

Figure 1. Number of Patients Screened by Admission Source

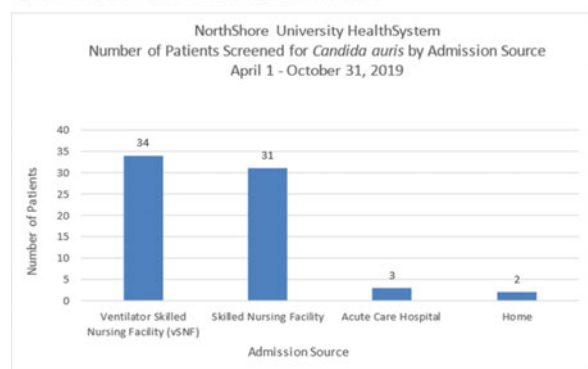


Fig. 1.

Table 1.

Table 1. Characteristics and Findings from Medical Record Review and XDRO Registry Query for *Candida auris* and Carbapenemase-Producing Organisms

Findings and Characteristics of Patients Screened	Results
Tracheostomy and/or Mechanical Ventilation at Admission n/N (%)	14/70 (20)
CA XDRO Registry Entry n/N (%)	0/70 (0)
CPO XDRO Registry Entry n/N (%)	9/70 (13)
Trach/Vent Patient with CPO XDRO Registry Entry	7/70 (10)
Known CPO by Medical Record Review n/N (%)	11/70 (16)

all ICU LTACH or vSNF admissions. Composite swabs are cultured on Inhibitory Mold Agar. In July 2019, an ICU clinical case of *C. auris* was identified from a ventilated patient admitted from an outside hospital prompting the expansion of screening to include acute-care hospital transfers. To evaluate the value of screening criteria, a medical record review and retrospective query of the XDRO Registry was performed for all screened patients. Because cocolonization with carbapenemase-producing organisms (CPO) has been reported, CPO status was also queried. **Results:** Between April 1 and October 31, 2019, 70 patients were screened. Two screened patients did not meet the screening criteria (Fig. 1). No patients, with the exception of the clinical case, were found to be colonized with CA. The XDRO Registry query identified no patients with *C. auris*. Of the 70 patients, 9 (13%) had a CPO. Of those screened, 14 (20%) had a tracheostomy and/or mechanical ventilation (Table 1). **Conclusions:** Querying the XDRO registry at admission in combination with a medical record review appears adequate to identify patients admitted to a NSUHS ICU with *C. auris* and CPOs. Targeting patients admitted with a tracheostomy and/or mechanical ventilation may further reduce the number of screening cultures performed.

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Poster Presentation

Survey for “iCarePATH”: Improving Caregivers’ Perceptions and Attitudes Towards Hand Washing

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Children’s Hospital of Eastern Ontario Infection Prevention and Control Program; Gillian Seidman, Division of Paediatric Medicine, Children’s Hospital of Eastern Ontario; Nisha Thampi, Children’s Hospital of Eastern Ontario

Background: Hand hygiene (HH) is the most effective means of preventing healthcare-associated infections (HAI). HH improvement strategies primarily focus on healthcare staff, often overlooking the significant contribution of caregivers to HAI risk. We sought to understand caregivers’ HH knowledge and practices to identify improvement opportunities. **Methods:** A self-administered survey was developed and distributed to families from June to August 2019; open-ended questions and Likert scales assessed caregivers’ perceptions and practices regarding HH at home and in hospital. HH compliance audits of caregivers entering and exiting inpatient rooms were performed in the same time period. **Results:** Among 81 caregivers surveyed, median patient age was 4.0 (IQR, 0.9–13.0) years. This was the first admission for 42 patients (53.8%). During this admission, 22 (27.2%) patients had been admitted for ≤ 1 day and 45 (55.6%) for >3 days. Caregivers reported good knowledge of HH practice, with strongly positive responses to knowledge of HH moments (94%) and proper technique (96%). Caregivers recognized that HH is required of hospital visitors (96%) to protect others (99%) and prevent illness in hospital (93%). Responses were less consistent for performing HH before entering a hospital room (83%), after exiting the room (70%), or after coughing or sneezing (65%). The attitudes of caregivers of children above 2 years were equivocal regarding expectations of their child to wash hands upon entering (40%), or exiting (41%) the hospital room. Multivariable modeling identified higher self-reported HH compliance in caregivers during first admission to hospital, compared to subsequent admissions (OR, 3.15; 95% CI, 1.11–9.65). Reported barriers to HH included hand irritation (27.2%) and perceived HH frequency (18.5%). At the time of survey completion, 62 caregivers (77%) reported not having received HH information during their child’s admission from a healthcare provider or volunteer. Information was most commonly gained from posters (75%) and information in the room (31%). Most caregivers (58.0%) reported that they would prefer to receive HH information in the first 24 hours of admission. Among 200 audits, overall caregiver compliance with HH was 9%; HH before entering the room was 7.2% compared to 11.2% after exiting ($P = .33$). **Conclusions:** Reported caregiver knowledge of HH was not reflected in audited practice. Fewer than 1 in 4 had received HH information from healthcare staff. HH education in the hospital environment within the first day of admission provides an opportunity for caregivers to improve compliance as partners in HAI prevention and safer pediatric care.

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Surviving and Thriving Immediate Jeopardy in Infection Control from the Centers for Medicare and Medicaid

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Background: Because of a patient death from a blood transfusion, a large hospital in Houston, Texas, underwent one of the largest unannounced CMS surveys in 2019. **Methods:** A 520-bed quaternary-care hospital was surveyed in one of the nation’s largest CMS surveys in March 2019, with a resurvey in June 2019. In an anticipated but