

**Table 3. Pre- and Post-intervention Group Outcomes**

	Pre-intervention n= 100 (%) <sup>*</sup>	Post intervention n = 100 (%) <sup>*</sup>	p-value
Anti-staphylococcal antibiotic use	82 (82.0)	82 (82.0)	-
Timing of anti-staphylococcal antibiotic initiation			0.55
Never started	18 (18.0)	18 (18.0)	
After blood cultures collected	64 (63.0)	69 (69.0)	
Before blood cultures collected	18 (18.0)	13 (13.0)	
Agent used			-
Vancomycin	56 (56.0)	59 (59.0)	
Daptomycin	0 (0.0)	0 (0.0)	
Linezolid	1 (1.0)	0 (0.0)	
Oxacillin	0 (0.0)	0 (0.0)	
Cefazolin	0 (0.0)	2 (2.0)	
TMP-SMX	1 (1.0)	0 (0.0)	
Doxycycline	2 (2.0)	0 (0.0)	
Multiple agents	22 (22.0)	21 (21.0)	
Ceftaroline	0 (0.0)	0 (0.0)	
None	18 (18.0)	18 (18.0)	
Antibiotic duration, median (IQR)	4.5(2,12.75)	3 (1,9)	0.39
Antibiotic duration (48 hours)			0.86
<48 hours	21 (21.0)	20 (20.0)	
>48 hours	79 (79.0)	80 (80.0)	
Antibiotic duration (72 hours)			0.17
<72 hours	26 (26.0)	35 (35.0)	
>72 hours	74 (74.0)	65 (65.0)	
Bacteremia by criteria	45 (45.0)	38 (38.0)	0.32
Bacteremia by clinical diagnosis	28 (28.0)	25 (25.0)	0.63
Bacteremia definition			0.095
Bacteremia by clinical diagnosis only	3	10	
Bacteremia by definition only	20	23	
Contaminant by both	52	52	
Length of stay, median (IQR)	8.5 (5,27)	13 (5,29)	0.39
Mortality	21 (21.0)	21 (21.0)	-

<sup>\*</sup>Frequencies unless otherwise specified

91.9%, and positive PV of 55.2%. **Conclusions:** Species-level identification of CoNS positive blood cultures did not impact antibiotic utilization, diagnosis of true bacteremia, length of hospital stay, or mortality. Further studies with larger cohorts and prospective designs are needed to validate these findings and assess the long-term implications in patients.

*Antimicrobial Stewardship & Healthcare Epidemiology* 2024;4(Suppl. S1):s47–s48  
doi:10.1017/ash.2024.162

**Presentation Type:**

Poster Presentation - Poster Presentation

**Subject Category:** Antibiotic Stewardship

**Organizational Readiness for Change Depends on Facility Complexity When Developing a National Stewardship Intervention**

Eva Amenta, Baylor College of Medicine; Larissa Grigoryan, Baylor College of Medicine; Sophia Braund, Baylor College of Medicine; David Ramsey, Baylor College of Medicine; John Donnelly, Baylor College of Medicine; Rogelio Hernandez, Baylor College of Medicine; Aanand Naik, Baylor College of Medicine and Barbara Trautner, Baylor College of Medicine

**Introduction:** The organizational readiness for change assessment survey (ORCA) is a tool to assess a site’s readiness for implementation and identify barriers to change. As the “Kicking CAUTI” antibiotic stewardship intervention rolled out on a national scale, we administered ORCA surveys to participating sites to capture baseline actionable information about differences among sites, to inform implementation. **Methods:** ORCA surveys were distributed by email to prescribing providers, nurses, pharmacists, infection preventionists, and quality managers at 40 participating VA Hospitals. VA hospital sites who submitted three or more surveys and their complexity level (measured as Level 1 (highest)-3) were included in the analysis. The highest complexity level facilities are those with the largest patient volume/risk, teaching and research, along with the largest number of physician specialists and contain at least five ICUs. Mean Likert scores were calculated for each of the 7 ORCA subscales on a scale of 1-5 (5 highest), and the mean of the 7 subscales was the overall ORCA

**Figure 1. Overall ORCA and subscales between higher complexity (Level 1&2) and lower complexity (Level 3) sites**

	All Sites Mean (SD)	Higher Complexity Sites Mean (SD)	Lower Complexity Sites Mean (SD)	P value <sup>*</sup>
Overall ORCA	3.71 (0.66)	<b>3.74 (0.65)</b>	3.41 (0.67)	0.02
Evidence <sup>§</sup>	4.22 (0.67)	<b>4.28 (0.63)</b>	3.70 (0.79)	<0.01
Culture leadership <sup>¶</sup>	3.68 (0.90)	3.72 (0.89)	3.35 (0.95)	0.11
Culture staff <sup>¶</sup>	3.81 (0.75)	3.83 (0.74)	3.59 (0.75)	0.17
Leadership <sup>¶</sup>	3.59 (0.94)	<b>3.64 (0.93)</b>	<b>3.23 (0.93)</b>	0.05
Measurement <sup>¶</sup>	3.48 (0.90)	3.52 (0.89)	3.15 (0.92)	0.06
Readiness for change <sup>¶</sup>	3.86 (0.79)	3.87 (0.78)	3.80 (0.87)	0.952
Resources <sup>‡</sup>	3.33 (0.88)	<b>3.37 (0.89)</b>	3.05 (0.76)	0.07

<sup>\*</sup> P values refer to Mann Whitney U tests; bolded when significant or borderline significant  
<sup>§</sup> Perceived strength of the evidence for the proposed change  
<sup>¶</sup> Culture of leaders who reward clinical innovation and creativity, solicit opinions of clinical staff regarding decisions about patient care, and seek ways to improve patient education and increase patient participation in treatment  
<sup>¶</sup> Culture of staff who have a sense of personal responsibility, are cooperative, are willing to innovate, and are receptive to change  
<sup>¶</sup> Leadership are the factors that are set out by the leader to have a successful program  
<sup>¶</sup> Measurement are the leadership factors associated with having the information of the facility performance measures and guidelines and allow for clear goals and outcomes to be set  
<sup>¶</sup> Readiness for change refers to opinion leaders in the organization have a belief that current practices can be improved and are will to try new initiatives  
<sup>‡</sup> Resources refer to the support provided financially, for training, facilities, and staffing

score for a site. Non-parametric testing was performed comparing overall ORCA and each subscale based on complexity. **Results:** Among the participating sites, 30/40 (75%) completed at least three surveys, with a total of 202 surveys included for analysis, with 82% of surveys coming from higher complexity centers (Level 1). The highest ranked ORCA domain was the evidence subscale (measures perceived strength of evidence), mean 4.2, (SD 0.7). The lowest ranked ORCA domain across sites was resources (available to facilitate implementation), mean 3.3 (SD 0.9). Higher complexity centers had a significantly higher overall ORCA score than lower complexity centers (Level 1 or 2 vs. Level 3, p= 0.02). This difference was driven by the subscales evidence (p < 0.01), leadership (p =0.05), measurement (p= 0.06), and resources (p=0.07) all being higher in the higher complexity facilities (Figure 1). Two of the categories (leadership and measurement) pertain to an organization’s leaders ability to create an environment for change to occur as well as promoting team building. **Conclusions:** The lowest scoring ORCA domain across all sites was the respondents’ perception of resources (staff, training) available for achieving change. Perceived resources were also lower in lower complexity sites, implying that medical centers of lower complexity may have higher barriers when implementing an antimicrobial stewardship intervention. This finding highlights the benefit of a national stewardship campaign that provides support to lower complexity medical centers that may not otherwise receive targeted training and support for their efforts.

**Disclosure:** Barbara Trautner: Stock: Abbvie–sold in December 2023; Abbott Laboratories–sold in December 2023; -Bristol Myers Squibb–sold in December 2023; Pfizer–sold in December 2023; Consultant–Phingen–consultant. Contracted research through NIAID for STRIVE trial, currently testing Shionogi product; Contracted research–Peptilogics; Contracted research–Genentech

*Antimicrobial Stewardship & Healthcare Epidemiology* 2024;4(Suppl. S1):s48  
doi:10.1017/ash.2024.163

**Presentation Type:**

Poster Presentation - Poster Presentation

**Subject Category:** Antibiotic Stewardship

**Improving antibiotic use for community acquired pneumonia in hospitalized children through electronic feedback reports**

Kathleen Chiotos, Childrens Hospital of Philadelphia; Lauren Dutcher, University of Pennsylvania; Robert Grundmeier, Childrens Hospital of Philadelphia; Diden Meyahnwi, Childrens Hospital of Philadelphia; Ebbing Lautenbach, Perelman School of Medicine, University of Pennsylvania; Melinda Neuhauser, CDC DHQP; Keith Hamilton, Hospital of the University of Pennsylvania; Anne Jaskowiak, University of Pennsylvania Perelman School of Medicine; Leigh Cressman, University of Pennsylvania/Dept. of Biostatistics, Epidemiology and Informatics; Yun Li, University of Utah School of Medicine; Julie Szymczak, University of Utah School of Medicine; Brandi M. Muller, University of Utah and Jeffrey Gerber, University of Pennsylvania School of Medicine