

following the initial swab collection, the surfaces were disinfected with hydrogen peroxide wipes and disinfectant cleaner sprayed through an electrostatic system. The same surfaces were then swabbed after disinfection. Colony-forming units (CFUs) were quantified using standard microbiological techniques by a third-party laboratory. Statistical analysis was performed on the resulting bacterial counts using Minitab version 18.1 software. **Results:** We detected statistically significant decreases in total bacteria, yeast, and mold counts following implementation of this disinfection protocol. The pre-disinfection mean of bacteria, yeast, and mold counts for all surfaces combined was reduced 96% after disinfection (from 254,637 CFU to 9,392 CFU). **Conclusions:** Cleaning and disinfection of surfaces in PCFR emergency vehicles and fire station common areas with the agents described above effectively reduced contamination with bacteria, yeast, and mold spores. The PCFR has implemented this disinfection protocol as a tool in eliminating EMS vehicles and the station environment as reservoirs of infection for patients, visitors, and firefighters. Future efforts will include assessing the impact of regular cleaning and disinfection on baseline levels of bacteria, yeast, and mold spores.

**Funding:** This study was supported by Clorox.

**Disclosures:** None

Doi:10.1017/ice.2020.1202

#### Presentation Type:

Poster Presentation

#### Impact of Antimicrobial Stewardship Programs in Latin American Adult Intensive Care Units: PROA-LATAM Project

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**Background:** Antimicrobial stewardship programs (ASPs) are useful in improving clinical outcomes in a cost-effective way and in reducing antimicrobial resistance. **Objective:** We sought to determine the impact of ASP in adult medical-surgical intensive care units (MS-ICUs). **Methods:** A multicenter study, in 77 MS-ICUs of 9 Latin-American countries, was conducted along 12 months (July 2018–June 2019). A self-assessment survey using a tool based on CDC recommendations (0–100 scale) was performed at the beginning, after 6 months, and at the end of the study. The impact of ASP was evaluated monthly using the following indicators: antimicrobial consumption (defined daily doses [DDD] per 100 patient days), appropriateness of antimicrobial prescriptions (percentage of total prescriptions), crude mortality rate (events per 100 discharges), and hospital-acquired multidrug-resistant microorganisms (MDRs) and *Clostridioides difficile* infections (CDI events per 1,000 patient days). These indicators were compared between MS-ICUs that reached the 75th percentile and those that maintained the 25th percentile at the final self-assessment. **Results:** Of all indicators evaluated, only surgical prophylaxis  $\leq 24$  hours, vancomycin therapeutic monitoring, and aminoglycosides (1 dose per day) did not show significant differences between MS-ICUs at the 75th percentile and the 25th percentile. CDI events were significantly higher at the 75th percentile MS-ICUs, probably related to better detection of *C. difficile* (Table 1). **Conclusions:** This study confirmed that MS-ICUs with more comprehensive ASPs had significantly better indicators.

**Funding:** Proprietary Organization: MERCK

**Disclosures:** None

Doi:10.1017/ice.2020.1203

#### Presentation Type:

Poster Presentation

#### Influence of Antibiotic Susceptibility Testing on Antibiotic Choice in Hospital-Acquired and Ventilator-Associated Pneumonia

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**Table. Indicators comparison between MS-ICUs based on the final level of self-assessment**

Indicators	ASP final level			Diff.	Comparison $\geq 75p$ vs $\leq 25p$	
	$\leq 25p$ (n=20)	$<75p \rightarrow 25p$ (n=37)	$\geq 75p$ (n=20)		CI95%	P
Self-assessment; mean $\pm$ SD	28.0 $\pm$ 7.3	52.1 $\pm$ 8.6	76.1 $\pm$ 7.5	48.1	43.4 to 52.8	<0.0001
DDDs*	159.4	156.5	143.4	-16.0	-17.2 to -14.7	<0.0001
MDR infections†	10.96	13.53	9.45	-1.52	-2.56 to -0.48	0.004
CD infections	0.19	0.25	0.57	0.37	0.19 to 0.56	<0.0001
Crude mortality	17.7%	16.0%	15.9%	-1.8%	-2.8% to -0.8%	<0.0001
Validation of prescription by pharmacists	58.0%	58.6%	72.0%	14.0%	11.4% to 16.6%	<0.0001
Registration of prescription in the medical record	94.7%	97.2%	97.6%	2.9%	1.8% to 4.0%	<0.0001
Adherence to clinical guidelines	59.3%	72.2%	92.5%	33.2%	30.9% to 35.5%	<0.0001
Prospective audit with feedback	76.2%	87.9%	86.1%	9.9%	7.7% to 12.1%	<0.0001
Acceptance of infectious diseases physician recommendation	72.3%	89.6%	94.8%	22.5%	19.7% to 25.2%	<0.0001
Targeted treatments	27.6%	35.9%	39.5%	12.0%	9.2% to 14.7%	<0.0001
Redundant anti-anaerobial therapy	0.96%	0.80%	0.26%	-0.70%	-0.22% to -1.18%	0.003

\*J01-J02 ATC categories

†MDR: Methicillin-resistant *S. aureus*; Vancomycin-resistant Enterococcus; ESBL-Enterobacteriaceae; Carbapenem-resistant Enterobacteriaceae, *P. aeruginosa*, *Acinetobacter* spp

Fig. 1