1572. Elimination of Aerosol Ribavirin Use in Immunocompromised Patients with Metapneumovirus and Parainfluenza Virus Infections
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Session: 168. Stewardship: Improving Outcomes
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Background. Administration of ribavirin by aerosol (AR) is often used in attempted treatment of respiratory virus infections in severely immunocompromised patients and was the standard of care at Stanford Health Care (SHC) in the management of metapneumovirus (MPV), parainfluenza virus (PIV), as well as respiratory syncytial virus infections, in hematopoietic stem cell (HCT) and lung transplant (LT) recipients.
Methods. A literature review by the transplant ID team in November 2014 failed to provide evidence of benefit of AR for treatment of MPV and PIV infections and, also taking into account its extraordinary cost, it was decided by the transplant ID group that AR should not be used for these infections. Meetings with HCT and LT MDs, however, failed to achieve their concurrence. All evidence was posted online for easy access. An independent expert panel of HCT and pulmonary MDs was asked to review the evidence and they concurred with the conclusion of ID. A meeting was held with all stakeholders together with the P&T committee at which all opinions were heard. All were invited to a subsequent P&T meeting at which it was decided to ban the use of AR for MPV and PIV infections, although oral ribavirin was allowed. The decision was confirmed by the SHC Medical Executive Committee and implemented Dec 2015 after removal of the option from the EHR orders and creation of anescalation pathway for appropriate use.
Results. AR DOT for MPV and PIV infections decreased from 119 (23 patients) in the previous 12 months to 2 (2 patients) in the subsequent 12 months. The drug acquisition cost was reduced from $2,777,222 to $46,676 – a recurring annual saving of $2,730,546. Additional savings accrued from reduced hospital days, freeing of air acquisition cost was reduced from $2,777,222 to $46,676 – a recurring annual saving of $2,730,546.
Conclusion. The results of this study show that introduction of ASP, specifically AR DOT controls – 0 days (0-1, P < 0.001 vs. MDR); AP exposure was independently associated with MDR-GNB infection/colonization after correcting for severity of disease precariously transplant (adjOR, 95% CI: 1.5–5.3) (Table 1).

Disclosures. B. Jones, ALK: Consultant, Grant Investigator and Scientific Advisor for all patients evidenced by slide presentation; C. Bland, ALK: Grant Investigator and Scientific Advisor, Grant recipient and Speaker honorarium

1574. An Antimicrobial Stewardship Initiative within a for-profit hospital: Impact of Criteria for Appropriate Use on Utilization
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Background. Antimicrobial Stewardship Programs (ASP) have shown improved patient outcomes, reduced adverse events, improved antibiotic susceptibilities, and optimized resource utilization. With the re-introduction of a formal ASP at our for-profit, non-teaching, community hospital in early 2016 in response to both legislative and corporate requirements, we sought to evaluate the impact of one of our ASP initiatives, Criteria for Appropriate Use, on utilization of three specific antimicrobial agents: Daptomycin (DAP), Tigecycline (TIG) and Ertapenem (ERT). The results of this investigation will help characterize various shifts in prescribing practices facilitated by an ASP initiative as well as quantify resultant trends in utilization.
Methods. This single-center, retrospective cohort study included patients who received DAP, TIG, or ERT in matched time periods: July – Sept 2015 (pre-ASP) and July – Sept 2016 (post-ASP). Patients were analyzed based on demographics, antibiotic use, associated with MDR-GNB infection/colonization after correcting for severity of disease precariously transplant (adjOR, 95% CI: 1.5–5.3) (Table 1).

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1575. Enhancing Antibiotic Stewardship Team (AST) Efforts in Decreasing Inappropriate Vancomycin Usage in Neutropenic Fever (NF) Patients through Unit Based Pharmacists Intervention
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Background. The Infectious Diseases Society of America and the National Comprehensive Cancer Network guidelines recommend adding vancomycin to the