distribution of HO incident rates and SIRs by those reporting NAAT versus 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 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 in SIRs by switch pattern. **Results:** Most hospitals did not switch test types (3,242, 89%), and 2,872 (89%) reported sufficient data to calculate an SIR, with 2,444 (85%) using NAAT. The crude pooled HO CDI incidence rates for hospitals using EIAs clustered at the lower end of the histogram versus rates for NAATs (Fig. 1). The SIR distributions, both NAATs and EIAs, 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 SIRs (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 distribution for both NAAT and EIA substantiate the soundness of the NHSN's risk adjustment for CDI test types. Switching test type did not produce a consistent directional pattern in SIR that was statistically significant.

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Presentation Type:
Poster Presentation

Determining Core Element Achievement in Long-Term Care Facilities Across Tennessee

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Background: In 2017, a new antimicrobial stewardship standard was established by the Joint Commission that requires long-term care facilities (LTCFs) to have an antimicrobial stewardship program (ASP) based on current scientific literature. The Tennessee Department of Health (TDH) team sought to ascertain the current state of ASPs across Tennessee and to assist programs with implementation strategies. Utilizing a Centers for Medicaid and Medicare Services' Civil Monetary Penalties grant, the TDH purchased copies of the *National Quality Partners Playbook for Antibiotic Stewardship in Post-Acute and Long-Term Care* to provide to LTCFs as incentive to complete a survey that would evaluate their current adoption of core elements. **Methods:** A self-administered questionnaire on ASP practices was developed and distributed to LCTFs. This survey expanded upon questions from the NHSN 2018 LTCF annual survey. These questions pertained to actionable items facilities are taking to achieve core elements. Achievement of the CDC's 7 core elements of ASPs was determined based upon a combination of 1 or more responses to the survey questions. The percentage of LTCFs achieving each ASP core element at the regional and statewide level was determined. We also calculated the percentage of LTCFs that achieved all 7 elements versus 5 or more core elements. The analyses and visualizations were performed using SAS 9.4 and Tableau software. **Results:** Currently, 88 of 316 licensed LTCF facilities in Tennessee have participated in the survey. All regions were represented by EMS region. Based on the results of our survey, 100% of participating facilities have achieved at least 5 core elements, and 78% of participating facilities have achieved all 7 core elements. The core element with the lowest achievement was Accountability at 89%, and reporting and action had the highest achievement (100%). **Conclusions:** Early results suggest that LTCFs across Tennessee have active ASPs with strong core element achievement. However, we received responses from only 27% of licensed LTCFs. Minimal data are available regarding the current state of LTCF ASPs in Tennessee, and data will continue to be collected and analyzed. Participation may be limited to those already actively engaged in public health efforts, including antimicrobial stewardship. LTCFs that have participated in the initial evaluation will be surveyed at 6 months and 12 months after receipt of playbooks to evaluate their ASP progression and NQP Playbook utilization.

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Poster Presentation

ASPChat: Participation and Reach of a Real-Time Twitter Chat on Antimicrobial Stewardship

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Background: Healthcare professionals with roles in infectious disease and antimicrobial stewardship have a growing presence on social media. Twitter has evolved to become a popular venue for healthcare professional communication, with the potential to support improved quality of patient care. To harness this growth and provide an opportunity for learning and networking, we developed a monthly Twitter chat on a variety of antimicrobial stewardship topics. Our objective was to evaluate the reach of this online initiative. **Methods:** In November 2016, to coincide with World Antibiotic Awareness Week, we held the first ASP chat (#ASPChat). Twitter chats continue monthly for 1 hour each month. Topics range from rapid diagnostic testing to duration of antibiotic therapy, and 6 questions are posed for each event. Questions about common strategies, clinical pearls, helpful resources, and literature are commonly integrated into the discussion. The event is open to all Twitter users regardless of discipline or location of practice. Participants use the ASPChat hash tag to follow along with the conversation. To evaluate the monthly Twitter chats, analytics were obtained from Symplur Healthcare Hashtags including impressions, the number of potential views for each Tweet, number of Tweets, and number of participants. **Results:** To date, 33 ASPChat events have been held, with a total of 20,478,000 impressions. The average number of Tweets per month was 346 and the average number of participants was 86 (Fig. 1). Participants have included pharmacists, physicians, infection control practitioners, and nonclinicians. Countries represented have included the United States, Canada, the United Kingdom, Australia, New Zealand, and South Africa. The average monthly impressions stands at 620,559 and has increased each year from between 23% and 86%. **Conclusions:** A monthly Twitter Chat is a feasible and sustainable approach to connecting antimicrobial stewards across a wide geographical range. The broad reach of the ASPChat events presents an opportunity to influence and unite a diverse group of professionals aiming to improve antibiotic use. Further evaluation is recommended to understand the professional and clinical impact of this important communication tool.

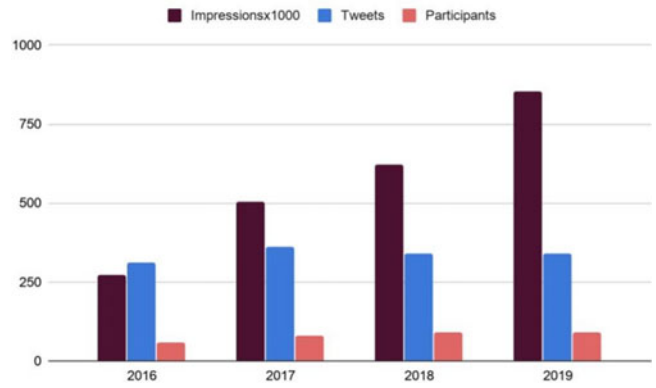

Fig. 1.

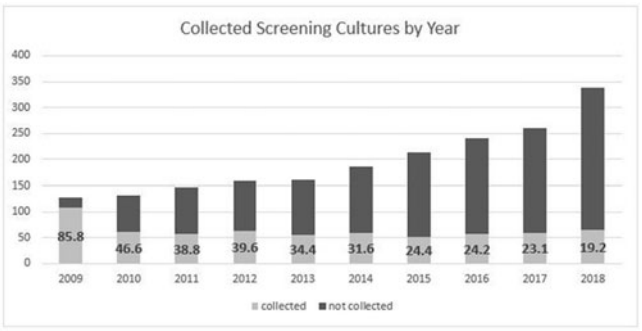

Figure 1: Collected urine cultures by year, percent of total visits within column

Fig. 1.

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10-Year Trends in Urine Testing and Treatment in Patients with Spinal Cord Injury: An Opportunity for Targeted Stewardship

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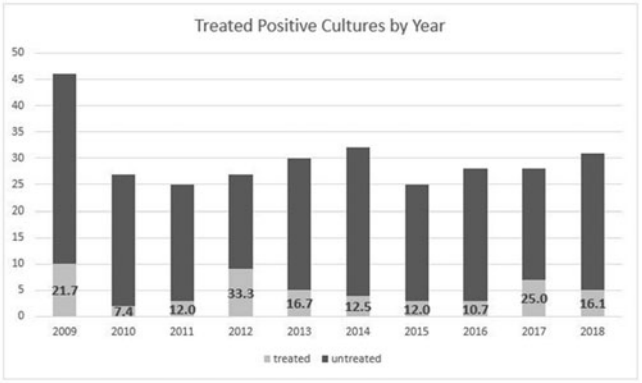

Figure 2: Treated cultures out of total positive cultures per year, percent represented within column

Fig. 2.

Background: Guidelines regarding asymptomatic bacteriuria (ASB) have consistently recommended against screening and treatment in most circumstances. However, screening of patients with spinal cord injury (SCI) is common practice and in some cases is a formal protocol at the organizational level. A previous study found that more than one-third of patients with ASB detected on routine screening cultures performed at annual visits in 2012 received antibiotics. However, the role of antibiotic stewardship has become more prominent over the last decade. We hypothesized that diagnostic and therapeutic stewardship efforts may be impacting the practice of annual urine-culture screening for SCI patients. We evaluated urine culture screening and treatment rates over a 10-year period. **Methods:** Patients with SCI seen in the VA Boston HCS for an annual exam in 2018 were eligible for inclusion and formed the baseline cohort for this study. Annual visits for the cohort over a 10-year period (January 1, 2009–December 31, 2018) were included in the analysis. Electronic data collection and manual chart review were utilized to capture outcomes of interest including urine culture, antibiotic prescriptions and indication within 15 days, and documentation of urinary or infectious symptoms. The main outcomes were (1) rate of urine cultures performed ±3 days of the visit, (2) rate of antibiotic treatment in asymptomatic patients, and (3) trend over time of urine culturing and treating. The χ^2 test for trend was used to compare rates over time. **Results:** In total, 1,962 annual visits were made by the 344 unique patients over the 10-year period and were available for analysis. Among these, 639 (32.6%) visits had a urine culture performed within 3 days. The proportion of visits with a collected culture decreased from (109 of 127) 85.8% of visits in 2009 to (65 of 338) 19.2% of visits in 2018, $P \leq .001$ (Fig. 1). In the treatment analysis, 39 visits were excluded for active symptoms, concern for uncontrolled infection, or prophylaxis as antibiotic indication. Among 600 remaining screening cultures, 328 had a bacterial pathogen or >100,000 mixed colonies consistent with ASB. Overall, 51 patients (17%) received antimicrobials. The rate of antibiotic treatment for ASB did not significantly decrease over time p$P = 0.79$ (Fig. 2). **Conclusions:** Over a 10-year period of annual SCI visits, the proportion of visits with a urine culture performed as routine screening significantly and consistently decreased. However, the rate of treatment for positive urine cultures remained consistent. These data support targeted diagnostic stewardship in this population to reduce unnecessary antibiotic use.

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22 -Year Results of an Intensive Care Unit Infection Control Program in Ribeirao Preto, Brazil

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