

the distribution of HO incident rates and SIRs by those reporting NAAT vs EIA. (2) Among hospitals that switched their test type, we selected quarters with a stable switch pattern of 2 consecutive quarters of each of EIA and NAAT (categorized as pattern EIA-to-NAAT or NAAT-to-EIA). Pooled semiannual SIRs for EIA and NAAT were calculated, and a paired *t* test was used to evaluate the difference of SIRs by switch pattern. **Results:** Most hospitals did not switch test types (3,242, 89%), and 2,872 (89%) reported sufficient data to calculate SIRs, with 2,444 (85%) using NAAT. The crude pooled HO CDI incidence rates for hospitals using EIA clustered at the lower end of the histogram versus rates for NAAT (Fig. 1). The SIR distributions of both NAAT and EIA overlapped substantially and covered a similar range of SIR values (Fig. 1). Among hospitals with a switch pattern, hospitals were equally likely to have an increase or decrease in their SIR (Fig. 2). The mean SIR difference for the 42 hospitals switching from EIA to NAAT was 0.048 (95% CI, -0.189 to 0.284; *P* = .688). The mean SIR difference for the 26 hospitals switching from NAAT to EIA was 0.162 (95% CI, -0.048 to 0.371; *P* = .124). **Conclusions:** The pattern of SIR distributions of both NAAT and EIA substantiate the soundness of NHSN risk adjustment for CDI test types. Switching test type did not produce a consistent directional pattern in SIR that was statistically significant.

Disclosures: None

Funding: None

Doi:10.1017/ice.2020.624

Presentation Type:

Poster Presentation

Antibiotic Stewardship for Nursing: Can E-learning Be a First Step?

Mary T. Catanzaro, HAP

Background: The CDC and The Joint Commission have called for an interdisciplinary approach to antibiotic stewardship implementation. The healthcare team should consist of infectious disease physicians, pharmacists, infectious disease pharmacists, infection preventionists, microbiologists, and nurses. The scant literature to date has looked at nurses' attitudes and beliefs toward participating in antibiotic stewardship and have identified several factors that contribute to the lack of uptake by nurses: lack of education around stewardship, poor communication among healthcare providers, and hospital or unit culture, among others. Additionally, nurses' lack of interest in what would be more work or not within their scope of work was put forth as an additional factor by infection preventionists and pharmacists as a barrier to implementation. **Method:** An investigator-developed online survey was used to assess the usefulness of 3 investigator-developed educational e-learning modules that encompassed the role of nurses in antibiotic stewardship, pharmacy and laboratory topics related to antimicrobial stewardship, as well as the nurses' attitudes toward their participation in such activities. **Results:** Participants took the survey after review of the 3 e-learning modules. The results indicate that, contrary to what pharmacists and infection preventionists thought, 82% of nurses felt they should contribute to and be part of the antimicrobial stewardship team. Additionally, after completing the modules, 73% felt more empowered to participate in stewardship discussions with an additional 23% wanting more education. 100% felt that they learned information that they could utilize in their everyday work. Barriers to implementation of stewardship activities on their unit included lack of education (41%), hospital or unit culture (27%), with only 4% citing they did not feel it was their job or that they had anything to contribute to

a discussion. Also, 24% felt that there were no obstacles to participation. **Conclusions:** Surprisingly, most nurses who took this educational series and survey felt that they should be part of the antibiotic stewardship team. As cited previously from the literature, education and culture need to be addressed to overcome the nurses' barriers to stewardship involvement. E-learning can provide an easy first step to educating nurses when time permits and can provide a good springboard for discussion on the units and with physicians and pharmacists. For a copy of the modules, please contact the author.

Funding: None

Disclosures: None

Doi:10.1017/ice.2020.625

Presentation Type:

Poster Presentation

Antibiotic Susceptibility of Common Organisms Isolated from Urine Cultures of Nursing Home Residents

Austin R. Penna MPH, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention. Atlanta, GA; Taniece R. Eure MPH, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention. Atlanta, GA; Nimalie D. Stone MD, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention. Atlanta, GA; Grant Barney BS, New York Emerging Infections Program. Rochester, NY; Devra Barter MS, Colorado Department of Public Health and Environment. Denver, CO; Paula Clogher MPH, Connecticut Emerging Infections Program and the Yale School of Public Health. New Haven, CT; Ghinwa Dumyati MD, New York Emerging Infections Program and University of Rochester Medical Center. Rochester, NY; Erin Epon MD, California Department of Health. Richmond, CA; Christina B. Felsen MPH, New York Emerging Infections Program and University of Rochester Medical Center. Rochester, NY; Linda Frank RN, BSN, PHN, California Emerging Infections Program. Oakland, CA; Deborah Godine RN, California Emerging Infections Program. Oakland, CA; Lourdes Irizarry MD, New Mexico Department of Health. Santa Fe, NM; Helen Johnston MPH, Colorado Department of Public Health and Environment. Denver, CO; Marion A. Kainer MBBS, MPH, Tennessee Department of Health. Nashville, TN; Linda Li MPH, Maryland Department of Health. Baltimore, MD; Ruth Lynfield MD, Minnesota Department of Health. St. Paul, MN; JP Mahoehney RN, MPH, Minnesota Department of Health. St. Paul, MN; Joelle Nadle MPH, California Emerging Infections Program. Oakland, CA; Susan M. Ray MD, Georgia Emerging Infections Program and Emory University. Atlanta, GA; Sarah Shrum Davis MPH, New Mexico Department of Health. Santa Fe, NM; Marla Sievers MPH, New Mexico Department of Health. Santa Fe, NM; Krithika Srinivasan MD, MPH, Connecticut Emerging Infections Program and the Yale School of Public Health. New Haven, CT; Lucy E. Wilson MD, ScM, Maryland Department of Health. Baltimore, MD; Alexia Y. Zhang MPH, CIC, Oregon Health Authority. Portland, OR; Shelley S. Magill MD, PhD, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention. Atlanta, GA; Nicola D. Thompson MS, PhD, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention. Atlanta, GA

Background: With the emergence of antibiotic resistant threats and the need for appropriate antibiotic use, laboratory microbiology information is important to guide clinical decision making in nursing homes, where access to such data can be limited.