Table 1

Patient Demographics	N (299)
Age	64 years
Male	290 (96.9%)
African American	89 (29.7%)
White	203 (67.9%)
Hispanic	6 (2%)
Middle Eastern	1 (0.3%)
Indications	**N (339)**
Osteomyelitis	102 (30.1%)
Skin and soft tissue infections	66 (19.5%)
Bacteremia	44 (13%)
UTI/Pyelonephritis	41 (12.1%)
Joint infections (prosthetic/native)	38 (11.2%)
Intra-abdominal infections	20 (5.9%)
Pulmonary	19 (5.6%)
Infective endocarditis	4 (1.2%)
Neuro (brain abscess/neurosyphillis/meningoencephalitis)	4 (1.2%)
Fungemia	1 (0.3%)

Table 2

Complication	Number of episodes	Hospitalizations
Acute Kidney Injury	36	12 (33%)
Rash	13	1 (7.7%)
Catheter related	9	8 (88.9%)
Cytopenias	7	0
Hypokalemia	6	1 (16.7%)
Encephalopathy	4	3 (75%)
Gastrointestinal side effects	2	0
Clostridium difficile infection	2	0

Disclosures. All authors: No reported disclosures.

1098. Characterization of Readmissions Among Patients Enrolled in an Outpatient Parenteral Antimicrobial Therapy (OPAT) Program Over a 2-Year Period at UNC Medical Center

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Background. The UNC Medical Center OPAT program was started in 2015 to provide multidisciplinary management of medically complex patients referred by the infectious diseases (ID) inpatient services and discharged on parenteral antimicrobials. A primary aim of the program is to avert avoidable readmissions during OPAT therapy through protocolized laboratory monitoring, case review and streamlined access to ID urgent care services.

Methods. We abstracted electronic health records for the first 250 patients enrolled in the OPAT program. 223 patients with sufficient recorded data for entire OPAT course were included. All-cause readmission events during OPAT therapy were collected, and cause for readmission was adjudicated by a multidisciplinary committee.

Results. Of the 223 patients, 62% were male with median age 53 years (20–88). 39 (17%) experienced a readmission (Table 1). Most readmissions occurred among patients not seen in our OPAT urgent care for the admitting complaint. 57 patients (26%) experienced at least one adverse drug reaction (ADR), e.g., laboratory abnormality, rash, or diarrhea; 7 of these required readmission. ADR was the most common reason for ID urgent care visit. Almost half of readmissions were unrelated to OPAT therapy or OPAT-related diagnosis. Less than 10% of OPAT patients utilized ID urgent care services; none of these visits resulted in readmission.

Conclusion. Our OPAT program represents a medically complex cohort that may be at higher risk of readmission at baseline. The availability of providers and pharmacists for urgent care services is effective in avoiding readmission for OPAT-related causes. Future interventions to address common causes of readmission include expanded access to urgent care servvices and close interval follow-up after discharge for particularly high-risk patients.

Table 1. Reason for readmission of OPAT patients[a]

Reason	No. (n = 39)	% of readmissions
Unrelated to OPAT-indicated diagnosis[b]	17	44
Clinical failure	9	23
OPAT drug-related adverse event[c]	7	18
New infection[d]	5	13
Unspecified	1	3

[a]184 out of 223 (83%) OPAT patients were not readmitted.
[b]e.g., myocardial infarction, stroke, alcohol consumption.
[c]e.g., kidney or liver dysfunction.
[d]e.g., OPAT for endocarditis subsequent urinary tract infection.

Disclosures. All authors: No reported disclosures.

1099. Predictive Clinical Rule for Readmissions in OPAT. Improving in Security

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Session: 141. Clinical Practice Issues
Friday, October 6, 2017: 12:30 PM

Background. Outpatient Parenteral Antibiotic Therapy (OPAT) is a safe, effective and beneficial practice but studies report 10–20% of readmissions rate. The risk factors for readmissions in OPAT have been investigated, although there are no clinical tools that allow us to predict these situations. The main goal of this study is to develop and validate a predictive model for readmission in OPAT patients.

Methods. Prospective study was conducted during 1 year (10/2012–09/2013), 1488 patients with OPAT were recruited at 8 units of *Hospital at Home* in Spain. Potential risk factors related to patient demographics, lead-time factors, clinical and microbiologic features were collected. We developed the prediction model in a derivation sample and after that, we validated this model in the validation sample. Sensitivity, specificity and area under the curve were obtained and the calibration capacity of the models were evaluated using the Hosmer-Lemeshow test (H-L).

Results. The mean age of patients was 63 years (range 11–102), 58.74% men and most common diagnoses were urinary tract infections (23%). Our readmission rate during OPAT episode at home was 8.67% and the 30-days readmissions were 12.29%. The 72% of the readmissions during OPAT episode was related to the infectious pathology and 27.90% to the the patient's comorbidity.

The leading indicators for readmission were: gender, age, presence of caregivers, risk factor for infection, Charlsonand Barthel Index, microorganisme number, presence of multirresistent or micotic infection, venous access, antibiotic type and creatinine, proteine and leucocyte level at admissions. Finally, those factors included in the model were: antibiotic type (OR 3.93; IC 95% 1.90–8.11; $P = 0.0002$), presence of infection risk factor (OR 2.53; IC 95% 1.47–4.38; $P = 0.001$) and leucocytosis at admission (OR 2.21; IC 95% 1.32–3.71; $P = 0.003$). The AUC for the model was 0.72 (IC 95% 0.66–0.78) and the H-L value was 0.23. After the validation the AUC was 0.71 (IC 95% 0.64–0.78) and H-L value 0.9.

Conclusion. Patients at high risk of readmission during OPAT may be identified using predictive rules. This will allow us to implement measures that reduce the rate of readmissions and contribute to increase the safety of this therapy.

Disclosures. All authors: No reported disclosures.

1100. Stability of Anidulafungin in Concentrated Pharmaceutical Solution

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