$P = 0.6$). Anti-Pseudomonal (PSA) DOT significantly declined in both NTH (-11%, $P = 0.04$) and TS (-22%, $P = 0.02$). No significant changes in mortality, length of stay, and 30-day readmission rates were observed for either group.

Conclusion. ASP rounds identified ample opportunities for improvement in ABX utilization in both NTH and TS models. Rounds were associated with a significant reduction in anti-PSA DOT for both models and a significant reduction in overall ABX DOT for NTH group. Although NTH provided a higher patient volume and allowed for more interventions per ASP-hour compared with the TS model, acceptance rates were lower, which may reflect a shorter amount of time spent on patient discussions.

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759. At a Rural Veterans Affairs Medical Center, Telehealth Decreased Antibiotic Use in Long-Term, but not Acute Care

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Background. Healthcare facilities without access to infectious diseases (ID) expertise may struggle to implement effective antibiotic stewardship programs. In August 2016, we launched a pilot project using the Veterans Affairs (VA) telehealth system to form a Videoconference Antimicrobial Stewardship Team (VAST) to connect a multidisciplinary team from a rural VA medical center with ID physicians at a remote site to support antibiotic stewardship. Here, we present preliminary outcomes summarizing antibiotic use at a rural VA medical center with 27 acute and 162 long-term care beds before and after the VAST implementation.

Methods. Weekly VAST meetings began in August 2016. Using VHA databases, we determined the agent days (number of days a patient received a particular agent), the antibiotic days (the number of days a patient received *any* antibiotic) and length of therapy. We compared the rates of agent days and antibiotics days per 1000 bed days of care (BDOC) in the pre- implementation (January 2016–July 2016) and post- implementation periods (September 2016–March 2017) for acute and long-term care units.

Results. In acute care, agent days, antibiotic days and length of therapy did not change notably after VAST implementation (table). For long-term care, agent days decreased by 45%, antibiotic days by 42% and length of therapy by 37%. Also, the ratio of agent days to antibiotic days reveals that in acute care patients received on average 1.5 antibiotics (pre- and during the VAST) compared with 1.2 (pre-VAST) and 1.1 (during the VAST) in long-term care.

	Acute Care			Long-Term Care		
Outcomes Measures	Pre-VAST	VAST	Reduction	Pre-VAST	VAST	Reduction
Agent Days/1000 BDOC	1008	996	12 (1%)	62	34	28 (45%)
Antibiotic Days/1000 BDOC	653	644	9 (1%)	52	30	22 (42%)
Mean Length of Therapy (days)	4.57	4.46	0.12 (3%)	8.93	5.60	3.33 (37%)

Conclusion. Weekly multidisciplinary VAST meetings led to decreased rates of antibiotic use and length of therapy in the long-term but not acute care units of a rural VA medical center. Reasons for these differences may relate to the long-term care setting, which is an environment that permits active monitoring off antibiotics. Other possible reasons include differences in patient acuity and provider practice patterns.

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760. Reduction of Overall and Inappropriate Antibiotic Prescribing within a Veterans Affairs Primary Care System through Peer Comparison of Overall Antibiotic Prescribing Rates

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Background. Reducing inappropriate outpatient antibiotic use is an important national goal. A practical intervention with a relatively low barrier to implementation may be peer comparison of overall antibiotic prescribing rates.

Methods. Educational sessions were offered to all primary care providers (PCPs) at VA Pittsburgh. Subsequently, PCPs were sent monthly comparisons of their antibiotic prescribing rate, peer rates, and a system target. The intervention period of January–April 2017 was compared with a seasonal baseline of the same months in 2016. A random sample of prescriptions was reviewed for adherence to consensus guidelines.

Results. Educational sessions were attended by 50 (68.5%) PCPs. During the baseline period, 1,498 acute antibiotic prescriptions were written by 65 PCPs caring for 40,734 patients, compared with 1,131 prescriptions written by 73 PCPs caring for 41,185 patients during the intervention period (24.5% decrease, $P < 0.0001$). Azithromycin use decreased by 43.9% (442 vs. 248 prescriptions, $P < 0.0001$), and percentage overall decreased from 29.5% to 21.9%, $P < 0.0001$. Fluoroquinolone use decreased by 52% (148 vs. 71 prescriptions, $P < 0.0001$), and percentage overall decreased from 9.9% to 6.3%, $P = 0.001$. Among reviewed cases, inappropriate antibiotic prescribing decreased from 61.4% (62/101) to 40% (48/120), $P = 0.002$. No significant differences were observed in guideline-discordant agents (20.5% vs. 13.9%, $P = 0.7$) or guideline-concordant agents given for a guideline-discordant duration (36.8% vs. 37.1%, $P = 0.8$). Unnecessary antibiotic prescribing rates were numerically lower for upper respiratory infections (76.9% (30/39) vs. 63.8% (30/47), $P = 0.2$), urinary tract infections (40% (4/10) vs. 6.7% (1/15), $P = 0.1$), and COPD exacerbations (75% (6/8) vs. 16.7% (1/6), $P = 0.1$), and significantly lower for skin and soft-tissue infections (50% (9/18) vs. 7.1% (1/14), $P = 0.02$). Azithromycin and fluoroquinolones were frequently inappropriate in both periods (80.6% (29/36) vs. 70.8% (17/24) and 85.7% (6/7) vs. 75% (6/8), respectively).

Conclusion. In a primary care setting, initial education followed by monthly peer comparison of overall antibiotic prescribing rates reduced overall and inappropriate antibiotic prescribing.

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761. Quality Assessment of Process Measures in Antimicrobial Stewardship: Concordance of Valacyclovir Indication and Automatic Prospective Approval in Computerized Provider Order Entry

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Background. The Infectious Diseases Society of America (IDSA) and the Society for Healthcare Epidemiology of America (SHEA) recommend computerized decision support at the time of prescribing as an antimicrobial stewardship (AST) tool. Providing antimicrobial indications during prescribing can optimize infection-specific therapy through appropriate antimicrobial selection, dosing, and frequency. The Leapfrog group identifies this as a quality measure for their report card system. At Beth Israel Deaconess Medical Center (BIDMC), indication-based dosing has been incorporated in the computerized provider order entry (CPOE) system since 2006. At BIDMC, valacyclovir is only approved for the treatment of varicella zoster (VZV) infection or prophylaxis of solid organ transplant (SOT) patients at low risk for cytomegalovirus. These indications bypass the need for AST approval. Accuracy validation of the selected indications has not been formally performed.

Methods. A retrospective chart review was performed in patients prescribed valacyclovir during an 8-month period in 2016. Electronic medical records, laboratory reports, and pharmacy records were reviewed to identify the suspected/confirmed infection. The primary outcome was the concordance rate of selected CPOE valacyclovir indication compared with suspected/confirmed infection at the time of ordering. The secondary outcome was the proportion of valacyclovir use per institutional protocol.

Results. Overall, 117 patients were included, with a median age of 57.9 years, 51 (43.6%) were male, and 4 (3.4%) were located in an intensive care unit. Fifty-nine orders (50.4%) selected VZV as the indication, followed by 21 orders (17.9%) for SOT prophylaxis. Of orders with any CPOE indication, only 59/101 (58.4%) were concordant with suspected/confirmed infection. Of the valacyclovir orders with a VZV indication, 37 (62.7%) were concordant. Of the orders with SOT prophylaxis indications, 5 (23.8%) were concordant. Furthermore, only 46 orders (39.3%) were per BIDMC-protocol.

Conclusion. Concordance of CPOE indication selection and suspected/confirmed infection for valacyclovir was low. Using CPOE to grant automatic prospective approval must be monitored and audited for accuracy if employed as an AST tool.

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762. A Hospitalist-Led Initiative to Promote Antibiotic Citizenship on Internal Medicine Teaching Services

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