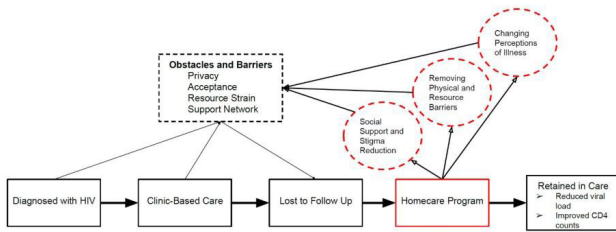


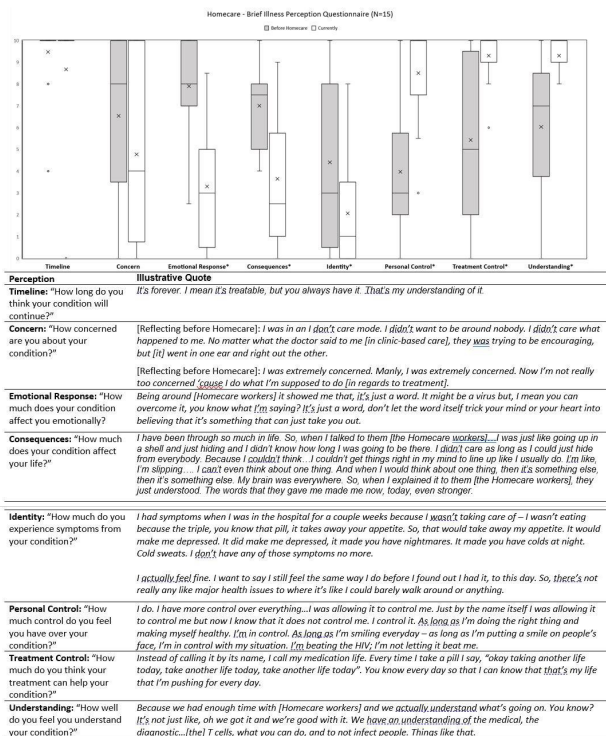
Homecare Conceptual Framework



General

Characteristics	Units	Homecare Participants (N=15)
General		
Age	Median (IQR)	42.3 (31-52)
Male	n (%)	12 (80)
Number of Years Living with HIV	Median (IQR)	10 (6-18)
Number of Days in Homecare	Median (IQR)	631 (460-702)
Physical Barriers to Clinic-Based Care		
Lack of transportation	n (%)	11 (73)
Work Obligations	n (%)	6 (40)
Childcare responsibilities	n (%)	2 (13)

Joint Display: Brief Illness Perception Questionnaire



Conclusion: Homecare offers an innovative system for successfully re-engaging and maintaining lost-to-follow-up PLWH in care. These findings have implications for HIV control efforts and could inform the development of future programs for difficult to reach populations.

Disclosures: All Authors: No reported disclosures

607. Identifying Intervention Opportunities to Prevent Readmissions during OPAT

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Session: P-23. Clinical Practice Issues

Background: Patients receiving outpatient parenteral antimicrobial therapy (OPAT) experience high rates of unplanned readmissions. To inform interventions that may reduce risk of unplanned readmissions during OPAT, we examined the frequency and reasons for readmission in a large cohort of OPAT patients.

Methods: We analyzed data on all patients enrolled in UNC's OPAT program from February 2015-February 2020. Patients were evaluated by an infectious diseases (ID) physician prior to OPAT enrollment, discharged with >14 remaining days of prescribed therapy, and received care coordination and systematic monitoring by an ID pharmacist. We abstracted EHR data into a REDCap database to ascertain information on each patient's OPAT course and readmission details: length of stay, primary ICD-9-CM/ICD-10-CM diagnosis code associated with readmission, and reason for readmission from clinical notes. Diagnosis codes and notes were adjudicated and summarized by a multidisciplinary team.

Results: Among 1,165 OPAT courses, 19% resulted in at least one readmission during therapy, lasting for a median length of stay of 5 days. Among those patients who were readmitted during OPAT, the median time from OPAT start to readmission was 17 days (interquartile range, IQR: 8-29 days). 66% of readmissions preceded the scheduled follow-up appointment during OPAT (median time to scheduled follow-up was 27 days, IQR: 15-35 days). 55% of readmissions were unrelated to OPAT diagnosis. Based on ICD-9-CM/ICD-10-CM code classifications, the most common infectious diseases-related reasons for readmission were worsening OPAT infection (18%), OPAT-related adverse drug reaction (12%), and new infection (11%).

Conclusion: One-fifth of OPAT courses resulted in readmission during therapy. Half of readmissions were associated with OPAT or other infection, and half were for other reasons. Earlier post-discharge follow-up by a multidisciplinary team (including primary care providers, case management, and OPAT) might prevent infection-related readmissions for OPAT patients. Future work should also address the need for enhanced care coordination with non-infectious disease providers to manage OPAT patients.

Disclosures: All Authors: No reported disclosures

608. Impact of Implementing Pharmacist Review and Monitoring of Outpatient Parenteral Antimicrobial Therapy

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Session: P-23. Clinical Practice Issues

Background: Given current efforts to increase the safety of outpatient parenteral antimicrobial therapy (OPAT) programs nationwide, this project sought to determine whether pharmacist managed OPAT review and monitoring improves adherence to standard of care laboratory monitoring recommendations.

Methods: A single-center, retrospective review of patients > 18 years of age who received OPAT from University Health System was conducted. Patients who received OPAT between October 2018 and December 2018 served as the historical control group. After a pharmacist transitions of care program was implemented, patients who received OPAT between October 2019 and December 2019 were included in the intervention group. Patients were excluded if they received less than 7 days of OPAT, completed therapy prior to discharge, or died while inpatient. The primary endpoint was adherence to laboratory monitoring recommendations > 75% of the duration of planned OPAT. Only patients followed by the OPAT clinic were included in this analysis. Recommendations provided in the 2018 Infectious Diseases Society of America OPAT guidelines were used to define appropriate lab monitoring. Secondary endpoints included 30-day readmissions.

Results: A total of 409 patients were included in this study: 198 patients in the pre-implementation group and 211 patients in the post-implementation group. In patients with OPAT clinic follow-up, the post-implementation group was significantly more likely to receive monitoring adherent to standard of care laboratory monitoring recommendations > 75% of the duration of planned OPAT: 42/161 (26.1%) vs. 98/176 (55.7%), OR 3.6 (95% CI 2.2-5.6, p = 0.0001). There was no difference in 30-day readmission rates between groups in the overall population. Patients in the post-implementation group with OPAT clinic follow up had lower 30-day infectious disease-attributed readmissions: 18/161 (11.2%) vs. 14/176 (8.0%), p = 0.31.

Conclusion: Implementation of a transitions of care pharmacist significantly improved adherence to laboratory monitoring recommendations for patients receiving OPAT and numerically reduced 30-day infectious disease-attributed readmissions.

Disclosures: All Authors: No reported disclosures

609. Implementation and Post-implementation Analysis of a Pilot Program for Inpatient Review of Outpatient Parenteral Antimicrobial Therapy Prior to Discharge

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Session: P-23. Clinical Practice Issues

Background: The Infectious Diseases Society of America OPAT (outpatient parenteral antimicrobial therapy) guidelines state that effective OPAT programs require a multidisciplinary team¹. Currently within the health system, there is no formal OPAT program in place, and OPAT prescribing is not limited to any specialty. This project aimed to pilot a pharmacist-driven program across five hospitals.

Methods: Adult patients with OPAT ordered between February 1 and May 1, 2020 were included. Patients were excluded if the OPAT was prescribed by infectious diseases (ID) providers or if patients were on OPAT prior to hospital admission. An alert was generated in the electronic health record (EHR) when an order for an