

micafungin to identify opportunities for antifungal stewardship. **Methods:** We identified all micafungin completed orders and microbiological test result data from July 2018 to November 2020 among hospitalized patients in Barnes-Jewish Hospital. Continuous micafungin courses with <48 hours of interruption were considered independent courses. We evaluated micafungin use in 3 scenarios in which its use may be unnecessary: (1) patients with blood cultures negative for *Candida* spp, (2) patients with recovery of yeast or *Candida* spp from tracheal aspirates, and (3) patients with recovery of yeast or *Candida* spp from urine cultures. We only included micafungin courses if they were initiated within 5 days of blood culture collection or up to 4 days after tracheal or urine culture collection to account for incubation and decision to initiate treatment. **Results:** We found 3,381 micafungin courses in 3,287 admissions. Of these, 2,532 courses had blood culture collection around micafungin initiation and were included in the first analysis: 1,879 (74%) were negative, 149 (6%) had *Candida* spp isolated in the blood, and 504 (20%) had positive blood cultures for other organisms. Micafungin was given for a median duration of 3 days (IQR, 2–7) to those with negative blood cultures and for 3 days (IQR, 1–5) to those with positive blood cultures without candidemia ($p < 0.001$), and prolonged durations of more than 5 days was seen in 768/1879 (41%) and 143/504 (28%) of courses, respectively ($p < 0.001$). A total of 487 micafungin courses were initiated after tracheal aspirate culture collection. Those with yeast isolated ($n = 100$, 21%) received similar micafungin duration compared to those that had no yeast isolated [3 (2–7 IQR) vs. 3 (2–7) days, respectively; $p = 0.56$]. Finally, a total of 844 micafungin courses started after urine culture collection. A total of 49 (6%) had yeast isolated from the urine and treatment duration was similar to those that did not [3 (1–6 IQR) vs. 3 (2–6) days, respectively; $p = 0.87$]. **Conclusions:** Echinocandin treatment courses did not differ when a yeast was identified from a tracheal isolate or urine specimen. However, a substantial proportion of treatment courses were prolonged in those with negative *Candida* spp in the blood, suggesting opportunities for antifungal stewardship interventions.

Funding: No

Disclosures: None

Antimicrobial Stewardship & Healthcare Epidemiology 2021;1(Suppl. S1):s32–s33

doi:10.1017/ash.2021.60

Presentation Type:

Poster Presentation

Subject Category: Antibiotic Stewardship

Veteran Satisfaction for Upper Respiratory-Tract Infection (URI) Visits Is Not Associated with Antibiotic Receipt But Is Associated with Antibiotic Expectation

Milner Owens Staub; Rachael Pellegrino; Morgan Johnson; Erin Gettler; Christianne Roumie; Robert Dittus and Todd Hulgan

Background: Antibiotics are not recommended but are often prescribed for upper respiratory-tract infections (URIs). Prescribers cite patient expectation as a driver of inappropriate antibiotic prescribing; prior literature has demonstrated higher satisfaction scores in patients who receive antibiotics compared to those who do not. We assessed whether veteran satisfaction at URI visits was associated with antibiotic receipt or with reported expectation for antibiotics. **Methods:** We surveyed veterans with documented URI encounters in the Veterans' Affairs Tennessee Valley Healthcare System between January 1, 2018, and December 31, 2019. Patients not evaluated in person, with documented dementia, or who died prior to the study start date were excluded. Veterans were asked to recall their URI visit and to complete the Patient Safety Questionnaire (PSQ)-18 (Rand Corporation) and questions assessing antibiotic expectations. The PSQ-18, an 18-item survey that assesses patient satisfaction, uses a 5-point Likert scale (ie, strongly disagree, disagree, uncertain, agree,

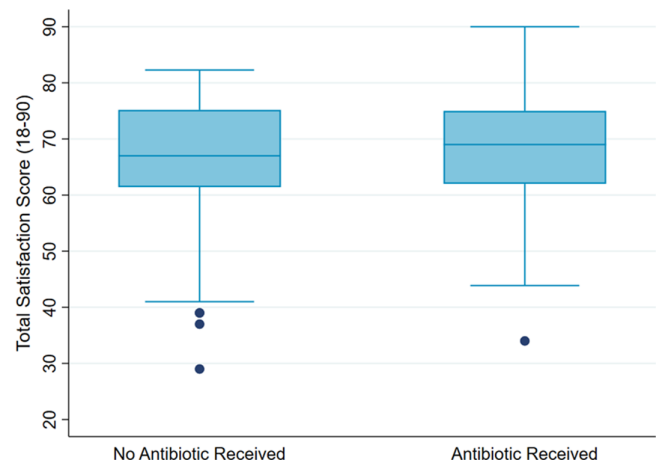


Figure 1.

strongly agree), yielding a composite score of 18–90. Higher scores represent more satisfaction with care. Demographic and visit-specific information were extracted via chart review. We used multivariable linear regression to assess differences in composite PSQ-18 satisfaction scores between those who did and did not receive an antibiotic, adjusted for patient and visit characteristics, and to assess differences in satisfaction scores for those who did and did not report expecting antibiotics, adjusted for antibiotic receipt. **Results:** We identified 1,435 patients seen for URI at 17 sites. After exclusions, 1,343 veterans were eligible for chart abstraction. After excluding 42 responders who responded after study close or returned blank surveys, the final analytic cohort included 432 (32.2%) of 1,343 responders; 225 (52.1%) received an antibiotic and 207 (47.9%) did not. Mean total satisfaction for veterans who received an antibiotic was 67.8 (SD, ± 9.4) compared to 66.7 (SD, ± 9.7) for those who did not (Figure 1). Increased total satisfaction was not significantly associated with antibiotic receipt (0.65; 95% CI, -2.0 to 3.3). Most veterans (72.0%) disagreed that visit satisfaction depended on antibiotic receipt. However, only 30.8% reported that they would not expect an antibiotic for URI visits. A significant reduction in total satisfaction (-4.1 ; 95% CI, -6.3 to -1.9) was associated with expecting compared to not expecting an antibiotic. **Conclusions:** Our findings suggest that prescribing an antibiotic is not associated with increased veteran satisfaction for URI visits but is associated with expecting an antibiotic. Future work will evaluate methods to change veteran antibiotic expectations.

Funding: No

Disclosures: None

Antimicrobial Stewardship & Healthcare Epidemiology 2021;1(Suppl. S1):s33

doi:10.1017/ash.2021.61

Presentation Type:

Poster Presentation

Subject Category: Antibiotic Stewardship

Evaluation of Procalcitonin Use in Patients Discharged from the Emergency Department with Acute Respiratory Infection

Garrett Fontaine; David Banach and Jeffrey Aeschlimann

Background: Acute respiratory infections (ARIs) contribute significantly to inappropriate antimicrobial prescription. The rate of such prescriptions in US emergency departments (EDs) has remained stable over time. The use of procalcitonin (PCT) testing has been shown to lower risk of mortality and to reduce antibiotic consumption. It also has the potential to aid ED physicians in stratifying ARI patients