

to 5.5% and 7.4%, respectively, in 2018–2019. The quarterly decreases were 5.2% and 4.9% in January–March 2019. **Conclusions:** The emphasis on the sepsis pathway probably led to year-on-year increases in total blood culture sets. Both ED blood culture contamination rates decreased. Consistent efforts in education, training, ensuring competency to various HCW groups, and provision of adequate blood culture kits are important for sustaining these improvements.

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**Presentation Type:**

Poster Presentation

**Reducing Sternal Site Surgical Site Infections by Postdischarge Follow-Up Using WhatsApp**

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**Background:** We conduct ~180–200 CABG surgeries a year, and >70% of these patients are diabetic. Our SSI rate for sternal site was 4.4%, above the global benchmarks, and on review of the risk factors, poor glycemic control was identified as a major risk factor. Despite focusing on and achieving excellent glycemic control in the perioperative period, the SSI rates did not decrease significantly. We identified that the pre-discharge insulin regimens were inadequate for the patient once they returned to meals at home. Hence, we extended the interventions to the postdischarge phase and observed the impact of this change on SSIs. **Methods:** We developed a multidisciplinary and cross-functional team of cardiac surgeons, endocrinologists, physician assistants, infection control nurses and quality professionals. The CABG admissions information was obtained when financial clearance was sought for the procedure; the quality improvement professionals tracked these patients to ensure involvement of the endocrinology team. The physician assistant conducted the education to the patient and family regarding sugar management and use of a glucometer at home. The quality improvement team took a weekly report from the physician assistant and from the patient regarding the frequency of interactions and achievement of glycemic control. At the time of discharge, each of the diabetic patients who underwent CABG were educated by the physician assistant in the use of a glucometer, were provided with a sugar monitoring and insulin dosing chart as well as a WhatsApp number. The patient's were instructed to monitor the sugars at specified intervals, to input the data into the personalized chart, and to send it to the PA through WhatsApp. The physician assistant then provided instructions on the insulin dosages using a standing order (dynamic insulin prescription regimen) developed by the endocrinologist. **Results:** The sternal site infection rate among the CABG patients dropped from 4.44% (4 cases of 90 surgeries) to 1.78% (2 cases of 112 patients), a 60% improvement. Readmissions among the CABG patients dropped from 3 cases in the study period to zero during the project phase. **Conclusion:** We have achieved significant reduction in sternal site SSI by (1) implementing a novel strategy of focusing on the postdischarge period and home management of blood sugar; (2) using freely available technology, WhatsApp; and (3) effectively using

physician assistants by training and developing standing order sets for insulin.

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**Reduction in Methicillin-Resistant *Staphylococcus aureus* (MRSA) Surveillance in a Low-Prevalence Neonatal Intensive Care Unit Does Not Lead to Increase in Vancomycin Utilization**

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**Background:** Methicillin-resistant *Staphylococcus aureus* (MRSA) infection in neonates is associated with significant morbidity, mortality, and hospital cost. Multiple studies have shown that these infections are often preceded by colonization, but no consensus has been established for MRSA surveillance. The impact of changing the surveillance strategy on vancomycin utilization has not been evaluated previously. **Methods:** Retrospective chart review of infants who underwent MRSA screening in a level IV NICU with all outborn neonates. A weekly surveillance PCR was obtained from the nares between July 2016 and June 2017 (phase 1) and only on admission and discharge between July 2017 and June 2018 (phase 2). Patients with a positive PCR were placed on contact precautions without decolonization. The  $\chi^2$  test was performed to compare the 2 phases of screening, and the Student *t* test and the Fisher exact test were used to compare the characteristics of MRSA colonized infants. Vancomycin utilization was measured in days of therapy (DOT) per 1,000 NICU patient days. **Results:** In total, 689 infants underwent MRSA screening during the study period; 324 infants had weekly MRSA surveillance and 365 infants had screening at admission and discharge. There was no statistically significant difference in MRSA colonization rates (4.3% vs 3.0%) or MRSA colonization acquisition (negative to positive, 1.8% vs 1.0%) between the phases. Among MRSA-colonized patients, nearly 60% were colonized on admission. Nearly 40% of the infants became colonized with MRSA during their hospitalization, none of whom developed MRSA infections prior to discharge. Mean vancomycin utilization decreased from 38.55 to 30.16 DOT per 1,000 NICU patient days between the 2 study periods. **Conclusions:** In a level IV NICU with relatively low MRSA prevalence, the change in MRSA screening practice from weekly surveillance to surveillance upon admission and discharge demonstrated no difference in MRSA acquisition or infection. Overall vancomycin utilization also decreased during this period, suggesting a culture shift around antibiotic utilization. Further study is needed to evaluate the utility of MRSA screening, decolonization, and isolation practices in low-prevalence NICUs and to identify additional drivers of vancomycin utilization.

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