

urgent-care pharyngitis encounters for which rapid GAS testing was performed returned to levels $\geq 80\%$ by July 2020 (Fig. 1). The average percentage of monthly pharyngitis encounters prescribed an antibiotic that also underwent GAS testing rose to 87.3% during this period. **Conclusions:** Limited PPE in our urgent care centers during the initial months of the COVID-19 pandemic was associated with a mandated substantial decline in rapid GAS testing. As testing volume decreased, we noted a simultaneous relative increase of $>30\%$ in antibiotic prescribing for pharyngitis. These findings suggest that rapid streptococcal testing promotes appropriate antibiotic prescribing.

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Subject Category: Antibiotic Stewardship

Hospital-level variation in the utilization of antipseudomonal antibiotics: A nationwide cross-sectional study at the VHA

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Background: Avoiding unnecessary antipseudomonal coverage is 1 of the most common targets for antibiotic stewardship programs (ASPs), but little is known about the magnitude of facility-level variation in antipseudomonal agent utilization. We aimed to describe the variability in the use of antipseudomonal agents across inpatient settings within a nationwide integrated healthcare system. **Method:** We analyzed the data from a retrospective cohort of patients who were admitted to acute-care hospitals within the VHA system in 2019. We defined antipseudomonal agents as systemic antibiotics with activity against wild-type *Pseudomonas aeruginosa*, and we evaluated overall and antipseudomonal antibiotic use among 129 hospitals, according to the agents described in the NHSN Antimicrobial Usage and Resistance Module. We calculated each hospital's overall and antipseudomonal days of therapy (DOT) per 1,000 days present and the proportion of antipseudomonal agent usage among all antibiotics based on DOT at each hospital. Hospital-level variation was assessed by comparing the proportion of total antibiotic consumption accounted for by antipseudomonal agents. Associations between antipseudomonal proportions and overall antibiotic consumption were also assessed. **Results:** Among 129 VHA hospitals, the median DOT per 1,000 days present for all antibiotics was 434.4 (IQR, 371.9–487.1), and the median antipseudomonal DOT per 1,000 days present was 127.7 (IQR, 99.8–159.6). The median proportion of total antibiotic consumption accounted for by antipseudomonal agents was 30.0% (range, 14.9%–40.7%; IQR, 26.4%–34.4%) (Fig. 1). We detected only a weak correlation between overall antibiotic consumption and

Figure 1. The proportion of overall antibiotic consumption accounted for by antipseudomonal agents in each hospital.

(Footnote) Solid line: median, Dotted line: interquartile range.

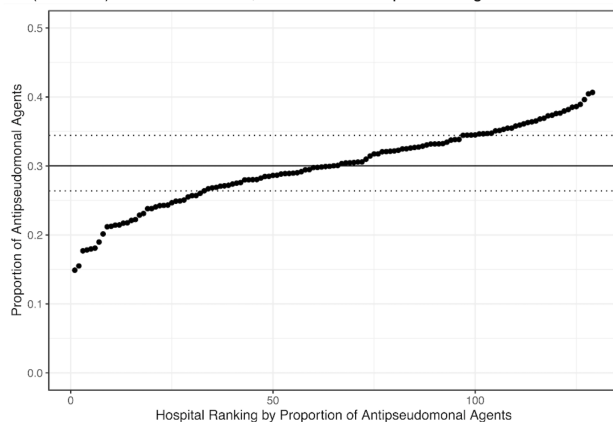
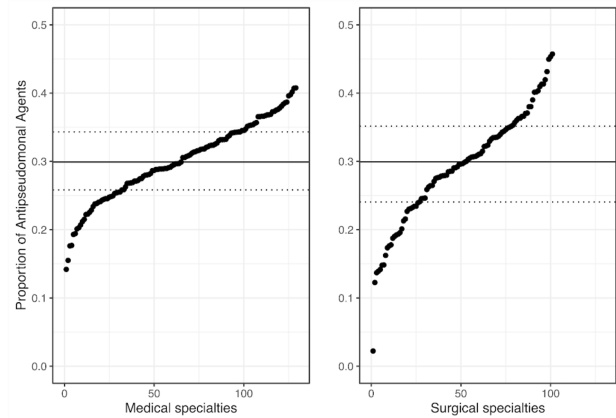


Figure 2. The proportion of overall antibiotic consumption accounted for by antipseudomonal agents comparing medical and surgical specialties in each hospital. (Footnote) Solid line: median, Dotted line: interquartile range.



antipseudomonal proportion (Pearson correlation coefficient, 0.396), which suggests that hospitals with higher total antibiotic consumption were not necessarily using more antipseudomonal agents. In a stratified analysis, there was more prominent hospital-level variability in surgical specialties than medical specialties (Fig. 2). **Conclusions:** We detected high hospital-level variability in the consumption and proportion of antipseudomonal antibiotics among an integrated healthcare system. Although it is plausible that these variabilities originated from case-mix differences among hospitals, including differing rates of *P. aeruginosa* infections, it may also highlight opportunities for reducing antipseudomonal antibiotic utilization, especially among surgical specialties. Further studies are needed to evaluate the contribution of modifiable patient- and facility-level factors to this variability.

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Determining the effect of COVID-19 on antibiotic use in long-term care facilities across Tennessee

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Background: Nationally, a decrease in total antibiotic use in nursing homes during the COVID-19 pandemic was observed with an increase in select agents used for respiratory infections. Currently there is minimal data on antibiotic use in long-term care facilities (LTCFs) in Tennessee. To address this issue, the Tennessee Department of Health (TDH) developed a monthly point-prevalence survey of antibiotic use. Utilizing this tool, we sought to determine the effect the pandemic had on antibiotic use in Tennessee LTCFs. **Method:** We developed a REDCap questionnaire to collect information on selected antibiotics administered in Tennessee LTCFs. Antibiotic use percentage was determined by dividing the number of residents who received an antibiotic on the day of survey by facilities' average censuses. Data were divided into a prepandemic period (January 2019–February 2020) and a period during the pandemic (March 2020–December 2021). Antibiotic prescriptions were grouped into 4 classes according to their most common uses: *Clostridium difficile* infections, urinary tract infections, skin and soft-tissue infections (SSTIs), and respiratory infections. Average percentage of residents on antibiotics were compared between study periods. **Results:** In total, 37 facilities participated in the survey during the prepandemic period and 32 facilities participated during the pandemic period; 14 participated during both periods. The