

processes. To address this gap, we are examining HH and PPE adherence at critical and contaminating moments in LTCFs. **Methods:** We conducted ethnographic observations of HCP's processes of care in 2 LTCFs in Iowa to examine HH and PPE adherence during contaminating tasks in resident care sequences. We captured care observations and additional data on topics related to our study focus (e.g., unit/room layouts, PPE storage, facility policies/procedures) in field notes. We transcribed and imported fieldnotes into MAXQDA qualitative data management software and analyzed the data using a combined deductive-inductive coding approach. **Results:** Between 1/2023-7/2023, we observed 60 (30 per facility) care episodes. Most observations included toileting activities and perineal care during which HCP would be expected to use gloves and/or do HH. Most HCP appropriately donned/doffed gloves and practiced HH at key moments (e.g., before clean/aseptic procedures, after perineal care), but were less compliant before/after touching residents' clothing or bare skin during these activities. In addition, some held soiled items next to their scrubs between tasks, which could contaminate their clothing and arms and could facilitate transmission of pathogens to other residents. Moreover, HCP's interactions with floors emerged inductively as a topic of interest during our observations and preliminary analyses. We observed HCP interact with the floor during these activities in ways that could increase risk of pathogen transmission. HCP frequently dropped soiled towels or wipes used in perineal care onto the floor during tasks for later pick up. HCP also moved or placed trash bags containing soiled or contaminated items on the floor. HCP routinely knelt on, sat on, or touched their hands on the same floor when talking with residents, helping residents change clothes or diapers, changing bedding, or adjusting wheelchair footpads. In one case, the HCP picked up clean towels that fell to the floor near soiled towels and then used the "clean towels" in resident perineal care. **Conclusion:** Despite practicing HH and appropriate PPE use, HCP in LTCFs may increase the risk of pathogen transmission unintentionally through their interactions with soiled items and the environment, including floors. Given the nature of resident care in LTCFs, HCP in LTCF may be more likely than HCP in acute care settings to interact with contaminated floors.

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Risk Factors for Multi-Drug Resistant Gram-negative Infections across a Pediatric Hospital System

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Background: Infections due to antibiotic resistant bacteria are increasing worldwide and while, the epidemiology of these pathogens is well described in adults, pediatric specific data are lacking. We sought to gain an understanding of the risk factors for multi-drug resistant Gram-negative (MDRGN) infections in our pediatric population. **Methods:** We performed a retrospective review of pediatric patients seen at a pediatric hospital system in 2022 who had a culture-positive MDRGN, which was defined as a gram-negative bacteria resistant or intermediate to at least 1 antibiotic in ≥ 3 antibiotic groups. Repeat positive cultures for the same MDRGN were considered a single infection episode if occurring within a 14-day period. Demographic, clinical, and microbiologic data was obtained from the electronic medical record. Fisher's exact was used for analysis.

Results: One hundred and seventy-nine children had 237 infection episodes during the study period. Eighty-one patients (45%) were male and the median age was 5.3 years. The most prevalent MDRGNs included: *Escherichia coli* (154, 65%), *Klebsiella spp* (52, 22%), and *Enterobacter spp* (16, 7%). *Escherichia coli* was significantly more likely than other pathogens to be isolated from the urine ($P = 0.008$). Compared to

Table 1. Comparison of risk factors for multi-drug resistant Gram-negative infections by pathogen type

Characteristic	MDR <i>Escherichia coli</i> infections N=154 (%)	All other MDRGN infections N=83 (%)	P
Underlying medical condition	110 (71)	83 (100)	<0.001
Prematurity (<37 weeks gestational age)	21 (14)	20 (24)	0.049
Immunocompromised*	19 (12)	12 (14)	0.69
Presence of a central line, tracheostomy, or gastrostomy tube	76 (49)	73 (88)	<0.001
Previous**: Hospitalization	84 (55)	72 (87)	<0.001
Outpatient visit	123 (80)	63 (76)	0.51
Antibiotic use	100 (65)	77 (94)	<0.001
Carbapenem use	28 (18)	21 (26)	0.18

Significant P-values are bolded

*Includes oncology, bone marrow and solid organ transplant patients

**Within the preceding 6 months

multi-drug resistant *E. coli*, patients with a non-*E. coli* MDRGN were significantly more likely to have an underlying medical condition, recent hospitalization and antibiotic use ($P \leq 0.001$ for each, Table 1). A carbapenem was administered in 32% (75/237) of infection episodes. There were only 6 carbapenem resistant organisms. **Conclusions:** In our study, *E. coli* was the most frequent MDRGN. Most patients with a non-*E. coli* MDRGN infection episode had an underlying medical condition, recent hospitalization and antibiotic use. Carbapenem resistance was infrequent, though surveillance studies are needed to identify changing antibiotic resistance patterns and to direct prevention measures.

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A Retrospective Case Series of *Stenotrophomonas maltophilia* at an Acute Care Hospital in Alabama, July-November 2023

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Background: In August 2023, an infection preventionist at an acute care hospital in Alabama recognized an increase in cases of *Stenotrophomonas maltophilia*, which is an emerging pathogen in clinical settings worldwide. It was not until the facility identified the pathogen in their water system in October that it was reported to ADPH as an outbreak. The outbreak investigation was brief due to the hospital's rapid containment response and adherence to its established water management program (WMP). As a result of inappropriate antibiotic use in hospitals, pan-resistant strains have been increasing at an alarming rate. The pathogen can employ water used in hospital settings to cause a variety of nosocomial infections, including those found in the blood, respiratory tract, urinary tract, and on the skin. Hospitalized patients, especially those with immunocompromising conditions or implanted medical devices, are at increased risk of significant morbidity and mortality. The aim of this study was to better understand the clinical and demographic characteristics of the 13 case-patients identified during this investigation. **Methods:** A retrospective case series was conducted by reviewing medical records for case-patients with culture-confirmed *S. maltophilia* admitted between July and November. The CDC Healthcare-Associated Infection Outbreak Investigation Abstraction Form was used to systematically collect details about each case-patient's hospitalization and course of illness. A Gantt chart was developed in Microsoft Excel to illustrate key events during their hospitalization.