identify exposed persons, validate measles immunity status and risk factors, order prophylaxis, and track outcomes.

**Funding:** None

**Disclosures:** None

**Doi:** 10.1017/ice.2020.1035

**Presentation Type:**

Poster Presentation

**Successfully Sustaining Infection Reductions: A Catheter-Associated Urinary Tract Infection (CAUTI) Prevention Initiative Five Years In**

Lisa Teal, UNC Medical Center; Shelley Summerlin-Long, UNC Health Care; Lauren DiBiase, UNC Health Care Brooke Brewer, UNC Healthcare; Christa Clark; Karen Croyle, UNC Healthcare Cynthia Culbreth; Lori Hendrickson, UNC Health Care; Natalie Schnell, UNC Health Care; Katherine Schultz, UNC Health Care; Lisa Stancill, UNC Health Care; David Jay Weber, University of North Carolina at Chapel Hill; Emily Sickbert-Bennett, UNC Health Care

**Background:** Infection prevention efforts are complex, and sustaining reductions is even more challenging. At the UNC Medical Center, multidisciplinary hospital-wide work groups implement quality improvement initiatives to prevent healthcare-associated infections. The first and most successful initiative has been our catheter-associated urinary tract infection (CAUTI) prevention effort, which started in 2014. The program led to initial dramatic reductions, with continued reductions in CAUTI rates each year since then.

**Methods:** A multidisciplinary workgroup formed in 2014 developed an evidence-based CAUTI prevention bundle and partnered with the nursing staff in 2015–2016 to implement practice changes as part of our hospital’s quality improvement “Spread of Innovations” model. These changes included (1) creation of a 2-person catheter-insertion checklist; (2) insertion skills validation for all nursing staff and nursing assistants; (3) standardization of a maintenance protocol and subsequent education and skills validation with nurses and nurse assistants; and (4) peer audits of urinary catheter maintenance. Additional initiatives implemented over the past 5 years include (1) routine resident education on CAUTI prevention; (2) annual nurse competencies to reinforce skills around CAUTI prevention; (3) introduction of products (eg, PureWick) as alternatives to indwelling catheters; (4) diagnostic stewardship efforts; (5) revisions to the electronic medical record; and (6) efforts to encourage removal of unnecessary catheters such as the “nurse-driven conversation” and Trial of Void.

**Results:** Our CAUTI rates decreased 65% from 2.94 per 1,000 catheter days in the baseline period of 2014 to 1.02 in 2018. In our ICUs (excluding the neonatal ICU), the rate dropped 75% from 4.30 in 2014 to 1.08 per 1,000 catheter days in 2018.

**Conclusions:** We attribute our continued reductions and successful sustainment of low CAUTI rates to several factors. First, the use of a multidisciplinary team was critical to obtaining buy-in from key stakeholders including nursing, nurse assistants, physicians, pharmacists, performance improvement specialists, and administration. Second, continuation of the maintenance peer audits outside the initial project year has provided an important framework for this project, giving regular opportunities for frontline staff to evaluate patients’ catheter condition and to give feedback to colleagues or “just in time education.” These activities potentially prevent infections in real time. Third, with the many competing priorities demanding clinicians’ attention, it has been important for the CAUTI workgroup to continue to evaluate the problem, to determine where opportunities for improvement remain, and to tailor initiatives to meet those needs. In this way, new work can focus on priorities identified by staff, and CAUTI prevention initiatives remain relevant.

**Funding:** None

**Disclosures:** None

**Doi:** 10.1017/ice.2020.1036

**Presentation Type:**

Poster Presentation


Matthew Westercamp, Centers for Disease Control and Prevention; Paul Malpiedi, US Centers for Disease Control and Prevention; Amber Vasquez, US Centers for Disease Control and Prevention; Danica Gomes, Centers for Disease Control and Prevention; Carmen Hazim, CDC/DDID/NCEZID/DHQP; Benjamin J. Park, Centers for Disease Control and Prevention; Rachel Smith, Centers for Disease Control and Prevention

**Background:** Since 2015, the CDC has supported the development and implementation of healthcare-associated infection (HAI) surveillance in resource-limited settings through technical support of case definitions and methods that are feasible with existing surveillance capacity and integration with clinical care to maximize sustainability and data use for action. **Methods:** Surveillance initiatives included facility-level implementation programs in Kenya, Sierra Leone, Thailand, and Georgia; larger national or...
Surgical Site Infection Prevention: An Analysis of Compliance With Good Practice in Large Hospitals
Adriana Oliveira, Universidade Federal de Minas Gerais

Background: Surgical site infection (SSI) is considered one of the most frequent adverse events globally. One of the strategies to mitigate its occurrence was proposed by the WHO in 2008 as part of the Safe Surgery Saves Lives program to reduce the rate of SSI by 25% by 2020. Objectives: To evaluate adherence to SSI prevention and control actions in large hospitals using a score. Methods: This cross-sectional study was conducted in 30 hospitals in Minas Gerais, Brazil, from February 2018 to April 2019. Data collection was performed through interviews with the coordinator of the hospital infection control service (HICS), situational diagnoses, and observation of a surgical procedures at the time of the visit. Data were analyzed using SPSS software. The variables were described using descriptive statistics. The project was approved by the Research Ethics Committee of the Federal University of Minas Gerais (COEP/UFMG) (CAAE: 30782614.3.0000.5149). A score was determined to identify the degree of compliance of institutions to SSI prevention practices. Results: In 93.3% of the HICSs, routines or protocols for the use of prophylactic antibiotic in surgery and compliance audits were mentioned, 69% reported hair removal with a clipper. SSI surveillance occurred in all institutions; however, only 63.3% disclosed SSI rates. In the situational observations, 60% of the professionals performed hand antisepsis within 3–5 minutes. Most frequently, hair removal was performed inside the operating room in 76.7% of the observed procedures and an electric clipper was used 56.7% of the time. In the surgery audit, prophylactic antimicrobial administration occurred between 30 and 60 minutes before surgical incision in only 63.3% of the observed procedures. The traffic in the operation room was limited to the necessary minimum in only 53.3% of observed procedures and unnecessary opening of the doors occurred in 76.7% of the observations. Patient temperature was not monitored in 70% of the audited procedures. Conclusions: According to the proposed score, 1 of the institutions (3.3%) complied with SSI prevention and control measures sufficiently; 25 complied partially (83.3%); and 4 (13.3%) demonstrated poor compliance.

Funding: None
Disclosures: None

Doi:10.1017/ice.2020.1038