

(perceived evidence strength) and 6 context subscales (favorability of the organizational context to support change). Responses were scored on a 5-point Likert scale, with 1 meaning very weak or strongly disagree. Scores were compared between professional types and sites. We also measured allocated employee effort for stewardship at each site. **Results:** Overall, 104 surveys were completed, with an overall response rate of 69.3%. For all sites combined, the evidence subscale had the highest score of the 7 subscales (mean, 4; SD, 0.9); the resources subscale was significantly lower than other subscales (mean, 2.8; SD, 0.9; $P < .001$). Scores for budget and staffing resources were lower than scores for training and facility resources ($P < .001$ for both comparisons). Pharmacists had lower scores than providers for the staff culture subscale ($P = .04$). Comparing subscales between sites, ORCA scores were significantly different for leadership behavior (communication and management), measurement (goal setting and accountability), and general resources (Fig. 1). The site with the lowest scores for resources (mean, 2.4) also had lower scores for leadership behavior and measurement, and lower pharmacist effort devoted to antibiotic stewardship. **Conclusions:** Although healthcare professionals endorsed the evidence about nontreatment of ASB, perceived barriers to antibiotic stewardship included inadequate resources and lack of leadership support. These findings provide targets for tailoring the intervention to maximize the success of our stewardship program. Our support to sites with lower leadership scores includes training of local champions who are dedicated to supporting the intervention. For sites with low scores for resources, our targeted implementation strategies include analyzing local needs and avoiding increased workload for existing personnel.

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Presentation Type:

Poster Presentation

Patient Involvement in Infection Prevention and Control (IPC) Practice: Knowledge and Perception Study

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Background: Patient involvement is increasingly recognized as critical component for improved care, and patients has been identified of as having a potentially important role for better health outcome as a result of their involvement in their care plan. A usual saying that infection prevention and control is “everyone’s business” is frequently understood to include not only healthcare workers but also patients and their relatives, all of whom are seen as stakeholders with a part to play in ensuring a better patient outcome. There is limited evidence about knowledge and perception about involving patient and/or relatives in IPC implementation in a post-Ebola-outbreak country. **Objectives:** We aimed to ascertain the knowledge and perception of patient involvement in infection prevention and control (IPC) practice. **Methods:** We used a qualitative approach comprising interviews with patients and/or relatives and health workers sampled from 5 hospitals. Participants ($n = 60$) included 25 nurses, 25 patients and/or relatives, 5 IPC focal persons, and 5 hospital administrators. Interviews used a structured questionnaire to explore staff views on patient involvement. A separate questionnaire was used to survey patient perspectives and knowledge about basic hospital IPC practices. **Results:** Of 60 interviews, 64% of nurses supported

involving patient in hospital IPC practice, saying that the patient can serve as a reminder during the time of care, whereas 36% disagreed with involving the patient because of fear of having confrontations with the patient. Also, 92% of patients and/or relatives agreed to their involvement because they viewed it as their right; only 8% did not accept involvement because they thought it was a burden and not their responsibility. All 5 IPC focal persons (100%) supported patient involvement; they thought it would enhance overall IPC compliance and keep healthcare workers reminded of IPC practice, most especially hand hygiene. Also, 100% of hospital administrators supported involving patients because they felt that patient should be involved in their care plan. **Conclusions:** From this study, it is evident that patient involvement is key in optimizing IPC compliance in hospitals. The study findings indicate that most patients have knowledge of the importance of hand washing since the Ebola outbreak; however, they lack knowledge on other practices such as waste disposal, cough etiquette, etc. There is need for IPC orientation on admission and continuous patient education.

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Disclosures: None

If I am discussing specific healthcare products or services, I will use generic names to extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.

Disagree

Christiana Kallon

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Poster Presentation

Point of Care Stations: A Novel Way to Improve Stethoscope Hygiene

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Background: Stethoscopes are known to be highly contaminated by a multitude of bacteria and therefore carry the potential to transmit pathogens within hospitals. North American infection prevention groups recommend low-level disinfection of stethoscopes for bioburden reduction between patients; however, adherence remains low in inpatient settings. Given that the lack of access to disinfection materials is the most commonly reported barrier to stethoscope hygiene, we studied an intervention using a point-of-care approach to increase stethoscope hygiene compliance among healthcare workers in critical care units. **Methods:** This quality improvement study was conducted in 2 critical-care units of a quaternary-care, academic, health sciences center in Toronto, Canada. We designed novel stethoscope hygiene stations consisting of a wall-mounted board with alcohol wipes, hooks for drying, and hand sanitizer dispensers to combine stethoscope and hand hygiene. Observations of stethoscope disinfection events per opportunity were collected by trained human auditors before and after the multimodal intervention, which consisted of the installation of 14 stations at the entrances of single-patient ICU rooms, accompanied by educational lectures and infographic dissemination. Anonymous feedback forms were used to gather information on healthcare workers’ stethoscope hygiene knowledge and behavior before and after the intervention. **Results:** In total, 124