**Conclusion.** In an underserved, poorly health literate, largely foreign-born, socioeconomically challenged population such as ours, we not only established a significant risk of bacteremia with TDC’s but preliminary post-ClearGuard cap conception data currently being followed is promising for a significant reduction in catheter-related bacteremia.

**Disclosures.** All authors: No reported disclosures.

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**Session:** 142. HAI, Device-Associated: Vascular Devices  
**Friday, October 4, 2019: 12:15 PM**

**Background.** Central line-associated bloodstream infection (CLABSI) is a preventable medical condition that results in increased patient morbidity and mortality as well as increased medical costs. We sought to describe the impact of various quality improvement interventions on the incidence of CLABSI in a large 990-bed community teaching hospital from the period of January 1, 2013 to December 31, 2017.

**Methods.** Retrospective study of CLABSI events as defined by the CDC’s National Healthcare Safety Network was completed. Between 2013 to 2017, we introduced mandatory real-time root cause analysis for each CLABSI event to identify defects that could be used for quality improvement interventions. We implemented a bundle of interventions for proper central venous catheter (CVC) insertion and maintenance based on CDC recommendations and the results of the internal analysis. Interventions included utilizing chlorhexidine gluconate (CHG) skin preparation and maximum sterile barrier precautions, optimal site selection (avoiding femoral site), using antimicrobial-coated CVCs and antithrombotic Bioflo peripherally inserted central catheters (PICC), minimizing multi-lumen CVC and PICC use, de-escalating CVC to midline or preferential use of midline catheters while minimizing unnecessary PICC and CVC insertion, adding Curos disinfection caps on central lines and other vascular access sites, weekly scheduled CVC site dressing changes with Tegaderm CHG I.V. Securement Dressing, CHG baths for patients with CVCs, avoidance of blood culture draws from central lines, and daily review of line necessity with timely removal. Medical staff members received ongoing education on the implementation of the CLABSI bundle. Both ICU and non-ICU CLABSI cases in the adult patient population were analyzed.

**Results.** A comparison of 2013 with 2017 shows a 69% decline in the number of CLABSI cases from 36 to 11 patients (Figure 1). There was a 30% decline in CVC days from years 2014 to 2017 (No CVC days data for 2013 due to change in data collection system). Over the same period, CLABSI events per 1,000 CVC days decreased from 0.624 to 0.362 (Figure 2)—a 42% decline.

**Conclusion.** Study findings show that our comprehensive bundle of interventions for CVC insertion and maintenance resulted in decreased rates of CLABSI.

**Disclosures.** All authors: No reported disclosures.

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1169. Preventing Central Line-Associated Bloodstream Infections in Long-Term Acute Care  
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**Session:** 142. HAI, Device-Associated: Vascular Devices  
**Friday, October 4, 2019: 12:15 PM**

1168. Trends in Central-Line-Associated Blood Stream Infections in a Community Teaching Hospital: A Multi-Intervention Quality Improvement Project  
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Background. Long-term acute care hospitals (LTACHs) care for chronically, critically ill patients with high utilization of central lines and high risk for morbidity from central line-associated bloodstream infections (CLABSIs). Our 38-bed LTACH noted a substantial increase in the incidence of CLABSIs (as defined by the National Healthcare Safety Network) between fiscal year (FY) 2016 and FY 2018 (Figure 1). Detailed case review identified a large number of CLABSIs which were clinically consistent with blood culture contaminants from central lines. Feedback from bedside staff also suggested gaps between practice and evidence-based measures for central line care.

Methods. A three-pronged CLABSI prevention project was implemented in July 2018 consisting of (1) staff education regarding daily chlorhexidine (CHG) bathing for all patients, combined with an electronic audit report to identify patients without active CHG orders; (2) change in practice to the use of venipuncture alone for blood culture collection, combined with an electronic audit report to identify blood cultures collected from central lines; and (3) a recurring 6-part educational series for nurses focused on central line care. The pre-intervention period was defined as the 12-month period between July 1, 2017 and June 30, 2018 (FY 2018). The primary outcome was the fiscal year CLABSI rate. A secondary outcome was the proportion of blood cultures drawn from central lines.

Results. After 9 months of the intervention, one CLABSI had been reported for FY 2019 year-to-date at a rate of 0.4 per 1,000 CL-days, representing an 86% decrease from the FY 2018 rate of 2.8 per 1,000 CL-days. The 12-month rolling CLABSI rate decreased to 1.6 per 1,000 CL-days (Figure 2). The proportion of blood cultures collected from central lines decreased from 10.5% (69/658) to 4.5% (15/334), representing a 57% reduction. The proportion of patients ordered and receiving CHG bathing in the intervention period was >95%.

Conclusion. A multidisciplinary effort focused on CHG bathing, central line care, and blood culture collection led to a substantial reduction in CLABSIs in our LTACH. The use of electronic audit reports was particularly useful in achieving high adherence to practice changes.

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1170. A Quality Improvement Study to Assess the Effectiveness of a Meaningful Use Protocol in the Reduction of PICC Line Use and Complications

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Session: 142. HAI, Device-Associated: Vascular Devices

Background. The use of peripherally-inserted central catheters (PICC) has grown substantially over time because of their ease of insertion, cost-effectiveness and reduced risk of infection. With increased use, however, there are increased complications including catheter-related bloodstream infections (CLABSI) and PICC line-associated deep vein thrombosis (DVT). To help decrease complications a meaningful use protocol was implemented based on the Michigan Appropriateness Guide for Intravenous Catheters (MAGIC) to define appropriate indications for PICC line use. The objectives of this study were (1) to determine the rate of PICC line use at our hospital; (2) to determine rates of complications associated with PICC lines, including CLABSI and DVT; and (3) to compare the metrics listed above and after implementation of the meaningful use protocol.

Methods. We performed a retrospective chart review of all inpatient admissions before (June 1, 2017 to September 1, 2017) and after the implementation of the meaningful use protocol (June 1, 2018 to September 1, 2018). Patients who had a PICC line inserted at another institution or in the outpatient setting were excluded. We compared the rate of insertion, patient demographics, characteristics of the use of PICC lines and complications from the two periods. Data were analyzed using the chi-squared test, Student’s t-test, the Mann–Whitney U test and the z test for proportions.

Results. We reviewed 281 patient charts, 166 before the implementation of the meaningful use protocol and 115 after implementation. Overall, the mean age was 55.8 ± 17.9 years, 58.7% male and 54.1% white. There were no significant differences between groups with respect to demographics, comorbidities, source of admission, or complications. Post-implementation there was a significant reduction in lines used for unknown reasons as well as lines used for multiple blood draws (P = 0.0001). The overall rate of PICC line use decreased from 23 per 1,000 admissions to 17.2 per 1,000 admissions after the intervention (P = 0.007).

Conclusion. Implementation of a meaningful use protocol reduced the rate of PICC line use at our institution by 25%. The proportion of lines used for unknown reasons decreased as well. Widespread implementation could have a significant impact on the reduction of PICC line use.

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