

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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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 LTCFs. 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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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.