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2064. Use of a State Health Information Exchange for Public Health *Clostridium difficile* Surveillance Case Investigations

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Background. The Maryland Department of Health and Mental Hygiene (DHMH) has been conducting population-based surveillance for *Clostridium difficile* for over 5 years through the Emerging Infections Program. Traditional surveillance methods require chart abstraction from medical records.

In March 2016, DHMH obtained access to the Chesapeake Regional Information System for our Patients (CRISP), Maryland's health information exchange (HIE). CRISP contains encounter, laboratory, radiology and other data from all Maryland hospitals and an expanding roster of nursing homes and outpatient providers.

Methods. We randomly selected 100 *C. difficile* positive patients from November and December 2015, and compared chart abstractions performed using traditional methods with data available from the CRISP system. These represented a cross section of cases from inpatient, nursing home and outpatient providers.

Results. Availability of laboratory reports and other hospital records such as admission, progress notes and discharge summary, was highly variable. Outpatient providers are unlikely to post information, and several large commercial labs are not yet reporting to CRISP. While 54% of inpatient cases and 70% of nursing home cases could be fully abstracted using information in CRISP, no outpatient cases could receive a full review. CRISP was superior to traditional surveillance methods for race/ethnicity (89% vs 57%) and identified 8 unknown dates of previous hospitalizations, but inferior for providing information about underlying conditions, medications and ICD-10 codes.

Conclusion. The information currently available via the state HIE is accurate and provides a wider view with data from multiple providers. The state HIE is useful for some variables but the lack of uniformity of documentation between facilities does not currently allow for comprehensive completion of case reports. The use of these data is building capacity for further expansion of the use of HIE data in the future, including electronic case reporting. Evaluations like this will help guide priorities for HIE improvement and evolve a more complete data source. While HIEs are a valuable addition to the traditional surveillance methods for *C. difficile*, they are not yet ready to replace these methods.

Disclosures. All authors: No reported disclosures