

POSTER ABSTRACTS

215. Impact of Multidisciplinary Antimicrobial Stewardship Rounds on Prospective Audit with Intervention and Feedback Recommendations

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Background. Many stewardship programs that perform prospective audit with intervention and feedback (PAIF) utilize phone calls or electronic messaging to deliver prescriber feedback. Antimicrobial stewardship ward rounds may be a more effective method to change prescriber behavior. The aim of this study was to evaluate the impact of Antibiotic Stewardship Program (ASP) rounds on the types of interventions made.

Methods. We conducted a retrospective, chart review of patients at the Hospital of the University of Pennsylvania who were evaluated by the ASP team between December 9, 2009-December 15, 2013. From December 9, 2009-November 30, 2011 (period 1), ASP Infectious Disease (ID) pharmacists called providers with antimicrobial recommendations. From December 1, 2011-December 15, 2013 (period 2), ID pharmacists also rounded with an ID physician twice weekly on patients that were identified by surveillance of antibiotic prescriptions. We characterized and compared the frequency distributions of the following successful ASP interventions during the two periods: narrowed antimicrobials, broadened antimicrobials, discontinued antimicrobials, intravenous therapy (IV) changed to oral, and recommended duration of therapy. To assess for differences in the study population over time, we randomly selected 50 patients from each period and compared demographics, microbiologic data, and antibiotic consumption.

Results. During the study period the ASP team made successful interventions on a total of 812 patients, including 365 patients during period 1 and 447 patients during period 2. Patient demographic and clinical characteristics were similar during the two periods. The number of successful interventions in the following categories increased significantly from period 1 to period 2: narrowed current antimicrobials (3.3 vs 6.0 interventions per month, p-value 0.001), IV therapy changed to oral (1.0 vs 2.0 interventions per month, p-value 0.03), and discontinuation of antibiotics (2.4 vs 4.0 interventions per month, p-value 0.05)

Conclusion. PAIF has been shown to reduce the inappropriate use of antimicrobials. In our study, the addition of ASP rounds to an established stewardship program resulted in a greater proportion of patients having antimicrobial therapy narrowed, discontinued, or converted from IV to oral.

Disclosures. All authors: No reported disclosures.