

specify region and country, key components necessary to prompt clinicians for symptom screening, are documented in a minority of encounters. Future interventions are needed to improve region and country capture and appropriate symptom screening, with isolation when appropriate.

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Presentation Type:

Poster Presentation

Implementation of Antibiotic Time Outs Using Quality Improvement Methodology

Zachary Willis, University of North Carolina at Chapel Hill; May-Britt Sten, UNC Health Care Will Stanley, UNC Health Care; Lindsay Daniels, University of North Carolina Medical Center; Jonathan Juliano, UNC School of Medicine; Michael Swartwood, University of North Carolina School of Medicine; Ronald Davis, UNC Health Care; Donna Krzastek, UNC Health Care; Clare Mock, UNC School of Medicine; Nikolaos Mavrogiorgos, University of North Carolina; Emily Sickbert-Bennett, UNC Health Care; David Jay Weber, University of North Carolina at Chapel Hill

Background: Antibiotic time outs (ABTOs), formal reassessments of all new antimicrobial regimens by the care team, can optimize antimicrobial regimens, reducing antimicrobial overuse and potentially improving outcomes. Implementation of ABTOs is a substantial challenge. We used quality improvement methods to implement robust, meaningful, team-driven ABTOs in general medicine ward services. **Methods:** We identified and engaged stakeholders to serve as champions for the quality improvement initiative. On October 1, 2018, 2 internal medicine teaching services (services A and B), began conducting ABTOs on all patients admitted to their services receiving systemic antimicrobials for at least 36 hours. Eligible patients were usually identified by the team pharmacist. ABTOs were completed within 72 hours of antibiotic initiation and were documented in the electronic medical record (EMR) by providers using a template. The process was modified as necessary in response to feedback from frontline clinicians using

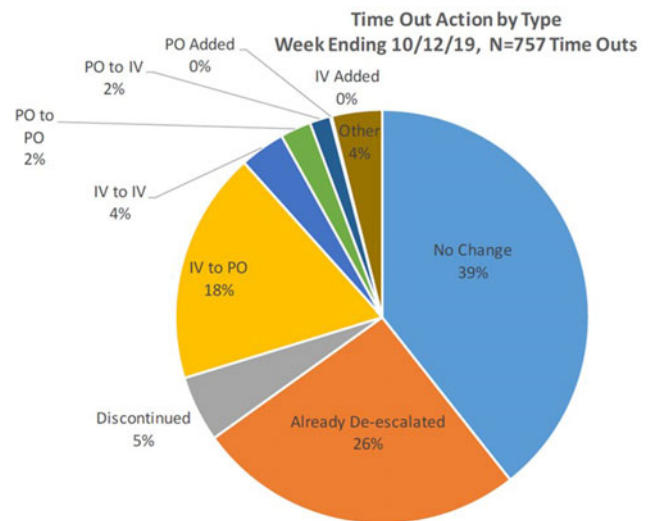


Figure 2: Planned changes in antimicrobial regimen documented in the antibiotic time out.

Fig. 2.

plan-do-study-act (PDSA) methods. We subsequently spread the project to 2 additional internal medicine services (services C and D); 2 family medicine teams (services E and F); and 1 general pediatric service (service G). The project is ongoing. We collected data for the following metrics: (1) proportion of ABTO-eligible patients with an ABTO; (2) proportion of ABTOs conducted within the recommended time frame; (3) documented plan changes as a result of ABTO (eg, change IV antibiotics to PO); (4) proportion of documented plan changes actually completed within 24 hours. **Results:** Within 12 weeks, services A and B were successfully completing time outs in >80% of their patients. This target was consistently reached by services C, D, E, F, and G almost immediately following launch on those services. As of June 29, 2019, >80% of eligible patients across all participating services have had a time out conducted for 16 consecutive weeks. ABTOs have resulted in a change in management in 35% of cases, including IV-to-PO change in 19% of cases and discontinuation in 5%. Overall, 77% of time outs



Figure 1: Compliance with antibiotic time outs over time, by project week. The green line represents the goal of 80%, and the orange line represents median performance.

Fig. 1.

occurred during the 36–72-hour window. Ultimately, 95% of documented plan changes were completed within 24 hours.

Conclusions: ABTOs are effective but implementation is challenging. We achieved high compliance with ABTOs without using electronic reminders. Our results suggest that ABTOs were impactful in the non-critical-care general medicine setting. Next steps include (1) development of EMR-based tools to facilitate identifying eligible patients and ABTO documentation; (2) continued spread through our health care system; and (3) analysis of ABTO impact using ABTO-unexposed patients as a control group.

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Implementation of Diagnostic Stewardship Algorithms by Bedside Nurses to Improve Culturing Practices: Factors Associated With Success

Valeria Fabre, MD, Department of Medicine, Division of Infectious Diseases, Johns Hopkins University School of Medicine, Baltimore, MD, USA; Alejandra Salinas, BS, Department of Medicine, Division of Infectious Diseases, Johns Hopkins University School of Medicine, Baltimore, MD, USA;

Ashley Pleiss, RN, The Johns Hopkins Hospital, Baltimore, MD, USA; Elizabeth Zink, RN, The Johns Hopkins Hospital, Baltimore, MD, USA; George Jones, BS, Department of Medicine, Division of Infectious Diseases, Johns Hopkins University School of Medicine, Baltimore, MD, USA; Lauri Hicks, DO, Centers for Disease Control and Prevention, Division of Healthcare Quality Promotion, Atlanta, GA, USA; Melinda Neuhauser, PharmD, MPH, Centers for Disease Control and Prevention, Division of Healthcare Quality Promotion, Atlanta, GA, USA; Arjun Srinivasan, MD, Centers for Disease Control and Prevention, Division of Healthcare Quality Promotion, Atlanta, GA, USA; Sara Cosgrove, MD, MS, Department of Medicine, Division of Infectious Diseases, Johns Hopkins University School of Medicine, Baltimore, MD, USA

Background: Bedside nurses have been recognized as potential antibiotic stewards; however, data on effective ways that nurses can contribute to stewardship activities in acute-care hospitals are scarce. **Methods:** A nurse-driven urine culture intervention to improve urine culture ordering practices was implemented in a medicine and a neurocritical care unit (NCCU) at The Johns Hopkins Hospital. Bedside nurses implemented an algorithm (Fig. 1) developed by the antibiotic stewardship program (ASP) to review the appropriateness of urine culture and to guide discussions with ordering providers regarding

Figure 1: Algorithm used by bedside nurses to guide discussions with ordering providers regarding indications for urine cultures.

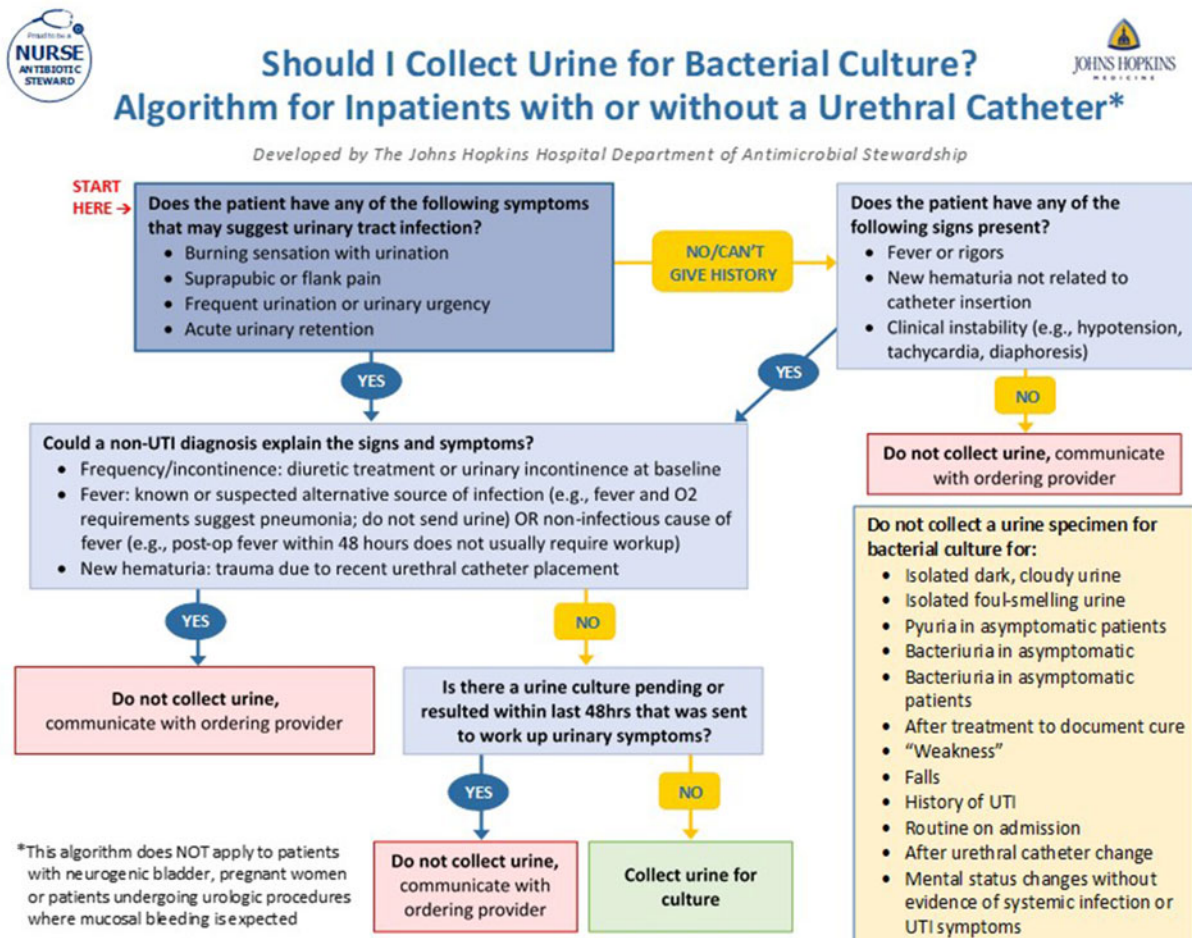


Fig. 2.