

demonstrated an even stronger association with the hematology/oncology IMI rate (15.9-fold increase for an increase of 1 CFU/m3 [95% CI 2.8-90.7, $P = .002$]). The figure summarizes trends in hematology/oncology IMI rates across different ranges of average monthly AFL values. **Conclusions:** Environmental surveillance for AFL on appropriate hospital units may identify periods of increased risk for IMI among hematology/oncology patients. Additional work is needed to define the role that routine AFL surveillance may serve in infection prevention activities for immunocompromised patients.

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Presentation Type:

Oral Presentation

Subject Category: Leadership

Reducing IP Turnover: What Leaders Can Do to Keep Their Infection Preventionists

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Background: Turnover within the field of Infection Prevention is high, and this can cause significant organizational disruption and associated costs. Career growth and professional development are important retention factors in the field of infection prevention, however many infection preventionists (IP) tend to find their roles become stagnant resulting in attrition. The objective of this study was to determine organizational and leadership factors that contribute to IPs staying with an organization while still growing their career and profession. **Methods:** A mixed-methods approach with focus groups and survey methodology was used to assess organizational and leadership factors. Focus group and survey participants were stratified by (1) IPs who had been with the same organization for >5 years (long-term IPs), (2) IPs who have changed from one IP role to another IP role within the last 3 years (short-term IPs) and (3) IP leaders. Survey responses were analyzed using a Cochran Mantel-Haenszel test for associations. Qualitative responses were analyzed using a thematic analysis to identify themes and subthemes. **Results:** There were 82 participants in the focus groups and 632 survey respondents. 37.5% ($n=117$) of long-term IPs responded that their organizations were effective at providing career advancement opportunities in infection prevention compared to only 16.1% ($n=20$) of short-term IPs (p). **Conclusion:** The findings suggest that healthcare organizations could reduce turnover amongst IPs by providing career advancement opportunities and supporting professional growth. Future studies should focus on identifying the most effective professional advancement pathways specific to the field of infection prevention and control.

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Barriers to *Candida auris* Prevention Among Frontline Healthcare Workers in Long-Term Acute Care Hospitals

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Background: Gaps in knowledge and compliance regarding control of *Candida auris* contribute to ongoing spread in healthcare facilities, but few studies have evaluated barriers to effective prevention measures. **Methods:** We assessed the knowledge, attitudes, beliefs, and practices for control of *C. auris* among frontline healthcare workers at 2 long-term

Figure 1. Self-Reported Awareness of Multidrug-Resistant Organisms Among Frontline Healthcare Workers in Two Long-Term Acute Care Hospitals

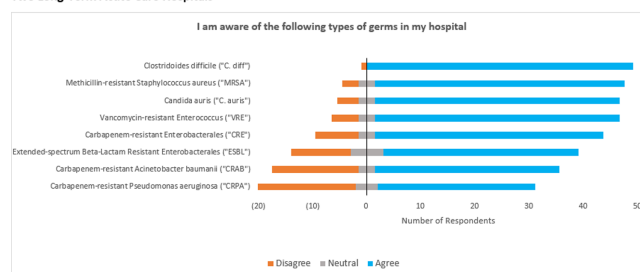
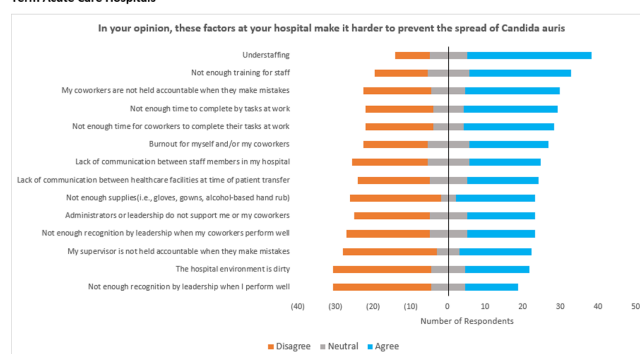


Figure 2. Perceived Barriers to *Candida auris* Prevention Among Frontline Healthcare Workers in Two Long-Term Acute Care Hospitals



acute care hospitals (LTACH) with high admission prevalence of *C. auris* in the Chicago, Illinois region. Surveys included 92 questions including the following subjects: participant demographics; awareness of multidrug-resistant organisms [MDRO]; attitudes and beliefs regarding *C. auris*; motivation for using and compliance with personal protective equipment [PPE]; knowledge of *C. auris* prevention measures; perceived barriers and facilitators of *C. auris* prevention; sources of education and training; and preferred learning styles. Responses were measured on a 5-point Likert scale. Anonymous online surveys were administered during the one-month study period. Recruitment efforts included posters, fliers, email, and in-person rounds with the LTACH infection preventionist. Participants were eligible to win a gift card upon survey completion. Only complete surveys were analyzed. **Results:** Fifty-three surveys were completed (estimated 12% response rate across all facility staff) with respondents identifying as 92% female, 43% nurses, and 60% with >10 years of experience in their current role. Participants were familiar with commonly identified MDROs (i.e., *Clostridoides difficile* [98%], methicillin-resistant *Staphylococcus aureus* [88%]) but were less aware of extended-spectrum β -lactam-resistant (68%) and carbapenem-resistant pathogens (56-79%) (Figure 1). Participants felt that their actions helped prevent *C. auris* spread (85%) but were less confident when asked whether *C. auris* is a problem at their own hospital (53%). Participants were able to successfully identify most prevention strategies for *C. auris* ($\geq 72\%$ correct for all measures). The highest ranked barriers to *C. auris* prevention were understaffing (63%) and inadequate training (51%) (Figure 2). Information regarding *C. auris* was most commonly obtained through training provided within their hospital (62%) and from coworkers (45%). Participants responded that they prefer to learn about infection prevention through in-person teaching by experts at their facility (83%) or from another institution (79%), although self-learning styles were also popular (67-73%) (Figure 3). **Conclusion:** We identified perceived barriers