1067. Variation of Antimicrobial Stewardship Programs’ Membership and Organization Within a Single Health System

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Session: 132. Antibiotic Stewardship: Program Evaluation
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Background. Antimicrobial stewardship programs (ASPs) vary in terms of members and administrative (admin) structure. Joint Commission (TJC) has member requirements, but little is known about adherence or how ASP’s fit into hospitals’ admin structures. We reviewed the makeup and organization of ASP’s within a single healthcare system.

Methods. Survey of pharmacy directors or ASP pharmacists at 14 system hospitals in January 2019.

Results. All hospitals responded. All are TJC accredited. Thirteen (92%) had a local stewardship committee. Of these 13, 6 (42%) met quarterly, 4 (30%) monthly, and 3 (21%) every other month. 9 (69%) were a subcommittee of Pharmacy and Therapeutics, and 1 (11%) was a separate committee. 3 (23%) had no clearly defined reporting structure. Figure 1 shows ASP committee compositions. 9 (69%) had all TJC required members, if ID physician is considered a required member. All had pharmacy representation but only 4 (30%) had a pharmacist with ID training. Most had representation from ID physicians (10), Infection Prevention (12), other practitioners (11), and microbiology lab (9). Less than half had hospital admin members, and only 2 had nursing members. None had Information Technology (IT) representation. 12 (92%) created minutes, but only 4 (30%) forwarded minutes for review by hospital admin.

Conclusion. ASPs within even a single health system vary as to membership and organizational structure. Some did not have all TJC required members. With few having admin representation or submitting minutes for review, it raises the concern of ASP’s being ignored and possible noncompliance with TJC requirements regarding leadership support. ASP’s should actively work with hospital admins to ensure they have all needed representation and develop reporting mechanisms that keep hospital admins aware of their successes and needs. Lack of involvement from pharmacists with ID expertise, nursing, and IT are issues also. Larger evaluations are needed to determine whether membership and administrative structure can impact antimicrobial usage.

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1068. Implementation of an Antimicrobial Stewardship Program (ASP) Managed by an Infectious Disease Physician and Pharmacists in a Community Hospital

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Background. The implementation of antimicrobial stewardship program (ASP) is one of the basis for the control of multidrug-resistant bacteria (MDR), optimization of antibiotic use, minimization of adverse events, and reduction of unnecessary costs. We demonstrate the design, development, and participation in ASP program following CDC and Prevention Core Elements strategies. The objective is to evaluate the impact of clinical pharmacists working in conjunction with infectious disease (ID) physician on tracking and documenting antibacterial utilization in per patient-days, pharmacist clinical interventions, prescriber practices, and antibiotic purchases.

Methods. We conducted a multidisciplinary-team project of pharmacist-led prospective audit with feedback ASP from 2015 to 2018. The ID physician and clinical pharmacist conducted patient care rounds twice weekly to make recommendations

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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.** Pharmacist tracked between 150 and 200 interventions monthly through the EHR system, reflecting both self-stewardship and during rounds with ID physician. Figures 2–8: charts 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 exhibit 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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**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. Clinical acceptance rate increased 11%). Most common ID disease states AMS intervened included bacteremias recommending other diagnostic testing (17%) followed by de-escalating/targeting therapy with the highest acceptance rate were Hospital Medicine, Pulmonary/infectious diseases and Neurology.

**Conclusion.** The ability to review offsite electronic medical records daily for 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.

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1070. Handshake Antimicrobial Stewardship as a Model to Prevent Patient Safety Incidents and Recognize Diagnostic Errors

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**Background.** Patient safety incidents (PSIs), such as diagnostic errors, are common events that may lead to significant patient harm. Few studies describe the impact that antimicrobial stewardship programs (ASPs) have preventing PSIs and recognizing diagnostic errors. Handshake Stewardship has emerged as a specific ASP model that involves prospective review of hospital-wide antimicrobial ordering with a compressed “second look” of relevant clinical and historical patient data. In person recommendations are then provided directly to the medical team. The objective of this project was to evaluate the potential impact that Handshake Stewardship has on preventing PSIs and recognizing diagnostic errors.

**Methods.** Following Children’s Hospital Colorado (CHCO) ASP’s implementation of the Handshake Stewardship model in October 2013, the CHCO ASP team began prospectively self-labeling interventions as “Great Catches” (GCs). These GCs were defined as any ASP intervention that “notably changed the trajectory of patient care.” Patient charts for all GCs from October 2014 through May 2018 were retrospectively reviewed and each intervention was assigned one or more descriptive category labels including: administration error, de-escalation/escalation of therapy, drug-dose mismatch, inappropriate dose/duration, potential adverse effect, alternative diagnosis, additional testing, prevent hospital admission, and epidemiology alerts. In addition, each intervention was scored using the previously validated “Safer Dx Instrument” to determine which GCs intervened on a potential diagnostic error.

**Results.** From October 2014 through May 2018 there were 87,322 admissions to CHCO. Our ASP team intervened on 6,735/87,322 (7.7%) of these admissions. Of these, 174/6735 (2.6%) were prospectively labeled as ASP providers as GCs, of which 44/174 (25%) resulted in new infectious disease consultations.

**Conclusion.** Given the frequency and significance of PSIs including diagnostic error, systems are needed to help recognize and prevent patient harm. The Handshake Stewardship model may help prevent PSIs and recognize diagnostic errors among hospitalized children.

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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 transformational medical directors (TMDs) and, along with the pharmacy team, developed a novel...