(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 a critical component for improved care, and patients have been identified as having a potentially important role for better health outcome as a result of their involvement in their care plan. A usual saying that education is the key to better health outcome; 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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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
The purpose of this study was to generate more reliable estimates of the risk factors for the prevalence of HAI and to investigate patterns of antibiotic prescriptions done. Methods: The survey was conducted in 6 regional hospitals in Sierra Leone (Kono, Kambia, BO, Makeni, Moyamba, and Kenema) from June 16 to July 10 2019. The survey targeted inpatients in the pediatric, maternity, medical, and surgical wards. A structured questionnaire adopted from the WHO PPS form was used to collect information from patient medical charts and care notes. Results: Data were collected from 156 patients, of whom 140 patients were on antibiotics, 100 were women, and 40 were men. Patients on 1 antibiotic regimen accounted for 8.6% (n = 12) and 91.4% (n = 128) on a regimen of 2 or 3 antibiotics. Only 5 patients (3.6%) were on oral antibiotics and 135 (96.4%) were on IV antibiotics. In the maternity ward, 28 of 40 patients (70%) had had a caesarian section and were on 2 or more antibiotics; 18 patients with caesarian sections (64.3%) developed complications and continued on an antibiotic regimen for >1 week. The remaining 12 patients (30%) in the maternity ward were admitted for anemia and hypertension (ie, preeclampsia), and these patients were on 1 antibiotic regimen for which they had no clinical indication. Conclusions: The survey results show that every patient admitted to the hospital was covered with antibiotics with or without indications; no laboratory investigations were performed before antibiotics were initiated. These findings further reveal a large number of patients who were exposed to intravenous cannulation, which predisposes catheter-associated bloodstream infections. The survey results justify the need for an antibiotic stewardship program to guide use of antibiotics.

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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 just trade names from any single company.

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

Disagree

Christiana Kallon

Doi:10.1017/ice.2020.1171

Presentation Type:
Poster Presentation

Prevalence of Carbapenem-Resistant Enterobacteriaceae (CRE) at a Tertiary-Care Center in the United States

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Background: Quantification of the magnitude of CRE both within a facility and regionally poses a challenge to healthcare institutions. Periodic point-prevalence surveys are recommended by the CDC.