



Fig. 2.

testing, policies for other diagnosis and treatment stewardship techniques were much less commonly employed. Future work will compare the results of this survey to a set of similar questions on a statewide microbiology laboratory survey, assess best practices, and form consensus recommendations on stewardship practices for the state.

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Health Department Authorities to Assist Healthcare Facilities with Outbreaks or High HAI Rates—Preliminary Assessment, 2018

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Background: Health departments have been increasingly called upon to monitor healthcare associated-infections (HAIs) at the hospital- or facility-level and provide targeted assistance when high rates are identified. Health department capacity to effectively respond to these types of signals depends not only on technical expertise but also the legal and regulatory authority to intervene. **Methods:** We reviewed annual reports describing HAI and antibiotic resistance (HAI/AR) activities from CDC-funded HAI/AR programs for August 2017 through July 2018. We performed a qualitative data analysis on all 50 state health department responses to a question about their regulatory and legal authority to intervene or assist facilities without invitation when outbreaks are suspected (as determined by the health department) or high HAI rates have been identified (eg, based on NHSN data). **Results:** When an outbreak is identified, 31 health departments (62%) indicated that they have the authority to intervene without invitation from a facility and 8 (16%) did not specify. Among the 11 health departments (22%) that indicated that they do not have this authority, 5 (45%) states noted that they operate under decentralized systems in which the local health department can intervene in outbreak situations and the state health department is available to assist. When a health department identifies high HAI rates, 14 health departments (28%) indicated that they have the authority to intervene without invitation, 22 (44%) indicated that they do not, and 14 (28%) did not specify. Among those in the latter categories, 3 stated they can work through their local health departments, which do have this authority and 8 described working

through partners (eg, State Hospital Association, n = 3 or State Healthcare Licensing Agency, n = 5). **Discussion:** Assistance from state health departments (eg, HAI/AR programs) in the context of outbreaks and high HAI rates has value that is usually well recognized and welcomed by healthcare facilities. Nonetheless, there are occasions when a health department might need to exert its authority to intervene. The preliminary analysis described here indicated that this authority was more commonly self-reported in the context of outbreaks than when high HAI rates are identified. These 2 situations are connected, as high rates might be indicative of unrecognized or unreported outbreak activity, and these issues may benefit from further analysis.

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Healthcare Worker Experiences Implementing CRE Infection Control Measures at a vSNF—A Qualitative Analysis

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Background: During 2017–2019 in the Chicago region, several ventilator-capable skilled nursing facilities (vSNFs) participated in a quality improvement project to control the spread of highly prevalent carbapenem-resistant *Enterobacteriaceae* (CRE). With guidance from regional project coordinators and public health departments that involved education, assistance with implementation, and adherence monitoring, the facilities implemented a CRE prevention bundle that included a hand hygiene campaign that promoted alcohol-based hand rub, contact precautions (personal protective equipment with glove/gown) for care of CRE-colonized residents, and 2% chlorhexidine gluconate (CHG) wipes for routine resident bathing. We conducted a qualitative study to better understand the ways that vSNF employees engage with the implementation of such infection control measures. **Methods:** A PhD-candidate medical anthropologist conducted semistructured