ADRs noted. Regarding inpatient resource utilization, 121 patients were admitted for MS-DRG 603 in 2017 vs. 167 patients in 2016, average length of stay was 3.88 days in 2017 vs 3.92 days in 2016, and average cost per inpatient stay was $4,076 in 2017 vs.. $6,314 in 2016. The total hospital cost for MS-DRG 603 was $555,000 in 2017 vs. $1 million in 2016.

Conclusion. A single dalbavancin infusion is a resource-effective option for patients with ABSSSI that would otherwise require inpatient admission for IV antibiotics.

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

2371. Monomicrobial Gram-Negative Necrotizing Fasciitis: An Uncommon but Fatal Syndrome

Se Yoon Park, MD[1]; Shi Nae Yu, MD[2]; Eun Jung Lee, MD[3]; Tark Kim, MD[4]; Min Hyok Jeon, MD[2]; Eun Ju Choo, MD[4]; Suyeon Park, Master[5]; Hae In Bang, MD[6]; Jaijun Han, MD[7]; Jebyung Park, MD[7] and Tae Hyong Kim, MD, PhD[7]; [1]Department of Infectious Diseases, Soonchunhyang University Seoul Hospital, Seoul, Korea, Republic of (South), [2]Division of Infectious Diseases, Soonchunhyang University Cheonan Hospital, Cheonan, Korea, Republic of (South), [3]Infectious Diseases, SoonChunHyang University Hospital, Seoul, Korea, Republic of (South), [4]Division of Infectious Diseases, Soonchunhyang University Bucheon Hospital, Bucheon, Korea, Republic of (South), [5]Department of Biostatistics, Soonchunhyang University Seoul Hospital, Seoul, Korea, Republic of (South), [6]Department of Laboratory Medicine, SoonchunhyangUniversity Seoul Hospital, Seoul, Korea, Republic of (South), [7]Division of Infectious Diseases, Department of Internal Medicine, Soonchunhyang University Seoul Hospital, Seoul, Korea, Republic of (South)

Session: 249. Skin and Skin Structure Infection

Saturday, October 6, 2018: 12:30 PM

Background. Necrotizing fasciitis is a rapid progressive and potentially life-threatening infection. Although the relative emergence of non-synergistic single Gram-negative organisms as pathogen could be a therapeutic issue for clinicians, limited studies so far described the characteristics due to the low incidence.

Methods. We retrospectively reviewed clinical data of necrotizing fasciitis patients who were clinically diagnosed between May 2001 and December 2015 in university hospitals of three different cities of the Republic of Korea. We compared clinical characteristics and outcomes of patients with monomicrobial Gram-negative with those of the Gram-positive counterpart.

Results. A total of 115 patients with community acquired necrotizing fasciitis were identified. Among them, monomicrobial infections were 67 (58%) cases: 31 (27%) in the Gram-negative group and 36 (31%) in the Gram-positive group. The majority of Gram-negative group was *E. coli* followed by *K. pneumonia* and *V. vulnificus*. There were more cases of the Gram-negative group showing liver cirrhosis (39% vs. 14%, $P = 0.02$) and bacteremia (52% vs. 16%, $P = 0.02$). A total of 23 (10%) patients died within 30 days, including 15 (19%) in the Gram-negative group and 8 (10%) in the Gram-positive group ($P = 0.02$). In multivariable logistic regression, liver cirrhosis (adjusted odds ratio [aOR], 13.7; 95% confidence interval [CI], 2.9–67.0), treatment with antibiotics without surgery (aOR, 10.2; 95% CI, 2.1–48.3), and lower level of albumin (aOR 4.9; 95% CI, 1.6–14.9) were significantly associated with 30-day mortality.

Conclusion. Our findings suggest that necrotizing fasciitis caused by Gram-negative pathogen more often associated with liver cirrhosis and has poorer outcomes than the Gram-positive counterpart.

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

2372. Multidisciplinary Care Teams to Reduce Major Amputations for Patients With Diabetic Foot Ulcers: A Systematic Review

Meghan Brennan, MD[1,2]; Bryn Sutherland, BA[1]; Jackson Musuuza, MD, MPH, MS[2]; Bradley Smith, MD[1]; Prakash Balasubramanian, MD[2]; Suleyman Kurter, DPM[2]; Christopher Crnich, MD, PhD[2,3] and Nasia Safdar, MD, PhD[1,2]; [1]University of Wisconsin, Madison, Wisconsin, [2]William S Middleton Memorial Veterans Hospital, Madison, Wisconsin, [3]University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin

Session: 249. Skin and Skin Structure Infection

Saturday, October 6, 2018: 12:30 PM

Background. Approximately 2 million Americans develop a diabetic foot ulcer (DFU) annually; >50% die and 5% lose a limb within 5 years. IDSA guidelines recommend multidisciplinary team care for these patients (moderate evidence). Little is known about who should compose the team or how the team should function (low evidence). We conducted a systematic review following PRISMA guidelines to evaluate the effect of multidisciplinary team care on major amputation in patients with DFU's and describe team composition and function.

Methods. A medical reference librarian searched databases without date limits through May 26, 2017. Two independent reviewers screened abstracts and then full text using the following inclusion criteria: original article; reported the effect of multidisciplinary teams (≥2 specialties) on major amputation; included a control group; >50% of study patients had diabetes; in English. Abstracted data included study design, patient characteristics, team composition and function, and major amputation rates.

Results. We included 33 studies (Figure 1). Five (15%) were in the United States, and 27 (82%) were historically controlled trials. Thirty-two (97%) documented lower major amputation rates among patients cared for by a multidisciplinary team (Figure 2). Relative reductions ranged from 11 to 90%. A 12% relative increase was observed in the single study documenting increased rates of major amputation following multidisciplinary care. Thirty-six different specialties were represented in the 26 studies reporting team composition, including: endocrinology (85%), vascular surgery (73%), orthopedic surgery (65%), podiatry (54%), and infectious disease (50%). Teams functioned in the following settings: inpatient (30%), outpatient (15%), or both (55%). Among 12 studies reporting team function, the following topics were addressed: surgical debridement/offloading (66%), vascular disease (63%), infection (59%), and glycemic control (41%).

Conclusion. Care by multidisciplinary teams may help prevent major amputation for patients with DFUs. Team composition and function, and reductions in major amputation rates, varied considerably. Research directly comparing different models of multidisciplinary care is needed.

Figure 1. PRISMA Flow Diagram

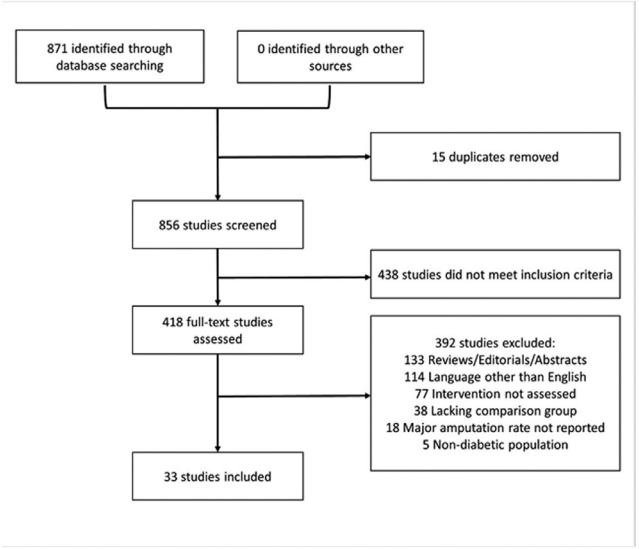
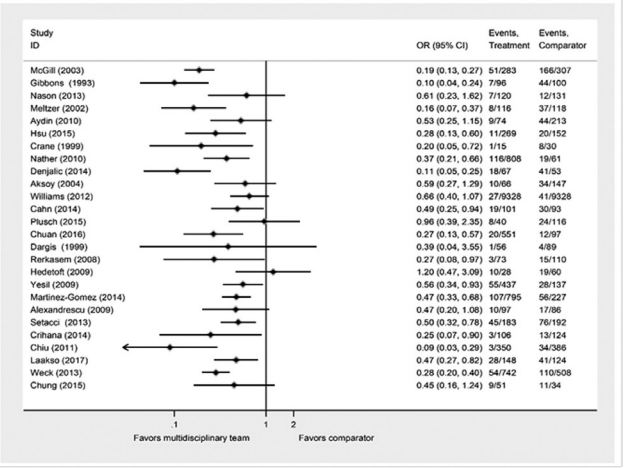


Figure 2. Estimated odds ratios for the effect of multidisciplinary teams on major amputations among patients with diabetic foot ulcers*



*The forest plot includes results from the 26 studies that reported odds ratios, or raw data from which odds ratios were able to be calculated. Six additional studies reported changes in incidence rates, all of which documented a decrease in major amputations following initiation of a multidisciplinary care team. One study reported a reduction in the high:low major amputation rate following initiation of a multidisciplinary care team.

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

2373. Evaluation of Delafloxacin Activity and Treatment Outcome for Phase 3 Acute Bacterial Skin and Skin Structure Infection Clinical Trial Anaerobic Isolates

Dee Shortridge, PhD[1]; Sandra P. McCurdy, MS[2]; Paul R. Rhomberg, BS[1]; Michael D. Huband, BS[1] and Robert K. Flamm, PhD[1]; [1]JMI Laboratories, Inc., North Liberty, Iowa, [2]Melinta Therapeutics, Lincolnshire, Illinois

Session: 249. Skin and Skin Structure Infection

Saturday, October 6, 2018: 12:30 PM

Background. Delafloxacin (DLX) is a broad-spectrum fluoroquinolone (FQ) antibacterial; approved in 2017 by the Food and Drug Administration for treatment of acute bacterial skin and skin structure infections (ABSSSIs). DLX is in clinical development for community-acquired bacterial pneumonia (CABP). In this study, *in vitro* susceptibility (S) for DLX and comparator agents for Gram-negative (GN) and