

37.4% (96/257) had nares and perianal colonization. **Conclusions:** HCWs had greater prevalence of *S. aureus* colonization compared to parents. As expected, the nares was the most common site of MSSA and MRSA, but a large proportion of *S. aureus* colonized HCWs and parents had only throat colonization. Given the prevalence of *S. aureus* in non-nares sites of HCWs and parents in the NICU, further studies should examine the role of non-nares carriers in the transmission of *S. aureus* in this population.

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Poster Presentation

Onsite Mentorship Model for Isolation and Management of Viral Hemorrhagic Fever Syndromes at a Ugandan Hospital

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Background: Uganda is prone to viral hemorrhagic fever (VHF) outbreaks. Infection prevention and control capacity is critical to supporting patient care, to preventing nosocomial transmission to health workers, and to limiting spread within the community. Offsite didactic training may increase healthcare worker knowledge, but this approach may be inadequate for assuring confident execution of practical clinical tasks in patient care settings. We aimed to develop a competency-based, onsite mentorship model for sentinel case isolation and management of viral hemorrhagic fever syndromes in Uganda. **Methods:** The Naguru Regional Referral Hospital (China Uganda Friendship Hospital) Kampala was selected as a site for training after its designation by the Uganda Ministry of Health (MoH) as facility for isolation of healthcare workers with suspected or confirmed VHF. The

Table 1.

Table 1: Mentorship Schedule

Week	Scenario-based training	Details
Week 1	Infection Prevention and Control and Personal Protective Equipment (PPE) basics and introduction to patient care	<ul style="list-style-type: none"> • Donning and doffing PPE • Isolation/treatment unit set-up and organization • Hand hygiene • Clinical management of a patient under investigation
Week 2	Clinical review and sample collection.	<ul style="list-style-type: none"> • Phlebotomy and intravenous access • Clinical examination on confirmed ward • Patient monitoring • Sample packaging
Week 3	Management of breaches in PPE and spill management.	<ul style="list-style-type: none"> • Breaches in PPE • Clinical management of the agitated patient • Breaches in gloves and performing the leak test • Management and cleaning of infectious spills on the floor
Week 4	Management of waste and decontamination, and ongoing care of the confirmed viral hemorrhagic fever case	<ul style="list-style-type: none"> • Waste treatment and disposal • Clinical management of a confirmed patient • Decontamination of goggles, gumboots and sprayer knapsack
Week 5	Repeat drill	<ul style="list-style-type: none"> • Waste treatment and disposal
Week 6	Functional Exercise I	<ul style="list-style-type: none"> • Suspected case identification • Suspect patient triage and transfer into containment and provision of initial clinical care
Week 7	Repeat drill	<ul style="list-style-type: none"> • Breaches in PPE
Week 8	Functional Exercise II	<ul style="list-style-type: none"> • Clinical care of the shocked patient and dead body management
Week 9	Repeat drill Communication	<ul style="list-style-type: none"> • Clinical management of a confirmed patient • Communication in red zone
Week 10	Functional Exercise III	<ul style="list-style-type: none"> • Sample drawing and packaging • Management of breaches in PPE • Management of spills on the health worker • Waste management
Week 11	Repeat drill Communication	<ul style="list-style-type: none"> • Management and cleaning of infectious spills on the floor • Incident reporting
Week 12	Functional Exercise IV	<ul style="list-style-type: none"> • Provision of care to a severely ill patient (safe care, hygiene, vitals, vomiting, diarrhea, pain)

need for mentorships was determined from information from training providers, MoH assessments, hospital management, and key hospital staff. A list of skills was developed by reviewing WHO case management guidelines and Uganda-approved VHF trainings. The skills, exercised using scenario-based drills, focused on safety practices, identification and isolation of suspect cases, and delivery of optimized clinical care to suspected cases of VHF, among others. Trained facilitators ($n = 2-4$) supervised drills attended by staff from Naguru and other Kampala-based health facilities. Drills were scheduled weekly and were ordered to progressively increase in complexity. Specific drills could be repeated at the subsequent mentorship visit if gaps were identified. **Results:** Over 3 months, 12 drills were completed (Table 1). Cadres trained included 10 medical doctors, 12 nurses, 3 clinical officers, 5 laboratory technicians, 6 hygienists, 2 security officers, and 3 administrative officers. On average, 8 hospital staff attended weekly drills. During 3 months of the intervention, 1 suspected case of VHF and 3 cases with laboratory confirmed cholera were managed by the hospital team, and staff demonstrated the capacity for safe handling of patients with infectious bodily fluids. Barriers encountered included practice fatigue from repeated drills, challenges with team cohesion since members were from different institutions, limited personal protective equipment for repeated trainings, and competing routine hospital activities that reduced numbers of staff available for training. Repeated drills included clinical management, cadaver management, and infectious spills. **Conclusions:** This onsite mentorship project supported healthcare workers to gain confidence in the management of suspected VHF infection and other highly infectious diseases. Continued mentorship, hospital administration support and increase in exercise complexity are needed to consolidate on these gains.

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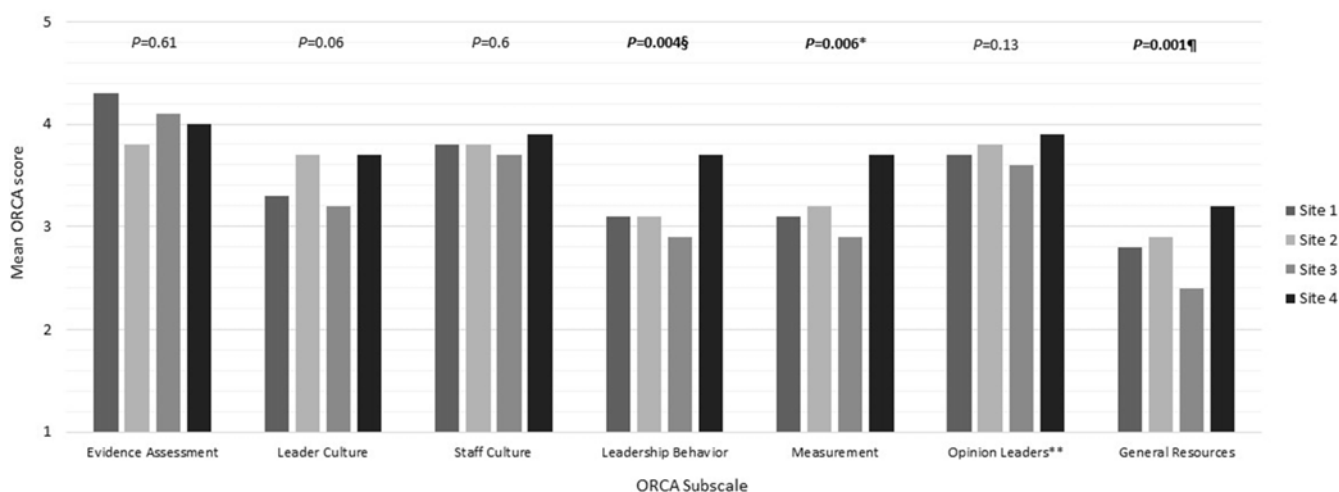
Poster Presentation

Organizational Readiness to Change Assessment Highlights Differential Readiness for Antibiotic Stewardship

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Background: Targeted antibiotic stewardship interventions are needed to reduce unnecessary treatment of asymptomatic bacteriuria (ASB). Organizational readiness for change is a precursor to successful change implementation. The Organizational Readiness to Change Assessment (ORCA) is a validated survey instrument that has been used to detect potential obstacles and tailor interventions. In an outpatient stewardship study, primary care practices with high readiness to change trended toward greater improvements in antibiotic prescribing. We used the ORCA to assess barriers to change before implementing a multicenter inpatient stewardship intervention for ASB. **Methods:** Surveys were self-administered by healthcare professionals in inpatient medicine and long-term care units at 4 geographically diverse Veterans' Affairs facilities during January–December 2018. Participants included providers (physicians, physician assistants, and nurse practitioners), nurses, pharmacists, infection preventionists, and quality managers. The survey included 7 subscales: evidence

Figure 1. Mean ORCA scores by site.



P Values refer to Kruskal Wallis test or one-way ANOVA comparing the mean scores of each subscale between the sites

§ Pairwise comparisons of the leadership behavior subscale showed significant differences between site 2 and 4, and between site 3 and 4

* Pairwise comparisons of the measurement subscale showed significant differences between sites 3 and 4

¶ Pairwise comparisons of the general resources responses showed significant differences between sites 2 and 3, and between sites 3 and 4

** Attitudes and behavior of opinion leaders that support practice change

Fig. 1