to only 8 (31%) in MLT. Adverse events (AEs) and serious AEs (SAEs) were comparable between the two groups. There were no drug-related SAEs. **Conclusion:** This phase 3 pivotal study demonstrated MLT to be highly effective and superior to SOC antimicrobial lock therapy in salvaging LTCVCs associated with CRBSI/CLABSI in HD patients. MLT has broad-spectrum activity, was well-tolerated, and was not associated with drug-related SAEs. MLT may satisfy an urgent unmet need in salvaging HD catheters in patients with CRBSIs/CLABSIs.

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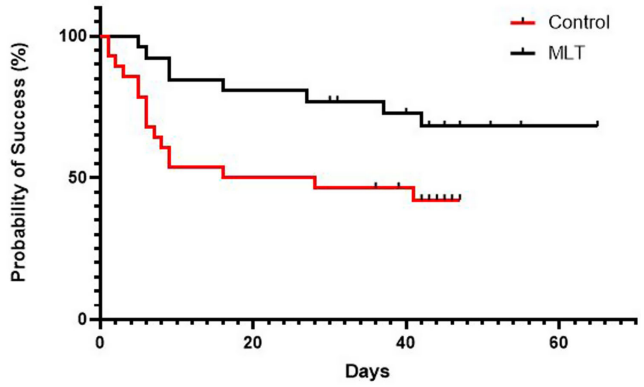

Figure 1. Kaplan-Meier Curve for the Probability of Success in MLT vs. Control Groups

Presentation Type:
Poster Presentation
Subject Category: CLABSI
Improving Compliance with Vascular Access Devices Management Standards Using a Multidisciplinary Approach
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Background: During the COVID-19 pandemic, the rate of central line-associated bloodstream infections (CLABSI) decreased at the Veteran Affairs North Texas Health Care System. From fiscal year (FY) 2022 Quarter (Q)4 to FY2023 Q2, the CLABSI rate increased from 0 to 0.79 per 1,000 device days. Breaches in evidence-based practices for the maintenance of vascular access devices (VAD) were hypothesized to have contributed to the increase in CLABSI rate. **Methods:** In March 2023, a multidisciplinary workgroup was created with the primary goal of improving compliance with VAD standards of care to ≥ 95% by FY2023 Q4 and a secondary goal of decreasing CLABSI rates. A baseline assessment of 12 VAD insertion and maintenance process measures was developed using an assessment tool to record nurses' observations and review documentation in the computerized patient record system. In addition, the facility VAD policy was updated, and nurses received competency training on VAD management. Baseline compliance data for the 12 VAD process measures was compared to data during the intervention period for acute and critical care areas. CLABSI rates (classified using the National Healthcare Safety Network surveillance criteria) were compared to the period before the creation of the workgroup, policy updates, and training. **Results:** Nurse observations in acute and critical care units during FY2023 were 19 (Q2), 1,284 (Q3), and 718 (Q4). From FY2023 Q2 to Q4, three of the 12 process measures met the ≥ 95% compliance goal by FY2023 Q4. The process measures that met the goal from Q2 to Q4 were clean peripheral IV catheter hub: 100% to 95.0%, unused tubing Y-sites capped with swap cap: 0% to 96.0%, and documentation of the last dressing change in CPRS: 0% to 99.0%. Notable increases were also seen for three other measures: appropriately dating of peripheral IV tubing: 78.9% to 88.0%, presence of Coban or kerlix occluding site: 0% to 46.0%, and documentation of device insertion: 0% to 89.0%. Persistent deficits were noted in the documentation of peripheral intravenous dressing dates and initials (compliance **Conclusions:** Enlisting a multidisciplinary team approach, including training, and updating VAD policy/procedures, led to a moderate improvement in VAD management compliance and a decline in CLABSI rates.

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Presentation Type:
Poster Presentation
Subject Category: CLABSI
Classifying pediatric central line-associated bloodstream infections: finding meaning by comparing surveillance to clinical definitions
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[1]Children's National Hospital

Background: Central line-associated bloodstream infections (CLABSIs) are monitored in U.S. hospitals using the National Healthcare Safety Network (NHSN) surveillance definitions. This standardization has enabled interfacility comparisons of CLABSI rates and established CLABSIs as a nationally recognized healthcare quality and patient safety indicator. Since CLABSI prevention efforts focus on infections meeting the NHSN definition, fewer resources are allocated to address other bacteremia sources, potentially missing opportunities for improvement. **Methods:** The review included hospitalized patients with an eligible central line and ≥1 positive blood culture on hospital day ≥ 3 in 2024. Trained infection preventionists (IPs) applied the NHSN surveillance definitions to classify positive blood cultures. IPs then gathered clinical information by reviewing the patients' medical history, interventions, imaging tests, antimicrobial treatments, and direct caregiver engagement, used it to determine the likely clinical sources for bacteremia, and classified them according to NHSN categories. The concordance in classifying positive blood cultures using the NHSN surveillance definition alone versus with clinical input were compared. **Results:** Of the 136 eligible cases that IPs reviewed in 2024, 92 (67%) had concordant classifications as CLABSI (24), mucosal barrier injury (MBI) (13), secondary bacteremia (28), contaminant (25), or other (2). Of the 29 CLABSIs that met only the NHSN surveillance definition, 15 were associated with a clinical secondary source, 8 with a clinical MBI episode, 5 as continuation of previous infection or present on admission, and 1 as clinical contaminant. The 83 non-CLABSI bacteremia included 38 infections at other sites and 27 contaminants. **Conclusion:** Our analysis suggests that using NHSN surveillance definitions results in significant overreporting of CLABSIs in pediatric patients. Overreporting may be due to factors unique to the pediatric population, such as the inability to communicate clinical symptoms and the normal physiologic lack of signs needed to meet NHSN definitions. A focus on all BSIs could provide a greater benefit towards hospital harm reduction activities by focusing on the likely true source of bacteremia. Compared to CLABSIs, patient harm from contaminated blood cultures and infections with secondary bacteremia may be more prevalent and require a greater focus on prevention.

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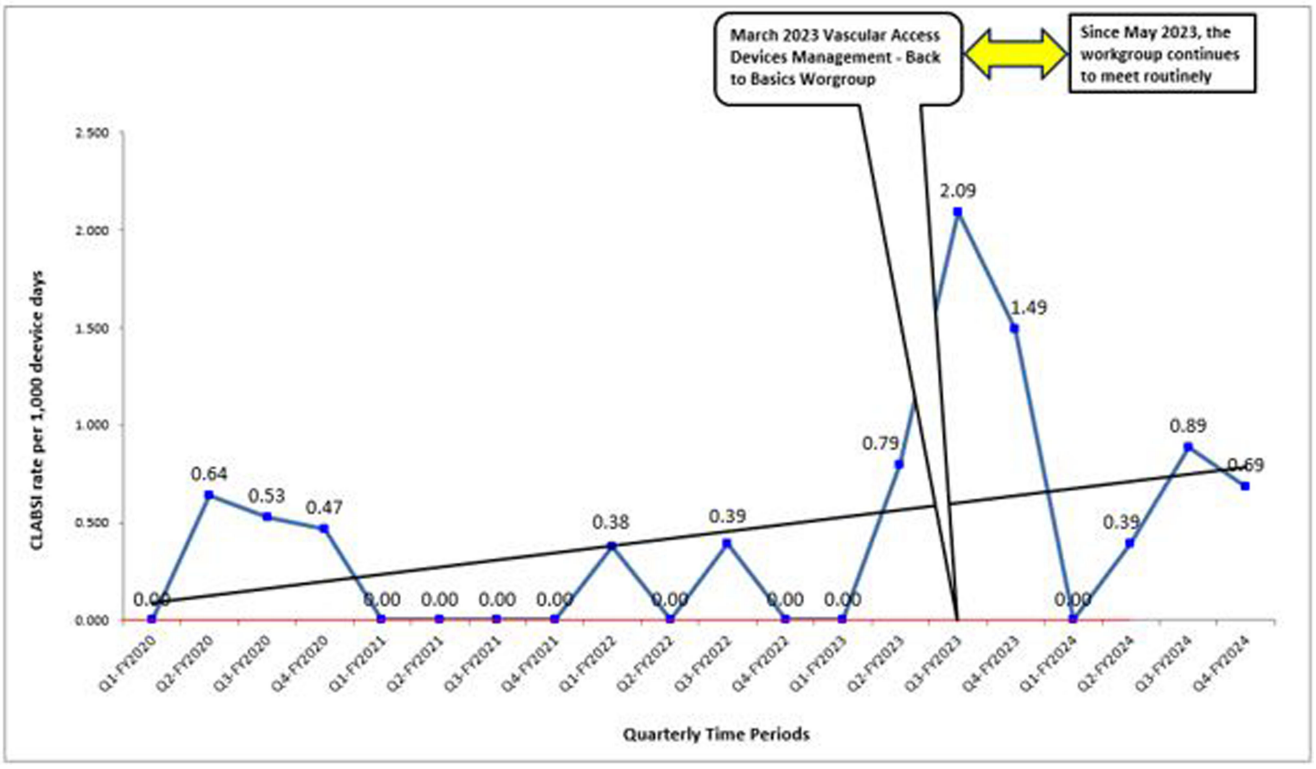
Figure 1: Central line-associated bloodstream infections (CLABSI) rates, Veteran Affairs North Texas Health Care System, FY2020 to FY2024



NHSN Definition alone	with Clinical Input					
	CLABSI	**MBI**	**Contaminant**	**Secondary bacteremia**	**Other**	**Total**
CLABSI	**24**	8	1	15	5	**53**
MBI	0	**13**	0	2	1	**16**
Contaminant	1	0	**25**	0	1	**27**
Secondary bacteremia	5	5	0	**28**	0	**38**
Other	0	0	0	0	**2**	**2**
Total	**30**	**26**	**26**	**46**	**8**	**136**