admission, and 31% (53 of 171) were community identified. Overall, 9% (5 of 171) resided in long-term care facilities. Of all patients in acute-care facilities, 30% (35 of 118) had infections and 70% were colonized. Overall, 38% (65 of 171) had an acute-care admission in the 1 year prior to CPO identification; 59% (63 of 106) of those who did not have a previous admission had received healthcare outside Alberta. A large proportion of on-admission cases (81%, 46 of 57) and community-identified (66%, 33 of 53) cases did not have any acute-care admissions in Alberta in the previous year. Overall, 10% (14 of 171) had ICU admissions in Alberta within 30 days of CPO identification, and 5% (8 of 171) died within 30 days. The most common carbapenemase gene identified was NDM-1 (53%, 90 of 171). **Conclusions:** These findings highlight the robust nature of Alberta's provincial CPO surveillance network. We reviewed 3 different databases (laboratory, health ministry, IPC) to obtain comprehensive data to better understand the epidemiology of CPO in both the community and hospital settings. More than half of the individuals with CPO were initially identified in the community or on admission. Most had received healthcare outside Alberta, and no acute-care admissions occurred in Alberta in the previous year. It is important to be aware of the growing reservoir of CPO outside the hospital setting because it could impact future screening and management practices.

Funding: None
Disclosures: None
Doi:10.1017/ice.2020.608

Presentation Type:
Poster Presentation

A Statewide Assessment of Antifungal Stewardship Activities in Acute-Care Hospitals in Connecticut

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Background: Morbidity and mortality associated with invasive fungal infections and concerns of emerging antifungal resistance have highlighted the importance of optimizing antifungal therapy among hospitalized patients. Little is known about antifungal stewardship (AFS) practices among acute-care hospitals. We sought to assess AFS activities within Connecticut and to identify opportunities for improvement. **Methods:** An electronic survey assessing AFS practices was distributed to infectious disease physicians or pharmacy antibiotic stewardship program leaders in Connecticut hospitals. Survey questions evaluated AFS activities based on antibiotic stewardship principles, including several CDC Core Elements. Questions assessed antifungal restriction, prospective audit and feedback practices, antifungal utilization measurements, and the perceived utility of a local or statewide antifungal antibiogram. **Results:** Responses were received from 15 respondents, which represented 20 of 31 hospitals (65%); these hospitals made up the majority of the acute-care hospitals in Connecticut. Furthermore, 18 of these hospitals (58%) include antifungals in their stewardship programs. Also, 16 hospitals (52%) conduct routine review of antifungal ordering and provide feedback to providers for some antifungals, most commonly for amphotericin B, voriconazole, micafungin, isavuconazole, and flucytosine. All hospitals include guidance on intravenous (IV) to oral (PO) conversions, when appropriate. Only 14 of hospitals (45%) require practitioners to document indication(s) for systemic antifungal use. Most hospitals (17, 55%) provide recommendations for de-escalation of therapy in candidemia, though only 4 (13%) have institutional guidelines for candidemia treatment, and only 11 hospital mandates an infectious diseases consultation for candidemia. Assessing outcomes pertaining to antifungal utilization is uncommon; only 8 hospitals (26%) monitor days of therapy and 5 (16%) monitor antifungal expenditures. Antifungal susceptibility testing on *Candida* bloodstream isolates is performed routinely at 6 of the hospitals (19%). Most respondents (19, 95%) support developing an antibiogram for *Candida* bloodstream isolates at the statewide level. **Conclusions:** Although AFS interventions occur in Connecticut hospitals, there are opportunities for enhancement, such as providing institutional guidelines for candidemia treatment and mandating infectious diseases consultation for candidemia. The Connecticut Department of Public Health implemented statewide *Candida* bloodstream isolate surveillance in 2019, which includes antifungal susceptibility testing. The creation of a statewide antibiogram for *Candida* bloodstream infections is underway to support empiric antifungal therapy.

Funding: None
Disclosures: None
Doi:10.1017/ice.2020.609

Presentation Type:
Poster Presentation

A Statistically Significant Reduction in Hospital Onset *Clostridioides difficile* Events Using a Learning Collaborative Model

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Background: Evidence-based best practices are available for the reduction and prevention of *Clostridioides difficile* infection (CDI). Often, these practices are not consistently followed in many inpatient care settings. A learning collaborative model resulted in a cost neutral, rapid, sustainable, statistically significant reduction in CDI events across an 88-hospital campus system without requiring hospitals to standardize laboratory methods, increase spending or increase staffing. **Methods:** In March 2018, a healthcare system with 88 critical access and community hospital campuses across 29 states participated in a harms-reduction learning collaborative. The collaborative format included educational webinars, gap analyses, action plans, and coaching calls facilitated by subject matter experts (SMEs). A collaborative cohort of 11 hospitals (55% rural*) was identified as having significant opportunity for improvement. These facilities participated in 3 monthly coaching calls. The coaching calls supported peer-to-peer sharing of practices and discussions of challenges and successes, and educational materials and presentations were provided by SMEs in pharmacy and infection prevention. **Results:** Statistically significant changes for the 88-hospital system as a whole: (1) 2018 compared to 2017: $P < .001$ (statistically significant); (2) 1H2018 compared to 2H2018 (before-and-after collaborative): $P = .001$; (3) 2019 compared to 2018: $P < .001$ (statistically significant). Statistically significant changes for the collaborative cohort: (1) 2018 compared to 2017: $P < .001$; (2) 1H2018 compared to 2H2018 (before-and-after collaborative): $P = .002$; and (3) 2019 compared to 2018: $P < .001$. We used 2-proportion, 2-tailed z-test for our analysis. **Conclusions:** Utilizing a learning collaborative model that