

the UK Center for Clinical and Translational Science, and the study was approved by the local IRB. The primary outcome of interest was antibiotic duration; secondary outcomes of interest were PCT orders, discharge antibiotic prescription, and inpatient length of stay. **Results:** In total, 432 patients (277 in 2019 and 155 in 2020) were included in this analysis. The average patient age was 61.2 years (SD, ± 13.7); 47.7% were female; and 86.1% were white. Most patients were primarily diagnosed with pneumonia (58.8%), followed by COPD with complication (40.5%). In-hospital mortality was 3.5%. The minority of patients had any orders for PCT (29.2%); among them, most had only 1 PCT level measured (84.1%). The median length of hospital stay was 4 days (IQR, 2–6), and the median duration of antibiotic therapy was 4 days (IQR, 3–6). **Conclusions:** The utilization of PCT in LRTIs occurs in the minority of patient cases at our institution and mostly as a single measurement. The development and implementation of a PCT-guided therapy could help optimize antibiotic usage in patients with LRTIs.

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Antimicrobial Stewardship in Acute-Care Hospitals: A Report of the California Healthcare-Associated Infections Honor Roll

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Background: Antimicrobial stewardship has been demonstrated to improve patient outcomes and reduce unwanted consequences, such as antimicrobial resistance and *Clostridioides difficile* infection. The California Department of Public Health (CDPH) Healthcare-Associated Infection (HAI) Program developed an honor roll to recognize facilities with the goal of promoting antimicrobial stewardship programs and encouraging collaboration and research. **Methods:** The first open enrollment period in California was from August 1 to September 1, 2020, and was only open to acute-care hospitals (ACHs). Enrollment occurs every 6 months. Applicants completed an application and provided supporting documentation for bronze, silver, or gold designations. The criteria for the bronze designation were at least 1 item from each of CDC's 7 core elements for ACHs. The criteria for silver were bronze criteria plus 9 HAI program prioritized items (based on published literature) from the CDC Core Elements and demonstration of outcomes from an intervention. The criteria for gold designation were silver criteria plus community engagement (ie, local work or collaboration with healthcare partners). Applications were evaluated in 3 phases: (1) CDPH reviewed core elements and documentation, (2) CDPH and external blinded antimicrobial stewardship experts reviewed outcomes as scientific abstracts, and (3) CDPH reviewed each program for overall effectiveness in antimicrobial stewardship and final designation determination. Designations expire after 2 years.

Results: In total, 119 applications were submitted (30% of all ACHs in California), of which 100 were complete and thus were included for review. Moreover, 33 facilities were from northern California and 67 were from southern California. Also, 85 facilities were part of a health system or network, 14 were freestanding, and 1 was a district facility. Facility types included 68 community hospitals, 17 long-term acute-care (LTAC) facilities, 17 academic or teaching hospitals, 4 critical-access hospitals, and 4 pediatric hospitals. There was an even distribution of hospital bed size: 35 facilities had <250 beds. The final designations included 19 gold, 35 silver and 43 bronze designations. There was 44% incongruity in applicants not receiving the designation for which they applied. Community hospitals were 63%–74% of all designations, and no LTACs received a gold designation. Moreover, 63% of hospitals with gold designations had >250 beds, and 47% of hospitals with bronze designations had <1 25 beds. **Conclusions:** The number of applicants was higher than expected because

the open enrollment period occurred during the COVID-19 pandemic. This finding demonstrates the high importance placed on antimicrobial stewardship among ACHs. It also provides insight into how facilities are performing and collaborating and how CDPH can support facilities to improve their ASP.

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Identification of Potentially Unnecessary Micafungin Use Patterns: Opportunities for Antifungal Stewardship Interventions

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Background: Echinocandins are used as first-line therapy for suspected and confirmed *Candida* spp, and its indiscriminate use may drive selection for echinocandin resistance. We evaluated patterns of use of

Table 1. Micafungin courses and microbiology results during study period

Variable	n=2532 (IQR)	p value
Blood cultures (BC)		
Negative	1879 (74)	
Positive	653 (26)	
<i>Candida</i> spp.	149 (23)	
Other organisms	504 (77)	
Median length of treatment, days		
Negative	3 (2-7)	
Positive, not <i>Candida</i> spp.	3 (1-5)	p<0.001
<i>Candida</i> spp.	5 (3-11)	
Treatment over 5 days		
Negative	768 (41)	
Positive, not <i>Candida</i> spp.	143 (28)	p<0.001
Tracheal aspirate cultures	n=487	
No yeast isolated	387 (79)	
Yeast isolated	100 (21)	
Candidemia	9/94 (10)	
Positive BC, not <i>Candida</i> spp.	13/94 (14)	
Negative BC	72/94 (76)	
Length of treatment, days		
No yeast isolated	3 (2-7)	
Yeast isolated	3 (2-7)	0.56
Treatment over 5 days		
No yeast isolated	142 (37)	
Yeast isolated	35 (35)	0.75
Urine cultures	n=844	
No yeast isolated	795 (94)	
Yeast isolated	49 (6)	
Candidemia	7/46 (15)	
Positive BC, not <i>Candida</i> spp.	8/46 (17)	
Negative BC	31/46 (67)	
Length of treatment, days		
No yeast isolated	3 (2-6)	
Yeast isolated	3 (1-6)	0.87
Treatment over 5 days		
No yeast isolated	281 (35)	
Yeast isolated	16 (33)	0.7