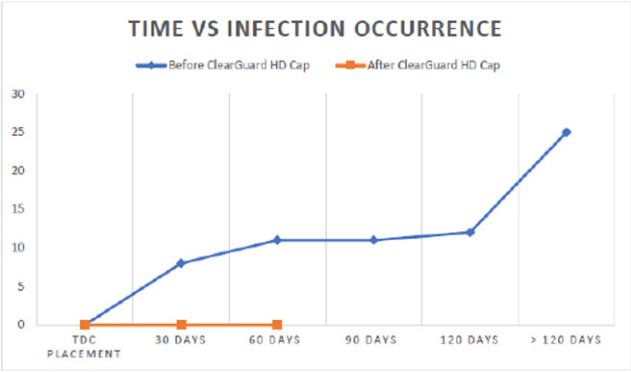
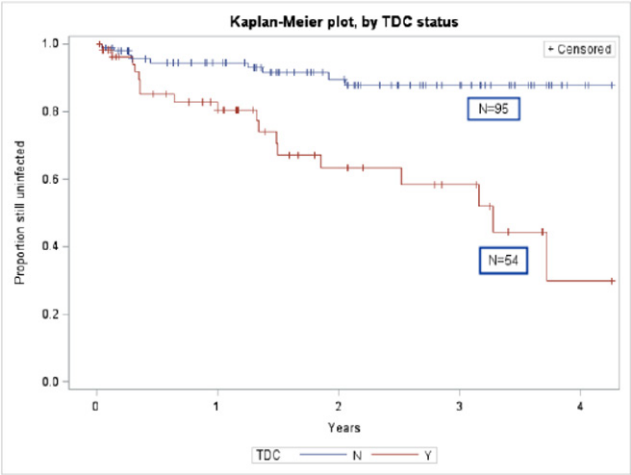
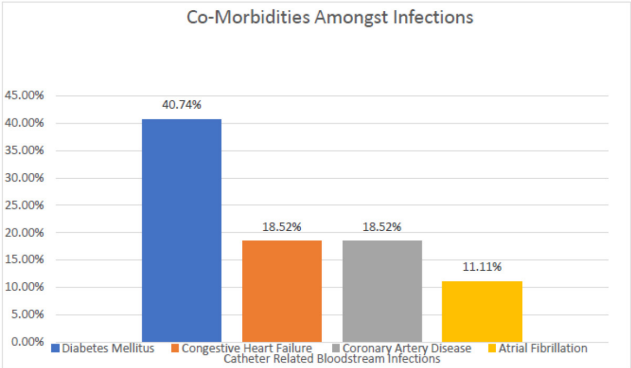
Conclusion. In an underserved, poorly health literate, largely foreign-born, socioeconomically challenged population such as ours, we not only established a significant risk of bacteremia with TDC's but preliminary post-ClearGuard cap conception data currently being followed is promising for a significant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







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

1168. Trends in Central-Line-Associated Blood Stream Infections in a Community Teaching Hospital: A Multi-Intervention Quality Improvement Project

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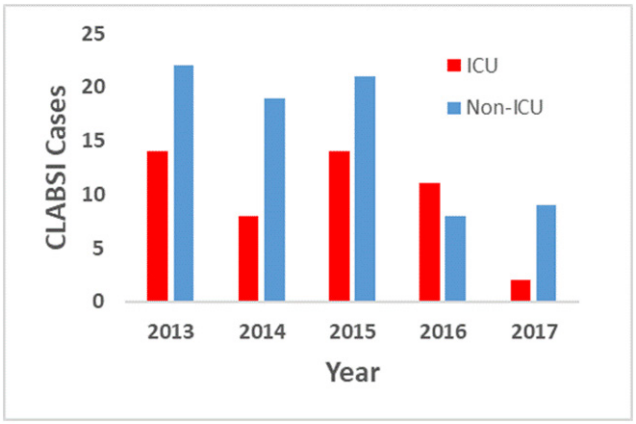
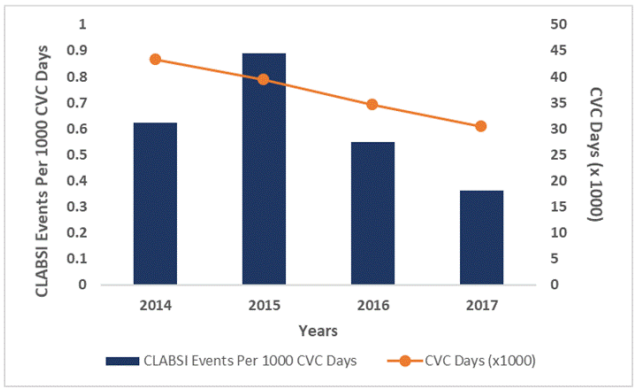
Background. Central line-associated bloodstream infection (CLABSI) is a preventable medical condition that results in increased patient morbidity and mortality as well as increased medical costs. We sought to describe the impact of various quality improvement interventions on the incidence of CLABSI 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 a 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.

1169. Preventing Central Line-Associated Bloodstream Infections in Long-Term Acute Care

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