1031. Effect of On-Site ID Specialist Led, Antimicrobial Stewardship Pharmacist Driven Program on Provider Acceptance, Antimicrobial Utilization and Clostridoides Infection Rates In a Community Hospital / Rural Regional Referral Center

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Session: 131. Antibiotic Stewardship: Interventions

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Background. Antibiotic Stewardship (ASP) standards for hospitals became effective January 1, 2017. Core Elements implementation guidelines have been challenging for rural hospitals usually lacking on-site expertise. Our 170-bed Community Hospital / rural referral center has dedicated resources for on-site ASP. Our team includes on-site Infectious Disease (ID) Specialist and dedicated ASP pharmacist. Over first 2 years, our model shows very high provider acceptance, improvement in antimicrobial use pattern and reduction in the number of Clostridioides difficile infections (CDI).

Methods. The ASP Pharmacist conducted a daily review of ASP targets. He met with on-site ID Physician 3 days weekly to discuss interventions and review complex cases. The ASP team - ID Medical Director, ASP Pharmacist, Microbiologist, Invention Preventionist and Hospitalist met monthly to discuss outcomes and facility-wide interventions.

ASP audit included: positive cultures, patients on multiple or broad-spectrum antimicrobials, patients receiving dual nephrotoxic drugs, carbapenems, fluoroquinolones, candidates for IV to PO conversion

The audit results were communicated in-person to attending physician and documented in electronic medical record.

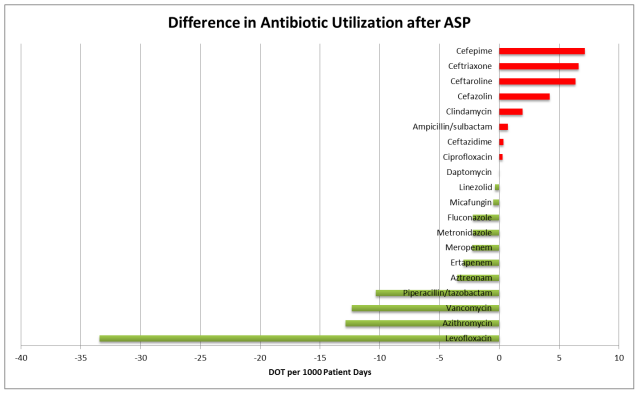
Results. ASP team recommendations were accepted in 94% of cases

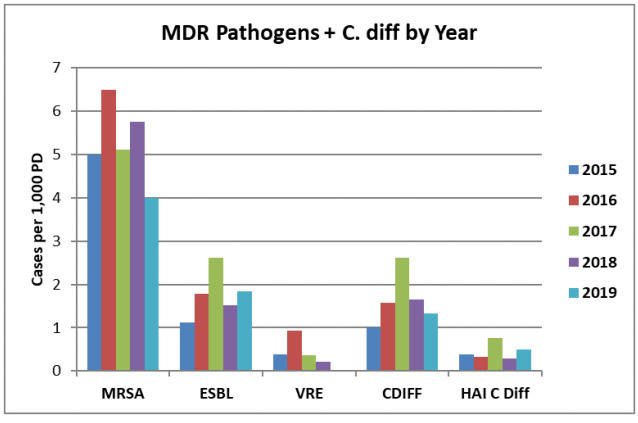
ID consult was recommended in 4.69% and was accepted 100%.

Top 20 IV antimicrobial use decreased by 10%. Fluoroquinolones (29%) and carbapenems (28%) showed highest decrease. Cephalosporins showed small increase.

Hospital-acquired CDI rate decreased from 0.83 cases/ 1000 patient-days (PD) pre-ASP to 0.53 cases/ 1000 PD post-ASP. General CDI diagnosis decreased from 3.21 cases/1000 PD pre-ASAP to 2.23 cases/ 1000 PD post-ASP

Conclusion. An on-site, ID Specialist reviewed and dedicated ASP Pharmacist driven program at a rural referral center/ Community Hospital significantly improved antibiotic use and decreased Clostridium Difficile Infections in the first 2 years. Direct feedback of ASP review to providers resulted in an excellent acceptance rate. On-site ID and ASP Pharmacist collaboration is logistically difficult to achieve but expanding our model to rural referral centers should be considered. More research is needed to determine the cost-effectiveness of onsite, dual led programs.





Disclosures. **All authors:** No reported disclosures.

1032. Impact of an Antimicrobial Stewardship Team-Led Initiative – Assessment of Therapy Appropriateness at Patient Discharge

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Background. Current focus and emphasis on managed care have encouraged the practice of discharging patients admitted for infections as soon as possible which in-turn has increased the likelihood of patients being discharged on antimicrobials once the acute infection is under control. Many programs have demonstrated success of antimicrobial stewardship (AMS) initiatives but there is little in the published literature surrounding transitional care AMS.

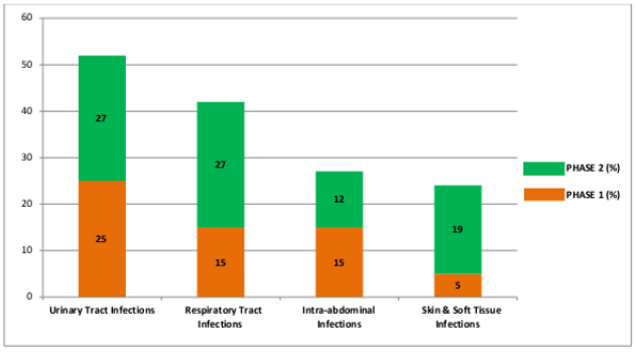
Methods. Patients admitted to University of Maryland Prince George's Hospital who were to be discharged on antimicrobials within 24 hours were identified during multidisciplinary patient rounds over a 2-phase period (each 3 weeks long). Rounds were attended by the AMS team composed of Post-Graduate Year 1 pharmacy residents and/or the AMS pharmacist and/or the AMS physician. Both the choice of antimicrobial and total treatment days including post-discharge days were evaluated and interventions were made based on adherence to current published guidelines. If antimicrobial selection or treatment duration appeared to be inconsistent with guidelines, the case was discussed with the prescriber and agreed-upon changes made prior to the patient's discharge. Accepted and denied recommendations were documented. Patients were also educated on indications, directions and side effects of their antimicrobials.

Results. The AMS team evaluated patients for selected antimicrobial drug and duration of outpatient treatment over the 2-phase period with 20 patients in phase 1 and 26 patients in phase 2. Interventions needed to be made for 100% of patients in phase 1 but only for 50% of patients in phase 2. Duration of treatment was the only intervention which needed to be made with 85% of the interventions in phase 1 accepted and 85% in phase 2. The most common indications for treatment are represented in Figure 1.

The average decrease in treatment duration for phase 1 and 2 was 3.6 days and 2.8 days respectively.

Conclusion. These findings suggest that discharge AMS initiatives can decrease patients' overall antimicrobial exposure and potential adverse events, educate providers on treatment guidelines especially of common disease states, increase overall provider compliance with evidence-based literature, and ascertain the appropriateness of therapy choices.

Figure 1. *Most Common Indications for Treatment*



Disclosures. **All authors:** No reported disclosures.

1033. Effectiveness of a Physician-Driven Automated Antibiotic Time Out in the Setting of Gram-negative Bacteremia

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Background. In an effort to minimize complications associated with over-utilization of antibiotics, many antimicrobial stewardship programs have incorporated an antibiotic time out (ATO). Despite the increasing adoption of the ATO, limited data are available to support its effectiveness. This study was designed to assess the impact of an automated ATO integrated into the electronic medical record (EMR) on the rate of antibiotic modification in patients receiving broad-spectrum antibiotic(s) for Gram-negative bacteremia (GNB).

Methods. This was a single-center retrospective cohort study of inpatients from January 2017 to June 2018 conducted at a large academic medical center. ATO was implemented on October 31, 2017. Adult patients with GNB who received at least 72