tool for PPE donning and doffing practices. The program required interdisciplinary collaboration including administration, infection prevention, nursing education, central supply, environmental services, facility maintenance, and security. **Results:** The first phase of the program was implemented through 30 separate 4-hour PPE skills fair offered over 48 hours. In total, 500 staff members were trained in the first 48 hours; 6 additional 3-hour sessions were provided on site in the following 3 month. Additionally, training was provided in off-site clinics, physician leadership meetings, new-hire orientation for nursing staff, and monthly resident and fellow training through graduate medical education. As needed, training was provided by infection prevention, nursing education, and floor nurses. In total, 5,237 staff members were trained within 3 months after implementation. Actual audit results (50 audits per week) showed improved and sustained compliance to >94%. **Conclusions:** A massive hospital-wide educational program including online video, return demonstration, and just-in-time training is a feasible and very effective method to improve compliance with PPE donning and doffing. A multidisciplinary team approach, administration support, and continuous education and audits are key factors in successful implementation.

Fig. 1.

Fig. 2.

Presentation Type:
Poster Presentation
Implementing Admission Screening for Candida auris
Jenna Rasmusson, Mayo Clinic; Nancy Wengenack, Mayo Clinic; Priya Sampathkumar, Mayo Graduate School of Medicine

Background: *Candida auris* is a globally emerging, multidrug-resistant fungal pathogen that causes serious, difficult-to-treat infections in hospitalized patients. *C. auris* cases in the United States have been linked to receipt of healthcare overseas. Outbreaks have also occurred in New York City, New Jersey, Chicago, and most recently in California. We provide care to patients from all 50 states and 138 countries; therefore, we are at risk for encountering *C. auris* in our facility. **Setting:** An academic, tertiary-care center with 1,297 licensed beds and >62,000 admissions each year. **Methods:** Infection prevention and control (IPAC) initiated a *C. auris* screening program in August 2019 in partnership with the State Health Department. A case-finding tool was created to identify adult patients admitted in the previous 24 hours from countries and areas of the United States (Chicago, New Jersey, and New York metropolitan areas) with known *C. auris* transmission based on the zip code of their primary address. IPAC sends an electronic communication via the electronic medical record (EMR) alerting the patient care team that the patient meets criteria for screening along with information on *C. auris* and links to a tool kit with additional resources to help answer questions. After obtaining verbal consent, the patient's primary nurse collects a composite axilla–groin skin swab using a nylon-flocked swab (BD ESwab collection and transport system; Becton Dickinson, Sparks, MD). The sample is sent to the State Health Department laboratory for testing by polymerase chain reaction (PCR). Results are communicated back to IPAC and then scanned into the patient's EMR. **Results:** From August 2019 to November 2019, 157 patients were identified for *C. auris* screening using the case-finding tool. Testing was performed on 95 patients; all tests were negative. The primary reasons for testing not to be performed on eligible patients were inability to obtain verbal consent and patient dismissal before sample could be obtained. The need for a special swab that is not routinely stocked on patient care units has been a limitation to timely specimen collection. **Conclusions:** The EMR can be leveraged for early identification and screening of patients at risk of *C. auris* colonization. Case finding tools can be effectively replicated and modified to respond to emerging infections and changing surveillance guidelines.

Presentation Type:
Poster Presentation
Implementing an Automated Pneumonia Surveillance System
Dan Ding, NYU Langone Health; Michael Phillips, NYU Langone Medical Center; Eduardo Iturrate, NYU Langone Health; Sarah Hochman, NYU Langone Health; Anna Stachel, NYU Langone Health

Background: Although definitions from the CDC were developed to increase the reliability of surveillance data, reduce the burden of surveillance in healthcare facilities, and enhance the utility of surveillance data for improving patient safety, the algorithm is still laborious for manual use. We implemented an automated surveillance system that combines 2 CDC pneumonia surveillance definitions to identify pneumonia infection in inpatients. **Methods:** The program was implemented at an academic health center with