

all had possible epidemiological links with case 5. **Results:** Our root-cause analysis suggests that the index case came from another general hospital. However, because no screening protocol has been established for *Candida auris*, interventions have not been in place to effectively prevent and control this organism. A strong collaborative outbreak team worked to end this outbreak using the following evidence-based IPC interventions: (1) patient screening and decolonization; (2) environmental screening; (3) enhanced environmental disinfection using peracetic acid wipes, 1% chlorine, and hydrogen peroxide vapor disinfection; (4) prophylactic contact precautions; (5) enhanced hand hygiene with bare below elbows protocol; and (6) a “no white gown” policy. **Conclusions:** The outbreak of *Candida auris* was declared to have been terminated on August 22, 2019. Despite the long period involved in this outbreak, we succeeded in ending it through the concerted efforts of a multidisciplinary team utilizing the latest scientific evidence.

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Poster Presentation

First-Time Use of Clinical Pharmacists to Improve Appropriate Antibiotic Prescribing in a Medical ICU in Viet Nam

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Background: Antibiotic overuse has led to increasing rates of antibiotic resistant infections and unnecessary antibiotic costs. Clinical pharmacists can play a key role in optimizing appropriate use of antimicrobials and reducing antimicrobial resistance. However, the role of clinical pharmacists in antimicrobial stewardship is new and not well established in Viet Nam. **Objective:** We evaluated the use of clinical pharmacists for improved antimicrobial prescribing. **Methods:** We assembled an antibiotic stewardship program (ASP) team consisting of a clinical pharmacist and a specialist in infection prevention and control in a 60-bed medical intensive care unit (MICU) at Hue Central Hospital in central Viet Nam. During January–September 2018, the ASP team collected baseline antibiotic prescribing days of therapy (DOT) for all antibiotics administered in the MICU. Then, from October 2018 through June 2019, the ASP team reviewed daily positive clinical bacterial cultures and susceptibility results for all patients present in the MICU. They reviewed medical charts, including antimicrobial prescriptions, during week days and only if patient was still in the ICU at the time of ASP rounds. The team recommended

changes to antibiotic therapy verbally to physicians and left the decision to change antibiotic therapy to their discretion. The ASP team documented whether their recommendations were accepted or rejected. Statistical significance was determined using the Student *t* test. **Results:** The ASP team reviewed 160 medical charts and made 169 ASP recommendations: 122 (72%) to continue current treatment; 24 (14%) to monitor drug levels or obtain diagnostic tests; 10 (6%) to discontinue therapy; 6 (4%) to de-escalate therapy; 5 (3%) to adjust doses; and 2 (1%) to broaden therapy. Only 8 of the recommended changes (5%) were declined by the clinicians. The average monthly DOT for all types of antibiotics declined significantly from 2,213 to 1,681 (24% decrease; $P = .04$). Reductions in DOT for the most common broad-spectrum antibiotics included colistin from 303 to 276 ($P = .75$); imipenem-cilastatin 434 to 248 ($P = .06$); doripenem 150 to 144 ($P = .85$). Piperacillin-tazobactam increased from 122 to 142 ($P = 0.75$). **Conclusions:** We demonstrated that daily review of cultures and antibiotic use decreased overall antibiotic prescribing. Given that few recommendations included discontinuation of therapy, ASP rounds likely raised awareness for clinicians to optimize antibiotic use.

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Friend or Foe: Perceptions of Infectious Disease Specialists as Stewards and Social Determinants of Antimicrobial Prescribing

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Background: Inappropriate prescribing behavior can be associated with higher rates of antibiotic resistance, calling for detailed studies on how physicians make prescribing decisions. We conducted a mixed-methods study to investigate physician antibiotic prescribing behavior in a 141-bed pediatric hospital. **Methods:** We applied a mixed-methods research design. The quantitative phase was conducted over a 6-month period to identify cases of inappropriate prescribing. The qualitative phase comprised 22 qualitative interviews with clinical teaching units (CTU) and pediatric intensive care unit (PICU) team members (physicians and pharmacists). Two coders analyzed the data deductively using the theoretical domain framework (TDF), as well as the social determinants of antimicrobial prescribing (SDAP). **Results:** In 52.9% of the 36 identified cases in the CTU and 31.4% of the 37 cases in the PICU, an infectious diseases (ID) consultation occurred. Compliance rates with ID recommendations were 79% and 91% in the CTU and PICU, respectively. The CTU and PICU expressed appreciation for ID involvement when ID supported their de-escalation choices in complex cases and in cases in which less commonly known antibiotics were used. However, the ID service involvement was perceived as