Results. The most common Gram-negative organisms were Klebsiella pneumoniae and Escherichia coli. Extended-spectrum β-lactamase (ESBL) producing E. coli and K. pneumoniae were common (Figure 1). The average rates of ESBL E. coli and K. pneumoniae were 55% and 64%. The total average DDD/1,000 per drug is graphed in Figure 2.

Figure 1. Percentage of ESBL producing EC and KP.

Conclusion. Ceftiraxone and cefazolin were the most commonly prescribed antimicrobials. Rates of ESBL-producing EC and KP are high at HGHS, with average rates above 50%. This differs greatly from reported prevalence in the United States. Thus, local treatment guidelines need to be established and may differ from Infectious Diseases Society of America guidelines. Further studies are needed to identify the clinical characteristics and risk factors of patients with ESBL in the DR. This will help local ASP programs identify and advise carbapenem use for patients at risk. Our experience at HGHS suggests that assessing local antimicrobial susceptibilities and usage is a key initial step for understanding local needs toward ASP development in resource-limited settings.

Disclosures. All authors: No reported disclosures.

1780. Impact of an Antimicrobial Stewardship Intervention in India: Evaluation of Post Prescription Review and Feedback as a Method of Promoting Optimal Antimicrobial Use
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Background. Antimicrobial stewardship programs (AMSP) are effective in developed countries. This study assessed the effectiveness of an AMSP in a low middle-income country like India.

An Infectious Diseases (ID) physician-driven prospective audit and feedback strategy to evaluate the effectiveness of an AMSP in two intensive care settings of a tertiary care hospital was performed from January 2016 to July 2017 in three phases: baseline, intervention and follow-up each consisting of 6 months. In the baseline and follow-up period, relevant data were recorded. In the intervention phase a patient on antibiotics for >48 hours was assessed by an ID physician and recommendations made. Primary outcome was days on antimicrobial therapy (DOT) and other secondary outcomes were assessed.

Results. A total of 401, 381, and 379 patients were recruited in the baseline, intervention, and follow-up phases. Baseline characteristics of the three groups were similar. Antimicrobial use decreased from 831.5 during baseline to 717 DOT per 1,000 patient days in the intervention (P < 0.0001) and the effect was sustained in the follow-up period (716.6 DOT per 1,000 patient-days). Among the study antimicrobials, DOTs were significantly lower in the intervention vs. baseline phase for Quinolones (21.5 vs. 33.3), Carbapenems (340.2 vs. 426.0) and Colistin (131.5 vs. 155.9) (P < 0.0001). De-escalation according to culture susceptibility was significantly higher in the intervention group compared with the baseline (42.7% vs. 23.6%; P < 0.001). Compliance to hospital-based antibiotic guidelines significantly improved in intervention and follow-up phases compared with the baseline (19.5%, 21.8%, 33.2%; P < 0.0001).

We found that 73.3% of antibiotic prescriptions were inappropriate and commonly occurred in the absence of an appropriate clinical indication. Recommendations by the ID team were accepted in 66.7% of the cases. All-cause in hospital mortality rates were 22.4% and 27.6% in the baseline and intervention phases respectively (P = 0.093).

Conclusion. An ID physician-driven antimicrobial stewardship programme was successful in reducing antibiotic utilization without compromising patient safety in low and middle-income countries; however, this needs further validation.

Disclosures. P. Rupali. Merck Foundation: Grant Investigator, Grant recipient. M. J. Zervos, MedImmune, Merck Foundation: Consultant, Grant recipient.

1782. Guideline-Discordant Carbapenem Prescribing Policies at a Large, Urban Hospital in Manila, Philippines
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Session: 216. Antimicrobial Stewardship: Global Perspectives
Saturday, October 6, 2018: 12:30 PM

Background. Hospital antimicrobial stewardship programs are critical in countries such as the Philippines, where antibiotic-resistant infections are highly prevalent. At our institution, a Prior Antimicrobial Restriction Approval (PARA) is required for noninfectious disease specialists to prescribe carbapenem. PARA request forms include specification of empiric or definitive therapy based on diagnostic tests. Recommended duration of therapy is typically 3 days for empiric use and 7 days for definitive, with possible extension upon specialist approval.

Methods. The study took place at an 800-bed tertiary hospital in Manila, Philippines. Using retrospective chart review, patients with a PARA request for carbapenem were identified. Information on patient demographics, hospital stay, infection, treatment, and outcomes was collected using the hospital’s online record system. Carbapenem use was scored as concordant or discordant based on guidelines of the Infectious Diseases Society of America: de-escalation based on culture data, length of carbapenem therapy, and/or consultation with an Infectious Disease Specialist.

Results. Of 183 patients on carbapenem therapy, 56 (31%) were classified as definitive and 127 (69%) were empiric (Table 1). In addition, 56 (44%) of the patients who received antibiotic therapy were found to be discordant to guideline. The primary reason for discordance was failure to de-escalate the carbapenem following culture results (80% of cases with empiric prescriptions).

Conclusion. Patients who were prescribed carbapenem empirically were more likely to have overall discordant therapy, which was often due to unnecessarily long antibiotic courses or failure to revise treatment based on laboratory data.