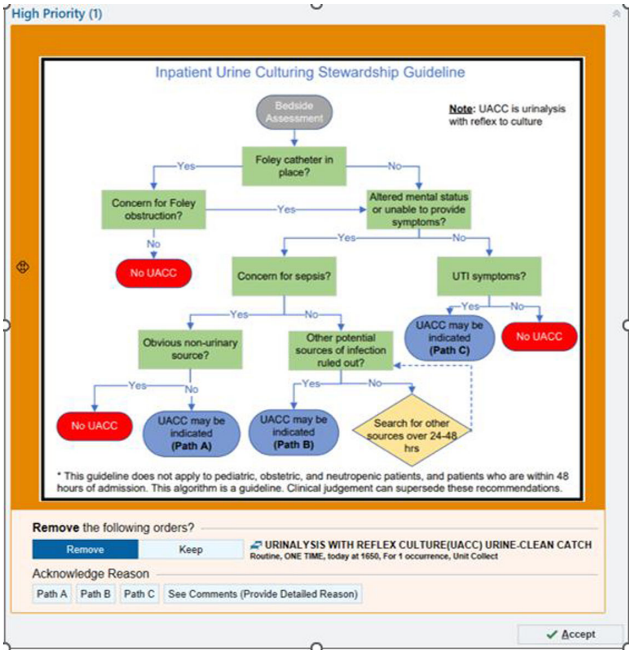

in ordering practices for comparison units which did not implement the intervention. Pre-and-post intervention cohorts were analyzed using median two sample tests and Exact Poison Method, as appropriate. **Results:** On intervention units there was a 41.0% reduction in the median number of UACC and UC orders per 1000 patient days from 16.31 during the baseline period to 9.62 in the intervention period (p=0.0036). Pan cultures per 1000 patient days in which one of the orders was a UACC or UC fell by 42.2% from a median of 10.20 per 1000 patient days to 5.90 (p=0.0008). The comparison units saw no significant reductions in UACC and UC orders (p=0.21) or pan cultures (p=1.0). On the intervention units, the CAUTI rate for the baseline period was 1.31 per 1000 catheter days versus 0.79 in the intervention period (IRR = 1.65; p=0.44). GNR bacteremias remained stable on the intervention units between the baseline and intervention periods (p=0.82). **Conclusion:** This multidisciplinary intervention, leveraging EMR clinical decision support, reduced urine and pan culturing practices while demonstrating a trend towards a reduced CAUTI rate. The prevalence of GNR bacteremias remained consistent with baseline levels, suggesting the intervention did not cause harm.

Antimicrobial Stewardship & Healthcare Epidemiology 2024;4(Suppl. S1):s82–s83
doi:10.1017/ash.2024.217

Presentation Type:
Poster Presentation - Poster Presentation
Subject Category: Diagnostic Stewardship
Assessment of the FilmArray Gastrointestinal Pathogen PCR Panel at a Tertiary Cancer Center
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Background: The FilmArray gastrointestinal (GI) pathogen panel (BioFire Diagnostics, Salt Lake City, UT) is a multiplex PCR assay for syndromic diagnosis of infectious gastroenteritis. This highly sensitive assay has been widely adopted as a preferred testing modality for infectious diarrhea among hospitalized patients. However, in the era of diagnostic stewardship, concerns have been raised that this approach risks unexpected findings of questionable significance. Following an increase in GI pathogen panel testing, the infection control department reviewed results among hospitalized patients at different stages of admission. **Methods:** From October 2022 to May 2023, we retrospectively reviewed all GI pathogen panels sent in a large tertiary cancer hospital. Count of tests ordered and positivity trends were studied by unit and organism among inpatients. We categorized an admission course into early (≤2 inpatient days) and late (≥3 inpatient days) stages and compared results across these stages. Finally, we compared reproducibility of multiple tests sent during a single admission. **Results:** From October 2022 to May 2023, a total of 2,763 tests were sent across the institution with 2,113 tests from inpatient units. Tests were most commonly sent on the Pediatrics and Hematology -Oncology inpatient units and together these units accounted for 60% of tests. These two units also had the highest rate of test positivity and together accounted for 60% of positive tests among hospitalized patients. The most frequently detected organisms were Norovirus (7%) and Enteropathogenic E. coli (3%) (Figure 1). Patients tested in the early stage of hospital admission were more likely to have a positive result for any target (93/509, 18.3%) compared to patients tested in the late stage (202/1604, 12.5%). Patients with a positive test in the early stage of admission were less likely to have a subsequent negative test (3/93, 3%) compared to patients who were positive in late stage of admission (39/202, 19.3% (Figure 2). **Conclusions:** Our findings suggest that the utility of the FilmArray GI PCR panel is highest in the early stages of a patient's hospital admission. Testing of patients hospitalized ≥3 days is likely to be inappropriate. These findings support implementation of diagnostic stewardship standards on when syndromic testing for potentially infectious diarrhea is appropriate. Figure 1: FilmArray gastrointestinal pathogen PCR panel positivity by organism. Figure 2: FilmArray gastrointestinal pathogen PCR panel positivity by organism comparing early vs late stage of hospital admission.

Antimicrobial Stewardship & Healthcare Epidemiology 2024;4(Suppl. S1):s83
doi:10.1017/ash.2024.218

Presentation Type:
Poster Presentation - Poster Presentation
Subject Category: Diagnostic Stewardship
Evaluation of Inoculating Sterile Pericardial Fluid into Blood Culture Bottles
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Background: There is limited data regarding the benefits of direct inoculation of sterile pericardial fluid into blood culture bottles. We discovered widespread adoption of this practice at our institution during pericardiocenteses and became concerned about over-capturing of skin flora contaminants. We aimed to understand how organisms detected in pericardial fluid inoculated into blood culture bottles were interpreted clinically. **Methods:** We investigated a cluster of four patients with coagulase-negative Staphylococcus (CoNS) isolated in pericardial fluid inoculated blood culture bottles (PF-BCxBs) over a 2-week period; three of these patients had recent cardiac surgery and were initially flagged as potential SSIs. We further expanded to a retrospective review and identified 28 patients with ≥1 organism isolated from PF-BCxBs from 7/2021 to 6/2023. Clinical, microbiological, and pharmacy data were abstracted. The primary outcome was the proportion of patients with a clinically diagnosed infection. **Results:** Investigation into the initial cluster revealed a pseudo-outbreak - three of four patients had no clinical evidence of infection (CoNS was deemed a contaminant); one was treated for a potential infection. All patients had concomitant negative routine fluid cultures. Discussions with the cardiology teams revealed areas for improvement in the process for inoculating fluid into blood culture bottles. From the two-year review, 18% (5/28) of patients were clinically diagnosed with an infection (two Staphylococcus aureus; two CoNS; one Candida rugosa). Of the patients without Staphylococcus aureus, all three had a concomitant negative routine fluid culture, were receiving antibiotics prior to pericardiocentesis, and