An observational study of AMS module interventions on antibiotic improvements.

Plans for continued utilization of the note templates after the project concludes

Recommendations largely centered on improvements to the note template usability and to ship, local champions (e.g., ID Fellow), medicine service, and SSTOP data feedback reports.

The need to remind providers to use the template. Facilitators consisted of strong steward residents/turnover), surgery service, information technology (IT) support, COVID-19, and education, and identification of appropriate antibiotics. Barriers included staffing (e.g., rotating units, there was a statistically significant decrease in the SAAR for broad spectrum antibiotics. We saw a decrease in%， which was unchanged from baseline. Inpatient ID drug-sensitive infections (ICI) and protocol initiation for patients not discharged on HAT.

This QI initiative utilized the Institute of Healthcare Improvement model providing effective transitions-of-care (TOC) services improves outcomes for patients discharged on high-risk medications. Literature has shown that successful TOC for certain antimicrobials reduces hospital readmissions, medication errors, and improves post-discharge follow-up and laboratory monitoring. Prior to this quality improvement (QI) initiative, there was no formal TOC process for patients discharged on high-risk antimicrobial therapy (HAT) at our institution. Without standardization, only 55.1% of patients discharged on HAT had successful TOC. The aim of this initiative was to develop and implement a TOC protocol in at least 90% of patients discharged on HAT.

Methods. This QI initiative utilized the Institute of Healthcare Improvement model providing effective transitions-of-care (TOC) services improves outcomes for patients discharged on high-risk medications. Literature has shown that successful TOC for certain antimicrobials reduces hospital readmissions, medication errors, and improves post-discharge follow-up and laboratory monitoring. Prior to this quality improvement (QI) initiative, there was no formal TOC process for patients discharged on high-risk antimicrobial therapy (HAT) at our institution. Without standardization, only 55.1% of patients discharged on HAT had successful TOC. The aim of this initiative was to develop and implement a TOC protocol in at least 90% of patients discharged on HAT.

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The protocol was successfully followed in 78.9% of patients identified. TOC process. The protocol was successfully followed in 78.9% of patients identified. Readmission rates were 42.8%, which was unchanged from baseline. Inpatient ID and protocol initiation for patients not discharged on HAT.

Disclosures. All Authors: No reported disclosures

112. Prescriber Perceptions on Utilization of the Antibiotic Self-Stewardship Time Out Program (STSTOP) at Veterans Affairs Medical Centers (VAMC): A Strategy for Improving Antibiotic Use

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Session: P-07. Antimicrobial Stewardship: Program Development and Implementation

Evidence is lacking on how to implement effective and sustainable antibiotic stewardship strategies. The Antibiotic Self-Stewardship Time Out Program (STSTOP) evaluated the implementation at VAMCs of an “Antibiotic Timeout” 3 days after the initiation of antibiotics to encourage providers to review continued use of broad-spectrum antibiotics.

Methods. Sites launched the STSTOP note templates in a rolling fashion from June 2019-March 2020. Clinical pharmacists largely drove the implementation. The vancomycin note template was implemented at 6 of 8 sites and the antipseudomonal note template across 4 of 8 sites. Two sites were unable to launch the note templates due to lack of resources, however they utilized STSTOP principles/guided tools. From Sept 2019-Nov 2020 we conducted post-launch qualitative interviews with Antibiotic Stewardship Program (ASP) champions involved in implementation across the 8 VAMCs. Interviews were transcribed and analyzed for thematic content.

Results. Feedback from ASP providers suggests prescribers had mixed reviews on the note template, but overall liked the process and deemed it to be straightforward. Many valued the algorithm, indicating it was helpful in both thinking about antibiotics prior to initiation, and identification of appropriate antibiotics. Barriers included staffing (e.g., rotating residents/turnover), surgery service, information technology (IT) support, COVID-19, and recommendation was largely centered on improvements to the note template usability and to STSTOP feedback reports (e.g., inclusion of patient/provider-level data).

Conclusion. Overall, the STSTOP note templates were considered acceptable and straightforward. By guiding providers to prescribe more appropriate antibiotics, they act as influencers for practice change, and may strengthen provider/ASP relations. Plans for continued utilization of the note templates after the project concludes suggest STSTOP may serve as a way to achieve sustainable promotion of antibiotic use improvements.

Disclosures. Matthew B. Goetz, MD, Nothing to disclose

113. Improving Transitions-of-Care for Patients Discharged on High-Risk Antimicrobial Therapy

Ryan Zabrosky, Pharm.D.1; Ellen C. Rubin, PharmD2; BCPS; Erica Liu, PharmD3; Karrine Brade, PharmD4; Hope Seratin, PharmD1; Spencer E. Sutton, Pharm.D.1; 1Boston Medical Center, Quincy, Massachusetts

Session: P-07. Antimicrobial Stewardship: Program Development and Implementation

Providing effective transitions-of-care (TOC) services improves outcomes for patients discharged on high-risk medications. Literature has shown that successful TOC for certain antimicrobials reduces hospital readmissions, medication errors, and improves post-discharge follow-up and laboratory monitoring. Prior to this quality improvement (QI) initiative, there was no formal TOC process for patients discharged on high-risk antimicrobial therapy (HAT) at our institution. Without standardization, only 55.1% of patients discharged on HAT had successful TOC. The aim of this initiative was to develop and implement a TOC protocol in at least 90% of patients discharged on HAT.

Methods. This QI initiative utilized the Institute of Healthcare Improvement model providing effective transitions-of-care (TOC) services improves outcomes for patients discharged on high-risk medications. Literature has shown that successful TOC for certain antimicrobials reduces hospital readmissions, medication errors, and improves post-discharge follow-up and laboratory monitoring. Prior to this quality improvement (QI) initiative, there was no formal TOC process for patients discharged on high-risk antimicrobial therapy (HAT) at our institution. Without standardization, only 55.1% of patients discharged on HAT had successful TOC. The aim of this initiative was to develop and implement a TOC protocol in at least 90% of patients discharged on HAT.

The protocol was successfully followed in 78.9% of patients identified. Readmission rates were 42.8%, which was unchanged from baseline. Inpatient ID and protocol initiation for patients not discharged on HAT.

Results. Between October 2020 and May 2021, 218 patients met protocol inclusion criteria. Of these, 203/218 (93.1%) were appropriately identified with the new TOC process. The protocol was successfully followed in 78.9% of patients identified. Readmission rates were 42.8%, which was unchanged from baseline. Inpatient ID and protocol initiation for patients not discharged on HAT.

Conclusion. Overall, there was a statistically significant impact on SAARs and a 10% change in P/T AU rate with an estimated cost reduction greater than 25% on select units after implementation of the AMS module with an ID pharmacy resident.

Disclosures. Kelsie Cowman, MPH, Merck (Research Grant or Support) Priya Nori, MD, Merck (Grant/Research Support) Priya Nori, MD, Nothing to disclose Ti Guo, PharmD, BCIDP, Merck (Research Grant or Support)

115. Variable Use of Diagnostic Codes for Acute Respiratory Infections Across Emergency Departments and Urgent Care Clinics in an Integrated Healthcare System: Implications for Accuracy of Antibiotic Stewardship Metrics

Daniel J. Liversi, MD, MSc1; RAJESHWARI NAIR, PhD, MBBS, MPH2;
Impact of an Antimicrobial Use Optimization Program in the First Year of Pandemic 2020 in a Large, Academic, Public Network Hospitals in Bogotá, Colombia

Methods. AMS was established in April 2020 consisting of an administrative champion, Infectious Diseases staff, nurse, General Physician, microbiologist, and pharmacists. Antimicrobial stewardship program interventions included postprescriptive audit and establishment of institutional guidelines. The AMS tracked appropriate drug selection including loading dose, maintenance dose, frequency, route, duration of therapy, de-escalation, and compliance with AMS recommendations. Defined daily dose (DDD) of drugs and health economics evaluations of antimicrobials (April–December 2020). Recommendations are placed in the electronic medical record as a progress note.

Results. From April to December 2020, 1013 patients were evaluated by means of a prospective methodology. Unnecessary 689 days of hospitalization and 4420 days of antibiotic therapy were avoided. Among the top antibiotics discontinued were piperacillin tazobactam for the months of July, August, November and December, while for September and October was meropenem. The intensive care unit was the most frequently intervened service (52%), followed by hospitalization and surgery (17%). The intensive care unit was the most frequently intervened service (52%), followed by hospitalization and surgery (17%). The 117. How Does Antimicrobial Stewardship Provider Role Affect Prospective Audit and Feedback Acceptance by the Attending Physician?

Keely Hammond, MD1; Justin Chen, MD1; Karen Doucette, MD, MSc (Epi)2; Stephanie Smith, MD3; Dima Kabbani, MD3; Cecilia Lau, RPh3; Serena Bains, RPh3; Jackson J. Stewart, B.Sc.(Pharm), ACPR, APRY-2 (ID)3; Karen G. Fong, BSP3; 1University of Alberta, Edmonton, Alberta, Canada; 2Alberta Health Services, Edmonton, Alberta, Canada; 3University of Alberta Hospital, Edmonton, Alberta, Canada

Session: P-07. Antimicrobial Stewardship: Program Development and Implementation

Background. Antimicrobial stewardship is a major public health threat internationally but, particularly in Colombia. High and increasing rates of carbapenemases are challenging. Implementing antimicrobial stewardship programs (AMSs) in a large, academic, public network hospitals in Bogotá, Colombia will help curb inappropriate antibiotic use.

Adherence to AMS Program 2020. Subred Integrada de Servicios de Salud Occidente E.S.E Bogotá, Colombia.