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Session: 223. Antimicrobial Stewardship: Qualitative Research
Saturday, October 6, 2018: 12:30 PM

Background. In 2003, the Centers for Disease Control and Prevention (CDC) launched Get Smart: Know When Antibiotics Work, a campaign to improve antibiotic use and reduce antimicrobial resistance. Efforts to improve in- 

Methods. We conducted semi-structured interviews with 21 HCPs using purposive sampling to target geographic regions and provider types with the highest anti- 

Results. The HCPs interviewed included nine family practitioners (four physi- 

Disclosures. All authors: No reported disclosures.

1889. A Clinical Practice Assessment on Clostridium difficile Infection Jovan Florida, PhD1; John Maeglin, MBA2; Debra Mathews, PharmD3; Trudi Delk, PharmD4 and Edward Septimus, MD, FIDSA, FSHEA1, 4, 5; Medscape LLC, New York City, New York, 6Synthetic Biologics, Rockville, Maryland, 7Texas A&M Health Science Center College of Medicine, Houston, Texas, 8Population Medicine, Harvard Medical School, Houston, Texas

Session: 223. Antimicrobial Stewardship: Qualitative Research
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Background. This study assessed physicians’ current practice patterns in preven- 

Methods. A 25-question clinical practice assessment survey was made avail- 

Results. 139 ID specialist physicians completed the survey during the study 

Disclosures. All authors: No reported disclosures.

1891. Assessing the Needs for Antimicrobial Stewardship Education and 

Acceptance Across a Spectrum of Prescribers, Nurses and Pharmacists at a Large 

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Session: 223. Antimicrobial Stewardship: Qualitative Research
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Background. Regulatory bodies and quality groups have adopted the Centers for Disease Control and Prevention (CDC) Core Elements for Antimicrobial Stewardship 

Programs (ASP) as a measure for accreditation and scoring healthcare institutions 

across the United States. Multiple elements are driven by educating and integrat- 

ing staff across the provider network. The ideal method of providing education and 

addressing this unknown is unknown. The objectives of this study were to evaluate the familiar- 

ity of Nursing, Pharmacy, and Prescribers regarding local ASP activities and services, 

as well as perceptions regarding patient care and value. Secondary objectives were to 

determine what educational tools are currently utilized and the desired method for 

future education.

Methods. Three distinct surveys were written for each provider type for Nurses, Pharmacists and Prescribers across ambulatory and inpatient sites. Each contained 

basic demographic data such as years in practice and primary practice 

site. Questions were developed to assess familiarity, perceived value, and overall 
satisfaction with the ASP. Additional items included the use of online ASP resources 

and desire for more education. The survey was delivered electronically to 5,091 

providers.

Results. In total, 443 completed the survey, 267 Nurses, 160 Prescribers, and 

16 Pharmacists. A majority of Nurses (67%) and Pharmacists (56%) worked 
on inpatient units. Prescribers were 48% from Medicine and 16% Hospitalists. 

Familiarity with the ASP was lowest among Nursing staff, 53% unaware, and high- 

et among prescribers (55% very familiar, 8% not familiar) and pharmacists (56% 

very familiar and none unfamiliar) as seen in Figures 1 through 3. ASP-assisted 
harm prevention was identified by 43% and therapy optimization by 44%. Of the 

highly familiar prescribers and pharmacists, 90% rated ASP as a moderate to high 

value service. More than 80% of all disciplines expressed the desire for more edu- 
cation, primarily as didactic lectures (65%), intranet portal training (57%), or 
e-mails (36%).