

(perceived evidence strength) and 6 context subscales (favorability of the organizational context to support change). Responses were scored on a 5-point Likert scale, with 1 meaning very weak or strongly disagree. Scores were compared between professional types and sites. We also measured allocated employee effort for stewardship at each site. **Results:** Overall, 104 surveys were completed, with an overall response rate of 69.3%. For all sites combined, the evidence subscale had the highest score of the 7 subscales (mean, 4; SD, 0.9); the resources subscale was significantly lower than other subscales (mean, 2.8; SD, 0.9; $P < .001$). Scores for budget and staffing resources were lower than scores for training and facility resources ($P < .001$ for both comparisons). Pharmacists had lower scores than providers for the staff culture subscale ($P = .04$). Comparing subscales between sites, ORCA scores were significantly different for leadership behavior (communication and management), measurement (goal setting and accountability), and general resources (Fig. 1). The site with the lowest scores for resources (mean, 2.4) also had lower scores for leadership behavior and measurement, and lower pharmacist effort devoted to antibiotic stewardship. **Conclusions:** Although healthcare professionals endorsed the evidence about nontreatment of ASB, perceived barriers to antibiotic stewardship included inadequate resources and lack of leadership support. These findings provide targets for tailoring the intervention to maximize the success of our stewardship program. Our support to sites with lower leadership scores includes training of local champions who are dedicated to supporting the intervention. For sites with low scores for resources, our targeted implementation strategies include analyzing local needs and avoiding increased workload for existing personnel.

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Presentation Type:

Poster Presentation

Patient Involvement in Infection Prevention and Control (IPC) Practice: Knowledge and Perception Study

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Background: Patient involvement is increasingly recognized as critical component for improved care, and patients has been identified of as having a potentially important role for better health outcome as a result of their involvement in their care plan. A usual saying that infection prevention and control is “everyone’s business” is frequently understood to include not only healthcare workers but also patients and their relatives, all of whom are seen as stakeholders with a part to play in ensuring a better patient outcome. There is limited evidence about knowledge and perception about involving patient and/or relatives in IPC implementation in a post-Ebola-outbreak country. **Objectives:** We aimed to ascertain the knowledge and perception of patient involvement in infection prevention and control (IPC) practice. **Methods:** We used a qualitative approach comprising interviews with patients and/or relatives and health workers sampled from 5 hospitals. Participants ($n = 60$) included 25 nurses, 25 patients and/or relatives, 5 IPC focal persons, and 5 hospital administrators. Interviews used a structured questionnaire to explore staff views on patient involvement. A separate questionnaire was used to survey patient perspectives and knowledge about basic hospital IPC practices. **Results:** Of 60 interviews, 64% of nurses supported

involving patient in hospital IPC practice, saying that the patient can serve as a reminder during the time of care, whereas 36% disagreed with involving the patient because of fear of having confrontations with the patient. Also, 92% of patients and/or relatives agreed to their involvement because they viewed it as their right; only 8% did not accept involvement because they thought it was a burden and not their responsibility. All 5 IPC focal persons (100%) supported patient involvement; they thought it would enhance overall IPC compliance and keep healthcare workers reminded of IPC practice, most especially hand hygiene. Also, 100% of hospital administrators supported involving patients because they felt that patient should be involved in their care plan. **Conclusions:** From this study, it is evident that patient involvement is key in optimizing IPC compliance in hospitals. The study findings indicate that most patients have knowledge of the importance of hand washing since the Ebola outbreak; however, they lack knowledge on other practices such as waste disposal, cough etiquette, etc. There is need for IPC orientation on admission and continuous patient education.

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Disclosures: None

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Disagree

Christiana Kallon

Doi:[10.1017/ice.2020.1169](https://doi.org/10.1017/ice.2020.1169)

Presentation Type:

Poster Presentation

Point of Care Stations: A Novel Way to Improve Stethoscope Hygiene

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Background: Stethoscopes are known to be highly contaminated by a multitude of bacteria and therefore carry the potential to transmit pathogens within hospitals. North American infection prevention groups recommend low-level disinfection of stethoscopes for bioburden reduction between patients; however, adherence remains low in inpatient settings. Given that the lack of access to disinfection materials is the most commonly reported barrier to stethoscope hygiene, we studied an intervention using a point-of-care approach to increase stethoscope hygiene compliance among healthcare workers in critical care units. **Methods:** This quality improvement study was conducted in 2 critical-care units of a quaternary-care, academic, health sciences center in Toronto, Canada. We designed novel stethoscope hygiene stations consisting of a wall-mounted board with alcohol wipes, hooks for drying, and hand sanitizer dispensers to combine stethoscope and hand hygiene. Observations of stethoscope disinfection events per opportunity were collected by trained human auditors before and after the multimodal intervention, which consisted of the installation of 14 stations at the entrances of single-patient ICU rooms, accompanied by educational lectures and infographic dissemination. Anonymous feedback forms were used to gather information on healthcare workers’ stethoscope hygiene knowledge and behavior before and after the intervention. **Results:** In total, 124

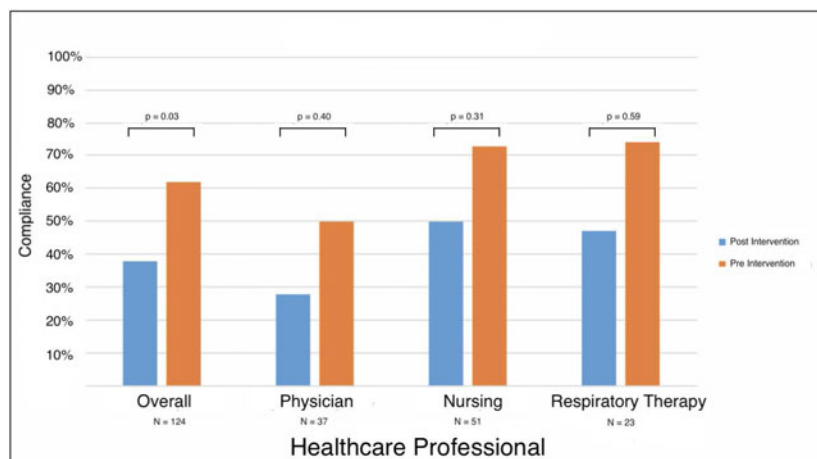


Fig. 1

observations were collected using convenience sampling between February and July 2019. Overall stethoscope hygiene compliance increased significantly from a baseline of 38% to 62% ($P = .0316$) (Fig. 1). Physician adherence to stethoscope disinfection increased by 22%. During the study period, hand hygiene compliance remained unchanged at 75%. Also, 74 healthcare providers completed feedback forms; they revealed an increase in awareness of stethoscope hygiene policies and/or recommendations (9% to 41%) and self reports of stethoscope hygiene compliance (28% to 44%). **Conclusions:** The implementation of stethoscope hygiene stations, coupled with an educational initiative, lead to a significant increase in overall stethoscope hygiene compliance among healthcare workers. Future quality improvement initiatives can adapt this strategy to promote disinfection and reduce pathogen burden of other personal and multiuse medical equipment.

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Poster Presentation

Point-Prevalence Survey on Antibiotics Use in Six Regional Hospitals in Sierra Leone

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Background: Antibiotic resistance (AMR) is a safety concern for patients in Sierra Leone. AMR can occur in communities and as well in the process of receiving treatments in healthcare settings, and it can pose a major threat to patient safety. Healthcare-associated infections and AMR result in longer duration of illness, longer treatment, higher mortality, increased costs, and increased burden to health facilities.

Objective: The purpose of this study was to generate more reliable estimates of the risk factors for the prevalence of HAI and to investigate patterns of antibiotic prescriptions done. **Methods:** The survey was conducted in 6 regional hospitals in Sierra Leone (Kono, Kambia, BO, Makeni, Moyamba, and Kenema) from June 16 to July 10 2019. The survey targeted inpatients in the pediatric, maternity, medical, and surgical wards. A structured questionnaire adopted from the WHO PPS form was used to collect information from patient medical charts and care notes. **Results:** Data were collected from 156 patients,

of whom 140 patients were on antibiotics, 100 were women, and 40 were men. Patients on 1 antibiotic regimen accounted for 8.6% ($n = 12$) and 91.4% ($n = 128$) on a regimen of 2 or 3 antibiotics. Only 5 patients (3.6%) were on oral antibiotics and 135 (96.4%) were on IV antibiotics. In the maternity ward, 28 of 40 patients (70%) had had a caesarian section and were on 2 or more antibiotics; 18 patients with caesarian sections (64.3%) developed complications and continued on an antibiotic regimen for >1 week. The remaining 12 patients (30%) in the maternity ward were admitted for anemia and hypertension (ie, preeclampsia), and these patients were on 1 antibiotic regimen for which they had no clinical indication. **Conclusions:** The survey results show that every patient admitted to the hospital was covered with antibiotics with or without indications; no laboratory investigations were performed before antibiotics were initiated. These findings further reveal a large number of patients who were exposed to intravenous cannulation, which predisposes catheter-associated bloodstream infections. The survey results justify the need for an antibiotic stewardship program to guide use of antibiotics.

Funding: None

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Disagree

Christiana Kallon

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Poster Presentation

Prevalence of Carbapenem-Resistant Enterobacteriaceae (CRE) at a Tertiary-Care Center in the United States

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Background: Quantification of the magnitude of CRE both within a facility and regionally poses a challenge to healthcare institutions. Periodic point-prevalence surveys are recommended by the CDC