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Background: Healthcare-associated infections (HAIs) are a major global threat to patient safety. Systematic surveillance is crucial for understanding HAI rates and antimicrobial resistance trends and to guide infection prevention and control (IPC) activities based on local epidemiology. In India, no standardized national HAI surveillance system was in place before 2017. **Methods:** Public and private hospitals from across 21 states in India were recruited to participate in an HAI surveillance network. Baseline assessments followed by trainings ensured that basic microbiology and IPC implementation capacity existed at all sites. Standardized surveillance protocols for central-line-associated bloodstream infections (CLABSIs) and

catheter-associated urinary tract infections (CAUTIs) were modified from the NHSN for the Indian context. IPC nurses were trained to implement surveillance protocols. Data were reported through a locally developed web portal. Standardized external data quality checks were performed to assure data quality. **Results:** Between May 2017 and April 2019, 109 ICUs from 37 hospitals (29 public and 8 private) enrolled in the network, of which 33 were teaching hospitals with >500 beds. The network recorded 679,109 patient days, 212,081 central-line days, and 387,092 urinary catheter days. Overall, 4,301 bloodstream infection (BSI) events and 1,402 urinary tract infection (UTI) events were reported. The network CLABSI rate was 9.4 per 1,000 central-line days and the CAUTI rate was 3.4 per 1,000 catheter days. The central-line utilization ratio was 0.31 and the urinary catheter utilization ratio was 0.57. Moreover, 3,542 (73%) of 4,742 pathogens reported from BSIs and 868 (53%) of 1,644 pathogens reported from UTIs were gram negative. Also, 1,680 (26.3%) of all 6,386 pathogens reported were Enterobacteriaceae. Of 1,486 Enterobacteriaceae with complete antibiotic susceptibility testing data reported, 832 (57%) were carbapenem resistant. Of 951 Enterobacteriaceae subjected to colistin broth microdilution testing, 62 (7%) were colistin resistant. The surveillance platform identified 2 separate hospital-level HAI outbreaks; one caused by colistin-resistant *K. pneumoniae* and another due to *Burkholderia cepacia*. Phased expansion of surveillance to additional hospitals continues. **Conclusions:** HAI surveillance was successfully implemented across a national network of diverse hospitals using modified NHSN protocols. Surveillance data are being used to understand HAI burden and trends at the facility and national levels, to inform public policy, and to direct efforts to implement effective hospital IPC activities. This network approach to HAI surveillance may provide lessons to other countries or contexts with limited surveillance capacity.

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Poster Presentation

Surveillance of ICU Patients for *Candida auris* in a Suburban Chicago Hospital System: Results of a Limited Trial

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Background: *Candida auris* prevalence in Illinois, particularly in the metropolitan Chicago area, is high. The Illinois Department of Public Health recommends empiric contact precautions for patients with a tracheostomy or requiring mechanical ventilation from skilled nursing facilities (vSNFs) or long-term acute-care hospitals (LTACHs) who are admitted to an acute-care hospital. Cases of *C. auris* infection and colonization are reportable to the Illinois Extensively Drug Resistant Organism Registry (XDRO Registry). NorthShore University HealthSystem (NSUHS) actively screens adult intensive care unit (ICU) admissions from LTACHs and vSNFs for *CA*. **Methods:** NSUHS is a 4-hospital system located north of Chicago with 750 beds, 4 ICUs and ~64,000 annual admissions. Beginning in April 2019, a composite axilla-groin swab was collected from

Figure 1. Number of Patients Screened by Admission Source

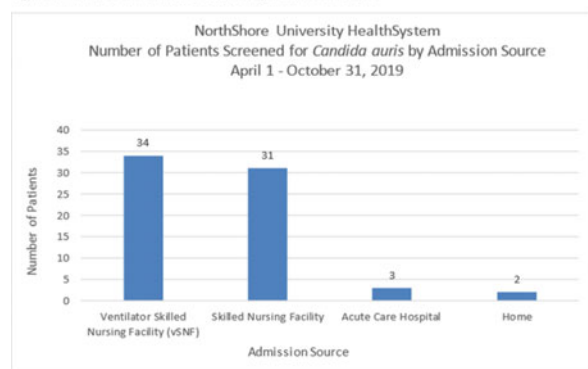


Fig. 1.

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

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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