CAREWare, a national HIV electronic health system; and manual chart audits, performed using a weighted analysis of 32–42 clients per district. We analyzed the survey data and compared the three instruments descriptively.

Results. Of the 9,461 total active clients with HIV in the 16 DPH districts evaluated in the survey, 20% had at least one dental visit during FY16. All 16 districts had established relationships with dental providers. The average waiting period to see a dentist was <4 weeks in 13 (81%) of districts. Coordinators most frequently identified lack of transportation, health literacy, and high cost as important barriers to care. Though the overall average of clients with at least one dental visit during FY16 was similar between the survey, CAREWare, and audit data (20%, 16%, and 19%, respectively), the three instruments demonstrated notable variability within sites. Proportion of clients with dental visits across Georgia showed regional variation, with fewer visits reported centrally and more dental visits reported in the northeastern and southeastern areas.

Conclusion. Even though all DPH districts had access to dental providers with short waiting periods, PLWHA served by RWPB received limited dental services and faced many barriers to care during FY16. Three measurement tools demonstrated poor consistency between and across districts, highlighting the challenges in reporting and evaluating data in this population. By developing targeted quality improvement initiatives, GA-DPH will use these findings to improve annual dental visit rates, reduce barriers to care, and more accurately measure specific health outcomes for PLWHA.

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1084. Comparison of Outcomes in Outpatient Parenteral Antimicrobial Therapy (OPAT) Patients Receiving Vancomycin vs. Non-Vancomycin Anti-MRSA Therapy Carolyn Stoneking, PharmD1; Ryan P. Moenster, PharmD2; Steven Burdette, MD, FIDSA3; John Ballentine, PharmD4; Craig P. Pleiman, PharmD, FIDSA1; and Travis W. Linneman, PharmD1.
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Background. This evaluation set out to determine whether vancomycin therapy was associated with higher rates of clinical failure compared with non-vancomycin anti-methicillin-resistant Staphylococcus aureus therapy (NVAMT) in outpatient parenteral antimicrobial therapy (OPAT).

Methods. This was a retrospective, single center cohort study including patients who received ≥7 days of OPAT with vancomycin, cephalosporin, or daptomycin from January 1, 2009 through March 31, 2016 at the VA Saint Louis Healthcare System. The primary outcome was clinical failure, defined as a composite of acute kidney injury (AKI), creatinine phosphokinase elevations ≥ 500 units/L, adverse drug reaction necessitating a change in therapy, readmission due to recurrence of infection, or reintroduction of antibiotics after discontinuation. Secondary outcomes were the individual components of the composite primary outcome. Multivariable logistic regression was used to evaluate independent risk factors for clinical failure. Factors evaluated for inclusion in the multivariable model were age ≥65 at initiation, creatinine clearance <50 mL/minute, length of therapy >28 days, concomitant antibiotic therapy, comorbid disease states, and vancomycin therapy.

Results. A total of 125 patients were included in the analysis – 72 receiving vancomycin and 53 receiving NVAMT. Baseline characteristics between groups were similar except patients in the NVAMT group had a greater mean serum creatinine and a higher rate of CKD at baseline; 1.53 vs 1.23 (P = 0.032) and 35.9% vs. 19.4% (P = 0.04) respectively. Forty-three percent (31/72) of patients receiving vancomycin achieved clinical failure compared with 54.7% (29/53) of NVAMT patients (P = 0.197). Of the secondary outcomes analyzed, only readmission due to recurrence was significant between groups (vancomycin vs. NVAMT) – 13.8% vs. 30.2% (P = 0.026). In the univariate model only the choice of vancomycin met pre-defined criteria (P < 0.2) for inclusion in the multivariable model. In the multivariate analysis the choice of vancomycin was not found to be significant (0.71 (95% CI 0.33–1.52), P = 0.37).

Conclusion. Vancomycin was not associated with an increased risk of clinical failure when compared with NVAMT in patients receiving OPAT.

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1085. Potentially Inappropriate Durations of Anti-Infective Therapy at Hospital Discharge Despite Inpatient Antimicrobial Stewardship Neal Fox, BSPS1, Lauren Haines, BSPS2, Rachel Bull, BSPS2; Zachary Jenkis, PharmD1; John Ballentine, PharmD2; Steven Burdette, MD, FIDSA3 and Craig Pleiman, PharmD4.
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Background. Excess durations of anti-infective therapy are a common problem that may lead to unintended consequences. Antimicrobial stewardship (AMS) is a growing field that largely focuses on inpatient anti-infective use. For this study, one site was an academic medical center whose AMS uses prospective auditing; the other was a community hospital with pharmacy-driven AMS. Little research has examined durations of anti-infective therapy at hospital discharge.

Methods. Patient charts were reviewed and 284 were included in the final analysis. Patients were excluded if discharged on oral anti-infectives or only agents for a non-study indication. Patients were included if they were discharged on oral anti-infective therapy for CAP, healthcare-associated pneumonia (HCAP), UTI, cellulitis, and superficial abscess. Evidence-based durations of therapy were utilized to determine the potential inappropriateness of anti-infective therapy. Guidelines from the study period were used. Total duration of therapy was derived from the combination of outpatient therapy plus inpatient therapy beginning with the first day of relevant coverage for the given indication. Descriptive statistics were utilized to compare durations of therapy. Chi-squared tests were utilized to examine differences in expected frequencies. All statistics were performed in SPSS v. 24.

Results. The average combined duration of therapy was 11.3 days. 190 patients (66.9%) were found to have a potentially inappropriate duration of oral anti-infective therapy at hospital discharge. Only 2 durations were too short. Figure 1 displays the distribution of exceed days of therapy. Figure 2 shows the breakdown of potential inappropriateness of duration by diagnosis. Figure 3 displays the percentage of potentially inappropriate cases by site. There were no significant differences in the primary outcome between the sites.

Conclusion. CAP and cellulitis appear to be areas that are often overtreated. Discharge durations of therapy should be a focus of AMS teams. Many patients receive potentially inappropriate durations of therapy at discharge without any discernible benefit. Further research is needed in this area.

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1086. Patient Self-Referral to Infectious Diseases Clinic: You Don’t Always Get What You Want, But Hopefully What You Need
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