Methods. The bundle for S. aureus colonized patients having TJA included nasal mupirocin ointment twice daily and daily CHG bathing for 5 days before surgery. The bundle for non-carriers included CHG bathing the day before and the morning of surgery. From 7/2018-10/2019, inpatients completed a 31-item survey following their TJA.

Results. 73 patients completed the survey (~29% of the TJA population). 17 patients (23%) carried S. aureus & 56 patients (77%) were non-carriers. Patients reported high compliance with home use of CHG for the full number of days directed (88% when prescribed for 2 days; 71% when prescribed for 5 days; overall 85% used as prescribed; Figure). 7 (10%) patients reported CHG side effects, including burning or itchy/dry skin. 99% of patients reported willingness to use the CHG before a future surgery. Compl (CHG) had home use of mupirocin was lower (53% used as prescribed). Reported side effects included stinging, itching or dryness (N=2, 12%), unpleasant taste (N=2, 12%) & runny or stuffy nose (N=3, 18%). 100% of patients reported willingness to use mupirocin before a future surgery. Barriers to patient compliance with the bundle included forgetfulness and difficulty bathing daily. Facilitators to pa
tient compliance included high facility compliance with S. aureus screening (100% patients reported), patient education regarding CHG and mupirocin use (95% patients recalled), and access to prescribed medications (100% patients received). Most patients (93%) reported no financial burden for mupirocin and 95% of patients reported no financial burden for CHG.

Conclusion. Patients reported high willingness to use the prevention bundle, yet mupirocin compliance was sub-optimal. Replacing patient-applied home mupirocin with nurse-applied day-of-surgery decolonization should be assessed in order to facilitate increased compliance.

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888. Improving outcomes with revised preoperative universal decolonization protocol
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Background. In order to improve outcomes, including reduced surgical infection rate and costs, a revised universal preoperative decolonization protocol was implemented on a trial basis.

Methods. In a 12 month before and after study at a public teaching hospital in southern California, an alcohol based nasal antiseptic was introduced in place of nasal povidone iodine (PVI) for all surgical patients pre-operatively, paired with chlorhexidine (CHG) bathing which was already in place. All surgical procedures were included, the alcohol based nasal antiseptic was applied to the nose of all spine surgery fusion and laminectomy patients within one hour of surgery instead of the PVI nasal antiseptic that had been in use previously.

Results. After switching the alcohol based nasal antiseptic, there was a reduction in surgical site infections (SSI) of 64% from 0.58 to 0.21/100 spine fusion procedures and a reduction in SSI of 100% from 0.46 to 0.00/100 laminectomy procedures. This represents an estimated cost avoidance of $127K associated with infections prevented. There was also a $37K cost savings resulting from switching from nasal PVI to alcohol based nasal antiseptic, with patients reporting greater satisfaction. There was also a $37K cost savings resulting from switching from nasal PVI to alcohol based nasal antiseptic, with patients reporting greater satisfaction.

Conclusion. Universal preoperative decolonization for spine fusion and laminectomy patients using an alcohol based nasal antiseptic and CHG bathing resulted in reduced infection rates and associated costs, reduced nasal antiseptic cost and improved patient satisfaction.

Disclosures. All Authors: No reported disclosures