

POSTER ABSTRACTS

**217. The Oregon Antimicrobial Stewardship Collaborative (OASIS). Statewide Effectiveness on Re-Survey**

Jwan Mohammadi<sup>1</sup>; Lynne Strasfeld, MD<sup>2</sup>; Melissa Parkerton, MA<sup>3</sup>; Zintars G. Beldavs, MS<sup>4</sup>; Robert F. Arao, MPH<sup>5</sup>; Graeme Forrest, MBBS<sup>6</sup>; <sup>1</sup>Infectious Diseases, Portland VA Medical Center, Portland, OR; <sup>2</sup>Division of Infectious Disease, Oregon Health and Science University, Portland, OR; <sup>3</sup>Oregon Patient Safety Commission, Portland, OR; <sup>4</sup>Acute and Communicable Disease Prevention, Oregon Health Authority, Portland, OR; <sup>5</sup>Public Health Division, Oregon Health Authority, Portland, OR; <sup>6</sup>Portland VA Medical Center, Portland, OR

**Session:** 39. Antibiotic Stewardship  
*Thursday, October 9, 2014: 12:30 PM*

**Background.** In 2012, the Oregon Public Health Division and Patient Safety Commission surveyed inpatient facilities to assess needs for establishing Antimicrobial Stewardship Programs (ASPs). During 2013, an ASP collaborative was conducted at 12 hospitals and all Oregon hospitals (62) were provided access to ASP resources including, webinars, learning sessions, and online materials. We re-surveyed all hospitals to assess changes following ASP collaborative and educational outreach efforts.

**Methods.** We re-surveyed pharmacists, physicians, infection preventionists, and laboratory personnel in 62 acute-care hospitals in Oregon via an on-line survey monkey<sup>®</sup>, using the same questionnaire from 2012. We compared ASP resources, trends, and barriers observed among these hospitals using 2012-2013 surveys.

**Results.** In 2013, 58 out of 62 facilities responded. The tables assess important factors affecting ASPs compared to 2012.

We saw increases in ASP formation in all hospital sizes, including non-collaborative

hospitals. They were able to increase streamlining, dose optimization, and IV to PO strategies. However, despite these gains, most ASPs identified the lack of funding, staffing, and corporate suite support as limitations.

	Small: ≤ 50 beds		Medium: 50-199		Large: >200 beds	
	2013	% change	2013	% change	2013	% change
<b>Hospitals with ASP</b>	17(71%) n=24	+32%	14(78%) n=18	+15%	12(92%) n=13	+25%
<b>Strong, well established ASP</b>	2(13%) n=15	+13%	2(13%) n=15	-1%	5(42%) n=12	-8%
<b>Funding</b>	9(23%) n=40	+5%	6(23%) n=26	+6%	6(20%) n=30	-3%
<b>Staffing</b>	13(33%) n=40	+2%	11(42%) n=26	+3%	12(40%) n=30	+19%
<b>Buy in from corporate suite</b>	0(0%)	-3%	1(4%) n=26	0%	4(13%) n=30	+5%
<b>Formulary Restriction</b>	7(12%) n=59	-2%	11(20%) n=55	+8%	10(15%) n=66	+2%
<b>Streamline De-escalation</b>	6(10%) n=59	+4%	7(13%) n=55	+1%	7(11%) n=66	-2%
<b>Dose Optimization/Adjustment</b>	9(15%) n=59	-2%	9(16%) n=55	+3%	10(15%) n=66	+3%
<b>IV to PO</b>	10(10%) n=98	+2%	12(16%) n=77	+3%	9(11%) n=82	+1%

**Conclusion.** The 2013 re-survey showed an increase of ASP establishment and activities. Although many hospitals still do not have an ASP. However, most hospitals did identify staffing, funding, and administrative barriers which will likely affect the future maintenance of these programs.

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