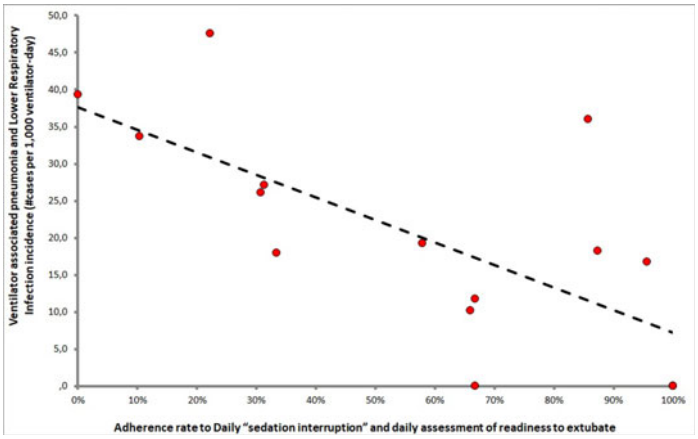

Fig. 2.

41 to 16 in ICU A, from 22 to 14 in ICU B and from 24 to 18 in ICU C. The impact of each bundle component was identified by linear regression, calculating the percentage of PAV+LRI incidence rate that is "explained" by bundle item adherence (r^2) and correlation coefficient (r): daily "sedation interruption" ($r^2 = 48\%$; $r = -0.69$; $P = .004$) (Fig. 2), cuff pressure monitorization ($r^2 = 0.3721$; $r = -0.61$; $P = .016$), subglottic secretion drainage ($r^2 = 36\%$; $r = -0.60$; $P = .017$), avoidance of scheduled ventilator circuit change ($r^2 = 34\%$; $r = -0.58$; $P = .023$), daily oral care ($r^2 = 25\%$; $r = -0.50$; $P = .050$), and elevate the head of the bed ($r^2 = 25\%$; $r = -0.48$; $P = .067$). **Conclusions:** The impact of each bundle component on preventing PAV+LRI was identified by the study. An educational intervention performed by the infection control service increased the adherence to the ventilator bundle, and the PAV and LRI incidence decreased.

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Poster Presentation

Impact of Expansion of Vascular Access Team on Central-line–Associated Bloodstream Infections

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Background: Through participation in a system-wide healthcare-associated infection-reduction task force, we leveraged our ability to standardize best practices across hospitals in a university-owned healthcare system to reduce central-line–associated bloodstream infection (CLABSI) rates. **Methods:** Our multidisciplinary team had representation from all hospitals in our healthcare system. The team benchmarked practices in place and compared CLABSI standardized infection ratios (SIRs). One hospital had a robust vascular access team (VAT) and consistently low CLABSI SIRs; expanding and standardizing VAT across the hospitals in the system became the primary goal of the team. We developed a business case to justify VAT expansion that considered savings from decreasing CLABSIs and benefits to interventional radiology revenue by decreasing PICC insertion and comparing costs for added full-time equivalents (FTEs). CLABSI rates before and after VAT team expansion at 2 large hospitals were compared to the hospital with existing robust VAT. Other process improvement activities were implemented across all hospitals. The expanded VAT assumed responsibility for central-line maintenance, promoted removal of unneeded lines, expanded education efforts, and enhanced capacity for insertions. **Results:** The VAT expansion from 5.4 FTEs to 15.9 FTEs at 2 large hospitals (1,100 total beds) began in April 2017 and was phased over ~6 months. CLABSI SIRs for the 15 months preceding expansion were compared to the SIRs for the 15-month period after expansion for the 2 hospitals with expanded VAT (hospitals A and B) and for hospital C with preexisting robust VAT (Table 1). We observed a 33% decrease in PICC insertions in interventional radiology department in hospitals A and B. Overall return on investment (ROI) estimates using lower and upper cost per CLABSI ranged from a loss of $156,000 to a net gain of $623,000. **Conclusions:** A significant decrease in CLABSI rates temporally related to expansion of VAT occurred in 2 hospitals, whereas the hospital with existing robust VAT demonstrated a modest decrease in CLABSI rates. We were able to demonstrate a favorable ROI from the VAT expansion without an impact on HAC penalties. Using the model of standardizing best practices across a system and creative ROIs may help justify the addition of scarce resources.

	SIR Pre-expansion 1/2016–3/2017	SIR Post-expansion 1/2018-3/2019	Difference	p-value
Hospital A	1.33	0.56	↓58%	0.003
Hospital B	1.34	0.79	↓41%	0.005
Hospital C*	0.74	0.60	↓19%	0.68

* no VAT expansion

Fig. 1.

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Impact of FilmArray Pneumonia Panel on Early Targeted Antibiotic Therapy

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Background: Patients with pneumonia are frequently recipients of broad-spectrum antibiotics while awaiting maturation