

Figure 2. The majority of participants received a reminder for an upcoming appointment in the form of a letter.

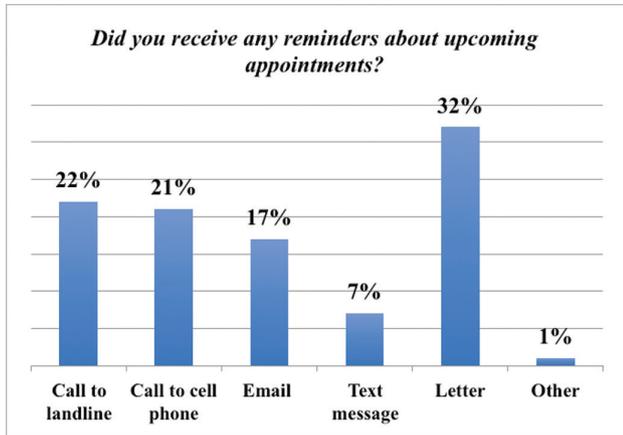
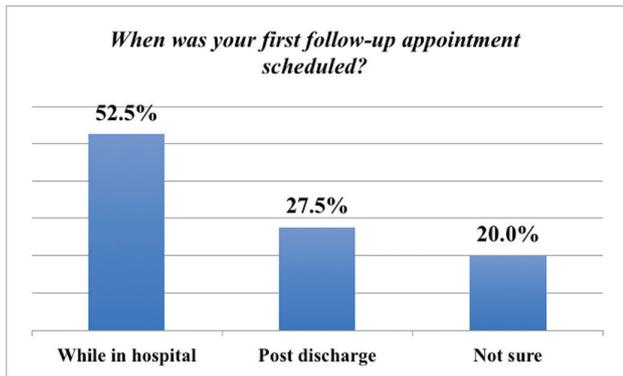


Figure 3. The majority of initial follow-up appointments were scheduled while patients were in the hospital.



Disclosures. G. Allison, Merck: Grant Investigator and Speaker's Bureau, Grant recipient and Salary

1092. Pilot of a Home Telehealth Platform in a Pediatric OPAT Program
 Louise Vaz, MD, MPH¹; Tamara Wagner, MD²; Bryan Cochran, BA^{*} and Mark Lovgren, MBA³; ¹Pediatric Infectious Diseases, Doernbecher Children's Hospital, Oregon Health and Science University, Portland, Oregon, ²Hospital Medicine, Doernbecher Children's Hospital, Oregon Health and Science University, Portland, Oregon, ³Telehealth Services, Oregon Health & Science University, Portland, Oregon

Session: 141. Clinical Practice Issues
 Friday, October 6, 2017: 12:30 PM

Background. Patients discharged with outpatient parenteral or prolonged oral antibiotic (OPAT) require monitoring to ensure optimal clinical outcomes. Advances in technology have allowed novel approaches for clinical interactions. We sought to develop a new home telehealth platform for a subsection of pediatric OPAT patients.

Methods. We used an existing infrastructure developed by our hospital telemedicine program to pilot the electronic home visit. A process was established to create a virtual connection at a pre-designated time using a HIPPA-secured web-based platform. Clinic staff performed a pre-visit technology check. Electronic Medical Record (EMR) scheduling platforms were created and the parent was coached on how to download and execute the necessary software. A virtual clinic was established between provider and family. Documentation occurred in the EMR with specific language and modifier codes for billing accuracy identified by the telemedicine team. Patients were selected based on medical complexity and travel time greater than 2 hours to our institution.

Results. Two pediatric OPAT patients completed the pilot in Spring 2017 for treatment of 1) CLABSI with retained line and 2) chronic ulcer with osteomyelitis. Three visits between the OPAT ID provider, located in her office, and the patient, located at home, were successfully piloted with video and voice. A routine clinic visit was conducted with a parent-driven physical exam. A clinical note was documented in the EMR with specific telemedicine templates. This platform also allowed for multi-disciplinary visits with a hospitalist and home health nurse to address a central line related issue with ID provider present. Total time for each visit was under 20 minutes.

Conclusion. We were able to demonstrate feasibility and functionality of this novel platform to conduct a billable OPAT clinic visit in a patient's home. Health system infrastructure was a necessary and vital component to execution of the virtual clinic. Specific patient groups may benefit from this provider-patient interface. The use of telemedicine in OPAT may serve as a new platform for improving provider efficiency, lowering health system costs, and achieving greater patient satisfaction.

Disclosures. All authors: No reported disclosures.

1093. Utilizing a Post-discharge Telephone Call in Outpatient Parenteral Antimicrobial Therapy (OPAT): Findings from a Quality Improvement Project
 Kimberly Felder, PA-C¹; Louise Vaz, MD, MPH²; Penelope Barnes, MBBS, MRCP, FRCPATH, PhD³ and Cara Varley, MD, MPH⁴; ¹Infectious Diseases, Oregon Health and Science University, Portland, Oregon, ²Pediatric Infectious Diseases, Doernbecher Children's Hospital, Oregon Health and Science University, Portland, Oregon, ³Infectious Disease, PeaceHealth Medical Group-Whatcom, Bellingham, Washington, ⁴Tulane University School of Medicine, New Orleans, Louisiana

Session: 141. Clinical Practice Issues
 Friday, October 6, 2017: 12:30 PM

Background. Transitions of care from hospitals to outpatient settings, especially for patients requiring outpatient parenteral antimicrobial therapy (OPAT) are complex. OPAT complications, such as adverse antimicrobial reactions, vascular access problems, and hospital readmissions are common. Data from transitions of care literature suggest that post-discharge telephone calls (TCs) may significantly decrease re-hospitalization but no studies have assessed the utility of post-discharge TCs as an OPAT program quality improvement process.

Methods. Adult OPAT patients discharged from our hospital between April 1, 2015 and May 31, 2016 were queried for post-discharge concerns. TCs to patients or their caregivers were administered by trained medical assistants within the Department of Infectious Diseases using a standardized script and documented in the electronic medical record (EMR). Feasibility was assessed using call completion rate. The type and frequency of reported issues were analyzed by retrospective chart review.

Results. 636 of 689 eligible adult OPAT patients or their caregivers received a TC with responses to scripted questions documented in the EMR (92% completion rate). 302 patients (47%) reported 319 issues, including 293 (92%) relevant to OPAT. Antimicrobial issues included diarrhea/stool changes (58; 9%); nausea/vomiting (27; 4%); and missed antimicrobial doses (22; 3%). Vascular access issues included line patency concerns (21; 3%); vascular access dressing problems (17; 2.6%) and arm pain/swelling (6; 1%). OPAT vendor issues included delays in lab or line care services (23; 4%) and OPAT orders reported as lost/not received (21; 3%). Other ID-related issues included fevers/chills/sweats (27; 4%), wound concerns (16; 2.5%), and pain (15; 2.5%).

Conclusion. Adding a post-discharge TC to an OPAT program was feasible and resulted in frequent and early identification of significant OPAT patient and caregiver concerns. Findings suggest potential high-yield topics for process improvement, as well as anticipatory guidance and patient education in OPAT. Further evaluation and analysis of optimal hospital discharge processes and care coordination in OPAT, as well as their impact on post-discharge adverse events, is needed.

Disclosures. All authors: No reported disclosures.

1094. Emergency Department Visits During Outpatient Parenteral Antimicrobial Therapy: A Cohort Study

So Lim Kim, BA¹; Angela Everett, AAS²; Susan J. Rehm, MD, FIDSA²; Steven Gordon, MD² and Nabin Shrestha, MD, MPH, FIDSA, FSHEA²; ¹Case Western Reserve University School of Medicine, CLEVELAND, Ohio, ²Infectious Disease, Cleveland Clinic, Cleveland, Ohio

Session: 141. Clinical Practice Issues
 Friday, October 6, 2017: 12:30 PM

Background. Outpatient parenteral antimicrobial therapy (OPAT) carries risk of vascular access complications, antimicrobial adverse effects, and worsening of infection. Both OPAT-related and unrelated events may lead to emergency department (ED) visits. The purpose of this study was to describe adverse events that result in ED visits and risk factors associated with ED visits during OPAT.

Methods. OPAT courses between January 1, 2013 and December 31, 2016 at Cleveland Clinic were identified from the institution's OPAT registry. ED visits within 30 days of OPAT initiation were reviewed. Reasons and potential risk factors for ED visits were sought in the medical record.

Results. Among 11,440 OPAT courses during the study period, 603 (5%) were associated with 1 or more ED visits within 30 days of OPAT initiation. Mean patient age was 58 years and 57% were males. 379 ED visits (49%) were OPAT-related; the most common visit reason was vascular access complication, which occurred in 211 (56%) of OPAT-related ED visits. The most common vascular access complications were occlusion and dislodgement, which occurred in 99 and 34 patients (47% and 16% of vascular access complications, respectively). In a multivariable logistic regression model, at least one prior ED visit in the preceding year (prior ED visit) was most strongly associated with one or more ED visits during an OPAT course (OR 2.96, 95% CI 2.38 - 3.71, p-value < 0.001). Other significant factors were younger age (p 0.01), female sex (p 0.01), home county residence (P < 0.001), and having a PICC (p 0.05). 549 ED visits (71%) resulted in discharge from the