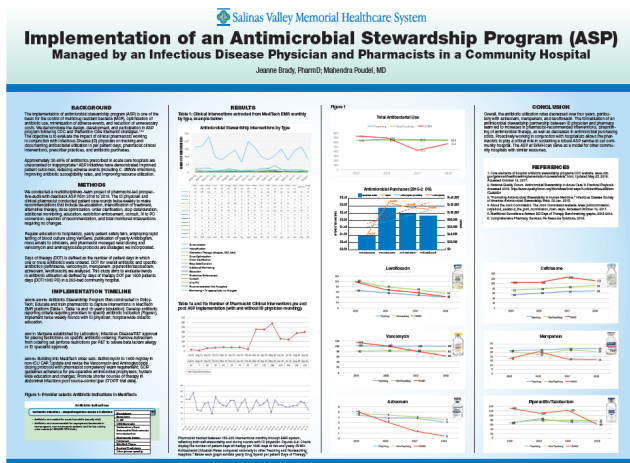


that include de-escalation, intensification of treatment, alternative therapy, dose optimization, order clarification, stop date/duration, additional monitoring, education, restriction enforcement, consult, IV to PO conversion, rejection of recommendation, and total monitored interventions requiring no changes.

**Results.** Pharmacist tracked between 150 and 200 interventions monthly through the EMR system, reflecting both self-stewardship and during rounds with ID physician. Figures 2-8: Charts display the number of patient-days of therapy per 1,000 days at risk and yearly SVMH Antibacterial Utilization Rates compared nationally to other Teaching and Nonteaching hospitals.<sup>5</sup> Below each graph exhibits yearly Drug Spend per patient-days of Therapy.<sup>6</sup>

**Conclusion.** Overall, the antibiotic utilization rates decreased over 4 years, particularly with aztreonam, meropenem, and levofloxacin. The formalization of an antimicrobial stewardship partnership between ID physician and pharmacy team led to increases in pharmacist-recommended interventions, streamlining of antimicrobial therapy, as well as decreases in antimicrobial purchasing costs. Proactively working in conjunction with hospitalists allows the pharmacists to play a critical role in sustaining a robust ASP service at our community hospital. The ASP at SVMH can serve as a model for other community hospitals with similar resources.



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**1069. Implementation and Results of a Health-System Antimicrobial Stewardship (AMS) Program**

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**Background.** AMS expansion initiative was implemented in fiscal year 18 (FY18) across a 14-member health system (~1,000 average daily census combined) consisting of 8 community hospitals, 5 rural critical access hospitals and 1 academic medical center.

**Methods.** The expansion initiative included a 0.5 full-time equivalent (FTE) infectious diseases (ID) physician and 2.5 FTE ID-trained clinical pharmacists to support daily AMS activities. Clinical decision support software (Theradoc) had previously been implemented across the health system. Here we report our continuation results for the first 9 months of year 2 (FYTD19) of the expansion initiative.

**Results.** AMS personnel documented an average of 319.8 and 313.2 interventions per month in FY18 vs. FYTD19, respectively. Mean acceptance rate of AMS interventions by providers was 87.9% and 89.4% in FY18 vs. FYTD19. Provider groups with the highest acceptance rate were Hospital Medicine, Pulmonary/Critical Care and Infectious Disease. Highest interventions in FYTD19 included recommending other diagnostic testing (17%) followed by de-escalating/targeting therapy based on culture results and recommending alternative therapy (both at 11%). Most common ID disease states AMS intervened included bacteremias (29%), pneumonias (ventilator-associated or community-acquired) 13% each, and UTIs 13%. AMS interventions generated 168 ID consults in FYTD19. The financial impact of AMS across the health system was a cumulative saving in antimicrobial expenditures of \$1.29 million and \$1.27 million in FY18 and FYTD19, respectively.

**Conclusion.** The ability to review offsite electronic medical records daily for antimicrobial optimization with ID pharmacist and physician support, identify facility-specific needs and opportunities, and collect available data endpoints to determine program effectiveness has helped to ensure program success.

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**1070. Handshake Antimicrobial Stewardship as a Model to Prevent Patient Safety Incidents and Recognize Diagnostic Errors**

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**Background.** Patient safety incidents (PSIs), such as diagnostic errors, are common events that may lead to significant patient harm. Few studies describe the impact that antimicrobial stewardship programs (ASPs) have preventing PSIs and recognizing diagnostic errors. Handshake Stewardship has emerged as a specific ASP model that involves prospective review of hospital-wide antimicrobial ordering with a compressed "second look" of relevant clinical and historical patient data. In person recommendations are then provided directly to the medical team. The objective of this project was to evaluate the potential impact that Handshake Stewardship has on preventing PSIs and recognizing diagnostic errors.

**Methods.** Following Children's Hospital Colorado (CHCO) ASP's implementation of the Handshake Stewardship model in October 2013, the CHCO ASP team began prospectively self-labeling interventions as "Great Catches" (GCs). These GCs were defined as any ASP intervention that "notably changed the trajectory of patient care." Patient charts for all GCs from October 2014 through May 2018 were retrospectively reviewed and each intervention was assigned one or more descriptive category labels including: administration error, de-escalation/escalation of therapy, bug-drug mismatch, inappropriate dose/duration, potential adverse effect, alternative diagnosis, additional testing, prevent hospital admission, and epidemiology alerts. In addition, each intervention was scored using the previously validated "Safer Dx Instrument" to determine which GCs intervened on a potential diagnostic error.

**Results.** From October 2014 through May 2018 there were 87,322 admissions to CHCO. Our ASP team intervened on 6,735/87,322 (7.7%) of these admissions. Of these, 174/6,735 (2.6%) were prospectively labeled by ASP providers as GCs, of which 44/174 (25%) resulted in new infectious disease consultations.

**Conclusion.** Given the frequency and significance of PSIs including diagnostic error, systems are needed to help recognize and prevent patient harm. The Handshake Stewardship model may help prevent PSIs and recognize diagnostic errors among hospitalized children.

**Table 1: Representative Great Catch Examples**

Description of Case	ASP Recommendation	Impact on Care
12-year-old with headache and fever, found to have mild CSF pleocytosis but significantly elevated CRP. MEP was negative. Diagnosed with "viral meningitis" and planned discharge home.	ASP suggested evaluation for parameningeal focus of infection.	Patient underwent CT Brain which led to MRI Brain. Imaging identified cavernous sinus thrombosis with extending purulence and sphenoid sinusitis.
2-month-old female with GBS bacteremia and vaginal ecchymosis. Team treated for late-onset GBS sepsis and was pursuing additional work up for sexual child abuse due to "vaginal bruising."	ASP provided team with literature describing known phenomenon of violaceous genital lesions in patients with GBS sepsis.	Team held off on Child Protection Team consultation which prevented family stress, negative impact on therapeutic relationship, and unnecessary use of resources.
8-month-old with CSF pleocytosis felt to be "viral meningitis," though significantly elevated ESR/CRP.	ASP suggested rethinking diagnosis based on disproportionately elevated inflammatory markers, recommended formal Infectious Diseases consultation.	ID consulted, based on history and exam recommended echocardiogram. Found to have significant coronary artery aneurysms. Patient diagnosed and treated for Kawasaki disease.
1-month-old seen in urgent care for fever. After discharge, blood cultures identified GBS bacteremia. Urgent care provider called parents at home, and recommended return for single dose of intramuscular ceftriaxone to be followed by oral antimicrobial course.	ASP called provider and recommended admission for 30 days intravenous ampicillin and evaluation for additional focus of infection.	Patient received guideline recommended management of late-onset GBS sepsis.
2-week-old NICU patient with <i>Enterobacter cloacae</i> on tracheal aspirate culture.	ASP recognized that this was one of several NICU patients with <i>Enterobacter cloacae</i> infections in span of 1 month. Recommended discussion with epidemiology.	CHCO infection prevention team identified <i>Enterobacter cloacae</i> outbreak in NICU with subsequent outbreak control and investigation.

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**1071. Implementation and Impact of an Antimicrobial Tier Structure Along with Prospective Audit and Feedback at a Large Health System: Collaborations for Care Transformation**

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**Background.** Antibiotic overuse continues to be a challenge in the acute care setting. At AdventHealth Orlando (AHO), pharmacy-led prospective audit with feedback (PAAF) has been the primary stewardship tool. Despite PAAF and criteria for use, overall utilization of high-cost, broad-spectrum agents continues to increase. Recently, the Antimicrobial Stewardship Awareness Program (ASAP) employed transformation medical directors (TMDs) and, along with the pharmacy team, developed a novel