1156. Running on Empty: Enlisting Transportation Services in Quality Improvement Initiatives as a Safeguard Against Catheter-Associated Urinary Tract Infections

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**Session:** 141. HAI, Device-Associated: CAUTI
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**Background.** Patient transportation for off unit procedures is associated with transfers from bed to chair, resulting in frequent elevator transportation with the urine collection bag (UCB) above the bladder and urinary reflux (UR) of bacteria-laden urine into the bladder, significantly increasing risks of catheter-associated urinary tract infections (CAUTI). If UCBs were systematically emptied prior to transportation, the likelihood of UR would be greatly diminished, potentially reducing CAUTIs.

**Methods.** During a 5-week period transportation services (TS) collected baseline data on UCB status of all ICU patients, classifying them as empty/good to go vs. full/not good to go (Phase 1). Then, TS were educated on the importance of reducing UR as part of CAUTI reduction and were empowered to request UCBs be emptied. In parallel, unit-based staff were instructed to drain CBs prior to patient transport off unit and to expect the TS would refuse transport if CB was not emptied (Figure 1). Wireless voice-activated communications devices were used to improve coordination between TS and unit staff. During a 3 month (Phase 2) period, TS again collected data on the UCB status of ICU patients while reinforcing the need to empty UCBs.

**Results.** At baseline it was a coin toss as to whether a patient’s UCB would be empty or full at the time of transportation, while over 90% of UCB were emptied in Phase 2 (47.1% and 52.9%, vs. 90.6% and 9.4%, empty and unemptied in Phase 1 and Phase 2, respectfully, P < 0.001) (Figure 2). Figure 3 shows the detailed UCB status (empty at TS arrival, emptied upon TS request, transported full, transport refused) during Phase 2, with significant month upon month improvements (P = 0.014).

**Conclusion.** Despite longstanding existing hospital policies promoting best practices, including the need to empty UCBs prior to transport, this was found to be commonly ignored in usual practice. Recruiting the TS to enforce UCBs are empty at the time of transportation proved a very effective way to markedly improve best practices. If representative of general practices elsewhere, this suggests leveraging TS can help ensure UCBs are emptied prior to patient transport and reduce CAUTI risk. It also exemplifies how ancillary services can be recruited to play an active role in quality improvement/patient safety projects.

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

1157. GET IT OUT! Nurses and Clinical Quality Improvement Specialists Drive Initiative to Reduce Standardized Utilization Ratios for Indwelling Urinary Catheters in Hospitalized Patients

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**Background.** Urinary tract infections (UTIs) account for 34% of all healthcare-associated infections (HAI). Urinary catheters (UC) are placed in 15–25% of hospitalized patients and >75% of HAI UTIs are UC-related. Bacteria introduced via UC can colonize the bladder within 3 days. So, the greatest risk factor for acquiring a catheter-associated urinary tract infection (CAUTI) is prolonged use of indwelling UC. Nursing (RN) staff noted inconsistency with appropriate use of UC and commonly UC remained in place well after their original indication had expired.

**Methods.** As part of a multi-faceted approach for quality improvement and patient safety, we rolled out an Agency for Healthcare Research and Quality (AHRQ)-based initiative to reduce UC days/Standardized Utilization Ratio (SUR). Daily critical reviews of the indication for UC were conducted by two groups. First, frontline night shift RN staff identified patients who no longer had a valid justification for continued UC. They handed-off the information to day-shift RNs, who recommend removal of UC. They handed-off the information to day-shift RNs, who recommend removal of UC. Nursing (RN) staff noted inconsistency with appropriate use of UC and commonly UC remained in place well after their original indication had expired.

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