Figure 2: Employee Self-Reported Infection Prevention Adherence

Panel A shows an increase in employees who reported wearing masks at work >50% of the time from April to June and from June to July with high levels of masking sustained from July to October. Panel B shows a similar pattern of increase in masking outside of work when going to public places. Panels C and D shows an initial decrease in distancing at work and limiting social contact from April to June followed by an increase, although not statistically significant, in adherence from June to July.
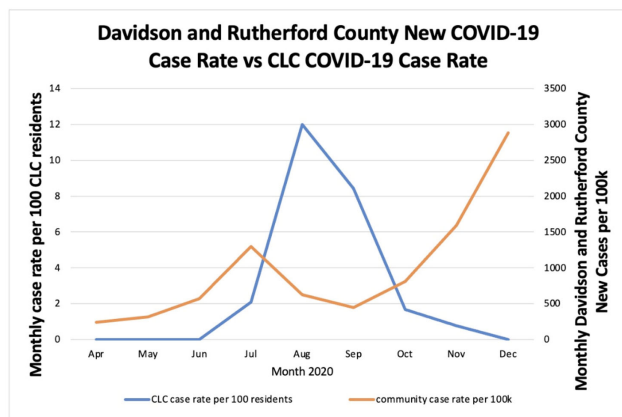

Figure 3: COVID-19 Incidence Rate of Community Living Center Residents Compared to COVID-19 Incidence Rate of Surrounding Counties

Incidence rate calculated as positive COVID-19 cases per 100 community living center (CLC) residents is shown via the blue line. The CLC monthly census from April through December 2020 ranged from 119 to 153 residents. Incidence rate calculated as positive COVID-19 cases per 100,000 population in the surrounding Davidson and Rutherford Counties is depicted in orange. The initial peak and fall pattern of CLC cases mirrors county cases; however, unlike in the community, there is no second peak.

pre–COVID-19 vaccination era suggest that widespread, increased support for and emphasis on LTCF IP adherence, especially masking, may have effectively prevented COVID-19 outbreaks in the vulnerable LTCF population.

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Presentation Type:
Poster Presentation - Poster Presentation
Subject Category: Long-Term Care
Experiences of nurses responding to the COVID-19 outbreak at a long-term care hospital in Korea: A qualitative study
EunJo Kim and JaHyun Kang

Background: The COVID-19 pandemic revealed the fundamental vulnerability of long-term care hospitals (LTCHs) related to infection control and prevention (ICP). We examined the experiences of nurses who worked at a hospital where a COVID-19 outbreak occurred from February 24 to March 16, 2021. **Method:** This qualitative research was performed with 9 nurses who were engaged during the COVID-19 outbreak. We prepared a semi-structured questionnaire based on the main question, "How was the experience among the nurses during the outbreak, and what difficulties did they encounter while resolving the situation?" The data were collected through in-depth, individual interviews from May to August 2021 after the approval of the institutional review board, and the results were analyzed thematically. **Results:** The average age of the participants was 52.1 years, and they had an average of 15.2 years of clinical experience. We extracted 4 themes and 16 subthemes from the results. The first theme, "sudden onset of the outbreak," included the following subthemes: (1) found myself accustomed to COVID-19 and desensitized; (2) unavoidable occurrence despite compliance with ICP guidelines; (3) LTCHs are gradually recognized as a breeding ground for COVID-19 by the public; and (4) fear of spreading the infection in the hospital and of becoming a spreader. The second theme, "heavier workload," included (1) daily overtime and extra shifts in violation of self-quarantine recommendations due to the shortage of nurses; (2) a barrage of phone calls from family members, other departments, public health centers, and hospitals where confirmed cases were transferred; (3) nursing assistants and private caregivers who do not have ICP knowledge as well as patients who do not cooperate due to cognitive impairment; and (4) accomplishing additional tasks while wearing personal protective equipment with some suffocation. The third theme, "emotions and lessons," included (1) unsatisfied with the initial responses; (2) awareness of the entire infectious disease; (3) increased compassion and attachment for patients; and (4) take pride in the job and the profession as a nurse. The fourth theme, "necessary support and attention," included (1) need to install isolation rooms and replenish infection control supplies; (2) need for ICP specialists in LTCHs; (3) need for continuous national-based monitoring on ICP for LTCHs; and (4) need to improve working environment and acknowledge nurses in LTCHs. **Conclusions:** Overall, participants expressed their experiences with the insufficient infection control and response system toward COVID-19 in the LTCH. To enhance ICP in LTCHs, customized policies, regulations, and financial support for infection control activities and ICP professionals must be established.

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***Pseudomonas aeruginosa* bacteremia mortality and resistance trends in the Veterans' Health Administration (VHA) system**
Leila Hojat; Brigid Wilson; Federico Perez and Robert Bonomo

Background: *Pseudomonas aeruginosa* is an important pathogen in the hospital setting; it has the ability to cause severe disease and a high mortality rate. Its increasing ability to elude even novel antimicrobial mechanisms of action is a significant cause for concern. More effective treatment options and increasing understanding of this pathogen likely effect *P. aeruginosa* incidence and severity; however, longer-term studies are lacking. The Veterans' Health Administration (VHA) population is a socially, demographically, and medically distinct entity, representing a rich source of data for studying contributing factors to *P. aeruginosa* infection and mortality. We sought to identify the system-wide case count and mortality rate of *P. aeruginosa* bacteremia and the rate of resistance to antipseudomonal agents over the course of several years. We described trends observed over the study period. **Methods:** We utilized the nationwide VHA database to identify all inpatients with a positive blood culture for *P. aeruginosa* treated between January 1, 2009, and December 31, 2020. We identified the annual count of bacteremia cases and associated 30-day mortality rate.