the mean number of re-admissions per patient was 2.4 (range 0–14) and 9% developed C. difficile infection (CDI).

Conclusion. AS identified a subset of patients treated for UTI but determined by ID MDs as NI, as an elderly, predominantly female cohort, with a high incidence of new or pre-existing neurological conditions, subsequent bacteruria, re-admission, and short-term mortality. Low SIRS and qSOFA scores in these patients supported a lack of clinically significant infection. AS programs should focus on early efforts to identify AS. Preservation of antimicrobial resources, antibiotic cost savings (estimated over 3 years to be $450,000), and avoidance of CDI are among the likely benefits.

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1630. Correlation Between Tennessee Antibiotic Use Point Prevalence Survey and NHSN AU Module in Four Acute Care Hospitals
Christopher Evans, PharmD1; Raphaele Beard, MPH1; Zina Gugkaeva, PharmD2; Brooke Stayer, PharmD2; Candice Simpson, PharmD2; Pamela Tally, MD, MPH1 and Marion Kainer, MBBS, MPH, FSHIA3; HA1/A/R, Tennessee Department of Health, Nashville, Tennessee, 2Tennessee Department of Health, Nashville, Tennessee, 3Pharmacy, Maury Regional Medical Center, Columbia, Tennessee, 4Pharmacy, Holston Valley Medical Center, Kingsport, Tennessee, Pharmacy, Bristol Regional Medical Center, Bristol, Tennessee

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Background. The CDC’s Core Elements of Hospital Antibiotic Stewardship Programs includes tracking and reporting of antibiotic use (AU). In 2014, the Tennessee Department of Health (TDH) developed a voluntary point prevalence survey for hospitals to report AU, as an interim measure to reporting days of therapy (DOT) data into the AU Option of the National Healthcare Safety Network (NHSN). The objective of this analysis is to correlate AU data obtained from the TDH AU Survey to NHSN AU data from core elements institutions who have responded to both recently and currently reported AU data to the NHSN AU Survey during the study period. From those institutions, there were 74 matched data points for nine antibiotics or groups of antibiotics. A positive correlation was found between the two AU metrics, indicated by r2=0.8402, P < 0.0001. Variation existed among the nine different drug/classes, with the strongest correlation existing for anti-pseudomonal carbapenems (r2=0.8402, P < 0.0001) and the weakest with respiratory fluoroquinolones (r2=0.0449, P = 0.487). No strong influences were observed when data were analyzed by subgroups of quarters or institutions.

Conclusion. A positive correlation was found between the two AU metrics, indicating that the TDH AU Survey is a reasonable interim proxy of the NHSN AU data. It is frequently used by TN hospitals for evaluating individual institutional trends, but benchmarking institutions with it is not ideal. This illustrates the need for more hospitals in our state and nationwide to report into the NHSN AU Option.

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1631. Validation of NHSN Annual Hospital Survey Questions: Do Responses Differ Depending on the Professional Completing the Survey?
Kristi Kuper, PharmD, BCPS1; Katharina Van Santen, MSPH1; Amy Paky, PharmD2, MPH3; Tri Nguyen, MD4; Arjun Srinivasan, MD5; Raphaelle Beard, MPH1; Pamela Tally, MD, MPH1 and Erin O’Leary, MPH2
1Center of Pharmacy Practice Excellence, Vizient, Irving, Texas, 2Centers for Disease Control and Prevention, Atlanta, Georgia, 3Department of Pharmacotherapy and Outcomes Science, Virginia Commonwealth University, Richmond, VA

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Background. Facilities enrolled in the National Healthcare Safety Network (NHSN) provide annual information on their antibiotic stewardship programs (ASPs) via a mandatory survey. The survey questions are mapped to the CDC’s Core Elements for Hospital ASPs. Respondents (typically Infection Preventionists) are advised to seek answers to help further improve consistency in responses.

Results. 189 of the 211 hospitals completing the Vizient survey were successfully matched to NHSN hospitals. The majority of respondents were pharmacists; 83% were either Directors of Pharmacy or clinical pharmacists, of which 48% and 61% reported assisting with the NHSN survey, respectively. Reported implementation of all 7 elements in this subset of 189 hospitals was 58.2% in the Vizient survey compared with 54.5% in NHSN. Results differed by respondent position and core element surveyed. Clinical pharmacists in the Vizient survey reported higher rates of core element adherence than Directors of Pharmacy (Figure 1). The position of survey respondents varied by hospital size. Of hospitals with less than 230 beds, 87.5% of surveys were completed by Directors of Pharmacy, whereas 77.1% of surveys were completed by clinical pharmacists in hospitals with ≥250 beds.

Conclusion. Overall similarities between NHSN and Vizient survey results indicate that ASP questions based on CDC’s Core Elements are interpreted in similar ways and answered consistently when analyzed overall. However, individual core element responses may differ based on position of respondent, ASP familiarity, ASP infrastructure, and/or hospital bed size. CDC is exploring improved wording of the survey questions to help further improve consistency in responses.

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1632. Map the Gap: Mapping the Spread of Antimicrobial Stewardship Programs with Four Infectious Diseases Workforce
Aditya Shah, MD1 and Sarah Sansom, MD2
1Internal Medicine, University of Illinois at Chicago, Advocate Christ Medical Center, Oak Lawn, Illinois, 2Internal Medicine, Advocate Christ Medical Center, Oak Lawn, Illinois

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Background. Antimicrobial resistance is the ability of a microbe to resist the effects of an antimicrobials. According to the CDC, every year, more than two million people in the United States get infections that are resistant to antibiotics and at least 23,000 people die as a result. Antibiotic resistance adds $20 billion in excess direct health care costs, with additional costs to society for lost productivity as high as $35 billion a year. Up to 50 percent of all antibiotics prescribed for people are not needed and are prescribed incorrectly.

Methods. De identified data about the number of board certified Infectious Diseases (ID) physicians by zip code was obtained from the Doximity physician database. The location of current ID fellowships was obtained from the NRMP public data. Their data mapped using Google fusion tables and the results compared with several CDC databases, mainly: percent of hospitals with antimicrobial stewardship programs (ASPs) and number of antibiotic prescriptions by providers in the country.

Results. A total of 147 fellowship programs and 7129 board certified ID physicians were identified. Percent of hospitals with ASPs were the least in the North and South of the country which correlated well with higher number of antibiotics prescribed by providers, especially in the Southern belt. These locations also correlated with fewer fellows and board certified physicians. These physicians tend to have a heavy concentration in the Eastern and Western belt of the country which correlated well with a higher prevalence of ASPs.

Conclusion. The use of this novel social network mapping approach to assess the ID physician workforce has the potential of providing real time data regarding their distribution and potential gaps in CDC Core Elements for Hospital ASPs. Respondents (typically Infection Preventionists) are advised to seek input from pharmacist and physician ASP champions, but the professional completing the survey and the extent of input provided by ASP program personnel are unknown. A separate survey provided an opportunity to assess ASP responses reported to NHSN.

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1633. Visual Analytic Tools for Automated Measurement and Tracking of Durations of Therapy for Pneumonia, Urinary Tract Infections, and Skin and Soft Tissue Infections with Four Infectious Diseases Workforce
Jesse Sutton, PharmD1; Christopher I. Graber, MD, MPH, FIDSA2; Matthew Goetz, MD3; Karl Madaras-Kelly, PharmD, MPH1; Makoto Jones, MD, MS1; Peter Glassman, MBBS, MSc1; Emily Spivak, MD, MHS2 and The Veterans Affairs Antimicrobial Use Learning Collaborative; 4George E. Wahlen Department of Veterans Affairs Medical