This investigation demonstrated that steam sterilization was the most effective method, followed by ETO and HPGP and, lastly, VHP.

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**Comparison of Bacterial Contamination in a Children’s Outpatient Clinic: General Medicine Versus Pulmonary Units**

David Levine, University of Tennessee/Erlanger Health System; Henry Spratt, Dept. Biol., Geol., & Env. Sci., Univ. Tennessee at Chattanooga; June Hanks, Dept. Physical Therapy, Univ. Tennessee at Chattanooga; Charles Woods, Children’s Hospital at Erlanger; Ledbetter Joel, Division Chief, Pediatric Pulmonology UTCOM/Erlanger Kennedy Outpatient Clinic; Kevin Gentner, Dept. Biol., Geol., & Env. Sci., Univ. Tennessee at Chattanooga; Lindsey Brunton, Research Assistant

**Background:** The bacteria that inhabit outpatient healthcare facilities influence patient outcomes and recovery, although the diversity and quantity of these bacterial communities is largely unknown. Whether differences in bacterial presence exist in individual medical specialty units of an outpatient clinic is also largely unknown. The purpose of this study was to compare bacterial species found in the general medicine and pulmonary units of an outpatient children’s clinic associated with a teaching hospital.

**Methods:** In total, 6 locations (4 floor sites, counters, air ducts) were sampled in 3 rooms in the pulmonary (PUL) unit and 3 rooms in the general medicine (GM) unit on 13 days over a 6-month period. Sterile double transport swabs were utilized, transported on ice to a microbiology lab, and used to inoculate Hardy Diagnostics Cdiff Banana Broth (for Clostridium difficile), CHROM MRSA agar (for methicillin-resistant Staphylococcus aureus [MRSA]), eosin methylene blue (Levine-type, for Lac+ gram negatives [GN]), and Pseudomonas isolation agar (for Pseudomonas spp and P. aeruginosa [PS and PSA]). Media were incubated for 48 hours at 37°C and were scored for bacterial presence based on colonial observation. **Results:** The presence of bacteria isolated from GM and PUL units differed by species and location. Based on the percentage of positive swabs, the presence of GN was widespread in both units (Fig 1). Additionally, bacterial presence was greatest on the floors (GN ranged from 72% to 85% on floors in the 2 units), whereas counters had fewer positive swabs (GN ranged from 23% to 38% on counters), and swabs from return air ducts rarely led to bacterial growth. The 1 case in which swabs from the PUL unit resulted in higher levels of bacterial growth than for the GM unit was for PSA (GM, 8%; PUL, 13%). C. difficile detection was the same on both units (ie, 35% of floor samples showed contamination). **Conclusions:** The levels of environmental bacterial presence observed for these clinic units differed in some cases by unit and ranged from not detectable to very high levels. Detection of C. difficile on 35% of floor samples in both units could be problematic. Additionally, for the PUL unit, contamination of 13% of floor samples by PSA should raise concerns because many patients in this clinic have cystic fibrosis (CF). Although many CF patients are colonized by PSA, others may potentially contract an infection by this pathogen from the clinical environment. This observation supports current infection control recommendations for CF patients in outpatient settings.

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**Comparison of Matched Patient Data for SSIs following Total Hip and Total Knee Arthroplasty: IPC Versus NSQIP Surveillance**

Jennifer Ellison, Infection Prevention & Control, Alberta Health Services; David Chakravorty, Surgery Strategic Clinical Network, Alberta Health Services; John Conly, Foothills Medical Centre; Joseph Kim, Department of Medicine, University of Calgary; Stacey Litvinchuk, Surgical Clinical Network, Alberta Health Services; Arun Pokhrel, System Performance and Innovation, Alberta Health Services; Ye Shen, Infection Prevention & Control, Alberta Health Services; Christopher Smith, Alberta Bone and Joint Health Institute; Kathryn Bush, Infection Prevention & Control, Alberta Health Services

**Background:** In Alberta, Canada, surgical site infections (SSIs) following total hip and knee replacements (THRs and TKRs) are reported using the infection prevention and control (IPC) surveillance system, which surveys all THRs and TKRs using the NHSN definitions; and the National Surgical Quality Improvement Program (NSQIP), which uses different definitions and sampling strategies. Deterministic matching of patient data from these sources was used to examine the overlap and discrepancies in...