

available from 2016 to July 2017, internal incubator conditions, NICU construction and renovation activities, linen management, and the cleaning and disinfection of the infant immobilization/positioning device. During this investigation, air and surface samples were also collected to test for molds.

**Results:** The air sampling results were consistent with our facility's normal thresholds for air quality surveillance and the surface samples from linen, incubator, and all associated-IVH supplies were negative for molds. High humidity induced condensation was observed inside the incubators. Infection Control Risk Assessments were reviewed and were determined to be appropriate for unit-based construction activities. Subsequent mitigation strategies were instituted to include improvement in linen management, incremental decrease in humidity to reduce condensation, and more frequent patient re-positioning and incubator linen replacements. No additional cases were detected after the 4th case to-date.

**Conclusions:** The use of prevention bundles is an important component in improving healthcare-associated outcomes. In the case of the IVH prevention bundle for premature ELBW neonates in this NICU, careful attention and fine adjustments to the infant's environment-of-care needs were essential to the successful application of this life-saving protocol.

## Implementation Science and Research

ISR-53

### A Proposed Framework for Navigating Visitation: Maintaining Patient Safety and Compassionate Care

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**Background:** Visitation is a key component to patient-centered care, infection prevention and healthcare operations during the COVID-19 pandemic. Although visitation guidance exists, there is no adaptable published framework among acute care facilities. Objectives include defining key variables and data sources to develop risk matrices, explaining how visitation matrices inform developing a tiering system allowing for fluctuating visitation, and providing an adaptable, dynamic framework to serve as a blueprint whereby infection prevention, patient safety and adherence to guidelines are the focal points.

**Methods:** An organizational level, multidisciplinary taskforce was developed to address and implement rapidly evolving public health recommendations for visitation. A comprehensive framework was created including matrices, communication pathways and a score-based tiered approach that allowed for flexibility and swift adaptability. This innovative framework weighed patient, visitor and staff safety while aligning with organizational values of compassionate patient-centered care.

**Results:** Two matrices served as risk assessments whereby a risk score was determined. Inpatient matrix variables consisted of disease severity circulating, probability of COVID-19 admissions and census stratified by critical care and medical surgical beds. Emergency Department (ED) matrix criteria were modified to include positive case probability, average daily census, and admission from ED.

Within each variable group, the quantitative data were categorized into sub-risk groups and assigned a score from low to high. Tiered guidance resulted from the matrices' score and included five levels ranging from open visitation to completely closed. Patient care area level guidelines were specified.

**Conclusions:** Comprehensive tiered guidance is the summation of balancing consistently applied, impartial methodology and the subjective component: continuing to align with providing compassionate care. The taskforce role surpassed policy revisions by creating a nimble mechanism to execute visitation guideline changes while ensuring clear communication. Proposed matrices and tiering system must be documented in the literature for healthcare facilities to adapt and use in future pandemics.

ISR-54

### All Hands-on Deck: Use of a HCW Survey to Identify and Address Barriers to Hand Hygiene

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**Background:** Hand hygiene (HH) is considered the most effective method for preventing healthcare-associated infections (HAIs); however, healthcare worker (HCW) compliance rates remain low nationwide. Some hospitals did report an initial increase in HH compliance during the COVID-19 pandemic however these increases were difficult to sustain. To develop targeted interventions to improve HH rates in a post-COVID-19 world, a three-hospital network developed a HCW survey assessing current practices and perceived barriers to HH compliance.

**Methods:** A 14-item anonymous survey composed of Likert, Yes/No and open-ended questions was developed by an Infection Prevention and Quality team from across the network. Items assessed included clarity of HH education received, perceived HH effectiveness, willingness to provide and/or receive real-time feedback, assessment of potential perceived barriers and evaluation of effectiveness of potential targeted interventions. The survey was developed in Microsoft Forms and distributed via email in July 2021. Staff were given 2-weeks to complete the survey. Data analysis was completed in Microsoft Excel.

**Results:** 1,001 HCWs completed the survey. 89% of respondents indicated that HH instructions received in the past year were extremely clear. 92% indicated that they perceived HH as very effective at preventing patients and self from acquiring an HAI. 93% indicated they would be receptive to someone asking them to perform HH if not seen not doing so, however only 45% indicated they always remind colleagues to perform HH. 57% identified availability of alcohol-based hand rub (ABHR) to be a significant barrier to performing HH. 79% ranked supplementing the existing secret shopper HH auditing program with real time feedback and coaching as an effective method to improve HH rates.

**Conclusions:** Survey results suggest that interventions aimed at improving the availability of ABHR, encouraging peer-to-peer reminders, and supplementing existing auditing processes with real time feedback and coaching may have greater impact on HH compliance than education.