

transmission in the setting of widespread community transmission. Interventions to stop transmission included widespread staff testing, staff auditing regarding temperature and symptom monitoring, and re-education on infection prevention practices. Particular focus was placed on appropriate PPE use including masking and eye protection, hand hygiene, and cleaning and disinfection practices throughout the unit. SARS-CoV-2 admission testing and limited visitation remain important strategies to minimize transmission in the hospital.

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**Presentation Type:**

Oral Presentation - Top Oral Award

**Subject Category:** Surveillance/Public Health

**Automation of Healthcare-Associated Infections (HAIs) Areas for Opportunity Through the Use of Technology**

Meri Pearson

**Background:** A large healthcare system in Georgia implemented an enhanced electronic infection surveillance system that is incorporated into the electronic medical record (EMR). Prior to the implementation of this electronic infection surveillance system, the infection prevention (IP) team performed healthcare-associated infection (HAI) surveillance through a locally created system that did not interface with their EMR. Each HAI identified undergoes a robust analysis for opportunities depending on the infection type by manual abstraction from the EMR, which is stored in a spreadsheet. One disadvantage of this spreadsheet is that only 1 person can enter data at a time. The coronavirus disease 2019 (COVID-19) pandemic has presented many challenges for healthcare facilities including shifting resources from HAI prevention programs. These programs include the investigations performed to identify risk factors that can aid in preventing future infections. Due to the necessity to increase efficiency in the current pandemic, the IP team proposed using technology to automate our HAI investigation process. **Method:** The IP team and the business intelligence (BI) team met to determine whether data completed in the electronic infection surveillance system could flow into an interactive data visualization software that is currently used for other HAI prevention dashboards. The existing spreadsheet was reviewed to select variables essential for HAI investigations and for which the data existed in the EMR. The BI team worked to find the correct data tables within the EMR so that the data could automatically refresh daily in the data visualization software. **Result:** The BI team was able to correctly identify variables used in the previously manual HAI investigation process within the EMR to interface with the data visualization software. This automation of investigations allows quick analysis of trends and areas of opportunity to prevent future HAIs. **Conclusion:** This utilization of technology can be applied to other healthcare facilities with similar software systems to streamline IP workflows. The automation of quickly and efficiently recognizing areas of opportunity allows IPs more time to facilitate the prevention of HAIs in other ways.

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**Presentation Type:**

Poster Presentation - Top Poster Award

**Subject Category:** Antibiotic Stewardship

**Implementation of an Antibiotic Timeout at Veterans' Affairs Medical Centers (VAMC): COVID-19 Facilitators and Barriers**

Jorie Butler; Joshua Judd; Cassie Goedken; Vanessa Stevens; Nui Brown; Michael Rubin and Matthew Goetz

Effective stewardship strategies such as an "antibiotic timeout" to encourage prescriber reflection on the use of broad-spectrum antibiotics are

critical to reduce the threat of multidrug-resistant organisms. We sought to understand the facilitators and barriers of the implementation of the Antibiotic Self-Stewardship Timeout Program (SSTOP), which used a template note integrated into the electronic health record system to guide decision making regarding anti-methicillin-resistant *S. aureus* (MRSA) therapy after 3 days of hospitalization. We conducted interviews at 10 Veterans' Affairs medical centers (VAMCs) during the preimplementation period (N = 16 antibiotic stewards) and postimplementation (N = 13 antibiotic stewards) ~12 months after program initiation. Preimplementation interviews focused on current stewardship programs, whereas postimplementation interviews addressed the implementation process and corresponding challenges. We also directly asked about the impact of COVID-19 on stewardship activities at each facility. Interviews were transcribed and analyzed using consensus-based inductive and deductive coding. Codes were iteratively combined into barrier and facilitator groupings. Barriers identified in the preimplementation interviews included challenges with staffing, the difficulties of changing prescribing culture, and academic affiliates (eg, rotating physician trainees). Facilitators included intellectual support (eg, providers who understand the concept of stewardship), facility support, individual strengths of antibiotic stewards (eg, diplomacy, strong relationships with surgeons), and resources such as VA policies mandating stewardship. By the postimplementation phase, all sites reported a high volume of COVID-19 cases. Additional demands were placed on infectious disease providers who comprise the antibiotic stewardship teams, which complicated the implementation of SSTOP. Many barriers and facilitators mentioned were similar to those identified during preimplementation interviews. Staffing problems and specific providers not "getting it [stewardship activities]" continued, whereas facilitators centered around strong institutional support. Specific pandemic-related barriers included slow down or stoppage of stewardship activities including curbing of regular MRSA screening practices, halting weekly stewardship rounds, and delaying stewardship committee planning. Pandemic-specific staffing problems occurred due to the need for "all hands on deck" and challenges with staff working from home, as well as being pulled in multiple directions, (eg, writing COVID-19 policies). Furthermore, an increase in antibiotic use was also reported at sites during COVID-19 surges. Our findings indicate that SSTOP implementation met with barriers at most times; however, pandemic-specific barriers were particularly powerful. Sites with strong staffing resources were better equipped to deal with these challenges. Understanding how the program evolves with subsequent COVID-19 surges will be important to support the broad implementation of SSTOP.

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Poster Presentation - Top Poster Award

**Subject Category:** Antibiotic Stewardship

**Chronic Antibiotic Suppression for Nonstaphylococcal Prosthetic Joint Infections Treated with Debridement or Implant Retention**

Poorani Sekar; Rajeshwari Nair; Brice Beck; Bruce Alexander; Kelly Miell; Aaron Tande; Kimberly Dukes; Julia Friberg; Marin Schweizer and Andrew Pugely

**Background:** Early postoperative and acute prosthetic joint infection (PJI) may be managed with debridement, antibiotics, and implant retention (DAIR). Among patients with nonstaphylococcal PJI, an initial 4–6-week course of intravenous or highly bioavailable oral antibiotics is recommended in the Infectious Diseases Society of America (IDSA) guidelines, with disagreement among committee members on the need for subsequent chronic oral antimicrobial suppression (CAS). We aimed to characterize patients with nonstaphylococcal PJI who received CAS and to compare them to those who did not receive CAS. **Methods:** This retrospective cohort study included patients admitted to Veterans' Affairs (VA)