is 0.27%, compared with the previously reported rate of 2.5% that included resistance to ertapenem or MER.

Conclusion. Implementing CRE PCR testing to identify CP-CRE organisms resulted in a significant reduction in utilization of anti-CRE agents for CREIs. Additionally, the testing algorithm allowed for accurate reporting of our local CRE prevalence. By avoiding CA, MV, or TG in patients without CP-CREs, this has the potential to optimize therapy while reducing collateral damage associated with broad-spectrum agents.

Disclosures. **All authors:** No reported disclosures.

2131. Multicenter Evaluation of Meropenem/Vaborbactam MIC Results for *Enterobacteriaceae* Using MicroScan Dried Gram-Negative MIC Panels

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Background. A multicenter study was performed to evaluate the accuracy of meropenem/vaborbactam on a MicroScan Dried Gram-negative MIC (MSDGN) Panel when compared with a frozen CLSI broth microdilution reference panel.

Methods. For efficacy, an evaluation was conducted at three US sites by comparing MIC values obtained using the MSDGN to MICs using a CLSI broth microdilution reference panel. A total of 560 *Enterobacteriaceae* clinical isolates were tested using the turbidity and Prompt** methods of inoculation. For challenge, 95 *Enterobacteriaceae* isolates were tested on MSDGN panels at one site. For reproducibility, a subset of 14 organisms was tested on MSDGN panels at each site. MSDGN panels were incubated at 35 ± 2°C and read on the WalkAway System, the autoSCAN-4 instrument, and read visually. Read times for the MSDGN panels were at 16–20 hours. Frozen reference panels, prepared according to CLSI/ISO methodology, were inoculated using the turbidity inoculation method. All frozen reference panels were incubated at 35 ± 2°C and read visually. Frozen reference panels were read at 16–20 hours. FDA/CLSI breakpoints (μg/ml) used for interpretation of MIC results were: *Enterobacteriaceae* ≤ 4/8 S, 8/8 I, and ≥ 16/8 R.

Results. When compared with frozen reference panel results, essential and categorical agreements for isolates tested in the Efficacy and Challenge are as follows (see table). Reproducibility among the three sites were greater than 95% for all read methods for both the turbidity and Prompt* inoculation methods.

Conclusion. This multicenter study showed that meropenem/vaborbactam MIC results for *Enterobacteriaceae* obtained with the MSDGN panel correlate well with MICs obtained using frozen reference panels using FDA/CLSI interpretive criteria. * PROMPT® is a registered trademark of 3M Company, St. Paul, MN, USA. Beckman Coulter, the stylized logo and the Beckman Coulter product and service marks mentioned herein are trademarks or registered trademarks of Beckman Coulter, Inc. in the United States and other countries. Vabomere® (Meropenem/Vaborbactam) is a registered trademark of Melinta Therapeutics, Inc.

Read Method	Essential Agreement %		Categorical Agreement %		Very Major Error (VMJ) %		Major Error (MAJ) %		Minor Error (MIN) %	
	T	P	T	P	T	P	T	P	T	P
Visually	97.9 (641/655)	96.5 (632/655)	98.5 (645/655)	99.1 (649/655)	3.2 (1/31)	0 (0/31)	0 (0/619)	0 (0/619)	1.4 (9/655)	0.9 (6/655)
WalkAway	98.2 (643/655)	98.3 (644/655)	98.5 (645/655)	99.1 (649/655)	3.2 (1/31)	0 (0/31)	0 (0/619)	0 (0/619)	1.4 (9/655)	0.9 (6/655)
autoSCAN-4	97.9 (641/655)	97.3 (637/655)	98.5 (645/655)	99.1 (649/655)	3.2 (1/31)	0 (0/31)	0 (0/619)	0 (0/619)	1.4 (9/655)	0.9 (6/655)
T = Turbidity inoculation method, P = Prompt inoculation method										

Disclosures. **All authors:** No reported disclosures.

2132. Multicenter Evaluation of Eravacycline MIC Results for *Enterobacteriaceae* Using MicroScan Dried Gram-Negative MIC Panels

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Background. A multicenter study was performed to evaluate the accuracy of eravacycline on a MicroScan Dried Gram-negative MIC (MSDGN) Panel when compared with a frozen CLSI broth microdilution reference panel.

Methods. For efficacy, an evaluation was conducted at three sites by comparing MIC values obtained using the MSDGN to MICs using a CLSI broth microdilution reference panel. A total of 414 *Enterobacteriaceae* clinical isolates were tested using the turbidity and Prompt** methods of inoculation. For challenge, 79 *Enterobacteriaceae* isolates were tested on MSDGN panels at one site. For reproducibility, a subset of 11 organisms was tested on MSDGN panels at each site. MSDGN panels were incubated at 35 ± 2°C and read on the WalkAway System, the autoSCAN-4 instrument, and read visually. Read times for the MSDGN panels were at 16–20 hours. Frozen reference panels, prepared according to CLSI/ISO methodology, were inoculated using the turbidity inoculation method. All frozen reference panels were incubated at 35 ± 2°C and read visually. Frozen reference panels were read at 16–20 hours. FDA breakpoints (μg/mL) used for interpretation of MIC results were: *Enterobacteriaceae* ≤ 0.5 S. Potential major and very major errors were calculated using the NS result in place of resistant (R).

Results. When compared with frozen reference panel results, essential and categorical agreements for isolates tested in the Efficacy and Challenge are as follows (see table). Reproducibility among the three sites were greater than 95% for all read methods for both the turbidity and Prompt inoculation methods.

Conclusion. This multicenter study showed that eravacycline MIC results for *Enterobacteriaceae* obtained with the MSDGN panel correlate well with MICs obtained using frozen reference panels using FDA interpretive criteria. * PROMPT® is a registered trademark of 3M Company, St. Paul, MN USA. Beckman Coulter, the stylized logo and the Beckman Coulter product and service marks mentioned herein are trademarks or registered trademarks of Beckman Coulter, Inc. in the United States and other countries. Xerava™ (Eravacycline) is a registered trademark of Tetraphase Pharmaceuticals, Inc.

Read Method	Essential Agreement %		Categorical Agreement %		**Potential Very Major Error (VMJ) %		Potential Major Error (MAJ) %	
	T	P	T	P	T	P	T	P
Visually	99.0 (488/493)	97.0 (478/493)	98.8 (487/493)	98.2 (484/493)	0.0 (0/44)	0.0 (0/44)	0.4 (2/449)	1.3 (6/449)
WalkAway	98.0 (483/493)	96.8 (477/493)	98.2 (484/493)	98.4 (485/493)	0.0 (0/44)	0.0 (0/44)	1.3 (6/449)	1.6 (7/449)
autoSCAN-4	96.1 (474/493)	92.3 (455/493)	98.4 (485/493)	98.0 (483/493)	0.0 (0/44)	0.0 (0/44)	0.4 (2/449)	1.1 (5/449)
T = Turbidity inoculation method, P = Prompt inoculation method								

**Calculation of Potential VMJ excluding 1 well errors

Disclosures. **All authors:** No reported disclosures.

2133. Clinical Impact of Implementation of Rapid Diagnostic Testing of Blood Cultures on Patient Outcomes

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Background. Rapid diagnostic testing (RDT) in microbiology labs shortens the time to identification of bacteria in blood cultures. This study evaluates the impact of implementation of Cepheid® GeneXpert® to detect methicillin-resistant *Staphylococcus aureus* and *S. aureus* in Gram-positive blood cultures.

Methods. Patients with positive blood cultures for *Staphylococcus* spp. before (November 2015–August 2016) and after (November 2017–8/2018) implementation of a new rapid diagnostic technology were evaluated. RDT results were reviewed once daily by the antimicrobial stewardship team. The primary outcome was time to appropriate antimicrobial therapy. Secondary outcomes included the duration of antimicrobial therapy from time of positive culture, duration of vancomycin therapy, and length of hospital stay (LOS).

Results. A total of 113 patients were in the pre- and 73 patients were in the post-implementation cohort. Patients treated post-RDT demonstrated significantly shorter median time to appropriate therapy (20.6 hours vs. 49.8 hours, $P = 0.03$) and numerically shorter median duration of vancomycin therapy (3.0 days vs. 1.0 days, $P = 0.32$). These numerical differences were present despite the post-RDT cohort having significantly more MSSA and MRSA infections. Differences in duration of antimicrobial therapy were not statistically significant. Patients treated pre-RDT demonstrated a shorter median LOS than those treated post-implementation (7.0 days vs. 8.5 days, $P = 0.03$).

Conclusion. The use of RDT significantly decreased time to appropriate antimicrobial therapy. Patients in the post-RDT cohort had longer LOS, which may due to a higher incidence of *S. aureus* infections, compared with coagulase-negative *Staphylococcus*, in this cohort These results are promising for future RDT interventions.

Disclosures. **All authors:** No reported disclosures.

2134. Differential Changes in Breath Volatile Metabolites to Identify Carbapenem-Resistant Enterobacteriaceae (CRE) in a Murine Pneumonia Model

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