as underweight had an OR of 2.39 of developing a HAPI compared to those who were normal or overweight while those with morbid obesity were 28% less likely to develop a HAPI. The area under the curve for this model was 0.77, indicating good predictive accuracy in this patient cohort.

**Conclusion:** This proposed prediction model showed good accuracy at predicting which patients are more likely to develop a HAPI, incorporating patient factors from race/ethnicity and payer status to medical history and ICU unit. While the tool should be externally validated on a different cohort of patients, it is a starting point to help focus interventions and quality improvement for the prevention of this disease. The use of this predictive model can be used to more prudently allocate scarce resources in the delivery of health care.

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**Occupational Exposures In The Operating Room: Are Surgeons Well-equipped?**

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**Purpose:** Surgeons are subjected to an array of occupational hazards in the operating room, including infection, chemicals, radiation, smoke, excessive noise, musculoskeletal injuries, as well as emotional and psychological disturbances. Although education and training exist for traditional hazards, such as bloodborne pathogens and radiation, no policies exist on unestablished hazards, such as chemical exposures, surgical smoke, or ergonomics. We investigated the extent to which surgeons are trained on workplace hazards and evaluated the self-reported frequency of exposure.

**Methods:** An electronic survey (Qualtrics) was distributed to 280 surgeons at a large institution. Participants received questions regarding formal training, adequacy of the training, and frequency of the training. Self-reported frequency of exposure was also examined. Descriptive statistics were calculated for the survey cohort. Statistical analyses were performed using Mann-Whitney U, Kruskal Wallis, and Odds Ratio. P-values were two-sided and considered significant at p=0.05.

**Results:** Of 159 respondents (57% response rate), 99% were most frequently exposed to bloodborne pathogens and surgical smoke on a daily basis; however, not all respondents received training on bloodborne pathogens (96%) and surgical smoke (29%). Upon subgroup analysis, residents and fellows had a greater frequency of exposure to surgical smoke, radiation, methylmethacrylate, and cytotoxic drugs compared to attendings (p=0.01). Moreover, residents and fellows had lower odds of receiving formal training related to surgical smoke, radiation, methylmethacrylate, and cytotoxic drugs when compared to attendings (p=0.03). On further analysis, residents and fellows still experienced a greater frequency of exposure to surgical smoke, radiation, and cytotoxic drugs compared to attendings, regardless of whether formal training on the occupational hazard was received. Additionally, exposure to occupational hazards was not equal across surgical specialties. Surgical smoke was encountered daily or a few times per week by all surgical specialties except OB/GYN who reported weekly exposure (p=0.01). Orthopedic surgeons reported weekly exposure to methylmethacrylate and increased odds of receiving training or supplemental information on methylmethacrylate while other surgeons had only monthly or yearly exposure (p=0.01). Finally, OB/GYN and Orthopedic surgeons reported the lowest frequency of exposure to cytotoxic drugs (never) while urologists had the greatest frequency of exposure (monthly) (p=0.01).

**Conclusion:** Occupational exposures are unavoidable in the operating room. Reporting of these hazards is a critical step in initiating formal training and instilling policies. Our study demonstrates the need for resident trainees and consulting specialties to be indiscriminately provided with formal training on all occupational hazards independent of their risk of exposure.

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**Human Nrf2-Active Multipotent Stromal Cell Exosomes Reverse Pathologic Diabetic Wound Healing**

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