

Figure 1. Carbapenem Prescribing Algorithm
Sutter Tracy Community Hospital, Tracy, CA

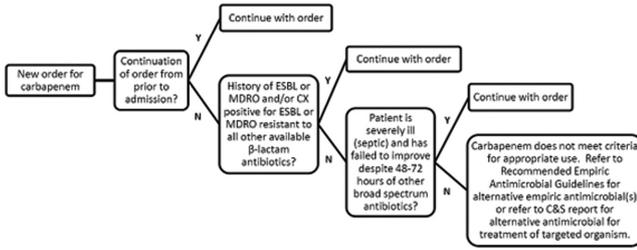
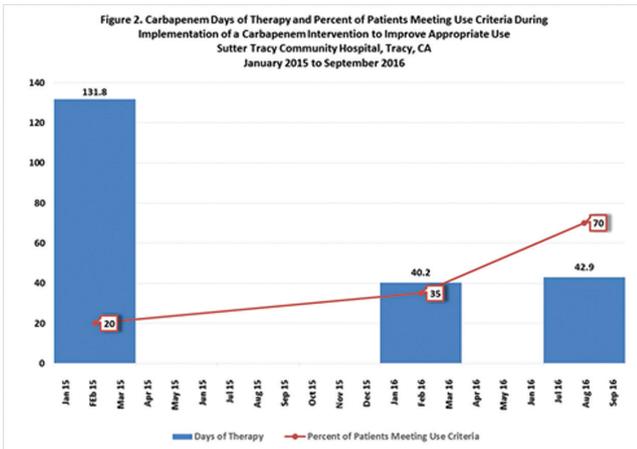


Figure 2. Carbapenem Days of Therapy and Percent of Patients Meeting Use Criteria During Implementation of a Carbapenem Intervention to Improve Appropriate Use
Sutter Tracy Community Hospital, Tracy, CA
January 2015 to September 2016



Disclosures. All authors: No reported disclosures.

746. University of Washington Tele-Antimicrobial Stewardship Program (UW-TASP/ECHO): Collaboration Across Washington State to Improve Antimicrobial Use

Yuan Zhou, MD¹; John B. Lynch, MD, MPH²; Paul S. Pottinger, MD, FIDSA³; John Scott, MD, MSc, FIDSA³; Laura A.S. Quilter, MD³; Marisa D'Angeli, MD, MPH⁵; Zahra Kassamali, PharmD⁶; Rupali Jain, PharmD, FIDSA⁷; Robert J. Cybulski, PhD⁸ and Natalia Martinez-Paz, MA, MPA⁹; ¹Division of Allergy and Infectious Disease, University of Washington, Seattle, Washington, ²Infection Prevention & Antimicrobial Stewardship, Harborview Medical Center, Seattle, Washington, ³Division of Allergy and Infectious Diseases, University of Washington, Seattle, Washington, ⁴Division of Allergy & ID, University of Washington, Seattle, Washington, ⁵Communicable Disease Epidemiology, Washington State Dept of Health, Shoreline, Washington, ⁶UW Medicine, Valley Medical Center, Renton, Washington, ⁷Dept of Pharmacy; Division of Allergy and Infectious Diseases, University of Washington, Seattle, Washington, ⁸Clinical Microbiology, University of Washington, Seattle, Washington, ⁹Northwest AIDS Education and Training Center, Seattle, Washington

Session: 75. Stewardship: Program Implementation
Thursday, October 5, 2017: 12:30 PM

Background. The Centers for Disease Control and Prevention (CDC) have outlined core elements of effective antimicrobial stewardship programs (ASPs). However, many smaller community and "critical access hospitals" (CAHs) lack resources necessary to fully implement these programs. Tele-antimicrobial stewardship is highlighted in the Federal Register as a potential solution for such situations.

Methods. In January 2017 we implemented UW-TASP/ECHO, a remotely-based electronic answer to the problem of limited resources for ASPs at CAHs. This interdisciplinary collaboration involves infectious diseases (ID) faculty and fellows, ID pharmacists, and microbiologists from UW Medicine; epidemiologists from Washington State Department of Health (WA-DOH); program/technical support staff; and ASP teams from participating institutions, forming one large ASP working across Washington State. The team meets weekly using the ECHO model. These meetings provide CME via didactic sessions and facilitate interactive case reviews in a peer-to-peer fashion (and never "top-down"). Policies, procedures, and protocols are shared freely. Site visits to each participating location allow us to understand their workflow, and customize interventions.

Results. 13 of 39 CAHs in WA participate. Gap analysis for the CDC Core Elements has revealed areas for improvement at many sites, and specific remediation plans are being formulated. Participants share their antibiotic formularies and anti-biograms where available, and discuss challenges unique to CAHs. Providers report

a high degree of satisfaction with the program, both due to ASP improvements, and because of the community and enhanced inter-professional communication it provides these relatively isolated facilities. Public health benefits include improved local data sharing, and national data reporting to NHSN's antibiotic use and resistance options is encouraged. Impact on antimicrobial use and resistance is being tracked, although it is too early to measure effect via traditional outcomes.

Conclusion. We have engaged 33% of Washington State's CAHs through tele-antimicrobial stewardship. This innovative model effectively supports ASPs in smaller hospitals across large geographic regions.

Disclosures. All authors: No reported disclosures.

747. Concordance of Outpatient Antibiotic Prescribing with Infectious Diseases Society of America (IDSA) Guidelines for the Treatment of Acute Uncomplicated Cystitis in Southern Maine

Minkey Wungwattana, Pharm.D., BCPS (AQ-ID); Corinn Martineau, Pharm.D. and LaTasha Riddick, Pharm.D.; Pharmacy, Maine Medical Center, Portland, Maine

Session: 75. Stewardship: Program Implementation
Thursday, October 5, 2017: 12:30 PM

Background. Our study aims to assess prescribing concordance with the 2010 Infectious Diseases Society of America (IDSA) guidelines for the treatment of acute uncomplicated cystitis (AUC). Additionally, this study aims to assess potential explanations for prescriber discordance.

Methods. This is an IRB-approved retrospective analysis of female patients ≥ 18 years of age at four family medicine clinics over a one year period. Patients with one of the following International Classification of Diseases, Tenth Revision (ICD-10) diagnosis codes were screened for entry: acute cystitis (N30.0), unspecified cystitis (N30.9), or urinary tract infection (N39.0). Exclusion criteria are pregnancy, urinary abnormalities, recurrent UTI, active sexually transmitted infections, active malignancies, documented allergies to all first-line antibiotics, prophylactic antibiotic use, temperature >100.4° F, flank pain, chronic kidney disease, and diagnosis of pyelonephritis. To meet concordance, all three components must be met: selection of a recommended drug, correct dose, and suggested duration. A survey was distributed to 37 providers to assess guideline knowledge and prescribing preferences for the treatment of AUC. Descriptive statistics and regression analyses were performed.

Results. Overall antibiotic prescribing concordance with IDSA guidelines was 58.8% of 165 analyzed visits. Nitrofurantoin (51%) was the most common antibiotic prescribed, followed by sulfamethoxazole-trimethoprim (SMX-TMP) (33%), ciprofloxacin (13%), and amoxicillin (3%). No patient was prescribed fosfomicin. Longer durations than recommended were often prescribed for nitrofurantoin (25%), SMX-TMP (25.5%), and ciprofloxacin (33%). Survey response rate was 24 out of 37 providers (64.9%). Six out of 24 responses (25%) identified fluoroquinolones as last line therapy for the treatment of AUC.

Conclusion. We report suboptimal prescribing concordance rate with the IDSA guidelines for the treatment of AUC. The treatment of AUC in our family medicine setting is an area of opportunity to implement antimicrobial stewardship interventions. In addition to providing prescribing guidance, emphasis on education regarding recommendations including drug, dose, and duration may be important to sustain high concordance prescribing rates.

Disclosures. All authors: No reported disclosures.

748. Challenges of Antibiotic Stewardship on the Internal Medicine Ward

Anjali Shroff, MD, FRCPC¹; Annie Brooks, BA, BScPhm, PharmD²; Rebecca Barty, MLT, BA, MSc³; Angela Barbara, PhD MSc⁴; Michelle Zeller, MD, MHPE, FRCPC, DRCPSC⁵ and Dominik Mertz, MD, MSc, FMH (CH)⁶; ¹Infectious Diseases and GIM, McMaster University and Hamilton Health Sciences, Hamilton, ON, Canada, ²Pharmacy, McMaster University and Hamilton Health Sciences, Hamilton, ON, Canada, ³Department of Medicine, McMaster Centre for Transfusion Research, Hamilton, ON, Canada, ⁴Department of Health Research Methods, Evidence and Impact (HEI), McMaster University, Hamilton, ON, Canada, ⁵Department of Medicine, McMaster Centre for Transfusion Research, McMaster University and Canadian Blood Services, Hamilton, ON, Canada, ⁶Infection Prevention and Control, Hamilton Health Sciences, Hamilton, ON, Canada

Session: 75. Stewardship: Program Implementation
Thursday, October 5, 2017: 12:30 PM

Background. Audit and feedback programs are considered to be one of the most effective antimicrobial stewardship (ASP) strategies to improve antibiotic prescribing; however, resource requirements are a limiting factor.

Methods. In a controlled, quasi-experimental study we evaluated the impact of once weekly ASP rounds conducted with one Medicine teaching team, while two Medicine teams served as controls, at a tertiary care center from November 2014 until November 2015. We assessed process measures and changes in antibiotic utilization (reported as monthly defined daily doses per 1000 patient days from November 2013 to November 2015 using statistical process control charts).

Results. In total, 249 patients (40% of 627 patients on the team) were on anti-infectives on the day of the rounds and had been discussed, of which 18% (48/249) were already followed by infectious diseases. A total of 79 interventions were made. Reduced duration of therapy comprised over half of the recommendations (39/76, 51%). Discontinuing antibiotics on the same day was the second most common intervention (20/76, 26%). All stewardship suggestions were accepted by the Medicine team. However, no significant changes in antibiotic utilization were observed with a similar