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PHARMACIST INTERVENTION IN REDUCING NON-PREFERRED EMPIRIC ANTIBIOICS (A1), Helen Wong. Kaiser Permanente Medical Care Program, Walnut Creek, CA (helen.h.wong@kp.org) IRB approved.

Inappropriate antibiotic usage contributes to the rise in resistant pathogens. Antibiotic resistance may lead to increased morbidity and mortality and prolonged hospital length of stay. Clinical trials have demonstrated that with an effective multidisciplinary team, the preferred antibiotic use increased by 21 percent and the non-preferred antibiotic use decreased by 31 percent. Kaiser Permanente Walnut Creek Medical Center implemented a pharmacist managed infectious disease program in September 2008. This study evaluated the effectiveness of a pharmacist managed infectious disease program to help reduce the use of non-preferred antibiotics for empiric treatment of urinary tract infections, community acquired pneumonia, and cellulitis within Kaiser Permanente Walnut Creek Medical Center. A randomized retrospective review was performed for the pre-program institution period from November 2007 to February 2008 and for the post-program institution period from November 2008 to February 2009. Exclusion criteria included patients less than 18 years old, had less than 24 hour hospitalization, admitted to the ICU, having a drug resistant history to the preferred drug treatments or having a history of MRSA. The primary outcome was the percentage difference between the use of non-preferred empiric antibiotics pre- and post-implementation of the program. Results and conclusion will be discussed.