

cleaning achieved significant effects in the efforts to decrease HAIs and MDROs in the ICUs of Cho Ray Hospital.

*Antimicrobial Stewardship & Healthcare Epidemiology* 2023;3(Suppl. S1):s18–s19  
doi:10.1017/ash.2023.55

**Subject Category:** Healthcare-Associated Infection (HAI) Surveillance

**Abstract Number:** SG-APSID1086

**Case series: Examining healthcare-associated infection cases caused by *Candida auris* at Cho Ray Hospital, Vietnam**

Toha Vo Thi Hong, Cho Ray Hospital, Ho Chi Minh City, Vietnam; Phung Manh Thang, Cho Ray Hospital, Ho Chi Minh City, Vietnam; Tran Thi Thu Ha, Program For Appropriate Technology in Health, Hanoi, Vietnam; Nguyen To Nhu, Program For Appropriate Technology in Health, Hanoi, Vietnam; Bui Chi, Program For Appropriate Technology in Health, Hanoi, Vietnam; Amber Vasquez, Program For Appropriate Technology in Health, Hanoi, Vietnam

**Objectives:** *Candida auris* was first detected in Japan in 2009 and has been reported in >47 countries, typically causing outbreaks in healthcare settings. According to the US Centers for Disease Control and Prevention, this pathogen causes death in more than one-third of infected patients. This study describes characteristics of healthcare-associated infections (HAIs) related to *C. auris* and infection prevention and control (IPC) measures applied to control transmission in Cho Ray Hospital, a tertiary-care, referral, general hospital in southern Vietnam. **Methods:** We reviewed medical records of all patients with HAIs caused by *C. auris* at Cho Ray Hospital between April 2020 and March 2021, as well as the IPC measures applied for these patients. **Results:** Overall, 5 HAI cases caused by *C. auris* were identified in 5 patients, including 2 catheter-associated urinary tract infections, 2 ventilator-associated pneumonia cases, and 1 surgical site infection. These cases were sporadically detected in 4 different clinical departments; 2 cases occurred in the respiratory department in April and August 2020. The average age of the patients was 63, and 4 of 5 patients were male. The average hospital stay was 27.2 days; 4 patients died and 1 was discharged. IPC interventions were implemented to immediately respond to *C. auris* infection cases, including isolating the patients, applying standard and transmission-based precautions, supplying adequate personal protective equipment, cleaning environment surfaces and medical equipment in the patient's room, and marking isolation areas with signage. No additional cases of *C. auris* infection were detected in the affected units. **Conclusions:** *C. auris* can spread in healthcare settings via contact with contaminated equipment and surfaces or from person to person, causing outbreaks in hospitals and leading to severe illness and high mortality for patients. Prompt application of appropriate IPC measures effectively helped prevent additional cases of *C. auris* in our hospital.

*Antimicrobial Stewardship & Healthcare Epidemiology* 2023;3(Suppl. S1):s19  
doi:10.1017/ash.2023.56

**Subject Category:** Healthcare-Associated Infection (HAI) Surveillance

**Abstract Number:** SG-APSID1170

**Reduction of hospital-onset MRSA bacteremia with chlorhexidine baths among MRSA-colonized patients**

Maria Theresa Cabahug, Changi General Hospital, Singapore; Theresa Cabahug, Singapore, Changi General Hospital, Singapore; Li Jie, Changi General Hospital, Singapore; Foo Shi Yun, Changi General Hospital, Singapore; Wu Tuo Di, Changi General Hospital, Singapore; Chai Hairu, Changi General Hospital, Singapore; Harminder Kaur, Changi General Hospital, Singapore; Suhailah Binte Nasir, Changi General Hospital, Singapore

**Objectives:** Methicillin-resistant *Staphylococcus aureus* (MRSA) is a major concern for hospitalized patients in Singapore. Hospital-onset (HO) MRSA bacteremia is monitored at the national level as an indicator of hospital quality. Patients who have colonized with methicillin-resistant *Staphylococcus aureus* (MRSA) are more likely to develop an MRSA infection in the future. A topical antiseptic solution or cloth called chlorhexidine gluconate (CHG) is effective against several gram-positive and

gram-negative bacteria, including MRSA. **Methods:** The following control measures were present before and throughout the study period: (1) active screening of MRSA upon admission; (2) initiation of contact precaution once MRSA is detected; and (3) emphasis on strict hand hygiene. In January 2021, an intervention was for routine application of CHG bathing as follows: (1) training materials were developed; (2) train-the-trainer sessions were organized; (3) compliance regarding the application of CHG baths was monitored; and (4) the postimplementation process was reviewed. **Results:** There was no change of hand hygiene rate before and after implementation. In 2020, 17 cases of MRSA bacteremia occurred in the hospital, with an infection incidence of 0.54 per 10,000 patient days. In 2021, there were 10 cases of HO-MRSA bacteremia infection, with an overall rate of 0.30 per 10,000 patient days. **Conclusions:** Daily bathing with chlorhexidine reduced the risk of MRSA acquisition and of hospital-acquired bacteremia.

*Antimicrobial Stewardship & Healthcare Epidemiology* 2023;3(Suppl. S1):s19  
doi:10.1017/ash.2023.57

**Subject Category:** Improvement science (quality improvement)

**Abstract Number:** SG-APSID1036

**Effect of quality improvement in medical devices preparation on increasing customers' satisfaction in services of the Central Sterile Supply Department of Srinagarind Hospital**

Sasithorn Ruangprasertkul, Srinagarind Hospital, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand; Ponsawan Quobuwun, Srinagarind Hospital, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand

**Objectives:** Preparation of medical devices from central sterile supply department (CSSD) for use in hospital services requires quality and readiness for use. A guideline for good practice is necessary for safety, assurance, and maximum customer satisfaction, and to accommodate effective healthcare services. We sought to develop and improve medical-device preparation guidelines to satisfy clients. **Methods:** This action research was based on the concepts of Kaizen and eliminate–combine–rearrange–simplify (ECRS). The research was conducted in 3 phases. In the first phase, we designed the study, conducted problem analysis, and developed a plan for improving the preparation of medical devices. In the second phase, we improved the plan for implementation of medical-device preparation guidelines that the research team adapted and developed. We added inspection categories, trained staff members, conducted a focus group. We improved cleaning processes and the inventory system. In the third phase, we conducted an improvement evaluation for (1) quality improvement of medical device preparation and (2) client satisfaction. The research took place from January to December 2019. **Results:** The monthly percentages of medical equipment that passed quality criteria before and after the implementation plan were 91.82±1.19% and 95.33±1.25% ( $P \leq .005$ ). The average client satisfaction score increased from 76.80% to 83.40% ( $P = .006$ ). **Conclusions:** The implementation of Kaizen and ECRS principles for quality improvement successfully increased the quality of equipment preparation and introduced standardized, quality guidelines. The plan–do–check–act (PDCA) process improved client satisfaction, staff performance, and operational efficiency while preventing damage to medical devices and improving readiness of use.

*Antimicrobial Stewardship & Healthcare Epidemiology* 2023;3(Suppl. S1):s19  
doi:10.1017/ash.2023.58

**Subject Category:** Improvement science (quality improvement)

**Abstract Number:** SG-APSID1163

**A five-year review and analysis of sharp injuries in an acute-care hospital in Singapore**

Helen Oh, Changi General Hospital, Singapore; Mervis Mak, Changi General Hospital, Singapore; Tuodi Wu, Singapore, Changi General Hospital, Singapore

**Objectives:** Sharp injuries are frequent occurrences in healthcare settings. According to the World Health Organization, >2 million occupational