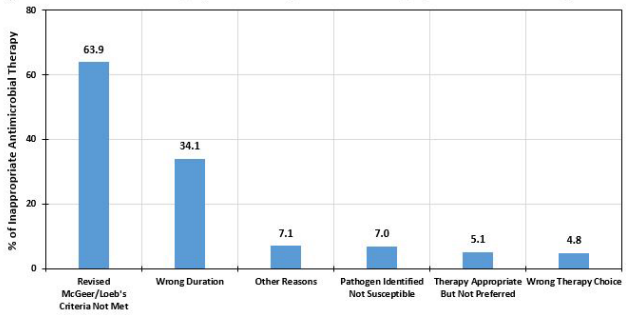
Figure 2. Common Reasons for Inappropriateness among 2158 Courses of Inappropriate Antimicrobial Therapy



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

2056. Retrospective Analysis of Intravenous Vancomycin Outcomes in Patients Discharged to Skilled Nursing Facilities

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Session: 237. Antibiotic Stewardship: Long-Term Care
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Background. Patients treated with intravenous (IV) vancomycin at skilled nursing facilities (SNFs) are at increased risk for adverse events.

Methods. Single-center, retrospective chart review to assess specific outcomes of patients receiving IV vancomycin discharged to an SNF from a single institution under the care of infectious diseases (ID) physicians. Population included all patients under the care of an ID provider between November 1, 2017 and October 31, 2018 with GFR > 30 who were discharged to an SNF on IV vancomycin for a minimum of 2 weeks. Patients with chronic kidney disease and patients younger than 18 years old were excluded. It was intended that all patients have weekly labs, including vancomycin troughs, communicated to the ID provider. Outcomes evaluated included complications related to vancomycin therapy, assessment of appropriate trough timing and sub-therapeutic troughs (defined as a trough less than 10), and assessment of communication to the prescribing physician. Complications were defined as vancomycin trough greater than 30, increase in serum creatinine greater than 0.5 above baseline, documented adverse events related to vancomycin, or hospital readmission during antibiotic therapy.

Results. 25 patients who met inclusion criteria were admitted to 14 different SNFs. Osteomyelitis was the most common indication and MRSA was the most commonly isolated organism. 13 of 25 patients experienced the predefined complications; 5 of 25 patients had at least one trough value greater than 30. 13 of 25 patients had troughs drawn at inappropriate times in relation to doses and 15 of 25 patients had either absent or incomplete labs communicated to the prescriber. 4 of 25 patients had at least one trough value less than 10. Only 2 of 25 patients assessed had no complications, troughs appropriately drawn, and lab values communicated to the prescriber.

Conclusion. Patients discharged to SNFs on vancomycin had high rates of complications, low rates of appropriate laboratory monitoring, and poor communication between SNFs and the prescribing ID physician. Vancomycin administration at an SNF warrants careful monitoring for patient safety and demonstrates an area with significant opportunity for improvement.

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

2057. Outpatient Antibiotic Stewardship "Bundles up" in Winter with Peer Comparison, URI Order Set and Education: Is It Enough to Weather the Storm?

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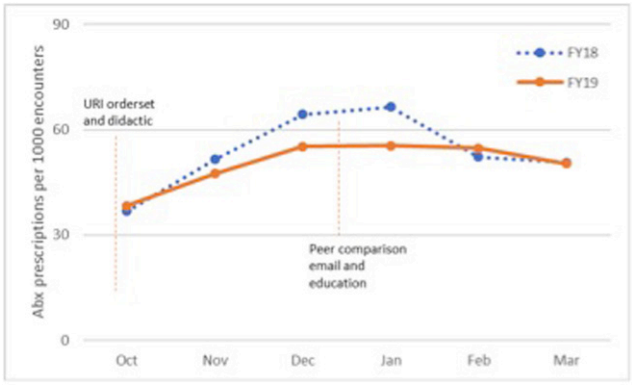
Session: 238. Antibiotic stewardship: Non-Inpatient Settings
Saturday, October 5, 2019: 12:15 PM

Background. Inappropriate antibiotic use is a growing problem in the outpatient setting. Approximately 90% of all antibiotics are prescribed in outpatient practices. Nonetheless, 30–70% of antibiotic prescriptions (ARx) are unnecessary. Outpatient antimicrobial stewardship (AS) is much needed and the best approach is unknown. We used a bundle approach to outpatient AS during the winter months, by implementing a peer comparison (PC) report, upper respiratory infection (URI) order set and broad education.

Methods. This is a quasi-experimental project during the period October 2018 to March 2019 (FY19) to evaluate the impact of a bundled intervention in primary care clinics at the VA Maryland Health Care System. A historical control group from the same period the previous year (FY18) was used for comparison. The intervention included an AS directed didactic and URI order set followed by an email in 1/2019 with: (1) censored PC report (ARx/1,000 encounters) with outliers defined as above 1.5 × interquartile range, (2) URI order set reminder, and (3) education. The primary outcome was total ARx per 1,000 encounters in primary care clinics. A random sampling of 200 charts was done to compare proportion of antibiotic appropriateness and number of emergency department (ED) visits and adverse drug events (ADEs) in FY19 Q1 and FY19 Q2. Poisson regression was carried out, in addition to X2-statistic.

Results. There were 3,799 vs. 3,429 ARx in FY18 and FY19, respectively, with a rate difference of 3.3 ARx per 1,000 encounters (P = 0.0056). Q1 to Q2 ARx rate increased by 7.8 and 8.0 ARx per 1,000 encounters in FY18 and FY19, respectively. Forty-eight percent (28/58) of the providers confirmed receipt of email. There were 3 and 4 outliers in FY19 Q1 and Q2, respectively. Appropriate ARx for FY19 Q1 and Q2 was found to be 45% and 35% (P = 0.44), respectively. The most common indications were URI (18% vs. 18%), urinary tract infection (13% vs. 21%). ED visits (10% vs. 6%) were uncommon and there were no ADEs.

Conclusion. E-mail communication with bundled approach had no effect on ARx or antibiotic appropriateness; however general AS presence and URI order set tempered some use. Removing peer censoring, providing face-to-face education and intensifying antibiotic order sets are additional interventions to be implemented.



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

2058. Patient Satisfaction Not Impacted by Antibiotic Prescribing for Viral Upper Respiratory Infections

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Session: 238. Antibiotic stewardship: Non-Inpatient Settings
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Background. Treating viral upper respiratory infections (URI) with antibiotics is a major contributor to the rise of antimicrobial resistance. Major drivers of unnecessary prescribing are a patient's expectation to receive an antibiotic for acute illness and the physician's desire to provide satisfactory care. Our objective was to determine whether receiving an antibiotic prescription for a URI is associated with increased patient satisfaction.

Methods. We identified emergency department (ED) and ambulatory visit (AC) visits with an acute URI diagnosis code between September 2015 and May 2016 that had an associated patient satisfaction survey. The survey queried patients' overall satisfaction ("Overall rating of care received during your visit") using a Likert-type scale ranging from 1 (Very Poor) to 5 (Very Good). We assessed survey responses among patients receiving and not receiving antibiotics using the Wilcoxon rank-sum test. Results from ED and AC visits were compared separately.

Results. We collected survey responses from 282 ED patients and 1306 AC patients with acute URI. Compared with non-recipients, ED respondents receiving an antibiotic were more likely to be female (67% vs. 55%) and on Medicare (28% vs. 21%); AC respondents receiving a prescription were more likely to be female (68% vs. 61%) and have private insurance (63% vs. 53%). Overall satisfaction was very high (Median = 5, IQR 4–5 for both groups). Median responses did not differ by antibiotic prescription status in either group (rank-sum P = 0.4 and 0.8 for ED and AC respectively). When dichotomizing the overall satisfaction score, more patients receiving an antibiotic reported satisfaction of good to very good than those not receiving an antibiotic (84% vs. 76%; Pearson's X^2 P = 0.1) among ED patients, but not AC patients (95% vs. 94%; P = 0.5).

Conclusion. Patient satisfaction with their visit was not strongly associated with antibiotic receipt among ED and AC patients with URI in our study. This finding suggests that providers may limit the spread of antibiotic resistance by ceasing to unnecessarily prescribe antibiotics without jeopardizing patient satisfaction. Given low response rates to visit satisfaction surveys, further work is needed to verify the validity of this study and evaluate its generalizability.

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