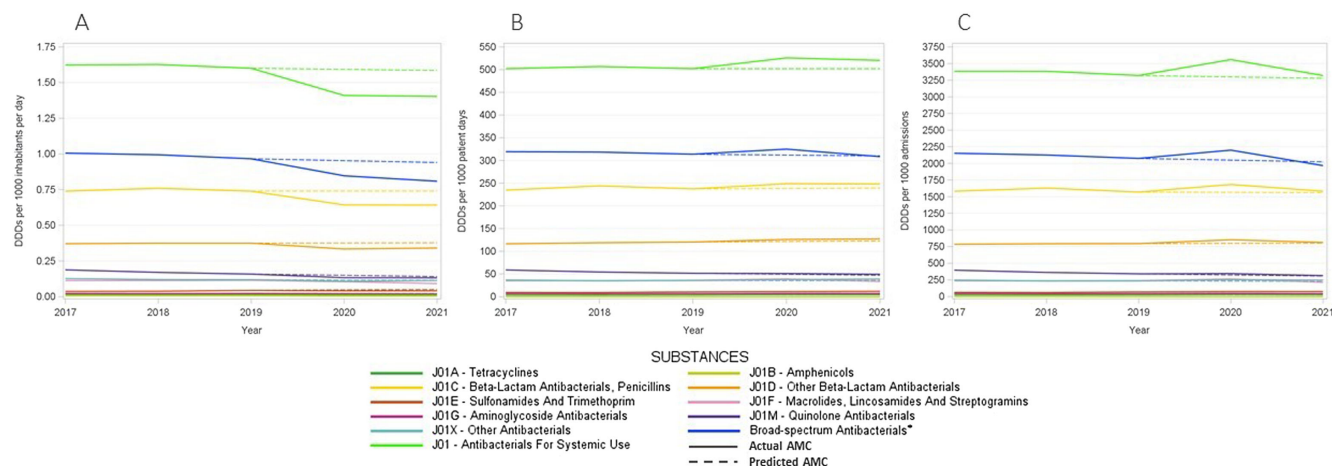


Figure 1: Evolution of actual and predicted consumption of Antibacterials for systemic use (J01, subclasses & broad-spectrum) between 2017 and 2021 in all Belgian hospitals (n=170) expressed in DDDs/1000 inhabitants/day (A), in acute care hospitals (n=103) expressed in DDDs/1000 patient days (B) and DDDs/1000 admissions (C)



* Broad-Spectrum Antibacterials include Combinations Of Penicillins, Incl. Beta-Lactamase Inhibitors (J01CR), Second-Generation Cephalosporins (J01DC), Third-Generation Cephalosporins (J01DD), Macrolides, Lincosamides And Streptogramins (J01F) except Erythromycin (J01FA01) and Fluoroquinolones (J01MA).

of evaluations and facilitate targeted interventions aimed at optimizing antimicrobial utilization.

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Efficacy of Empiric Contact Precautions for Patients from High Risk Facilities

Kavitha Prabaker, UCLA Santa Monica; Dan Uslan, UCLA Health; Annabelle De St. Maurice, UCLA David Geffen School of Medicine; Shaunte Walton, UCLA Health; Vanessa Lewis, Department of Clinical Epidemiology and Infection Prevention, UCLA Health, Los Angeles, CA, USA; Anjali Bisht, Keck Medicine of USC; Seboru Turay, UCLA Health; Urvashi Parti, Department of Clinical Epidemiology and Infection Prevention, UCLA Health, Los Angeles, CA, USA; Ricardo Ison, Department of Clinical Epidemiology and Infection Prevention, UCLA Health, Los Angeles, CA, USA; Donna Wellbaum, UCLA Health and Yvonne Mugford, UCLA Health

Background: Infection prevention surveillance revealed that patients admitted from two specific long term care facilities comprised the majority of multi-drug resistant organisms (MDRO) and scabies cases at our institution. Current practices include performing active surveillance for *Candida auris* and methicillin-resistant *Staphylococcus aureus* (MRSA) for specific high-risk patients, as surveillance for all MDROs and scabies is impractical. We therefore sought to create an admission screening process to efficiently identify patients from high-risk facilities (HRFs) and place them in pre-emptive contact precautions upon admission. **Methods:** Patients admitted from HRFs were identified on admission as part of the initial nursing assessment. For any positive responses, nursing received a Best Practice Advisory to place the patient in contact precautions and patient placement received an alert that the patient would require a private room. Infection Preventionists reviewed a report of all patients who screened positive and added a “High Risk Facility” banner to the chart. This banner remained for the duration of hospitalization and for every subsequent readmission and outpatient visit. We reviewed the electronic

medical records of all patients with a HRF banner placed from March 8, 2023 to September 15, 2023 and abstracted data regarding the presence of scabies or any of the following MDROs before and after placement of the banner: *C. auris*, carbapenem-resistant enterobacterales (CRE), MRSA, vancomycin-resistant *Enterococcus* (VRE), carbapenem-resistant *Acinetobacter*, and MDR *Pseudomonas*. **Results:** Of the 93 patients who had a HRF banner added during the study period, 31 (33.33%) were already known to have MDRO colonization at the time of admission to our facility. Thirty-three of the remaining 62 patients (53.22%) without known MDRO colonization were subsequently found to have MDRO colonization/infection or scabies infestation that may have required contact precautions during their index admission or a subsequent admission. This included 14 patients with *C. auris*, 2 with CRE, 3 with MDR *Pseudomonas*, 12 with MRSA, 12 with carbapenem-resistant *Acinetobacter*, and 2 with VRE. Patients were admitted for a median of 9 days before their diagnosis, and 36 of the 93 patients (38.71%) were re-admitted to our hospital during the study period. **Conclusion:** We found that empiric contact precautions based solely on exposure to specific HRFs facilitated earlier isolation by a median of 9 days. This approach should be considered in acute care hospitals with a high proportion of admissions from HRFs, especially when active and passive surveillance for MDROs is limited.

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Antimicrobial Use in Belgian Acute Care Hospitals : Results of the 2022 ECDC Point Prevalence Survey

Lucy Catteau, Sciensano; Katrien Latour, Sciensano; Morgan Percy, Sciensano and Boudewijn Catry, Sciensano

Background: Point prevalence surveys (PPS) organized by the European Centre for Disease Prevention and Control (ECDC) play a crucial role in assessing healthcare-associated infections (HAIs) and antimicrobial use (AU) in European acute care hospitals. In 2017, a crude prevalence of 28.1% (95% CI 27.3-29.0%) of inpatients receiving at least one