

Fig. 1.

prevention bundles were monitored. Device-associated HAIs were identified using standard definitions. Annotated run charts were used to track the impact of interventions on changes in device-associated HAIs over time. **Results:** Average hand hygiene compliance was 91%. Compliance with HAI prevention bundles was 81% for ventilator-associated pneumonias, 90% for catheter-associated urinary tract infections, and 97% for central-line-associated bloodstream infections. Overall, device-associated HAIs decreased from 6.04 per 10,000 patient days to 3.25 per 10,000 patient days after October 2018 (Fig. 1). Prior to October 2018, MRSA, VRE and ESBLs accounted for 10% of device-associated HAIs. This rate decreased to 5% after October 2018. The decrease in HAIs was likely related to interventions such as infection prevention rounds and handshake stewardship. **Conclusions:** Discontinuation of contact precautions for children with MRSA, VRE, and ESBLs were not associated with increased device-associated HAIs, and such discontinuation is likely safe in the setting of robust infection prevention and antibiotic stewardship programs.

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Presentation Type:

Poster Presentation

Effect of Short-Term Carbapenem Restriction on Antimicrobial Susceptibility of Resistant Gram-Negative Bacilli in an ICU

Mariana Melo, Hospital Metropolitan Dr. Célio de Castro; Raquel Bandeira, Hospital Metropolitan Doutor; Célio de Castro Giselle Dias, Hospital Metropolitan Doutor Célio de Castro; Braulio Couto, Centro Universitário de Belo Horizonte-UniBH

Background: Carbapenem-resistant GNB infections are a serious public health problem worldwide, particularly due to the high mortality associated with them and the low number of therapeutic options. One approach to this challenge is the development of antimicrobial stewardship programs. **Objective:** We evaluated the impact of a carbapenem restriction program on reducing of bacterial resistance in an intensive care unit (ICU). **Methods:** A

retrospective study conducted in 2 phases in the 80-bed ICU of an acute-care public hospital in Minas Gerais, Brazil. The preintervention phase lasted 16 months (January 2018–April 2019) and the second phase (carbapenem restriction), after the intervention, lasted 4 months (May–August 2019). The intervention was defined as carbapenem-sparing and the use of meropenem was authorized in 3 situations: (1) treatment of serious infections documented by extended-spectrum β -lactamase-producing Enterobacteriaceae (ESBL); (2) therapeutic failure with the use of another antimicrobial; and (3) infectious disease recommendation. Data were obtained through consultation of electronic medical records and microbiological results, as standardized by the CLSI, for patients with a >48-hour stay in the ICU and who met the criteria for health-care-associated infection (HAI) according to the CDC NHSN definition. **Results:** Before the intervention, on average, 50 cultures were obtained with positive results for multidrug-resistant GNB–MER–GNB (SD, 12.2) and in the intervention phase, this number was 31 cultures (SD, 12.8; $P = .010$). Average carbapenem consumption decreased significantly with corresponding increase in cefepime consumption in the same period (Fig. 1). The ATB (DDD per 1,000 patient days) before the intervention for carbapenems was 110.6 (SD, 97.1) and for cefepime was 8.2 (SD, 5.9). In the intervention phase, the ATB for carbapenems was 44.7 (SD, 38.5; $P = .015$) and for cefepime it was 32.0 (SD, 20.3; $P < .001$). In terms of multidrug resistance rate, before the intervention, 95 of 149 of *Acinetobacter* (64%) were resistant and during the intervention, 13 of 30 *Acinetobacter* (43%) were resistant ($P = .043$). Other GNB (*Klebsiella*, *Proteus*, *Escherichia coli*, and *Pseudomonas*) reduced the resistance rate, but without statistical significance. We observed a reduction in the HAI rate per MDR–GNB (Fig. 2): before the intervention, it was 22.7 (SD, 5.5) and during the intervention phase it was 16.5 (SD, 7.7; $P = .07$), although this change did not reach statistical significance. Nevertheless, the ICU *Klebsiella* infection rate did significantly decrease; it was 5.5 (SD, 1.9) before the intervention and 2.4 (SD, 1.8) after the intervention ($P = .009$). **Conclusions:** Short-term carbapenem restriction may be an effective strategy to reduce the incidence of carbapenem-resistant

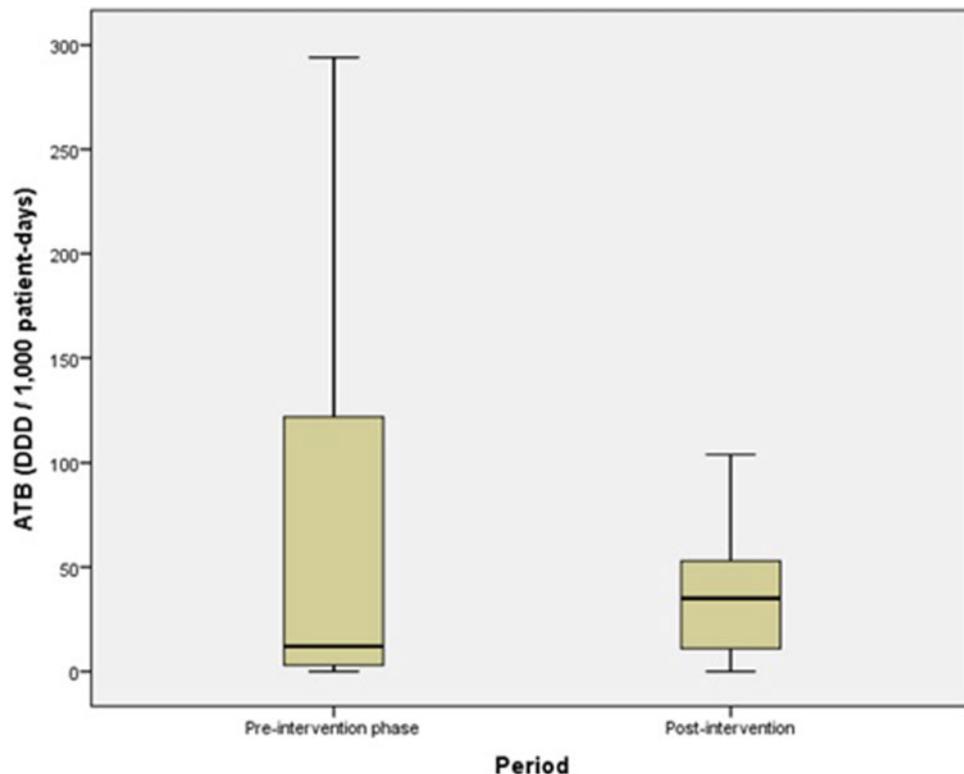


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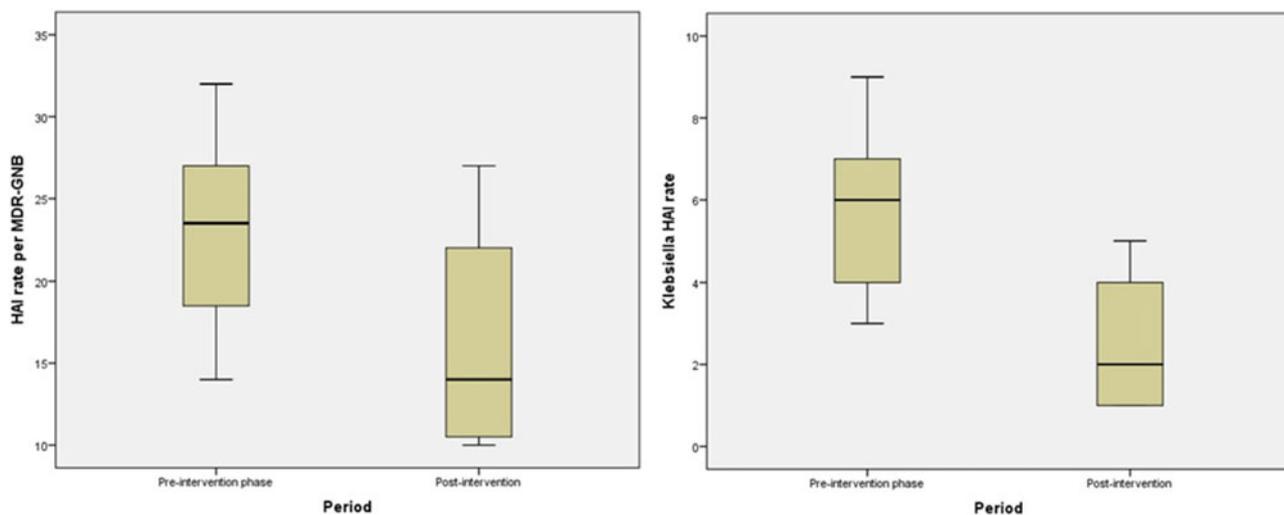


Fig. 2.

GNB infections in the ICU. The scarce arsenal available for the treatment of MDR-GNB and the high mortality rate justify the growing need for stewardship programs in Brazilian ICUs.

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Effect of Testing Methods on Incidence of *Clostridioides difficile* Infection Rates in Veterans' Affairs Medical Centers

Brian McCauley, Department of Veterans' Affairs; Loretta Simbartl, Department of Veterans' Affairs; Martin Evans,

University of Kentucky School of Medicine/VHA; Shantini Gamage, Department of Veterans' Affairs/University of Cincinnati; Gary Roselle, VA Medical Center

Background: Healthcare-associated *Clostridioides difficile* infection (CDI) rates have been decreasing in Department of Veterans' Affairs (VA) acute-care medical facilities since the CDI Prevention Initiative began in 2012. Assessment of rates, however, is complicated by changing surveillance definitions and diagnostics. Over the past 2 years, the VA has adopted the less stringent surveillance definitions of the NHSN for hospital-onset healthcare-facility-associated (HO-HCFA) CDI (onset on or after day 4 of hospitalization) than was originally used (>48 hours after admission).