prophylactic agents administered (Table 2). Patients with ventriculitis had a significantly longer duration of EVD placement (10 ± 3 vs. 7 ± 6 days, $P = 0.03$), hospital LOS (30 ± 19 days vs. 15 ± 12, $P = 0.04$), ICU LOS (22 ± 14 vs. 10 ± 7, $P = 0.03$). Two patients with ventriculitis (28%) died within 30 days of admission compared with 46 patients without ventriculitis (19%, $P = 0.53$) (Table 3).

Conclusion. The rate of ventriculitis in our study was similar to previous studies that did not utilize AP. All of the causative organisms were resistant to the prophylactic agent. Patients who had ventriculitis had a longer duration of EVD placement, hospital LOS, and ICU LOS; however, 30-day mortality was not impacted. Based on our findings, the use of AP to prevent EVD-related ventriculitis should be reconsidered.

Table 1. Demographics

Demographic Category	Study Group (n = 249)
Age, mean (years)	58 ± 16
Male (%)	109 (44)
EVD Duration, median (days)	6 ± 6
Duration of Prophylaxis, median (days)	6 ± 7
Reason for EVD	
• Subarachnoid Hemorrhage (%)	189 (76)
• Tumor (%)	48 (19)
• Acute Ischemic Stroke (%)	5 (2)
• Other (%)	7 (3)
Prophylactic Agent	
• Cefazolin (%)	245 (98)
• Vancomycin (%)	3 (1)
• Clindamycin (%)	1 (1)
Overall EVD-Days	1729
Ventriculitis Cases (%)	7 (2.8)
Ventriculitis per 1000 EVD-days	4
Length of Stay, median (days)	13 ± 12.5
ICU Length of Stay, median (days)	6 ± 8
30-Day Mortality (%)	48 (19.3)

Table 2. Ventriculitis Causative Organisms

Organism Cultured	Duration of EVD Prior to Positive Culture (days)	Susceptible to Prophylactic Agent (yes/no)
Acinetobacter buamannii	6	No
Coagulase-negative Staphylococcus	26	No
Enterobacter cloacae	12	No
Enterobacter cloacae	12	No
Gordonia sputi	10	No
Klebsiella pneumoniae	6	No
Pseudomonas aeruginosa	13	No

Table 3. Secondary Outcomes

	Ventriculitis (n=7)	No Ventriculitis (n=242)	P-value
Hospital LOS, mean (days)	30.1 ± 18.9	15.2 ± 12.2	0.04
ICU LOS, mean (days)	22.3 ± 13.8	10.0 ± 7.3	0.03
Duration of EVD, mean (days)	9.8 ± 3.1	6.8 ± 5.6	0.03
30-Day Mortality (%)	2 (28.5)	46 (19)	0.53

Disclosures. All authors: No reported disclosures.

1151. A Comparison of Periurethral Cleaning Between Normal Saline and Savlon Solutions Before Indwelling Urinary Catheterization in Reducing Catheter-Associated Bacteriuria: A Randomized Controlled Study

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Background. Catheter-associated urinary tract infection (CAUTI) is one of the most common nosocomial infections. To date, there have been no randomized controlled studies to recommend the most appropriate antiseptic solution for periurethral cleaning before indwelling urinary catheterization. This study was aimed to compare normal saline solution (NSS) and Savlon solution for periurethral cleaning before indwelling urinary catheterization in reducing catheter-associated bacteriuria.

Methods. A randomized controlled, noninferiority, cross-over study to determine the incidence of significant bacteriuria (SB) on day 5 after Foley catheterization, using 2 different solutions for periurethral cleaning (NSS and Savlon solutions), was carried out in all adult patients admitted in the 2 medical intensive care units (ICUs), 1 surgical ICU, 2 neurosurgical ICUs, 4 medical wards, 4 surgical wards and 1 emergency room (ER) of King Chulalongkorn Memorial Hospital, Thailand, from June 2018 to March 2019. The acceptable prespecified noninferiority margin was set to be 10%. Each solution was used alternately every 3 months in each unit. Urine culture was collected on day 1, 3, and 5 of Foley catheter.

Results. During the study period, there were 207 and 160 patients in the NSS and Savlon groups, respectively. 202 (55%) patients had received Foley catheterization in the emergency room. There were no significant differences in the indication, the current illness, and preexisting condition between the 2 groups. The overall incidence

of SB on day 3 and 5 after catheterization was 4% and 8.2%. The incidence of CAUTI was 3.43/1,000 catheter-day. The median duration of catheterization was 5 (IQR 3, 7) days. On day 5 after catheterization, noninferiority was demonstrated for the incidence of SB with an adjusted difference of 4 (95% CI of the difference: −2.1% to 8.9%, P = 0.05). Regarding the incidence of CAUTI, there was no significant difference between the 2 groups.

Conclusion. To the best of our knowledge, our study was the first randomized controlled study to compare the 2 solutions for periurethral cleaning before indwelling urinary catheterization in different departments. This study demonstrates the noninferiority of NSS to Savlon solution in reducing the incidence of SB.

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1152. Implementation of Enhanced Data Surveillance Methods to Reduce Catheter-Associated Urinary Tract Infections

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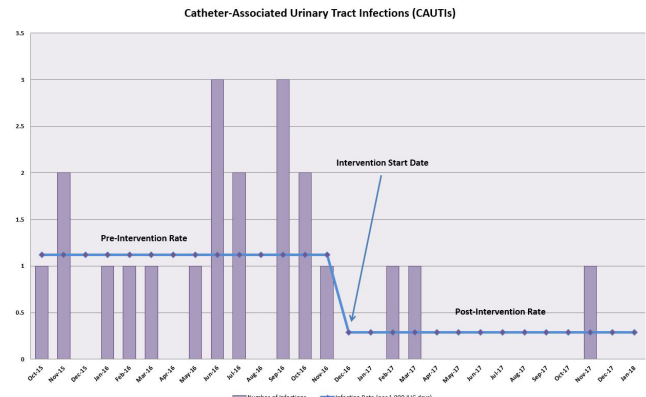
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Background. Urinary tract infections (UTIs) continue to be one of the most common types of healthcare-associated infections (HAIs). Instrumentation of the urinary tract using devices such as indwelling urinary catheters (IUCs) is the leading cause of healthcare-associated UTIs. Every day that a patient has an IUC increases their risk of acquiring a UTI. After an increase in the number of catheter-associated urinary tract infections (CAUTIs), a mid-sized acute care hospital in the Northeast United States used an electronic surveillance system to monitor IUC order compliance and appropriateness in order to reduce IUC utilization and prevent CAUTIs.

Methods. Using an Infection Prevention (IP) electronic surveillance system, a line list was generated of patients who had an IUC documented in the urinary flow sheet of their electronic medical record. This list contained variables such as: catheter insert date, catheter order status, and catheter indication. IP staff sent this list in a daily e-mail to clinical leadership and front line staff over a 14 month period. The e-mail notified providers when their patients had an IUC without an order. Clinical staff was directed to discontinue the IUC if it was no longer indicated or to place a new IUC order if still indicated. The National Healthcare Safety Network (NHSN) CAUTI definition and data functions were used for the purposes of this study.

Results. A statistically significant ($P = 0.017$) reduction in the hospital CAUTI rate was found when a comparison was made between the 14-month pre-intervention baseline period (1.12 CAUTI per 1,000 catheter days) and the 14 month post-intervention period (0.29 CAUTI per 1,000 catheter days). A statistically significant decrease ($P = 0.0004$) in IUC utilization was also noted for the same time period, decreasing from 8.2 catheters per 100 patient-days to 7.8 catheters per 100 patient-days.

Conclusion. A significant reduction in CAUTIs and IUC utilization was seen over the 14-month IP-driven e-mail intervention. This study suggests that regular electronic communication of surveillance system information to providers may reduce CAUTIs.

Catheter-Associated Urinary Tract Infections (CAUTIs)

Disclosures. All authors: No reported disclosures.

1153. National Trend of Urinary Catheter Device Utilization by Hospital Type, National Healthcare Safety Network (2015–2019)

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Background. Reducing unnecessary urinary catheter use and optimizing insertion techniques and catheter maintenance and care practices are the most important urinary tract infection (CAUTI) prevention strategies. To monitor device use (DU) as quality improvement activity, the Centers for Disease Control and Prevention's