Methods. A prospective study of CPG implementation for treatment in adult in-patients who had DFIs was conducted at surgical and orthopedic wards. The CPG was developed by the investigator team based on the data from our previous study (submitted to publish). CPG was presented monthly to train the orthopedic and vascular surgeons for 1 year. The empirical ATB regimens were prescribed by the responsible surgeon who was trained to use CPG. Demographics data, wound characteristics, microbiological data, ATB therapy, and clinical outcome were recorded. The appropriate empirical ATB treatment was determined by investigators weather CPG matched or microbiological matched. The adherence to CPG, the appropriate empirical ATB, and the unfavorable outcome were analyzed. All data were reported by descriptive and inferential statistics.

Results. A total of 85 DFIs patients were enrolled. The patients received the appropriate empirical ATB matched to CPG and matched to microbiological data, were 87% and 67%, respectively. The unfavorable outcome was 26% while previously was 72.4% (submitted to publish data) before CPG implementation. The independent factors associated with unfavorable outcomes were (1) an inappropriate ATB and (2) infections with drug resistant pathogens (adjusted relative ratio arR 2.98; 95% CI: 1.36–6.55, P = 0.007 and arR 1.90; 95% CI: 1.05–3.45, P = 0.034, respectively).

Conclusion. The current study demonstrated that mostly training of CPG result in the high adherence (87%) of CPG use and resulting in high rate of appropriate empirical ATB. Educational intervention assisted the responsible physician in administrate the appropriate ATB with the improvement of unfavorable outcome in DFIs.

Disclosures. All authors: No reported disclosures.

1310. Improving Infectious Disease Electronic Medical Records Documentation: A Quality Improvement Study in an Academic Teaching Hospital Seetha Lakshmi, MD1; Johanna Asquith, MD1; Sally Alrabaa, MD1; Mindy Sampson, DO2; Natan KraItman, MD2; Garabet Akgohanian, MD; Maya Balakrishnan, MD2 and Beata Casanas, DO3; Division of Infectious Diseases and International Medicine, University of South Florida, Tampa, Florida, Infectious Diseases, University of South Florida, Morsani College of Medicine, Tampa, Florida, Infectious Diseases and International Medicine, University of South Florida, Tampa, Florida, Department of Internal Medicine, University of South Florida Morsani College of Medicine, Tampa, Florida, Infectious Disease, University of South Florida, Tampa, Florida, University of South Florida, Tampa, Florida

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Background. Improving efficiency of documentation and sign outs during transitions of care were identified as areas of interest by the South Florida Infectious Disease (ID) Division. Our aim is by May 2018, we will achieve >50% improvement in our ID EMR note efficiency score for any adult patient at Tampa General Hospital. Note efficiency score involves listing all of the key elements with 1 point awarded for each: active problem in the subjective, updated hospital course — improvement of unfavorable outcome in DFIs.

Methods. A Quality Improvement Study in an Academic Teaching Hospital

Disclosures. All authors: No reported disclosures.

1309. The Impact of Clinical Practice Guideline Using Educational Intervention for Improvement of Diabetic Foot Infections Treatment Outcomes Muilika Phangumnga1, DO1; Orzani Nahavandiz2; Mohammad S. Jalalpur, MD4 and Porpan Koomanachai, MD1; Faculty of Medicine Siriraj Hospital, Bangkok, Thailand, Medicine, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand

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Background. Diabetic foot infections (DFIs) are important cause of lower-extremities amputation. The inappropriate empirical antimicrobial therapy for DFIs was associated with amputation. We created the Clinical Practice Guideline (CPG) of empirical antimicrobial (ATB) therapy for in-patients with DFIs. The primary outcome of present study was to evaluate the intervention using educate and training the surgeons to adhere with CPG. The secondary outcome was the decreasing of unfavorable outcomes (amputations).