

Presentation Type:

Poster Presentation - Top Poster Award

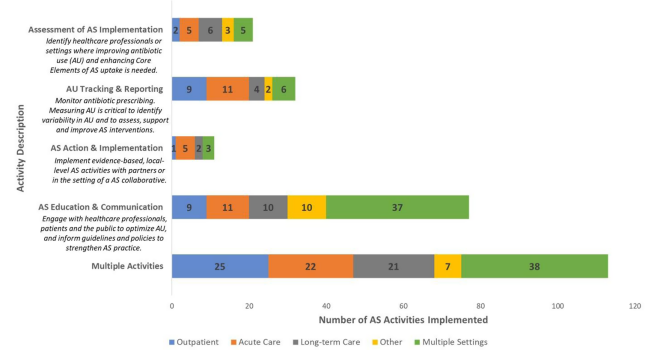
Subject Category: Antibiotic Stewardship

Description of antibiotic stewardship expertise and activities among US public health departments, 2022

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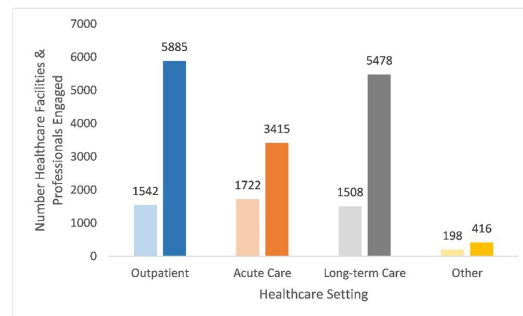
Background: In 2021, the CDC awarded >\$100 million to 62 state, local, and territorial health departments (SLTHDs) to expand antibiotic stewardship expertise and implement antibiotic stewardship activities in different healthcare settings. Our objective was to describe SLTHD antibiotic stewardship personnel and activities to characterize the impact of the funding. **Methods:** SLTHDs submitted performance measures, including quantitative and qualitative responses, describing personnel supporting antibiotic stewardship activities, types of activities, and healthcare facilities and professionals engaged from January through June 2022. A quantitative analysis of performance measures and qualitative thematic analysis of select narrative responses are reported. **Results:** Most SLTHDs (58 of 62, 94%) submitted performance measures. Among them, 37 (64%) reported identifying an antibiotic stewardship leader or coleader; most were pharmacists (57%) or physicians (38%) with infectious diseases training (68%) (Table 1). Of the remaining SLTHDs, 20 reported barriers to identifying a leader or coleader, including hiring process delays and programmatic barriers (Table 2). SLTHDs reported 254 antibiotic stewardship activities; most reported activities involving multiple activity types (44%). Education and communication (eg, providing stewardship expertise) was the most common single activity (30%), followed by antibiotic use tracking and reporting (13%), assessment of antibiotic stewardship implementation (8%), and action and implementation (eg, audit and feedback letters) (4%). The highest number of activities were implemented in multiple healthcare settings (35%), followed by acute care (21%), outpatient (18%), long-term care (17%), and other (9%) (Fig. 1). SLTHDs reported engaging 4,970 healthcare facilities and 15,194 healthcare professionals in antibiotic stewardship activities across healthcare settings, to date, as part of this funding opportunity (Fig. 2). **Conclusions:** Antibiotic stewardship funding to SLTHDs allowed for increases in capacity and expanded outreach to implement a variety of antibiotic stewardship activities across multiple health-

Figure 1. Description of Antibiotic Stewardship (AS) Activities by Healthcare Setting N=254*



*Other settings include dialysis facilities, telehealth, dental clinics, OneHealth collaboratives, ambulatory surgical centers

Figure 2. Number of Healthcare Facilities and Healthcare Professionals Engaged in Antibiotic Stewardship (AS) Activities by Healthcare Setting^{a,b,c}



^aOther settings include dialysis facilities, telehealth, dental clinics, OneHealth collaboratives, ambulatory surgical centers
^bSome activities may involve multiple setting types
^cHealthcare facilities light column, healthcare professionals dark column

care settings. Sustaining SLTHD antibiotic stewardship activities can help increase engagement and coordination with healthcare facilities, healthcare professionals, and other partners to optimize antibiotic prescribing and patient safety.

Disclosure: None

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Fear of missing organisms (FOMO): Diabetic foot and osteomyelitis management opportunities

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Background: Hospitalizations for diabetic foot infections and lower-extremity osteomyelitis are common. Use of empiric antibiotic therapy for methicillin-resistant *Staphylococcus aureus* (MRSA) and *Pseudomonas aeruginosa* is also common. Guidelines recommend antibiotic therapy based on severity of illness, risk factors for MRSA and *P. aeruginosa*, and local prevalence. We evaluated the concordance between empiric antibiotic therapy and both culture results and definitive antibiotic therapy with a focus on MRSA and *P. aeruginosa*. We also evaluated how well MRSA and pseudomonal risk factors were predictive of culture results with these organisms. **Methods:** We conducted a cohort study of all patients admitted to our hospital system in 2021 with a diagnosis of a diabetic foot infection or lower-extremity osteomyelitis. Patients were included if they had an *International Classification of Disease, Tenth Revision* (ICD-10) diagnosis code of M86, E10.621, E11.621, or E08.621. Patients were excluded if antibiotics were for another indication or if they

	N	%
Jurisdictions that identified AS Lead/Co-leads	37/58	(63.8)
Hours/week		
<20	14	(37.8)
≥20	24	(64.9)
Discipline^{a,b}		
Physician	14	(37.8)
Pharmacist	21	(56.8)
Other	12	(32.4)
Training^a		
Infectious diseases training	25	(67.6)
AS certificate/training course	29	(78.4)
AS experience	26	(70.3)
None of the above	7	(18.9)

^aCategories not mutually exclusive
^bJurisdiction may have co-leads

Category	Subcategory	N
Hiring Delays	Position not posted	9
	No interested candidate	1
	Pending contract/onboarding	11
Programmatic Barriers	Lack authority to spend/hire	2
	Restructuring	2
	Limited hiring capacity	2

^aMultiple barriers may be identified per response