

Results: We observed clear differences between the machines in terms of biological contamination, with frequent detection of NTM and presumed *Candida*. Thus, NTM were detected in the 36 samples of ice and water with concentrations from 0.5 to 2x104 gene copies/mL. Among the several species of fungi detected in the ice machines, some were identified as *C. parapsilosis* and *C. guilliermondii*, which are organisms of concern in healthcare facilities. Factors affecting the level of contamination in ice machines include the location of the machines and water quality (ie, temperature and chlorine residual concentration). Depending on the location in the building and the model of ice machine sampled, the biological indicators measurements indicated more or less significant contamination. No link was established between environmental strains recovered from the machines and clinical infections. **Conclusions:** Monitoring results showed that ice machines, while subject to few regulations and controls, can be reservoirs of unsuspected opportunistic pathogens that could lead to nosocomial infections of vulnerable patients. Cleaning procedures should be based on the disinfection of resistant opportunistic pathogens, such as *Candida* and NTM, and the use of general indicators, such as HPCs, should be questioned.

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Presentation Type:

Poster Presentation - Top Poster Award

Subject Category: Implementation Science

The Strike Team as an implementation strategy for surgical infection prevention

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Background: Surgical site infections (SSIs) incur up to \$10 billion annually due to their excessive morbidity. SSI prevention bundles have had variable success in colorectal surgery. For example, at the University of Wisconsin Hospital, a 505-bed regional referral center, SSI rates have remained high despite the introduction of a 14-element SSI prevention bundle in 2016. To aid in the implementation of this complex bundle, the hospital started Strike Teams in 2019. We have described the impact of Strike Teams on colorectal SSI rates in our tertiary-care hospital. **Methods:** A Strike Team with key stakeholders from colorectal surgery (ie, surgeon, OR director, nurses, surgical technicians), anesthesia, pharmacy, infection prevention, and infectious disease was formed, supported by the hospital’s executive leadership. The Strike Team met monthly throughout 2019 to review each

Table 1. SSI Prevention Bundle at University of Wisconsin Hospital

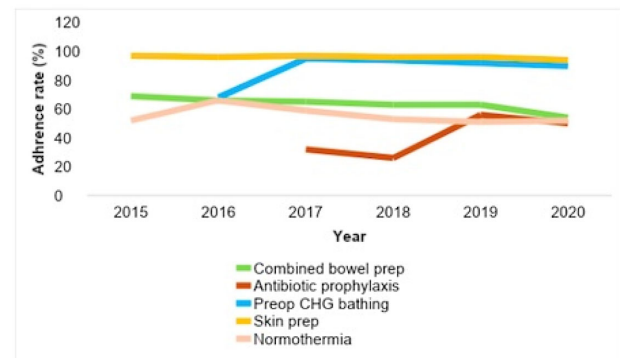
Bundle Element	Strike Team Target for Adherence
PRE-OP	
Smoking cessation	No
Glucose control for diabetics	No
Chlorhexidine bathing	Yes
Mechanical bowel prep and oral antibiotics	Yes
INTRA-OP	
Appropriate hair removal	No
Standardized skin prep with ChlorPrep	Yes
Preferred antibiotic prophylaxis*	Yes
Normothermia	Yes
Normoglycemia	No
Wound protectors	No
Glove change prior to skin closure	No
Separate instrument tray for closure	No
Antimicrobial sutures	No
POST-OP	
Standardized dressing change at 48 h	No

*Cefazolin + Metronidazole, or Levofloxacin + Metronidazole in penicillin-allergic patients; within 60 minutes of incision; weight-based dosing and redosing for cefazolin.

Figure 1. Quarterly colorectal SSI rates over time (values shown in green correspond to quarters when Strike Team was active).



Figure 2. Adherence rates* to selected SSI prevention bundle elements over time



*Calculated as % of patients who received bundle elements out of all patients with colorectal surgery that year.

SSI case, discussed barriers to adherence for the SSI prevention bundle elements with implementation difficulties (Table 1), and proposed actionable feedback to increase adherence. The latter was disseminated to frontline clinicians by the teams’ surgical leaders during everyday clinical practice. The Strike Team was paused in 2020 due to resource reallocation in response to the COVID-19 pandemic. Monthly and quarterly SSI surveillance was conducted according to CDC guidance. **Results:** Colorectal SSI rates before, after, and during Strike Team activity are shown in Fig. 1. Adherence rates to the bundle elements targeted by the Strike Team are shown in Fig. 2. **Conclusions:** Adherence to the preferred antibiotic prophylaxis increased, although adherence to other bundle elements of focus did not change significantly. SSI rates decreased below our expectation while the Strike Team was active in our hospital, although SSI reduction was not sustained. Further research should study the effectiveness of Strike Teams as a long-term implementation strategy for SSI prevention in colorectal surgery.

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Subject Category: MDR GNR

Predicting the regional impact of interventions to prevent and contain multidrug-resistant organisms

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Background: Multidrug-resistant organisms (MDROs), such as carbapenem-resistant Enterobacterales (CRE), can spread rapidly in a region.