Background: The primary aim of this study was to assess the proportion of adult hospitalized patients with candidiasis who received an echinocandin (EC) near the time of hospital discharge (HD) and were potentially eligible for discharge.

Methods: A retrospective cohort study was conducted at 120 academic medical centers across the United States. The study included adult patients with candidemia (Candida sp. bloodstream infection) admitted between 2015 and 2017. Patients were considered eligible for discharge if they met the following criteria: age ≥18 years, inpatient status, in the hospital for at least 48 hours, and not requiring a higher level of care or medical supervision (e.g., ICU). The primary outcome was discharge within 2 days after the initiation of EC treatment.

Results: Among 1,599 patients who received an EC ≥3 days prior to discharge and were discharged alive, 31% (509/1,599) were potentially eligible for an earlier discharge. The proportion of patients who were potentially eligible for an earlier discharge was significantly higher in patients with an ICU admission (40%) compared to those without an ICU admission (23%). The findings suggest that the high proportion of C/IC patients who received an EC were potentially dischargeable).

Conclusions: The high proportion of patients who were potentially eligible for an earlier discharge highlights the potential for improving patient care and reducing healthcare costs related to candidiasis.