



Figure 2.

LHD enables reprocessing of N95s and other PPE using existing assets. LHD is advantageous because of scalability and the capacity to provide staff with their own reprocessed PPE.

Funding: No

Disclosures: None

Antimicrobial Stewardship & Healthcare Epidemiology 2021;1(Suppl. S1):s61–s62

doi:10.1017/ash.2021.118

Presentation Type:

Poster Presentation

Subject Category: Emerging Pathogens

Experience of Treating *Candida auris* Cases at a General Hospital in Qatar

Adila Shaukat; Feah Visan; Naser Al Ansari; Walid Al Wali; Manal Hamed; Ihab Elmadhoun; Hassan Mitwally and Edin Karic

Background: So far, there have been no studies on *Candida auris* in Qatar. We describe the clinical spectrum and outcome of *C. auris* infection in patients admitted to a general hospital in Qatar. **Methods:** We conducted this descriptive observational study in a general hospital in Qatar. We have included all patients with *C. auris* infection and colonization admitted to a general hospital from December 2018 to August 2019. **Results:** We identified 13 patients with confirmed *C. auris* infection or colonization, of whom 5 cases represented an actual *C. auris* infection, while the remaining 8 cases were considered colonization. The mean age of the patients with infection was 76.6 years (SD, ± 8.4), while the mean age of the patients with colonization was 66.4 years (SD, ± 24.7). Among the individuals clinically infected with *C. auris*, 2 had urinary tract infections, 1 had candidemia, 1 acquired a soft-tissue infection, and 1 had a lower respiratory tract infection. All strains of *C. auris* were susceptible to echinocandins, flucytosine, and posaconazole while resistant to fluconazole and amphotericin B. Of the patients with *C. auris* infection who received systemic antifungal therapy, 3 (60%) died during antifungal therapy. **Conclusions:** Our study showed that *C. auris* can cause a wide variety of invasive infections, including bloodstream infection, urinary tract infection, skin infection, and lower respiratory tract infections, especially in critically ill patients. In addition, our isolates showed resistance to the most common antifungal agents such as fluconazole and amphotericin B.

Funding: No

Disclosures: None

Antimicrobial Stewardship & Healthcare Epidemiology 2021;1(Suppl. S1):s62

doi:10.1017/ash.2021.119

© The Author(s), 2021. Published by Cambridge University Press on behalf of The Society for Healthcare Epidemiology of America. This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted re-use, distribution, and reproduction in any medium, provided the original work is properly cited.

S62 2021;1 Suppl 1

Presentation Type:

Poster Presentation

Subject Category: Environmental Cleaning

Engaging Veterans in Identifying Key Elements of Environmental Cleaning: The Patient Perspective

Kelsey Baubie; Linda McKinley; Julie Keating and Rosemary Bartel

Background: Contaminated surfaces in healthcare settings contribute to the transmission of pathogens. Environmental cleaning and disinfection are important for preventing pathogen transmission and reducing healthcare-associated infections (HAIs). Hospital cleanliness plays a large role in patient perception of the healthcare setting and, consequently, of patient satisfaction. However, patient perceptions of environmental cleaning remain unclear. To engage patients as part of achieving patient-centered care, we undertook a qualitative study to examine patient perspectives on environmental cleaning and disinfection in healthcare settings. **Methods:** We conducted semistructured qualitative interviews with 14 hospitalized patients at a large midwestern Veterans' Administration hospital. Interviews were audio recorded, professionally transcribed verbatim, summarized in a "key domains" template developed by the research team, then coded for emerging themes. **Results:** Patients reported feeling satisfied with hospital cleanliness and especially the daily cleaning they observed while hospitalized. Cleaning activities highlighted included mopping and disinfecting high-touch surfaces, bathrooms, and floors. Despite this overall positive response, some patients expressed worries of being "in the way" or burdensome if they were in their rooms while staff were cleaning. One interviewee stated, "It's easier for them if there isn't a patient in [the room] ... it's hard to do any endeavor when you've got a complete stranger watching you." Patients also acknowledged the importance of careful cleaning, especially during the COVID-19 crisis; "It's got to be something you take seriously, especially during this pandemic." Some patients spoke of the relationship which can develop between environmental services staff during daily hospital room cleaning. **Conclusions:** Patient perceptions of environmental cleaning are important to understand and incorporate into clinical practice. Overall, patients felt that their environments were clean, and they expressed confidence in the staff's work. Interviewees additionally spoke of their own self-efficacy, saying they try to clean up after themselves and would feel comfortable speaking up if something needed to be cleaned. However, some patients acknowledged feeling burdensome to the environmental services staff if patients were present in rooms while staff cleaned. Cleaning activities may become more patient-centric if they are better planned (eg, while patient is out of the room) or based on patient preferences on time of day.

Funding: No

Disclosures: None

Antimicrobial Stewardship & Healthcare Epidemiology 2021;1(Suppl. S1):s62

doi:10.1017/ash.2021.120

Presentation Type:

Poster Presentation

Subject Category: Environmental Cleaning

A Qualitative Work System Analysis Using a Human Factors Engineering Approach to Evaluate Environmental Cleaning in Veterans' Affairs Hospitals

Linda McKinley; Cassie Goedken; Erin Balkenende; Stacey Hockett Sherlock; Heather Reisinger; Mary Jo Knobloch; Eli Perencevich and Nasia Safdar

Background: Environmental cleaning is important in the interruption of pathogen transmission and subsequent infection. Although recent initiatives have targeted cleaning of high-touch surfaces and incorporated audit-and-feedback monitoring of cleaning practices, practice variations exist and compliance is still reportedly low. Evaluation of human factors influencing variations in cleaning practices can be valuable in developing interventions, leading to standardized practices and improved compliance. We conducted a work system analysis using a human-factors engineering framework [the Systems Engineering Initiative for Patient Safety (SEIPS) model] to identify barriers and facilitators to current environmental cleaning practices within Veterans' Affairs hospitals. **Methods:** We