in-hospital mortality (P = 0.36) between the short and long groups (Table 2). There were 7 adverse drug outcomes, 2 in the short group and 5 in the long group (Table 3).

**Conclusion.** Antibiotic de-escalation in AML patients with neutropenic fever with no identifiable infectious source was associated with a lower rate of recurrent fever without affecting ICU transfer, adverse drug events, and death. Physicians should consider de-escalation prior to ANC recovery in the appropriate setting.

### Table 2: Treatment and Outcomes

| Variable                      | Cohort 1 early-de-escalation | Cohort 2 until engagement | Combined | P-value |
|-------------------------------|-------------------------------|---------------------------|----------|---------|
| Initial gram negative treatment, n (%) | 35 (92)                      | 35 (92)                   | 70 (92)  | 0.0000  |
| Piperacillin–tazobactam        | 3 (8)                        | 3 (8)                     | 6 (8)    | 0.2403  |
| Aminopenem                     | 2 (5)                        | 2 (5)                     | 4 (5)    | 0.4611  |
| Gentamicin                     | 1 (2)                        | 1 (2)                     | 2 (2)    | 0.2099  |
| Vancomycin                    | 2 (5)                        | 2 (5)                     | 4 (5)    | 0.3719  |

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

1091. An Ethnographic Approach to Interrogating Antimicrobial Stewardship at US Teaching Hospitals
Katharina Rynkiewich, MA; David Schwartz, MD; Sarah Y. Won, MD, MPH1; Mikhail Heber; Kavya Timmireddy; Bradley Stoner, MD, PhD; John Stegor Jr. Hospital of Cook County, Chicago, Illinois; Rush University Medical Center, Chicago, Illinois; Rush Medical College, Elk Grove Village, Illinois Session: 134. Antibiotic Stewardship: Stewardship Education Friday, October 4, 2019: 12:15 PM

**Background.** Hospital antimicrobial stewardship programs (ASPs) deploy various evidence-based interventions aimed at improving antimicrobial use and reducing antimicrobial resistance. Little is known about how ASPs are perceived by hospital clinicians or how such data might inform ASP improvement. We conducted an ethnographic study of hospital ASPs and infectious diseases (ID) and surgical intensive care unit (SICU) and medical intensive care unit (MICU) practitioners to identify how ASPs are understood and integrated into everyday practice by hospital staff.

**Methods.** A medical anthropologist performed direct observation of patient care and semi-structured interviews with ID (N = 29), SICU (N = 10), and MICU (N = 19) practitioners at two affiliated teaching hospitals in Chicago, IL, between July 2017 and September 2018, accruing >576 hours of direct observations and 48 hours of semi-structured interview data. Data collection and analysis centered on explicating the understandings and interpretations of ASPs present in diverse practice groups.

**Transcriptions of the data were analyzed using thematic coding aided by MAXQDA qualitative analysis software.**

**Results.** Understandings and interpretations of ASPs varied greatly between the practice groups. ID practitioners commonly focused on "changing prescribing behavior" and "restricting inappropriate usage," while MICU and SICU practitioners more often emphasized "following guidelines" and maintaining clinical "balance." Additionally, direct observation data demonstrate that MICU and SICU practitioners are bounded by social and institutional determinants of antimicrobial prescribing (Table 1) that affect the pursuit of "appropriate antimicrobial use."

**Conclusion.** Ethnographic interrogation found that practice groups understand and integrate ASPs differently according to everyday encounters with the social and institutional determinants of antimicrobial prescribing. ASP effectiveness might be enhanced by adopting a more mindful approach to accounting for and addressing the distinct understandings and interpretations of ASPs among diverse practice groups operating within the same institution.

### Table 1: Key Factors Influencing Antimicrobial Prescribing

| Key Factors                                      | Examples of Context |
|-------------------------------------------------|---------------------|
| Practitioner role in patient care               | Consultation, resident (MICU) |
| Communication                                   | Attending-attending, attending-fellow |
| Time Resources                                  | Face-to-face vs. chart, formal vs. informal |
| Resources                                       | Lab result availability and timeliness |
| Interpersonal dynamics                          | Professional rank and standing |
| Expert cultures                                 | Interpreting test results |
| Understanding recommendations                   | Understanding recommendations |

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

1092. Impact of Relieving Infectious Diseases Fellows from Off-Hour/Weekend Antimicrobial Stewardship Coverage
Matthew S. L. Lee, MD; Ryan Chapin, PharmD; Howard Gold, MD; Christopher McCoy, PharmD, BCIDP; Beth Israel Deaconess Medical Center, Boston, Massachusetts Session: 134. Antibiotic Stewardship: Stewardship Education Friday, October 4, 2019: 12:15 PM

**Background.** Antimicrobial stewardship programs (ASPs) often utilize Infectious Diseases fellows (IDFs) to cover pre-authorization processes during evening and weekend hours. IDFs often provide ASP coverage in addition to their inpatient consult roles. In response to increasing consult volume, we worked with our fellowship program to relieve IDFs of evening and weekend coverage (a decrease in fellow coverage by 26 hours per week) starting in October 2017. Members of the ASP assumed the majority of these evening and weekend hours. Additional post-consult interventions and a rotation in Infection Control and Antimicrobial Stewardship were implemented in response. We sought to analyze the impact of this intervention.

**Methods.** Intervention and medication data were extracted from the electronic medical record during 1 July 2017 through 30 September of 2017 (IDF Coverage) and the same 3 months of 2018 (ASP Coverage). Comparisons between the two periods were performed using descriptive statistics of the number of interventions, number of weekend interventions, types of interventions, and days of therapy (DOT; per 1000 patient-days).

**Results.** Comparing July-September of 2017 and 2018, total ASP interventions increased 16% (1192 to 1391); weekend ASP interventions increased 75% (159 to 243). The most common interventions were “Choice of Therapy” (41% in both years), “De-Escalation” (17% in 2017, 16% in 2018), and “Dose/Interval Optimization” (10% in both years). The most intervened agents were piperacillin–tazobactam, cefepime, vancomycin, meropenem, and cefazidime.

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

1093. Evaluation of an Antimicrobial Stewardship Elective Rotation for Medicine Residents
Mika Watanabe, MD, MPH1; Arthur Jeng, MD, D1; Brian Kim, PharmD2; UCLA Medical Center, Los Angeles, California; Olive View-UCLA Medical Center, Sylmar, California Session: 134. Antibiotic Stewardship: Stewardship Education Friday, October 4, 2019: 12:15 PM

**Background.** In 2017, an Antibiotic Stewardship (ASP) elective was established for the medicine residents to engage directly in stewardship practice, learn how to...