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Accessibility
Results. N = 14,260 MRSA clinical cultures were identified in 9,209 unique patients. Of these, 1,703 met definition for MRSA HAI infection.

Electronic algorithm detected MRSA HAI rates varied widely across 137 facilities (Figure 1), ranked by rate per 1,000 patient-days. IPEC rates were universally lower than estimates derived using the MRSA electronic detection tool. Discordance in the estimates was attributable to infections present on admission, differences in capture of surgical site infections, and differences between clinical and surveillance definitions of infection.

Conclusion. Applying the MRSAs algorithm provided additional information about the burden of MRSA infections across the VA. This algorithm could be used as a tool to complement IPEC reporting and further inform infection prevention activities.

Disclosures. All authors: No reported disclosures.

2178. Developing a Checklist to Identify and Manage MRSA Outbreaks in the Neonatal ICU using a Multi-Disciplinary Approach

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Hospital-Acquired Infections (HAIs) increase the risk of neonatal mortality and morbidities, including Staphylococcus aureus (SA) infections. The New York State Department of Health (NYSDOH) has conducted biannual surveys of NICUs in the state since 2002. In 2015, 72% (290) of the 398 NICUs reported MRSA infections.

Methods. The NYSDOH and academic partners conducted a workshop to teach NICU multidisciplinary teams these skills.

Disclosures. All authors: No reported disclosures.

2179. A Checklist to Identify and Manage MRSA Outbreaks in the Neonatal ICU: An Experience in New York City NICUs

Eli Perencevich, MD, MS, FIDSA, FSHEA1 and Christopher Crenich, MD, PhD2.

From 2001 to 2015, the New York State Department of Health (NYSDOH) received 241 hospital-associated infection reports from neonatal ICUs (NICUs); 72 (29%) were caused by methicillin-resistant Staphylococcus aureus (MRSA) and involved 390 babies at initial report. Given this MRSA burden and variability in outbreak response, a checklist was developed to help NICUs identify and manage MRSA outbreaks. NYSDOH and academic partners conducted a workshop to teach NICU multidisciplinary teams these skills.

Methods. The checklist committee were members of the NYSDOH and academic subspecialists in infectious disease, infection control and neonatology from three medical centers in NYC; all of whom had reported MRSA outbreaks within the past year. The committee met twice monthly for 6 months and developed the checklist as a practical tool for multidisciplinary care team to implement existing guidelines. A checklist draft was distributed during the NYSDOH's one-day workshop to Control and Prevent MRSA Outbreaks, attended by 73 individuals from 25 NICUs in the NYC metropolitan region. Attendees provided feedback to modify the checklist.

Conclusion. The checklist has 10 sections including guidance about developing a case definition and line list; reporting to the NYS DOH; managing census; communicating with local microbiology laboratories, interdisciplinary teams, families, and employee health service; using transmission-based precautions, obtaining surveillance cultures, cohorting infants and staff, and improving environmental cleaning. Implementation strategies are emphasized, e.g., evaluate effectiveness of environmental cleaning and disinfection practices and empower staff to observe and enforce hand hygiene compliance. Practical tips are provided, e.g., assess equipment shared with other units, review clinical cultures for patterns suggestive of acquisition route, take a non-punitive approach with MRSA-positive staff, perform environmental cultures if other strategies fail to stop transmission.

Disclosures. All authors: No reported disclosures.