1239. Frequently Identified Infection Control Gaps in Outpatient Hemodialysis Centers
Kate Tyner, RN, BSN, CIC1; Regina Nailon, RN, PhD2; Margaret Drake, MT, ASCP, CIC1; Teresa Fitzgerald, RN, BSN, CIC1; Sue Beach, BA3; Elizabeth Lyden, MS4; Mark E. Rupp, MD5; Michelle Schwebel, MSN, RN6; Maureen Tierney, MD, MSc6 and Muhammad Saliman, MBBS7, 1Nebraska Infection Control Assessment and Promotion Program, Nebraska Medicine, Omaha, Nebraska, 2Nursing Research and Quality Outcomes, Nebraska Medicine, Omaha, Nebraska, 3Division of Epidemiology, Nebraska Department of Public Health, Lincoln, Nebraska, 4Department of Epidemiology, University of Nebraska Medical Center, Omaha, Nebraska, 5Department of Internal Medicine, Division of Infectious Diseases, University of Nebraska Medical Center, Omaha, Nebraska, 6Department of Public Health, Division of Epidemiology, Nebraska Department of Public Health, Lincoln, Nebraska, 7Division of Infectious Diseases, University of Nebraska Medical Center, Omaha, Nebraska

Session: 138. Healthcare Epidemiology: Non-acute Care Settings
Friday, October 5, 2018: 12:30 PM

Background. Little is known about infection control (IC) practice gaps in outpatient hemodialysis centers (OHDC). Hence, we examined the frequency of IC gaps and the factors associated with them.

Methods. The Nebraska (NE) Infection Control Assessment and Promotion Program (ICAP) in collaboration with NE Department of Health and Human Services conducted on-site visits to assess infection prevention and control programs (IPCP) in 15 OHDC between June 2016 and March 2018. The CDC Infection Prevention and Control Assessment Tool for Hemodialysis Facilities was used for IPCP evaluation. A total of 124 questions, 76 of which represented best practice recommendations (BPR) were analyzed in 10 IPC domains. Gap frequencies were calculated for each BPR. Fisher’s exact test was used to study the association of the identified gaps with typical patient census of the facilities and chain affiliation (CA).

Results. Of the 15 OHDC, seven were large centers (typically following >50 patients) and 11 were part of national chains. Important IC gaps exist in all OHDC. A median of 64 (range 57–70) of 76 BPR were being followed by OHDC or were nonapplicable to them. The IC Program and Infrastructure domain had the highest frequency of IC gaps (Figure 1). Figure 2 describes the top 5 IC gaps. Smaller OHDC (sOHDC) and those without CA performed better in a few areas. For example, a higher proportion of sOHDC had work exclusion policies that encourage reporting of illness without any penalty when compared with larger OHDC (75% vs. 0, P=0.01). Similarly, a higher proportion of sOHDC provided space and encouraged persons with symptoms of respiratory infection to sit as far away from others as possible in nonclinical areas (63% vs. 0, P <0.05). None of the nonchain OHDC had shared computer charting terminals when compared with 64% of OHDC with CA (P = 0.08) and a majority of nonchain OHDC provided space and encouraged persons to maintain distance with others when having respiratory symptoms as opposed to a majority of OHDC with CA (75% vs. 18%, 0.08).

Conclusion. Important IC gaps exist in OHDC and require mitigation. Informing OHDC of existing IC gaps may help in BPR implementation. Larger scale studies should focus on identifying factors promoting certain BPR implementation in smaller OHDC of existing IC gaps may help in BPR implementation. Larger scale studies.

Figure. Frequency of infection control gaps (IC gaps) in outpatient hemodialysis centers (OHDC) by IC domain.

Disclosures. All authors: No reported disclosures.
onset and weekly for 4 weeks of follow-up to assess viral shedding. Influenza, respira- 
tory syncytial virus (RSV), rhinovirus (RV), coronavirus (229E, NL63, OC43, HKU1), 
parainfluenzavirus (PIV 1–4), metapneumovirus (MPV), adenovirus (AdV), bocavi-
rus (BoV), enterovirus, parechovirus, and M. pneumoniae were tested by the Fast Track 
Diagnostics Respiratory Pathogens 21 real-time RT-PCR panel.

Results. Subset with research specimen collection: Among 79 residents (aged 0–20 
years, median = 8), 60 ARIs were reported in 37 (47%) residents. Swabs were 
obtained at illness onset for 53/60 ARI episodes; among these, there were 25 single-vi-
drus detections and five co-detections. An additional 33 single- and five co-detections 
occurred in 175 follow-up swabs (table). Molecular typing of 32 RV + specimens iden-
tified 13 RV types.

All residents: During the 2016–2017 influenza season, 308/332 (96%) age-eligible 
residents received influenza vaccine and 168/364 (46%) received prophylactic antivi-
rals for influenza exposures. Although influenza was not detected in research swabs, it 
was detected in 3/20 tests conducted for clinical purposes.

Conclusion. ARIs were common among residents of three PCCFs, and a variety of 
respiratory viruses were detected. The rarity of influenza may reflect strong infec-
tion control practices in these facilities, including vaccination and prophylactic use of 
antivirals.

Table: Viral Detections by Timing of Collection (n = 53 ARI Episodes)

| Site       | Number of Rodac Samples | Mean EIP per Rodac | Number of Rodac Samples | Mean EIP per Rodac |
|------------|-------------------------|--------------------|-------------------------|--------------------|
| Non-Colonized Resident Rooms | 54                        | 35                | 0.65                     | 55                 | 1820               | 33.09              |
| Colonized Resident Rooms | 48                        | 20                | 0.42                     | 48                 | 614                | 13.64              |

Disclosures. All authors: No reported disclosures.

1243. Comparative Analysis of Antimicrobial-related Adverse Events in the 
Outpatient Treatment of Staphylococcal Infections
Bradley Smith, Pharm.D; Christina Rivera, PharmD; Ross Dierkhising, MS; 
Lynn Estes, PharmD; John O’Horo, MD, MPH; Aaron Tande, MD; John Zeuli, 
PharmD and Abinash Virk, MD, FIDSA; Mayo Clinic, Rochester, Minnesota

Session: 138. Healthcare Epidemiology: Non-acute Care Settings
Friday, October 5, 2018: 12:30 PM

Background. Limited data exist to evaluate safety-related outcomes in Outpatient 
Parenteral Antimicrobial Therapy (OPAT) patients treated with antimicrobial agents 
for Gram-positive infections.

Methods. This retrospective, single-center study enrolled Mayo Clinic OPAT 
patients between 2013 and 2017. The primary objective of the study compared rates of 
therapy modification due to drug-related toxicity for staphylococcal infections treated 
with ceftriaxone,cefazolin, oxacillin, vancomycin, daptomycin, ceftaroline, 
linezolid, or etapenem. Secondary objectives included determination of the frequency 
and type of adverse drug events (ADEs) attributed to OPAT and rate of readmission 
due to ADEs attributed to OPAT.

Results. One hundred seventy-two patients were included (cefaraxone n = 54, cef-
triaxone n = 49, vancomycin n = 30, daptomycin n = 16, nacillin n = 9, etapenem 
n = 6, ceftaroline n = 4, oxacillin n = 3, linezolid n = 1). The overall treatment com-
pletion rates were high (153/172, 89.0%). Patients completed an average of 35.3 days 
(7 to 95) of therapy with their original antibiotic. Fourteen patients required change 
to a different antibiotic due to antimicrobial toxicity (ceftriaxone=5; vancomycin=2; 
cefarxone=2; daptomycin = 2; cefalorine = 1; nacillin = 1; oxacillin=1) and five 
patients experienced treatment failure required an additional agent (ceftriaxone = 2; 
nacillin = 2, linezolid = 1). Adverse drug events (ADEs) were the most common rea-
sion for antimicrobial adjustment (14/19, 73.7%). The most common ADEs were hypo-
kalemia (28/172, 16.3%) and diarrhea (25/172, 14.5%). There were only two cases of Clostridiun difficile. Thirty-day readmissions due to antimicrobial therapy were low 
with 11 patients.

Conclusion. OPAT with Gram-positive agents used for staphylococcal infections is 
effective, but antimicrobial modifications still occur. Clinicians should be aware of 
the risk of ADEs and readmissions in OPAT patients. A multidisciplinary approach 
may enhance management of ADEs and possibly preventing readmissions.

Disclosures. All authors: No reported disclosures.

1244. Evaluation of Antibiotic Prescribing Practices for Geriatric Patients in the 
Outpatient Setting in a Veterans Affairs Hospital: Identification of Stewardship 
Targets
Collin Clark, PharmD; Alexis White, PharmD; John Sellick, DO, MS, FIDSA, 
FSHEA and Kari Mergenhan, PharmD, BCPS AQ-ID; 1Pharmacy, VA WNY 
Healthcare System, Buffalo, New York, 2Department of Medicine, VA Western New 
York Healthcare System, Buffalo, New York, 3Department of Infectious Diseases, VA 
Western New York Healthcare System, Buffalo, New York

Session: 138. Healthcare Epidemiology: Non-acute Care Settings
Friday, October 5, 2018: 12:30 PM

Background. Antibiotics are frequently overused in the outpatient setting, how-
ever it is unknown how antibiotic use differs with age. Infections are a leading cause 
of hospitalization in elderly patients. Prescribing appropriateness for patients less 
than 65 years old was compared with patients at or above 265 years old in order to identify 
targets for antimicrobial stewardship in this population.

Methods. A retrospective review of all outpatient antibiotic prescriptions 
between June and September of 2017. Prescriptions were reviewed based on alerts 
in the electronic medical record when orders for antibiotics were signed by the pro-
vider. Appropriateness of antibiotics was assessed based on clinical practice guide-
lines. Retreatment and hospital admissions were documented. Those aged <65 were 
compared with those 265 years of age using Student’s t-test and chi-squared tests. 
A multivariate logistic regression model was constructed to identify risk factors for 
inappropriate use of antibiotics between the two age groups.