Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

ISR-55

And the Patient Has a Catheter Why? Using Virtual Review to Assess the Use of Nurse Driven Catheter Removal Protocol

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Background: Nurse-driven protocols (NDPs) provide clinically approved methods for nursing to make autonomous care decisions. The objective of this project was to assess the impact of an Infection Prevention Specialist (IPS)-driven review process to determine the necessity of indwelling urinary catheters (IUC) and utilization of a hospital NDP for IUC removal by inpatient nurses.
Methods: An IUC justification review process was implemented from August 2021 through November 2021 at a 1315-bed academic hospital. Monday through Friday a list of patients with an IUC in place > 2 days was generated, including IUC indication. Intensive care units (ICU), women & infants' units, and coronavirus disease 2019 (COVID-19) units were excluded. The indication for the IUC was reviewed in accordance with the hospital NDP. For any discrepancies a survey was completed, and an email was sent to unit leadership with the NDP. Discrepancies include improper documentation/charting of the indication, physician order that superseded the NDP, or missing IUC indication. Responses were tracked and categorized. Data was analyzed in Excel using a two-proportion Z-test.
Results: IPS reviewed 1,887 IUCs during the study period (median 120 IUC/week; range 50-137). There were 672 (34.7%) discrepant with the NDP. The most common discrepancies were physician order (n=240, 35.7%), improperly documented hourly input and output (n=216, 32.1%) or lack of documented indication (n=117, 17.4%). Discrepant IUCs were more common in medicine, oncology, and surgery units. IUC removal was more common in cardiology (31.8%, p< 0.001), neurology (31.7%, p< 0.001), and surgery (29.7%, p< 0.001) than in medicine (10.8%). The same was true for cardiology (p< 0.01), neurology (p< 0.01), and surgery (p< 0.01) in comparison with oncology (15.7%).
Conclusions: 34.7% of IUC in place >2 days were without proper justification. Only 44.9% of unit leadership followed NDP after prompting. Next steps include determining barriers to the nursing driven IUC removal process.

ISR-56

Epidemiologists as Key Partners for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2) Outbreak Containment in North Texas Healthcare Facilities

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Background: Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) virus has been detected in North Texas healthcare facilities (HCFs) since March 2020. As infection control guidance for this novel virus changes frequently, continued education is essential for HCF administration and staff. The regional health department provides services to 37 counties. One healthcare associated infections (HAI) epidemiologist provided support to the region until January 2021 when an additional HAI epidemiologist joined the team to increase capacity.
Methods: Beginning March 2020, a regional epidemiology healthcare team was created to conduct remote and onsite infection control assessments (ICARs) at HCFs in North Texas. The team includes epidemiologists and board-certified infection preventionists. Every team member received remote ICAR training from the senior HAI epidemiologist through ICAR shadowing and return demonstration. Response and proactive ICARs were conducted using templates for the ICAR, infection control guidance, and case tracking. To ensure consistent messaging, weekly conference calls were held to discuss guidance changes or questions from team members. Facilities were monitored until 28 days after the last exposure to a positive COVID-19 case.
Results: From March 2020 through September 2021, the region investigated 480 reported SARS-COV-2 outbreaks in HCFs. Of those, 93% (n=445) had at least one case. Of the 445 HCFs with cases, 67% (n=300) had at least one resident positive, and 91% (n=407) had a least one staff positive for SARS-COV-2. The longest monitoring period was 400 days. Hospitalizations occurred in 113 outbreaks. At least one death occurred in 115 outbreaks. ICARs were conducted for 71% (n=314) of the outbreaks.
Conclusions: The addition of epidemiologists and certified infection preventionists on the regional epidemiology healthcare team increased the regional capacity to respond to the 445 HCF outbreaks. A designated trainer and standardized templates allowed for consistent implementation of infection control guidance throughout the region.

ISR-57

Implementation of a High-level Disinfection Audit Program to Standardize Processes and Improve Compliance at an Academic Health System

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Background: Reducing the transmission of pathogens from medical devices continues to be a focus of the healthcare industry. High-level disinfection (HLD) is one method frequently employed to eliminate disease-causing microorganisms. HLD is a complex process that requires meticulous cleaning and attention to numerous details such as temperature, concentration of disinfectant, and exposure time among others. Staff must be properly trained and competent to ensure the process is being performed correctly. During a review of processes, it was noted that practices were inconsistent between like departments. Therefore, an audit program was developed and implemented to improve consistency, ensure best practices, and provide support to department staff.
Methods: A detailed review of industry recommendations, regulatory standards, and manufacturer's instructions for use was used to facilitate and inform the development of auditing tools. Audits