

Table 1. Patient Factors Associated With Treatment of Asymptomatic Bacteriuria by EM Clinicians* versus No Treatment, Multivariable Model (N=1306)

Variable	Odds Ratio (95% CI)	P-value
Patient characteristic		
Non-ambulatory status	1.62 (1.11-2.38)	0.01
Presence of any urinary catheter	1.40 (1.09-1.80)	0.008
Incontinence	2.23 (1.72-2.90)	<.0001
Acutely altered mental status	3.14 (1.94-5.07)	<.0001
Test characteristic		
Leukocytosis**	1.55 (1.24-1.93)	<.0001
Positive urinalysis***	7.85 (4.85-12.69)	<.0001

*Defined as physician or advanced practice provider

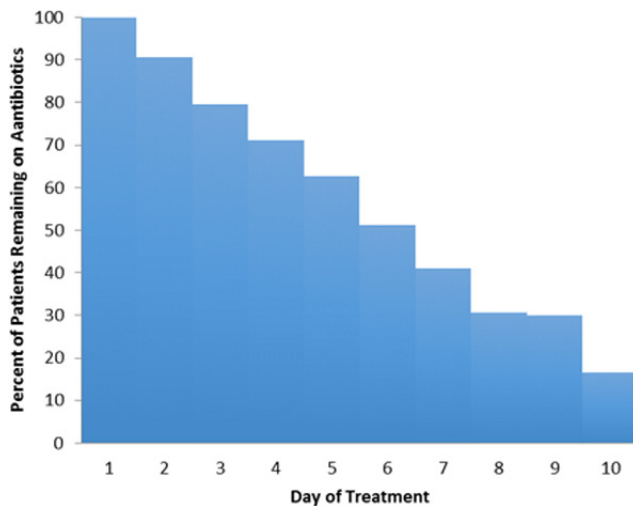
**Defined as >10,000 white blood cells per microliter

***Defined as presence of leukocyte esterase or nitrite, or white blood cell >5 per high power field

Odds ratios > 1 indicates factors associated with treatment of asymptomatic bacteriuria by EM clinician; Multivariable model adjusted for hospital level clustering and patient factors significant in the multivariable model

EM, Emergency Medicine; CI, confidence interval

Figure 3. Percent of Patients with ASB Treated with Antibiotics Who Remain on Antibiotics by Day (N=851)



Disclosures. All authors: No reported disclosures.

1084. A Pre- and Post-Intervention Study to Implement a Successful Antimicrobial Stewardship Program at an Urban Chronic Hemodialysis Center

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Background. Patients receiving chronic outpatient hemodialysis (CHD) are at high risk for bloodstream and vascular access infections due to the immune-compromised status of patients and repeated vascular access. CHD patients are especially vulnerable to multidrug-resistant organisms due to extensive exposure to antibiotics (ABX). It is estimated that more than 40% of CHD patients receive ≥1 ABX course each year. As data characterizing ABX use and reasons for inappropriate prescribing is still scarce in CHD patients, our objective was to assess ABX use pre- and post-implementation of antimicrobial stewardship program (ASP).

Methods. A retrospective cohort study to analyze appropriate ABX use from 2015–2018 in CHD patients was conducted. Starting January 15, 2019, ASP was established at the hemodialysis center and tracked all ABX doses including appropriate indication, dosage, frequency, route, therapeutic drug monitoring (TDM) and duration of therapy. All results are presented as descriptive statistics.

Results. Of the 250 accounts of antibiotics that were assessed retrospectively in all patients from ages 12 to 95 years old, 50% of antibiotics ordered were inappropriately prescribed. The following were the reasons for inappropriateness: indication (59%), duration (14%), culture susceptibility (7%), dose (12%), narrow-spectrum warranted (2%), TDM (6%). Twenty-three accounts were assessed post-implementation phase. ASP implementation led to 100% compliance with regards to the appropriateness of ABX usage (indication, dose, and duration). Additional, ASP interventions included recommendations to obtain blood cultures and conduct TDM in 47% of patients.

Conclusion. This study identified inappropriateness of antibiotic usage without an established ASP in CHD patients. Implementation of ASP was associated with a

positive impact on all ABX doses prescribed and this can have a significant outcome on optimizing ABX use in CHD patients.

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1085. Impact of a Novel Infectious Diseases Pharmacy Service on Medication-Related Errors and Linkage to Care in Inpatients Living with Human Immunodeficiency Virus

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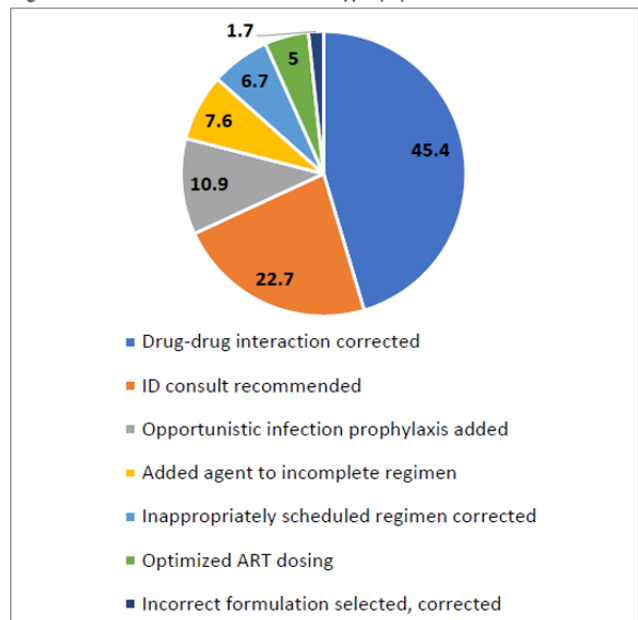
Background. Complexity of antiretroviral therapy (ART) for human immunodeficiency virus (HIV) and lack of experience with treatment regimens by providers may lead to medication-related errors (MRE). Consequences of MRE may include loss of virologic suppression, development of ART resistance, HIV transmission, and increased morbidity and mortality. The purpose of this study was to compare ART-related MRE and linkage to care through consultation with Infectious Diseases (ID) providers as a result of ID-pharmacist review.

Methods. An ID pharmacist-led intervention incorporating prospective review of electronic medical records of adult patients admitted with an ICD-10 code for HIV was implemented. Patients not on ART were triaged for linkage to care with ID consultation, and those on ART received profile review to assess for and correct MRE. We then conducted an IRB-approved, quasi-experimental cohort study comparing adult patients living with HIV who were admitted between February 2017 to June 2017 (pre-intervention) and October 2018 to March 2019 (post-intervention). Patients on ART for indications other than the treatment of HIV were excluded. Rates of ART-related MRE and frequency of ID consultation with linkage to care were compared before and after our intervention.

Results. A total of 200 patients were included, with 100 patients in each of the intervention periods. The institutional stewardship program intervened to correct one error in the pre-intervention period, whereas 119 interventions were made in the post-intervention period with an acceptance rate of 97%. The proportion of patients who experienced an MRE decreased from 70% to 25% (absolute risk reduction 45%, $P < 0.01$). The total number of errors also decreased between intervention periods (102 vs. 36, $P < 0.01$). A description of ID pharmacist intervention type is provided in Figure 1. To link patients into care or clarify an ART regimen, the number of ID consults significantly increased from 19% to 39% ($P < 0.01$) as a result of the ID pharmacist-led initiative.

Conclusion. Focused ID pharmacy review of patients admitted with HIV and inpatient ART prescription as part of an antimicrobial stewardship program was successful in reducing ART-related MRE and increasing ID consultation to promote linkage to care.

Figure 1. ID Pharmacist Intervention Type (%)



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