Results. The mean age of subjects was 63 years old and 85% had no history of prior C. difficile infection. The most common intervention was de-escalation of antibiotics (46%). The post-implement SIR was 0.55 and hospital-onset C. difficile rate was 13, both of which were significantly lower than predicted.

Conclusion. Targeting patients who have a history of or are newly diagnosed with C. difficile infection may decrease hospital-onset C. difficile rates.

Disclosures. All Authors: No reported disclosures

Table 1. Baseline and Clinical Characteristics

Table 2. Adverse Effects

Conclusion. Patients on IV TMP-SMX therapy were more likely to experience an ADE compared to PO, likely driven by the high volume of free water. Most patients on IV TMP-SMX were on other PO medications, suggesting a missed stewardship opportunity for IV to PO conversion to reduce patient harm.

Disclosures. Susan L. Davis, PharmD. Nothing to disclose Michael P. Veye, PharmD., Cumberland (Grant/Research Support) Paratek Pharmaceuticals (Research Grant or Support) Rachel Kennedy, PharmD, Medtronic, Inc. (Other Financial or Material Support, Employee is an employee and shareholder)

Table 57. Financial Impact of a Regional Antimicrobial Stewardship Cost Saving Initiative in a Large Integrated Healthcare System

Session: P-04. Antimicrobial Stewardship: Outcomes Assessment (clinical and economic)

Background. A regional antimicrobial stewardship program (ASP) within a large integrated health care system covering two non-academic tertiary care medical centers and an additional six community hospitals implemented multiple interventions to optimize antimicrobial therapy and reduce unnecessary hospital costs, such as transition to extended-infusion (EI) piperacillin/tazobactam (TZP), foray restriction of antimicrobials, and antimicrobial stewardship clinical review. The purpose of this study was to evaluate the cost savings associated with these ASP regional initiatives.

Methods. This was a multicenter, retrospective, observational review of regional stewardship interventions across eight inpatient medical centers in Oregon.

Data was collected from January 2019 to December 2020. Cost savings associated with reduced TZP administrations was based on the duration of therapy for each encounter in adults who received TZP for >24 hours in 2020. The regional antimicrobial restriction policy was implemented in February 2020. Cost savings attributed to antimicrobial restrictions and reduction in overall days of therapy/1000 patient days (DOT) were based on EPIC costs.

Results. The reduction in number of administrations with implementation of EI TZP resulted in $226,420 saved in 2020. $182,857 was saved due to decreased usage of restricted antimicrobial agents. An additional $433,314 was saved for overall antimicrobial costs due to 19,775 days reduction in overall DOT/1000 patient days.

Conclusion. A community-based regional ASP has resulted in substantial financial impact and identified areas for future cost savings within the region.

Disclosures. All Authors: No reported disclosures

58. Impact of Order-Set Modifications and Provider Education on Broad-Spectrum Antibiotic Use in Patients Admitted with Community Acquired Pneumonia

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