Conclusion. Recent reports of nephrotoxicity of VPT have been challenging to interpret due to multiple potential confounders. In this young and previously healthy severely ill combat-injured population, VPT was not associated with higher crude rates of AKI than VBL. This may be related to this unique patient population or sample size.

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

1930. Developing an Electronic Medical Record System to Monitor Patients on Outpatient Parenteral Antibiotic Therapy at an Academic Medical Center

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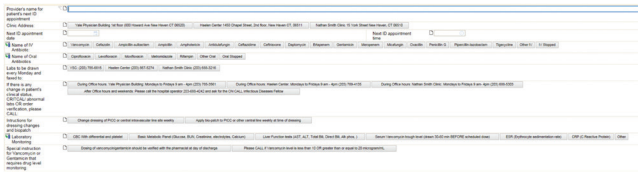
Background. Outpatient parenteral antibiotic therapy (OPAT) is an integral part of infectious disease (ID) management. The IDSA OPAT guidelines stress the importance of monitoring outcomes and safety assessment, yet there is no prescribed method to execute this process. There is limited published data on effective OPAT monitoring strategies in the US healthcare system.

Methods. To monitor and measure outcomes of patients on OPAT, our multi-disciplinary re-design team built a tracking system and database into the existing electronic medical record (EMR). A data entry form, called an "episode of care (EOC)," is completed in the EMR by the ID physician at the time of consultation (see figure). Data include: consultant's name, discharge location, antibiotic type, duration of treatment, lab monitoring recommendations, and outpatient (OP) follow-up visit date. This information automatically populates three items: the hospital interagency referral, a dashboard for active monitoring by outpatient providers, and a database for quality metric analysis. Outcomes measured include emergency room (ER) visits 30-days post discharge, 30-day re-admission rates, clinic no -show rates, and adverse events. Patients discharged on IV antibiotics with no EOC (i.e., no ID oversight) were also identified.

Results. In a 6-month period after the initiation of the new tracking system at our institution, 515 patients were discharged from the hospital on OPAT with an EOC. An additional 197 were discharged on IV antibiotics and no EOC. Of the patients with an EOC 25.5% had an ED visit within 30 days of discharge, and 19% had a 30-day re-admission from time of discharge. There were 20 adverse events related to antibiotic therapy documented (9 laboratory abnormalities, 6 antibiotic side-effects, 3 line complications, 1 episode of clostridium difficile, and 1 incorrect/missed antibiotic). Nineteen patients had a no-show to their first ID follow-up appointment.

Conclusion. We demonstrate the feasibility of integrating a tracking system for patients on OPAT into a pre-existing EMR and creating a database for assessment of outcomes. We also identify a significant number of patients discharged without ID oversight, revealing missed opportunities for ID input in these cases.



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1931. Health-Related Social Vulnerabilities in a Pediatric Outpatient Antimicrobial Therapy (OPAT) Program

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Background. Serious pediatric infections are treated safely with outpatient parenteral or prolonged oral antibiotic therapy (OPAT). The OPAT delivery system can be complex with outcomes complicated by social vulnerabilities in the lives of children on OPAT. Our goal was to better understand the psycho-social challenges pediatric families face undergoing OPAT.

Methods. Caregivers of patients discharged on parenteral or prolonged oral antibiotics and referred to Doernbecher Children's Hospital OPAT program between July 1, 2017 and December 31, 2017 were eligible for enrollment. We assessed health-related social vulnerabilities using a pre-discharge survey of pediatric caregivers. Child-specific medical information was collected by EMR review. Descriptive statistics were used to characterize social challenges.

Results. Twenty-six caregivers completed the survey. Mean patient age was 7.7 years. Infections included osteomyelitis (31%), endocarditis or infectious thrombophlebitis (19%), brain abscess or meningitis (15%), complicated pneumonia (12%), device-related infections (12%), or other (12%). Combined, patients spent 1,150 days on OPAT (390 parenteral; 760 prolonged oral antibiotic days). Of the social vulnerabilities endorsed, economic hardship featured prominently with 31% of caregivers having difficulty paying for food, housing or utilities and 12% having problems with appliances working at home. Among the caregivers, 23% reported inadequate social support, 42% reported psychological problems (31% anxiety; 19% depression), 15% reported involvement with child protective services, and 19% reported other legal concerns. 27% had difficulty getting time off work and 31% requested extra help with coordination of healthcare services. 58% of caregivers had a high school degree or less.

Conclusion. We identified a large number of social vulnerabilities that likely impact pediatric OPAT care after discharge. Identifying social vulnerabilities for pediatric OPAT patients prior to discharge, such as health literacy or barriers to return visits, could better enable treatment customization or prompt care coordination that better supports pediatric OPAT patients.

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1932. Healthcare Utilization in Older vs. Younger Adults on Outpatient Parenteral Antimicrobial Therapy According to Discharge Location

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Background. Older adults may require increased supervision during outpatient parenteral antimicrobial therapy (OPAT), particularly those discharged home vs. a skilled nursing facility (SNF).

Methods. We performed a quality improvement project of all patients initiated on OPAT during admission to Yale New Haven Hospital between October 1, 2016 and September 30, 2017. Descriptive data were collected. Healthcare utilization according to discharge location was assessed in older (age ≥65 years) vs. younger (age <65 years) adults in the 6 months following OPAT initiation. Differences between groups were assessed using x^2 and t tests.

Results. We identified 450 patients initiated on OPAT. Table 1 shows descriptive characteristics. Median OPAT duration was 31 days (range 1–155) for older adults and 34 days (range 1–183) for younger adults. Discharge to skilled nursing facility (SNF) was more likely in older (71%, $N = 139/197$) vs. younger (42%, $N = 105/253$) adults ($P < 0.0001$) following OPAT initiation. However, there was no difference in healthcare utilization according to discharge location (Table 2). Healthcare utilization was also similar between older and younger adults across antimicrobials (Figure 1).

Conclusion. Regardless of discharge home vs. SNF, there was no difference in healthcare utilization between older and younger adults. These findings affirm the safety of home OPAT in older adults.

Table 1: Descriptive Characteristics on OPAT Initiation

	Age		
Characteristic	≥65 Years, $N = 197$	<65 Years, $N = 253$	*P*-Value
Age in years, median (range)	75 (65–105)	54 (18–64)	–
Male gender, *N* (%)	125 (63%)	150 (59%)	0.37
White race, *N* (%)	160 (81%)	187 (74%)	0.12
Length of stay in days, mean (STD)	12.1 (9.5)	12.5 (8.3)	0.71
Discharge disposition			<0.0001
Home with self-care, *N* (%)	8 (4%)	26 (10%)	
Home with services, *N* (%)	41 (21%)	107 (42%)	
SNF, *N* (%)	139 (71%)	105 (42%)	

Table 2. Healthcare Utilization in 6 Months After OPAT Initiation

	SNF			Home		
	≥65 Years, $N = 139$	<65 Years, $N = 105$	*P* Value	≥65 Years, $N = 49$	<65 Years, $N = 133$	*P* Value
Hospitalizations, mean (SD)	0.5 (1.3)	0.3 (1.4)	0.38	0.5 (1.5)	0.2 (1.1)	0.18
ED visits, mean (SD)	3.1 (2.9)	4.0 (5.7)	0.15	2.6 (2.5)	2.2(2.4)	0.26
Office visits, mean (SD)	1.5 (1.4)	1.8 (1.8)	0.11	1.4 (1.4)	1.5 (1.2)	0.84
Phone calls, mean (SD)	3.0 (4.3)	3.2 (4.9)	0.82	2.7 (4.0)	2.3 (4.2)	0.65