standardization, a lookback manual detailing of investigation procedures was created in 2009 and was updated subsequently. The contents of this manual include identifying and notifying patients; providing services to veterans responding to notifications; laboratory testing algorithms; disclosure and documentation of test results and clinical follow-up; and epidemiologic investigation of patients with newly identified infection. (3) Prompt patient notification and obtaining adequate samples for initial and follow-up pathogen genetic testing is critical. Determination of genetic linkages was greatly limited because specimens were unavailable for supplemental testing. (4) Ethics and legal counsel staff are key partners in providing guidance on appropriate disclosure procedures and documentation. (5) Designating a single mechanism for reporting results ensures consistent communication among stakeholders. (6) Education of dental staff on importance of following the manufacturers’ cleaning recommendations, not using outside equipment and reporting instances of concern promptly can help prevent future infection control breaches.

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Presentation Type: Poster Presentation
Leveraging Electronic Health Record Clinical Decision Support to Identify Clostridium difficile Infection in Clinically Appropriate Patient Populations
Amy Cook, WellSpan Health; Sharon Fruehan, WellSpan Health; Pamela Goodling, WellSpan Health

Background: In 2017, the IDSA and the SHEA released updated Clostridium difficile practice guidelines. Implementing institutionally accepted criteria for identifying clinically appropriate patients for testing was endorsed. When utilizing NAAT as the sole laboratory testing methodology, testing clinically symptomatic patients is important to reduce inappropriate treatment of C. difficile colonization. C. difficile rates at a regional community health system were higher than expected, and patient case reviews identified inappropriate patient testing as an issue. Therefore, the infection prevention team sought to optimize and standardize protocols surrounding appropriate patient selection for C. difficile testing. Methods: Current recommendations were evaluated, and processes formulated to implement an innovative process to support our clinicians in identifying clinically appropriate patients to test for C. difficile infection. The electronic decision support is summarized as a bundled approach with 4 best practice alerts that incorporate algorithms that warn providers of potentially inappropriate testing scenarios. These alerts include the following criteria: (1) a laxative having been administered within 48 hours of attempted order, (2) a negative test resulted within 7 days, (3) a positive test resulted within 14 days, and (4) identification of patients at high risk for C. difficile infection (based on recent long-term care facility exposure, recent inpatient hospital visits, recent antimicrobial therapy).

Outcomes of our acute-care hospitals were monitored by real-time evaluation of each hospital’s quarterly C. difficile LabID standardized infection ratio (SIR) as defined by the NHSN. For statistical analyses, the cumulative second and third quarters of 2018 (before the intervention) were compared to the cumulative second and third quarters of 2019 to account for seasonality of C. difficile infections. Results: Utilizing the NHSN statistical calculator to compare 2 SIRs, there was a statistically significant decrease (P = .0026) in the largest hospital’s C. difficile LabID SIR when comparing representative pre-treatment cumulative quarters to the postintervention cumulative quarters. Although the other hospitals did not see a statistically significant decrease in their C. difficile LabID SIR, a clinically significant decrease was appreciated for 2 of our hospitals. Conclusions: Electronic health record–based decision support helps clinicians identify clinically appropriate patients to test by NAAT alone for C. difficile infection. By limiting the number of patients tested without clinical signs or symptoms of infection and/or after receiving laxatives, hospitals more accurately capture their true C. difficile rates and maximize reimbursement based on this measure within the CMS Safety of Care Measure.

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Presentation Type: Poster Presentation
Leveraging Local Expertise in Stewardship, Hospital Epidemiology and Public Health to Enrich Postgraduate Training in NYC
Kelsie Cowman, Montefiore Medical Center; Belinda Ostrowsky, Centers for Disease Control and Prevention, Montefiore/Albert Einstein Medical Center; Susan Seo, Memorial Sloan Kettering Cancer Center; Yi Guo; Victor Chen, Montefiore Medical Center; Rachel Bartash, Montefiore Medical Center; Priya Nori, Montefiore Medical Center

Background: New York City is a gateway for emerging pathogens and global threats. In 2013, faculty from Montefiore Medical Center and Memorial Sloan Kettering developed a free half-day workshop for postgraduate trainees in antimicrobial stewardship (AS), infection prevention (IP), hospital epidemiology, and public health. This annual workshop, sponsored by the Infectious Diseases Society of New York (IDSNY), incorporates case studies and expert panel discussions on timely topics such as Ebola, Candida auris, Clostridiodes difficile, measles, nosocomial influenza, drug shortages, and AS/IP “big data.” Methods: From 2013 through 2017, the workshop involved 10–15 interactive AS/IP cases with audience response questions and panel discussions. In 2018–2019, based on feedback, the format was revised to emphasize breakout sessions in which participants actively practiced AS/IP tools, (eg, medication utilization evaluations, epidemiologic curves, and performance improvement devices). Examples of 2018–2019 cases

<table>
<thead>
<tr>
<th>Facility</th>
<th>2018 Quarter 2 &amp; Q3</th>
<th>2019 Quarter 2 &amp; Q3</th>
<th>NHSN SIR</th>
</tr>
</thead>
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<tr>
<td></td>
<td>Observed</td>
<td>Expected</td>
<td>SIR Observed</td>
</tr>
<tr>
<td>York Hospital</td>
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<td>55,883</td>
<td>1.056</td>
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<tr>
<td>Ephrata Hospital</td>
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<tr>
<td>Gettysburg Hospital</td>
<td>76</td>
<td>3.997</td>
<td>0.751</td>
</tr>
</tbody>
</table>

Table 1.
are shown in Figure 1. A pre- and postseminar paper survey was conducted yearly to understand baseline training in AS/IP, desire for future AS/IP careers, and self-reported effectiveness of the workshop. Results: Initially, the primary audience was NYC ID fellows. From 2018 onward, we opened enrollment to pharmacy residents. Approximately 45 NYC ID fellows were eligible for the course each year. Results from 2013 to 2016 surveys were reported previously (Fig. 2). There were 32 attendees in 2018, 42 in 2019. The survey response rate was 88% in 2018 and 95% in 2019, with 68 (92%) total participants. Most participants had received previous training in IP (82%) and AS (94%) (Fig. 3). Most participants reported that the program was a good supplement to their ID training (98%) and that case studies were an effective means of learning IP (100%) and AS (98%). Furthermore, 92% stated they would like additional AS/IP training, and many since 2013 have requested a full-day course. Self-reported interest in future involvement in AS/IP increased after the workshop: IP, 68%–83% (P = .04) and AS, 88%–91% (P = .61). Conclusions: Most trainees reported satisfaction with the workshop and case-study learning method; interest in future AS/IP careers increased after the seminar. We intend to explore Funding: to expand to a full-day program for all NYC postgraduate trainees and AS/IP junior faculty. As such, we hope to obtain the endorsement of professional societies such as SHEA. This workshop could address a crucial educational gap in AS/IP postgraduate training and help sustain our future workforce.

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