Presentation Type:
Poster Presentation
Subject Category: Public Health
Structure, Staffing, and Strain: Lessons from U.S. Infection Preventionists on Building Resilient Systems Post–COVID-19‡
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Background: The COVID-19 pandemic placed unprecedented strain on infection prevention and control (IPC) departments across the country. Infection Preventionists (IPs) found themselves tasked not only with sustaining routine IPC activities, but also with managing acute, crisis-driven responsibilities. The rapid increase in workload exposed long-standing gaps in staffing, communication, preparedness, and organizational support. There are limited first-hand accounts from IPC professionals and most focus on data collected during the height of the pandemic. This study examines their retrospective lessons learned to inform future preparedness. **Methods:** We analyzed responses to an open-ended item from the national 2023 AHRQ-funded Prevention of Infection Through Appropriate Staffing (PITAS) survey. Survey respondents were asked to list the three most important lessons learned from the pandemic that might help other institutions cope with future pandemics. Two study investigators performed a qualitative content analysis using an inductive-deductive approach to categorize responses into overarching themes and subthemes. Themes were then mapped to the Resilience Engineering framework (Anticipate, Monitor, Respond, Learn) and CDC Public Health Emergency Preparedness and Response (PHEPR) Capabilities to assess alignment with established public health preparedness domains. **Results:** We received 514 survey responses that mapped onto eight key themes. The most frequently cited themes emphasized the need for transparent, multi-directional communication (n = 152), especially regarding the ability to communicate frequently evolving guidance. There was emphasis on the need for adaptive, evidence-based staff education (n = 145) regarding PPE usage and pandemic preparedness. Participants also highlighted the importance of collaborative, inclusive teamwork across departments (n = 128) and the necessity of maintaining a sustainable, flexible workforce capacity (n = 123). Additional lessons focused on the value of agile policies and procedures (n = 114), comprehensive preparedness and response infrastructure (n = 113), and essential resources such as PPE and supply-chain systems (n = 99). Participants also underscored the importance of cultivating a resilient mindset and effective coping strategies (n = 100) to navigate and persevere through prolonged crisis conditions. **Conclusion:** Reflecting on the COVID-19 pandemic, IPs across the country emphasized the importance of strengthening communication systems, increasing workforce capacity, fostering cross-disciplinary collaboration, and ensuring resource reliability. Improvements in organizational infrastructure, increased leadership support, and the development of personal coping strategies will be essential for enhancing institutional resilience during future infectious disease emergencies. These lessons provide actionable guidance for supporting IPC programs and improving institutional readiness for future infectious disease emergencies.

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A Proactive Risk Assessment of Central Line Care Following a CLABSI Cluster‡
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Background: After an 18-month period with no Central Line-Associated Bloodstream Infections (CLABSIs), the Critical Care Unit (CCU) at OUMC experienced a cluster of two CLABSIs and one related non-CLABSI event in the first quarter of 2025. This occurred despite established prevention protocols, including daily line necessity rounds, use of MAGIC guidelines for vascular access, universal decolonization, and ongoing staff education, which had successfully lowered infection rates since 2022. All three affected patients were intubated, had an internal jugular (IJ) central venous catheter, and presented with Candida species in their blood and sputum, signaling a potential common etiology. **Methods:** In response, a multidisciplinary team was convened in April 2025 to conduct a proactive risk assessment using the Failure Modes and Effects Analysis (FMEA) methodology. The FMEA focused on ensuring adherence to the evidence-based policy for central line insertion and maintenance. The team comprised intensivists, interventional radiologists, chief residents, nursing leadership, infection prevention specialists, and a patient safety coordinator to represent all facets of the central line process. **Results:** The FMEA systematically evaluated potential failures in central line necessity, insertion, maintenance, removal, and environmental cleaning. By calculating Risk Profile Numbers (RPNs), the team identified several high-risk process steps. The highest initial RPN (486) was attributed to the potential for insufficient ultrasound probe cleaning due to improper technique and reliance on visual inspection alone. Other significant failure modes included inconsistent terminal cleaning of patient rooms (RPN 315), potential contamination of IJ lines from patient secretions (RPN 216), lack of role clarity during the insertion procedure (RPN 192), and the use of a single needle for multiple insertion attempts (RPN 189). The cumulative initial RPN for all identified failure modes was 2798. **Conclusion:** The FMEA proved to be an effective tool for identifying systemic vulnerabilities that contributed to the CLABSI cluster. The analysis led to the implementation of targeted corrective actions, including re-education on and audited monitoring of ultrasound probe cleaning, the introduction of single-use gel packets and individual introducer needles, clarification of the safety observer's role during insertion, and enhanced protocols for protecting IJ dressings. Following these interventions, the total RPN was successfully reduced to 1763. This proactive, systematic approach enabled the team to address specific gaps in practice and reinforce safety protocols to prevent future CLABSI events. No further CLABSIs have been identified since these interventions.

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Implementing a Multidisciplinary Review Process to Significantly Reduce Peripherally Inserted Central Catheter (PICC) Utilization‡
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Background Catheter associated bloodstream infections (CABSIs) remain a preventable healthcare-associated infection, with prolonged central venous catheterization posing a significant risk. Peripherally inserted central catheters (PICCs) are increasingly used in hospitalized patients due to convenience and a lower infection risk compared with nontunneled central venous catheters. Despite their benefits, PICCs are associated with complications, including thrombosis, phlebitis, infiltration and CABSI. Complications can delay treatment, prolong hospitalization and increase financial burden on healthcare facilities. Ensuring appropriate PICC use and considering less invasive alternatives can reduce patient harm and healthcare costs. Methods From May to October 2024, infection prevention team identified sustained high utilization of PICCs in the adult inpatient units. The infection prevention team organized and conducted a multidisciplinary meeting with the PICC team, Dietary, Pharmacy, and Nursing partners to identify opportunities to reduce unnecessary PICC use. Lack of a formal review for PICC insertion appropriateness and limited

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