

devices and supplies. Detailed summary reports were provided to the participating facilities after each site visit that included identified gaps, recommendations for improvement, and evidence-based resources. **Results:** Deficiencies were grouped into 7 major infection prevention categories among the 17 assessments, including cleaning and disinfection (n = 17, 100%), hand hygiene (n = 9, 53%), PPE use (n = 9, 53%), appropriate use of single and multiuse devices and supplies (n = 6, 35%), bloodborne pathogen prevention measures (n = 6, 35%), aseptic technique (n = 5, 29%), and storage of devices and supplies (n = 4, 24%). **Conclusions:** Our program's prototype has been successful at detecting gaps in dialysis-based IP programs. By conducting data analyses of assessment findings, we have been able to assist the organization in establishing priorities for quality and performance improvement. Based on the results, comprehensive and robust systems to assess infection prevention programs, including those in dialysis settings, are necessary to enhance infection prevention operations across the continuum of care.

Disclosures: None

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Presentation Type:

Poster Presentation - Poster Presentation

Subject Category: Dialysis

Characterization of negative health outcomes for dialysis events by vascular access type—Tennessee, 2015–2019

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Background: The dialysis patient population is at a higher risk for nosocomial infections as well as related negative consequences including hospitalization and death. The CMS and the state of Tennessee mandate reporting of 3 types of dialysis events: positive blood culture, intravenous antimicrobial starts, and pus, redness, or increased swelling at the access site. We explored hospitalization and death outcomes by vascular access types for dialysis events reported to the NHSN for licensed outpatient hemodialysis clinics in Tennessee from 2015 to 2019. **Methods:** We looked at the frequency of hospitalization and death among those who experienced a dialysis event for 3 types of vascular access: arteriovenous fistula, arteriovenous graft, and tunneled central venous catheter (CVC). Other vascular-access types were excluded due to low usage rates. Odds ratios and confidence intervals were used to quantify the relationship between access type and hospitalization, and access type and death. Pooled analysis was used due to the stable rates of death and hospitalization among access types from 2015 to 2019. **Results:** From 2015 to 2019, 16,742 dialysis events were reported for the 3 access types: 8,055 dialysis events (48.1%) occurred among those with tunneled CVCs, 7,107 (42.5%) occurred among those with fistulas, and 1,580 (9.4%) occurred among those with grafts. Of the 16,742 dialysis events, 3,420 patients (20.4%) were hospitalized either due or related to their dialysis event; 220 (1.3%) deaths occurred either due to or related to the patient's dialysis event. The odds of being hospitalized was 1.47 (95% CI, 1.29–1.67) times greater in those with grafts compared to those with fistulas. Patients with tunneled CVCs were 1.30 (95% CI, 1.20–1.41) times greater to be hospitalized compared to those with fistulas. The odds of death was 1.09 (95% CI, 0.9–2.5) times greater in those patient with tunneled CVCs compared to those with fistulas, whereas the odds of death among patients with grafts was 0.73 (95% CI, 0.82–1.43) times the odds of death compared to patients with fistulas.

TABLE 1

DIALYSIS EVENTS (ALL ACCESS TYPES)		16742
TUNNELED CVC		8055
FISTULA		7107
GRAFT		1580
DEATHS		220
TUNNELED CVC		113
FISTULA		92
GRAFT		15
HOSPITALIZATION		3420
TUNNELED CVC		1772
FISTULA		1266
GRAFT		381

Conclusions: Overall, our findings conclude hemodialysis patients with tunneled CVCs have an increased risk for the negative health outcomes of hospitalization and death when compared to the other access types, supporting previous studies. Additionally, grafts had a higher risk of hospitalization compared to fistulas, but patients with grafts had lower odds of death than those with fistulas. Further investigation is needed to study how the COVID-19 pandemic may have affected the trends of negative health outcomes related to dialysis events.

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Subject Category: Disinfection/Sterilization

Measuring the efficacy of routine disinfection methods on frequently used physical therapy equipment

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Background: Frequently used physical therapy (PT) equipment is notably difficult to disinfect due to equipment material and shape, however, the efficacy of standard disinfection of PT equipment is poorly understood. **Methods:** We completed a prospective observational microbiological analysis of fomites used in adult or pediatric PT at Duke University Health System, Durham, North Carolina, from September to December 2022. Predetermined study fomites were obtained after being used during a clinical shift and standard disinfection had been completed by clinical service staff. Fomites were split into 2 halves, left and right, for sampling. Samples were taken with premoistened cellulose sponges processed using the stomacher technique and were incubated on appropriate selective and general medias. We defined antimicrobial-resistant, clinically important pathogens (AMR-CIP) as MRSA, VRE, and MDR-gram-negative isolates, and non-AMR-CIP as MSSA, VSE, and gram-negative species. Study fomites were grouped as follows: (1) pediatric pig toy, (2) walking aids (walkers or canes), (3) balls (medicine, dodge, etc), and (4) other (foam roller, sliding board, etc). **Results:** In total, 47 patients, 61 fomites, and

Table 1

	Overall N = 122 n (IQR)	Left N = 61 n (IQR)	Right N = 61 n (IQR)	p
Total CFU	1348 (398-2365)	468 (161-1230)	540 (102-1221)	0.45
Pig (N = 42)	586 (172-725)	228 (112-460)	96 (48-350)	0.19
Walking aids (N = 36)	1076 (374-2320)	660 (198-1260)	638 (251-1231)	0.16
Therapy Balls (N = 32)	2237 (1425-2658)	813 (613-1233)	918 (732-1628)	0.44
Other (N = 12)	909 (428-1619)	350 (309-715)	325 (119-1138)	0.94

Table 2

	Overall N = 122 n (%)	Left N = 61 n (%)	Right N = 61 n (%)	p
Total CIP				
Total	52 (43)	23 (38)	29 (48)	0.27
AMR CIPs	15 (12)	7 (11)	8 (13)	0.78
Non AMR CIPs	37 (30)	16 (26)	21 (34)	0.33
Pig (N = 42)				
Total	5 (12)	2 (9)	3 (14)	0.65
AMR CIPs	1 (2)	0	1 (5)	
Non AMR CIPs	4 (9)	2 (9)	2 (9)	
Walking aids (N = 36)				
Total	26 (72)	14 (78)	12 (67)	0.62
AMR CIPs	8 (22)	4 (22)	4 (22)	
Non AMR CIPs	18 (50)	10 (56)	8 (44)	
Therapy Balls (N = 32)				
Total	21 (66)	7 (44)	14 (88)	0.06
AMR CIPs	6 (19)	3 (19)	3 (19)	
Non AMR CIPs	15 (47)	4 (25)	11 (69)	
Other (N = 12)				
Total	0	0	0	1
AMR CIPs	0	0	0	
Non AMR CIPs	0	0	0	