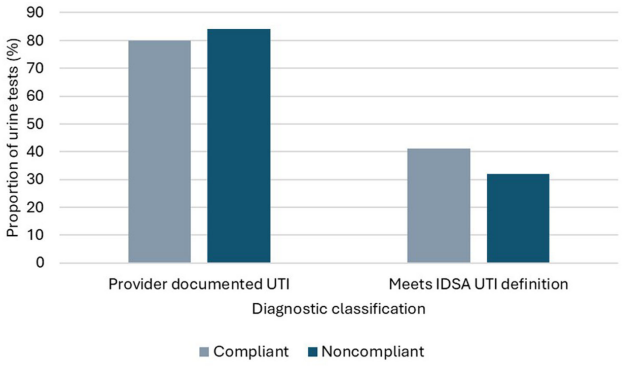


Figure 2: UTI classification by urine collection compliance

Provider-documented UTI diagnoses were common (80% vs 84%); however, only a portion met standardized UTI definitions (IDSA criteria: 41% compliant vs 32% noncompliant), with greater concordance observed among compliant samples. **Conclusion:** Recommended urine collection practices were followed in just over half of samples, with similar urine test positivity across compliance groups. Differences in organism distribution, antimicrobial prescribing, and concordance between provider-documented and standardized UTI diagnoses suggest that urine collection practices may influence diagnostic classification and antimicrobial decision-making in hospitalized adults.

Antimicrobial Stewardship & Healthcare Epidemiology 2026;6(Suppl. S1):s81–s82
doi:10.1017/ash.2026.10553

Presentation Type:
Poster Presentation
Subject Category: CLABSI
CLABSI prevention with secure chat messaging‡
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Background: Central line-associated bloodstream infections (CLABSIs) remain a significant source of preventable harm in hospitalized patients, often resulting from missed dressing changes and mislabeled tubing. Research indicates that most CLABSIs occur more than five days after catheter insertion, highlighting the importance of maintenance practices. This project, conducted at Atrium Health Union/Union West, aimed to reduce CLABSI rates by improving adherence to central line care protocols through innovative use of secure chat photography. **Methods:** Using the Plan-Do-Study-Act (PDSA) framework, the team identified procedural gaps in dressing changes and tubing labeling. A novel intervention was implemented: frontline nurses sent secure chat photos of central line dressings and tubing labels to leadership at each shift change via the electronic medical record (EMR). This real-time visual verification system enhanced compliance monitoring and accountability. Stakeholder engagement was prioritized through shared governance, pilot testing, and feedback loops. Pre- and post-intervention audits measured compliance, and statistical analysis validated the impact. **Results:** Pre-intervention compliance with central line maintenance protocols was 83%. Post-intervention, compliance improved to a range of 92.4% to 100% across seven units, averaging 95.5% with sustained results for a year thus far. This improvement correlated with a reduction in CLABSI rates, contributing to better patient outcomes and potential cost savings, as each CLABSI can cost between $16,000 and $45,000. The project is on track to meet its goal of ≥99% compliance, supported by ongoing audits, leadership feedback, and integration of the secure photo process into standard workflows. **Conclusion:** This initiative successfully leveraged digital tools to address a persistent clinical challenge. Secure photo documentation via EMR messaging proved to be an effective, scalable, and low-cost strategy for improving central line care compliance. The intervention not only enhanced patient safety and reduced infection risk but also promoted health equity by standardizing care across units. Its replicability across other healthcare settings makes it a valuable model for broader dissemination. The project demonstrates how technology-driven solutions can transform infection prevention practices and support institutional goals of safety, quality, and equity in care delivery.

Antimicrobial Stewardship & Healthcare Epidemiology 2026;6(Suppl. S1):s82
doi:10.1017/ash.2026.10554

Presentation Type:
Poster Presentation
Subject Category: CLABSI
Optimizing Pediatric ICU Central Line Maintenance and Removal Through Weekly Multidisciplinary CLABSI Prevention Rounds‡
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Background: Central line-associated bloodstream infections (CLABSIs) remain a challenge in pediatric intensive care units (PICUs); central line days have been directly correlated with risk of CLABSI. The Mayo Clinic PICU is a 23-bed multidisciplinary unit including dedicated bone marrow transplant beds with an average of 1048 admissions annually. In 2024, the unit's CLABSI rate was 0.82 per 1,000 central line days or approximately 1–3 CLABSIs per year. Weekly multidisciplinary CLABSI Prevention Rounds were piloted from August 2024 to March 2025 with the aim of reducing central line device utilization rate as a method to reduce CLABSI risk. **Methods:** A multidisciplinary team of Clinical Nurse Specialists (CNS), Nurse Managers, and off-service PICU physicians conducted weekly CLABSI rounds on PICU beds (excluding 4 BMT beds), meeting with each bedside nurse as well as the on-service providers. The CLABSI team assessed central line necessity using a standard questionnaire and provided education to physicians and nurses regarding central line care and CLABSI prevention. Monthly data were compared for the same 8 calendar months pre versus post intervention for central line days, patient days, and device utilization rate (DUR; central line days/patient days), both unadjusted and adjusted for PRISM (Pediatric Risk of Mortality) 3 severity of illness score. Pre- and post-implementation staff surveys assessed confidence in line management and interdisciplinary communication using Likert scales. **Results:** Thirty-two CLABSI rounds with a total of 118 individual patients and 45 discrete interventions were noted over 8 months and compared to the 8 pre-intervention corresponding months. Pre versus post monthly DUR was 0.42 [0.32–0.57] vs 0.46 [0.30–0.55], $p = 0.49$ (PRISM 3–adjusted $p = 0.97$). Nursing confidence in 'discussing central line need' significantly improved post-implementation, 5 [4–5] vs 5 [5–5], $p = 0.035$. Nurses also positively perceived third-party involvement in need assessment, 4 [3–4] vs 4 [3–4], $p = 0.06$. All surveyed clinicians trended toward being less likely to think a central line was left in too long, 3 [3–4] vs 3 [2–4], $p = 0.06$. **Conclusion:** Structured weekly multidisciplinary CLABSI rounds are a feasible intervention that empowers bedside nurses and improves confidence in line maintenance and interdisciplinary communication. Median DUR was not significantly altered by the intervention, but nursing perception of central line management improved qualitatively in pre- versus post-implementation surveys. Continued expansion of multidisciplinary initiatives addressing central line necessity and management is needed to further evaluate overall effects on DUR and CLABSI incidence.

Antimicrobial Stewardship & Healthcare Epidemiology 2026;6(Suppl. S1):s82
doi:10.1017/ash.2026.10555

‡The abstract titles in this supplement have been corrected since original publication. A notice detailing the changes has been published at https://doi.org/10.1017/ash.2026.10802.

https://doi.org/10.1017/ash.2026.10554 Published online by Cambridge University Press