that include de-escalation, intensification of treatment, alternative therapy, dose optimization, order clarification, stop date/duration, additional monitoring, education, restriction enforcement, consult, IV to PO conversion, rejection of recommendation, and total monitored interventions requiring no changes.

**Results.** Pharmacists tracked between 150 and 200 interventions monthly through the EMR system, reflecting both self-stewardship and during rounds with ID physicians. Figures 2-8 display the number of patient-days of therapy per 1,000 days at risk and yearly SVMH Antibacterial Utilization Rates compared nationally to other Teaching and Nonteaching hospitals. Below each graph exhibits yearly Drug Spend per patient-days of therapy.

**Conclusion.** Overall, the antibiotic utilization rates decreased over 4 years, particularly with aztreonam, meropenem, and levofloxacin. The formalization of an antimicrobial stewardship partnership between ID physician and pharmacy team led to increases in pharmacist-recommended interventions, streamlining of antimicrobial therapy, as well as decreases in antimicrobial purchasing costs. Proactively working in conjunction with hospitalists allows the pharmacists to play a critical role in sustaining a robust ASP service at our community hospital. The ASP at SVMH can serve as a model for other community hospitals with similar resources.

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1069. Implementation and Results of a Health-System Antimicrobial Stewardship (AMS) Program

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**Session:** 132. Antimicrobial Stewardship: Program Evaluation

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**Background.** AMS expansion initiative was implemented in fiscal year 18 (FY18) across a 14-member health system (~1,000 average daily census combined) consisting of 8 community hospitals, 5 rural critical access hospitals and 1 academic medical center.

**Methods.** The expansion initiative included a 0.5 full-time equivalent (FTE) infectious diseases (ID) physician and 2.5 FTE ID-trained clinical pharmacists to support daily AMS activities. Clinical decision support software (Theradoc) had previously been implemented across the health system. Here we report our continuation results for the first 9 months of year 2 (FYTD19) of the expansion initiative.

**Results.** AMS personnel documented an average of 319.8 and 313.2 interventions per month in FY18 vs. FYTD19, respectively. Mean acceptance rate of AMS interventions by providers was 87.9% and 89.4% in FY18 vs. FYTD19. Provider groups with the highest acceptance rate were Hospital Medicine, Pulmonary, Critical Care and Infectious Disease. Highest interventions in FYTD19 included recommending other diagnostic testing (17%) followed by de-escalation/targeting therapy based on culture results and recommending alternative therapy (both at 11%). Most common disease states AMS intervened included bacteremias (29%), pneumonias (ventilator-associated or community-acquired) 13% each, and UTIs 13%. AMS interventions generated 168 ID consults in FYTD19. The ability to review offsite electronic medical records daily for back (PAAF) has been the primary stewardship tool. Despite PAAF and criteria for use, restriction enforcement, consult, IV to PO conversion, rejection of recommendation, and total monitored interventions requiring no changes.

**Conclusion.** The ability to review offsite electronic medical records daily for antimicrobial optimization with ID pharmacist and physician support, identify facility-specific needs and opportunities, and collect available data endpoints to determine program effectiveness has helped to ensure program success.

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1071. Implementation and Impact of an Antimicrobial Tier Structure Along with Prospective Audit and Feedback at a Large Health System: Collaborations for Care Transformation

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**Background.** Antibiotic overuse continues to be a challenge in the acute care setting. At AdventHealth Orlando (AHO), pharmacy-led prospective audit with feedback (PAAF) has been the primary stewardship tool. Despite PAAF and criteria for use, overall utilization of high-cost, broad-spectrum agents continues to increase. Recently, the Antimicrobial Stewardship Awareness Program (ASAP) employed transformation medical directors (TMDs) and, along with the pharmacy team, developed a novel...