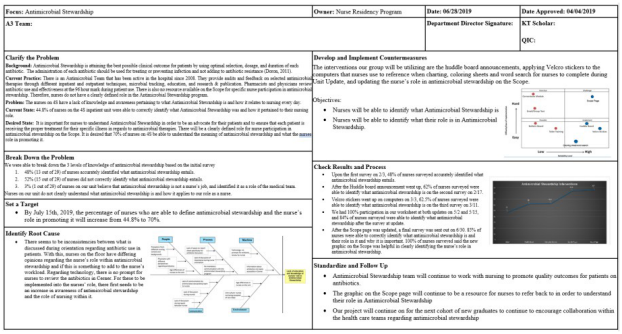
Figure 2: Example of Nursing-Driven A3



Conclusion: Conclusions: Commitment by unit-leaders is crucial to mitigate challenges during the development of nurse-driven projects. NRPs serve as a central location to reach a large subset of nurses and shows potential for facilitating nursing-based AS interventions. Elements were integrated, through challenges remain with maintaining a standard data collection process and analysis within and across NLN cohorts.

Disclosures: **All Authors**: No reported disclosures

180. Leveraging the Electronic Medical Record as a Method of Antibiotic Stewardship

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Session: P-6. Antimicrobial Stewardship: Program Development and Implementation

Background: Overutilization of antibiotics remains an issue in the inpatient setting. What is more, many protocols geared toward curbing improper antibiotic use rely heavily on resource- and personnel-intensive interventions. Thus, the potential for using the EMR to facilitate antibiotic stewardship remains largely unexplored.

Methods: We implemented a novel change for ordering certain antibiotics in our EMR: ceftriaxone, daptomycin, ertapenem, imipenem, meropenem, and piperacillin-tazobactam. When ordering one of these antibiotics, providers had to note a usage indication, which assigned a usage duration as per our Antibiotic Stewardship Committee guidelines. Pre-intervention, manual discontinuation was required if a provider did not enter a duration. The intervention was enacted August 2019 in 13 hospitals. Data was collected from January 2018 to February 2020. Antibiotic usage was reported monthly as rate per 1000-patient days. Monthly pre- and post-intervention rates were averaged, respectively. Paired samples t-tests were used to compare pre- and post-intervention rates per unit type per hospital. A p-value of less than 0.05 was considered significant. Units with minimal usage, as defined by a pre- or post-intervention mean of 0, were excluded from analysis.

Example of Ordering an Antibiotic Prior to Intervention

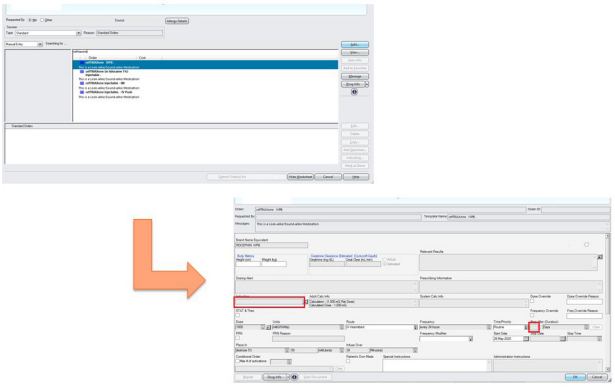


Figure 1: Steps of Ordering Ceftriaxone Prior to Intervention

Example of Ordering an Antibiotic After Intervention

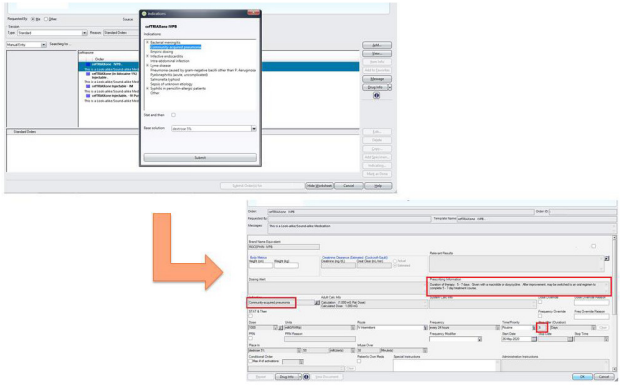
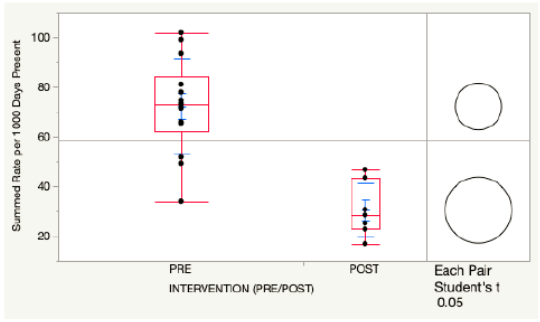


Figure 2: Steps of Ordering Ceftriaxone After Intervention

Results: Ertapenem was noted to have a statistically significant decrease in utilization in seven units at three hospitals. Piperacillin-tazobactam was found to have a decrease in utilization in 19 units at eight hospitals. Daptomycin was found to have a decrease in utilization in one unit. Significant decreases in the utilization of ceftriaxone, imipenem, and meropenem were not noted.

Example of Statistically Significant Decreased Utilization in Piperacillin-Tazobactam on a Medical-Surglcal Unit

Figure 3: Example of Decreased Utilization of Piperacillin-Tazobactam on a Medical/Surgical Ward



Quantiles

Level	Minimum	10%	25%	Median	75%	90%	Maximum
PRE	33.89831	41.57036	61.96034	73.04595	84.17308	100.4752	101.845
POST	16.82848	16.82848	22.74247	28.41303	43.47826	46.6761	46.6761

Means and Std Deviations

Level	Number	Mean	Std Dev	Std Err Mean	Lower 95%	Upper 95%
PRE	14	72.273736	18.967625	5.0693111	61.322155	83.225317
POST	7	30.555971	10.883831	4.1137016	20.490106	40.621836

Level	- Level	Difference	Std Err Dif	Lower CL	Upper CL	p-Value
PRE	POST	41.71777	7.795145	25.40234	58.03319	<.0001*

Conclusion: Our study showed a statistically significant decrease in use of ertapenem, piperacillin-tazobactam and daptomycin using a simple built-in EMR prompt that curtails provider error. This should allow for an increased ease of integration, as the protocol does not require a host of resources for maintenance. Of note is decreased utilization of piperacillin-tazobactam and ertapenem across multiple hospitals, most notably on the medical and surgical wards. Thus, usage of the EMR without personnel-intensive protocols is a viable method for augmenting antibiotic stewardship in health systems.

Disclosures: **All Authors**: No reported disclosures

181. Limited Effectiveness of an EMR Alert-Based Antibiotic Timeout Procedure in Solid Tumor Cancer Patients

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