



Fig. 1.

patients meeting the laxative alert criteria, with 43.3% order attempts randomized to the existing CCDS and 56.7% to the CCDS-LA. Of order attempts via the CCDS-LA, 50.0% were completed, compared to 64.2% of orders completed via the existing CCDS (22.1% relative reduction in test completion; $P = .0525$). **Conclusions:** We demonstrated substantially fewer completed *C. difficile* tests among patients receiving laxatives who were randomized to modified laxative-alert CCDS. Although our result did not reach statistical significance, the trend toward reduced inappropriate testing prompted the CCDS-LA alert to be adopted hospital-wide following completion of the test period. Further analyses of the pre- and postintervention periods are required to determine whether this intervention significantly impacts testing rates over time, as well as to determine the durability and safety of the CCDS-LA. Additional analyses are also needed to assess the impacts on hospital-onset CDI rate and the associated costs.

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Poster Presentation

A Self-Reflection Stewardship Workshop Improves Resident Physician Understanding of Ambulatory Antibiotic Stewardship

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Background: Antibiotic stewardship programs (ASPs) have traditionally focused on inpatient prescribing, but they are now mandated to involve ambulatory settings. We developed and tested an educational tool in resident physicians to empower outpatient providers to perform self-reflection stewardship (SRS) to improve their antibiotic use. Results of the first SRS workshop are reported. **Methods:** A 90-minute SRS workshop focusing on the evaluation and management of sinusitis in ambulatory care was developed for PGY 2-3 internal medicine residents. Participants received a 15-minute didactic on the evaluation and management of adults with sinusitis, including typical microbiology, differentiation of bacterial sinusitis, and guideline recommendations on antibiotic treatment. In a computer lab, participants were instructed how to review charts of patients they had treated with antibiotics for sinusitis during the past year using the SlicerDicer application in Epic. Over 1 hour, they worked in pairs to complete and discuss a self-reflection inventory for 5 patients from each of their respective reviews. They evaluated pertinent history, comorbidities, presenting symptoms and signs, diagnostic testing performed, and a self-assessment of the subsequent antibiotic prescribing, including appropriateness of using an antibiotic, antibiotic choice and duration. In addition, they reflected on potential patient and prescriber challenges. Residents then identified common themes and developed a personal improvement plan for antibiotic prescribing for sinusitis. The last 15 minutes were spent debriefing with ASP faculty on reasons for overprescription of antibiotics for URIs and individual improvement plans. Residents completed workshop evaluations using a Likert scale and open-ended comments. **Results:** In total, 26 residents participated. All (100%) agreed or strongly agreed that the SRS workshop improved their understanding of how to obtain data on their own practice habits. Moreover, 23 (88%) agreed or strongly agreed that the workshop improved their understanding of when to prescribe antibiotics and how to practice antibiotic stewardship in the outpatient setting. Also, 20 participants (77%) agreed or strongly agreed that the SRS workshop helped them gain insight into reasons why they might overprescribe antibiotics in the outpatient setting. Furthermore, 25 (96%) agreed or strongly agreed that the SRS workshop helped them identify at least 1 way they could improve their antibiotic prescribing in the outpatient setting. **Conclusions:** The SRS workshop was well received by residents and offers a tool to empower primary care resident physicians to access their own antibiotic prescribing data, perform a structured self-reflection, and enhance their understanding of antibiotic stewardship in the ambulatory setting. SRS is a potential tool to improve ambulatory antibiotic use.

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A Simple Cleaning Intervention to Prevent Transmission of Carbapenemase-Producing Enterobacterales from Hospital Sinks

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