

Fig. 1.

Ongoing surveillance is required to determine sustainability of these interventions.

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Poster Presentation

Enhanced Environmental Cleaning to Reduce Rates of *Clostridioides difficile* Infection on Oncology Units

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Background: *Clostridioides difficile* infection (CDI) is a major contributor to morbidity and mortality in patients with hematologic malignancy. Due to both immunosuppression and frequent antibiotic exposures, up to one-third of inpatients receiving chemotherapy or stem-cell transplant develop CDI. Transmission of *C. difficile* in healthcare facilities occurs due to environmental surface contamination and hand carriage by healthcare workers from colonized and infected patients. We investigated the effectiveness of enhanced room cleaning in collaboration with environmental services (EVS) staff to prevent CDI transmission and infection. **Methods:** From April 1, 2018, to September 30, 2018, a multimodal enhanced cleaning intervention was implemented on 2 oncology units at the Hospital of the University of Pennsylvania. This intervention included real-time feedback to EVS staff following ATP bioluminescence monitoring. Additionally, all rooms on the intervention units underwent UV disinfection after terminal cleaning. We performed a system-level cohort study, comparing rates of CDI

on the 2 study units to historic and 2 concurrent control units. Historic and concurrent control units received UV disinfection only for rooms with prior occupants with MRSA or CDI. All units during the intervention period received education on the importance of environmental cleaning for infection prevention. Mixed-effects Poisson regression was used to adjust for system-level confounders. Results: A median of 1.34 CDI cases per 1,000 patient days (IQR, 1.20–3.62) occurred during the 12-month baseline period. There was a trend toward a reduced rate of CDI across all units during the intervention period (median, 1.19; IQR, 0.00–2.47; $P = .13$) compared with all units during the historical period. Using mixed-effects Poisson regression, accounting for the random effects of study units, the intervention was associated with an incidence rate ratio for *C. difficile* of 0.72 compared to control units (95% CI, 0.53–0.97; $P = .03$). Average room turnaround time (TAT) increased across all units during the intervention period, from 78 minutes (IQR 74–81) to 92 minutes (IQR, 85–96; $P < .001$). Within the intervention period, TAT was higher on intervention units (median, 94 minutes; IQR, 92–98) compared to concurrent control units (median, 85; IQR, 80–92; $P = .005$). **Conclusions:** Enhanced environmental cleaning, including UV disinfection of all patient rooms and ATP bioluminescent monitoring with real-time feedback, was associated with a reduction in the incidence of CDI.

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Enhancing Employee Influenza Immunization in a Tertiary-Care Healthcare Setting in the Middle East Using Epic Express Lane Workflow

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Background: Influenza virus illness affects millions. The virus's ability to change yearly and its dependence on private

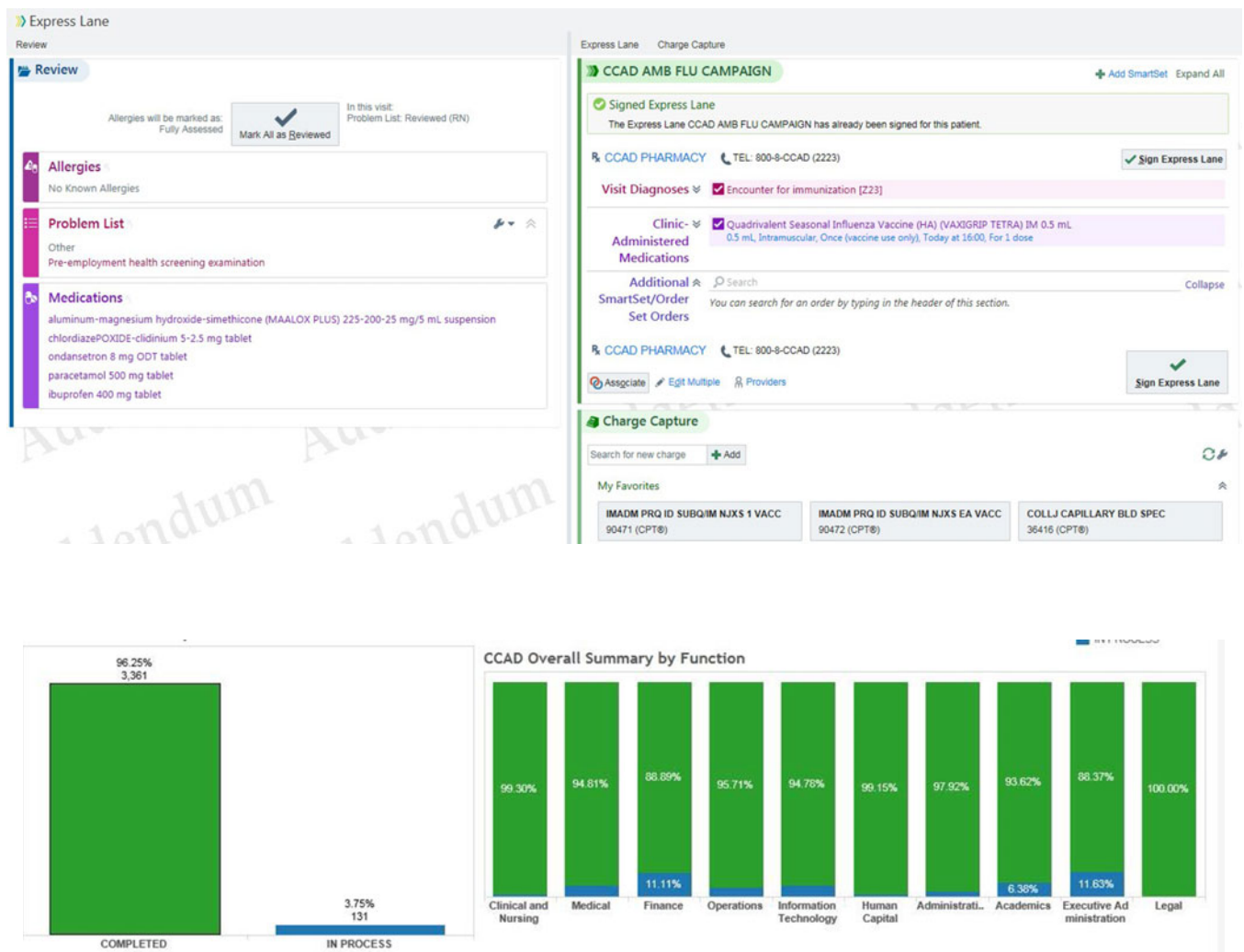


Fig. 2.

manufacturing leads to major challenges immunizing populations. Currently the United States expects to distribute close to 162–168 million doses of influenza vaccine to the market (CDC, October 25, 2019) to immunize the population for the 2019–2020 season. In line with international best practice, our healthcare facility mandated the seasonal influenza vaccine for all employees. We set out to introduce a novel nursing workflow to enhance our Flu Campaign utilizing our Epic Systems healthcare software. **Methods:** The Epic Flu Express Lane function boosts provider satisfaction and efficiency by minimizing documentation time. Nurses can document the entire flu visit on a single screen with a few clicks. **Workflow:** An employee presents at the flu station registration desk and a scheduler creates an appointment as a Flu Visit type. After a nurse opens the chart, the system determines whether a Flu Express Lane order is a fit for the visit, launching the Express Lane activity. The nurse updates all relevant information and finally drops in the administration charge associated with the appropriate diagnosis code for the vaccine, to sign into the Express Lane. **Establishment of dedicated and mobile employee flu stations:** Immunizations are provided at several stations located inside the hospital and alternate sites, including the our cafeteria. Additionally, the flu team extended immunizations off site at our administrative building and an unoccupied inpatient floor, giving hospital employees easier access. **Integration of Epic and human**

capital resource planning systems: By integrating the Epic and Mawared Human Capital systems, the flu team developed an automated workflow to capture employee compliance. A daily extract from Epic is imported to Mawared updating employee compliance status to completed. For those with incomplete status, Mawared sends an automated notification via e-mail reminding employees to complete the flu vaccination process for the season. **Results:** The Epic Nursing Express Lane workflow was well received, it facilitated compliance and practice efficiency for all mobile services provided. We achieved our target to provide influenza vaccination to >95% of employees in 2019 (Fig. 2). **Conclusions:** The electronic health record Epic Flu Express Lane workflow is an effective tool to complement practice efficiency and to facilitate a successful mobile Flu Campaign compliance in healthcare facilities.

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Epidemiologic Characteristics of ESBL-Producing ST131 *E. coli* Identified Through the Emerging Infections Program, 2017

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