We received data from 23 health professional schools and 78 residency training programs for response rates of 35% and 27%, respectively. Among 101 respondents, 89 (88%) agreed or strongly agreed that ‘AR is a major issue at my hospital’ and 56 (55%) were satisfied with their current AR curriculum. Ninety-four (93%) respondents were interested in learning about successful strategies for implementing AS curriculum or training from other schools or programs. Respondents incorporated a median of 7 of 8 specific AS principles and practices into their curricula and training [range, 0–8] (Figure 1) and used a median of 4 of 9 different teaching methods [range, 0–9] (Figure 2). The most cited barriers to incorporating AS curriculum and training were limited training infrastructure (n = 58, 63%) and competing training priorities (n = 50, 54%). The least cited barrier was lack of interest or concern about AR and AS (n = 10, 11%) (Figure 3).

Conclusion. Health professional schools and residency training programs recognize that antimicrobial resistance is a major public health issue and acknowledge the need to strengthen antimicrobial stewardship curricula. Public health agencies can facilitate sharing antimicrobial stewardship resources and materials as a strategy to enhance curricula in health professional schools and training programs.

Results. A total of 378 HCP completed the survey; 227 attending physicians, 40 residents in training, 102 advanced practice providers, and 9 pharmacists. Overall, 153 (40%) self-identified as IP and 225 (60%) as OP. Antibiotic prescribing on a daily or a more than once daily basis was common, although significantly more so for the IP group (59% vs. 42%; P = 0.01). Significantly more OP HCP ranked treatment of sinusitis/pharyngitis/bronchitis in the 3 most common reasons for prescribing antibiotics (48% vs. 9%, P < 0.01). Recognition of pharmacists and local antibiograms as prescribing resources was significantly lower among OP HCP (15% vs. 41%, P < 0.01 and 37% vs. 56%, P < 0.03, respectively). OP HCP were more likely to prescribe antibiotics for patient satisfaction (13% vs. 6%, P = 0.03), but IP HCP were more likely to prescribe when unsure of a bacterial infection (65% vs. 50%, P < 0.01). Both groups similarly agreed that antibiotic resistance is a serious public health concern, is caused by antibiotic overuse, and that antibiotics are overprescribed in their local areas. However, a significantly more OP HCP than IP agreed that AS was something that they can do (80% vs. 68%, P < 0.01), 12% of OP reported not hearing of AS and 21% reported not having access to AS resources.

Conclusion. Antibiotic prescribing is frequent in the OP setting. While OP HCP acknowledge the problems of antibiotic overuse and most report they practice AS, many continue to prescribe antibiotics inappropriately. Increased knowledge of treatment guidelines and access to pharmacy and antibiograms may alleviate this discordance between the understanding and application of AS in the OP setting.

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700. Patient Preferences in the Emergency Department (ED) Before Treatment for Acute Bacterial Skin and Skin Structure Infection (ABSSSI)

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Background. Reducing hospital admission and improving transitions of care can lessen the burden of ABSSSI in EDs and hospitals. Limited research to date has assessed the patient’s preference for ABSSSI treatment. Understanding patient preferences may provide insights that encourage optimal treatment plans and improve satisfaction with their care.

Methods. A patient survey was conducted across 5 hospital EDs in the US. After providing informed consent, patients with ABSSSI completed a baseline survey assessing their ABSSSI history and preferences for antibiotic (ABX) therapy [intravenous (IV) vs. oral] and treatment location. Patient characteristics and ensuing treatment details were collected from the medical record after the ED or hospitalization was completed. Descriptive statistics were used for analyses.

Results. Seventy-one patients were enrolled and completed the baseline survey. The mean ± SD age was 50 ± 17 years, 22 (31%) had diabetes, and 47 (66.2%) had a previous ABSSSI. The median (25th–75th quartile) lesion size was 190 (53–613) cm²; 51 (71.8%) presented with cellulitis, an abscess, or both. Fifty-four (76.1%) were admitted to the hospital with a median (25th–75th quartile) length of stay of 4.5 (2–9) days. In the ED, vancomycin (39.4%) and β-lactams (36.6%) were the most common ABX IV was prescribed in 58/63 (92.1%) patients. Once admitted, 37 (68.5%) and 34 (63%) patients received vancomycin and β-lactams, respectively. When surveyed, 26 (36.6%) patients preferred to receive ABX at home, while 22 (31.0%) chose hospital stay for one or more nights. The most common ABX preference was a single IV dose to complete treatment, selected by 29 (40.8%) patients. The most important ABX factors were efficacy and

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699. Knowledge and Perspectives of Antimicrobial Stewardship: A Comparison of Inpatient vs. Outpatient Providers

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Background. There is increasing knowledge of antimicrobial stewardship (AS) among inpatient (IP) healthcare providers (HCP), but this is less clear for the outpatient (OP) setting. Recent studies suggest 30% of antibiotics prescribed in the OP are unnecessary and should be a focus of future AS efforts. We surveyed HCP within our healthcare system on AS to compare the practices and perspectives between the IP and OP providers.

Methods. HCP in Rochester Regional Health were sent an 11-item electronic survey on AS. Fisher’s exact test and Z test were used to assess for differences between the IP and OP responses.

Results. A total of 386 HCP completed the survey; 227 attending physicians, 40 residents in training, 102 advanced practice providers, and 9 pharmacists. Overall, 153 (40%) self-identified as IP and 225 (60%) as OP. Antibiotic prescribing on a daily or a more than once daily basis was common, although significantly more so for the IP group (59% vs. 42%; P = 0.01). Significantly more OP HCP ranked treatment of sinusitis/pharyngitis/bronchitis in the 3 most common reasons for prescribing antibiotics (48% vs. 9%, P < 0.01). Recognition of pharmacists and local antibiograms as prescribing resources was significantly lower among OP HCP (15% vs. 41%, P < 0.01 and 37% vs. 56%, P < 0.03, respectively). OP HCP were more likely to prescribe antibiotics for patient satisfaction (13% vs. 6%, P = 0.03), but IP HCP were more likely to prescribe when unsure of a bacterial infection (65% vs. 50%, P < 0.01). Both groups similarly agreed that antibiotic resistance is a serious public health concern, is caused by antibiotic overuse, and that antibiotics are overprescribed in their local areas. However, a significantly more OP HCP than IP agreed that AS was something that they can do (80% vs. 68%, P < 0.01), 12% of OP reported not hearing of AS and 21% reported not having access to AS resources.

Conclusion. Antibiotic prescribing is frequent in the OP setting. While OP HCP acknowledge the problems of antibiotic overuse and most report they practice AS, many continue to prescribe antibiotics inappropriately. Increased knowledge of treatment guidelines and access to pharmacy and antibiograms may alleviate this discordance between the understanding and application of AS in the OP setting.

Disclosure. All authors: No reported disclosures.
their doctor’s opinion, then convenience and route of administration; least important were treatment location, adverse events, and cost.

Conclusion. In these patients presenting to the ED with ABSSSI, the majority were admitted to the hospital and received IV ABX. Patient preferences for treatment location varied, but many valued therapies that could prevent admission. These data suggest opportunities for improving ABSSSI care by engaging the patient and offering treatment alternatives they may not be aware of.

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701. Frequently Identified Gaps in Antimicrobial Stewardship Programs in Critical Access Hospitals

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Background. Nebraska (NE) Infection Control Assessment and Promotion Program (ICAP) is a CDC funded project. ICAP team works in collaboration with Nebraska Antimicrobial Stewardship Assessment and Promotion Program, Nebraska Medicine, Omaha, Nebraska; Nebraska Infection Control Assessment and Promotion Program, Nebraska Medicine, Omaha, Nebraska; Department of Pharmacy, Nebraska Medicine, Omaha, Nebraska; Division of Infectious Diseases, University of Nebraska Medical Center, Omaha, Nebraska; Session: 74. Stewardship: Data and Program Planning

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