CAREWare, a national HIV electronic health system; and manual chart audits, performed using a weighted analysis of 32–42 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 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.

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

1084. Comparison of Outcomes in Outpatient Parenteral Antimicrobial Therapy (OPAT) Patients Receiving Vancomycin vs. Non-Vancomycin Anti-MRSA Therapy

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**Background.** A total of 125 patients were included in the analysis – 72 receiving vancomycin and 53 receiving NV AMT. Baseline characteristics between groups were similar, except patients in the NV AMT 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 NV AMT patients (P = 0.197). Of the secondary outcomes analyzed, only readmission due to recurrence was significant between groups (vancomycin vs. NV AMT) – 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 multivariate 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 NV AMT in patients receiving OPAT.

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

1085. Potentially Inappropriate Durations of Anti-Infective Therapy at Hospital Discharge Despite Inpatient Antimicrobial Stewardship

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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 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 (NV AMT) 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, cefazolin, 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 event, discontinuation, a change in therapy, readmission due to recurrence of infection, or reinitiation of antibiotics after discontinuation. Secondary outcomes were the individual components of the composite primary outcome. Multivariate logistic regression was used to evaluate independent risk factors for clinical failure. Factors evaluated for inclusion in the multivariate model were age ≥65 at initiation, creatinine clearance < 60 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 NV AMT. Baseline characteristics between groups were similar, except patients in the NV AMT 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 NV AMT patients (P = 0.197). Of the secondary outcomes analyzed, only readmission due to recurrence was significant between groups (vancomycin vs. NV AMT) – 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 multivariate 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 NV AMT in patients receiving OPAT.

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

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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**Background.** 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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