare Network, 2008-2015

Methods: We evaluated electronic data from patients seen at any of 22 hospitals and clinics affiliated with an integrated healthcare network between January 1, 2008 and December 31, 2015. For patients with multiple hospital admissions during the study period, 12,705 (1.4%) were patients with at least 2 admissions for an MDRO or/or CRE. Method for CDI diagnosis: Specimens collected 48 hours after hospital admission (for an admission of ≤24 hours) were cultured on hospital admission.

RESULTS: A total of 4,719,314 patients encountered our healthcare network during our period of interest, of which 390,000 patients had at least one culture positive for an MDRO or CRE. Method for CDI diagnosis: Specimens collected 48 hours after hospital admission (for an admission of ≤24 hours) were cultured on hospital admission.

CONCLUSIONS
- Patients with MDRO are more likely to be admitted from ambulatory settings and to receive antibiotics and hospitalizations following discharge.
- MDRO rates were higher in patients evaluated at small community hospitals.
- CDC guidelines are underused in patients evaluated at small community hospitals.
- The majority of MDROs identified over the past 6 years were ESBL producers, likely the result of the limited use of antibiotics.
- ESBL infection rates are increasing faster than other antibiotic-resistant bacteria.
- A recent study to determine the role of MDRO and CRE resistance is ongoing.

ABSTRACT (AMENDED)

OBJECTIVE
To describe the trends of antibiotic-resistant bacteria and Clostridium difficile in an integrated healthcare network between January 1, 2008 and December 31, 2015.

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