ACP does not support NQF measure #1717: “National Healthcare Safety Network Facility-Wide Inpatient Hospital-Onset CDI Outcome Measure.” This measure represents an important clinical concept; however, implementation could promote inappropriate screening for CDI. Developers should consider revising the specifications to include appropriate screening criteria for CDI. The Infectious Diseases Society of America (IDSA) recommends against randomly screening for CDI unless patients have at least 3 or more unformed stools in the timespan of 24 hours. Furthermore, it is unclear why the risk-adjustment model includes facility-level characteristics. Poorly performing hospitals should aim to improve performance rates, regardless of medical school affiliation or ICU size. Instead, abstractors should stratify results by these characteristics to demonstrate meaningful differences in clinical outcomes across institutions. Also, measure specifications should include exclusion criteria for patients who are colonized for CDI on admission. Lastly, developers should revise the numerator specifications to include evidence-based testing modalities.