**Introduction / Background**

- Studies have shown that rapid diagnostic testing (RDT) of bacteremia is associated with decreased length of stay (LOS), time to optimal antimicrobial therapy and hospital costs.
- These studies have primarily focused on individual organisms and in large, academic medical centers.
- The Verigene® GC-VP test is a RDT that can identify 12 GP targets with 3 resistance determinants (16 total combinations).
- Blount Memorial Hospital is a 304-bed non-teaching community hospital with an antimicrobial stewardship program (ASP) established in October 2011.
- BHI began a pilot in November 2013 with RDT results called to a clinical pharmacist (ASP pharmacist when available) who would contact the attending physician if a change in therapy was recommended.

**Objectives:**

- Determine if RDT (with ASP) decreases:
  - ICU LOS
  - Time to optimal antimicrobial regimen
  - Hospital costs

**Results - Clinical Outcomes**

- **Discharge LOS:**
  - RDT group: 5.2 days
  - Control group: 8.7 days

- **Time to optimal antimicrobial regimen:**
  - RDT group: 17 hours
  - Control group: 38 hours

- **Antimicrobial costs:**
  - RDT group: $1,004,000
  - Control group: $11,000

- **Statistical significance:**
  - RDT group decreased the mean time to optimal antimicrobial regimen by 21 hours (17 vs 38 hours; P<0.01).
  - RDT group lowered the ICU LOS by a mean of 3.5 days (5.2 vs 8.7 days; P<0.01).
  - RDT significantly lowered the mean LOS, time to optimal antimicrobial regimen, and hospital costs.

**Discussion / Limitations**

- **Multiple factors:**
  - Several confounding factors affect LOS.

- **Antimicrobial stewardship in a non-teaching community hospital:**
  - Significant decreased the mean length of stay by optimal antimicrobial regimen by 21 hours.

**Conclusions**

- Integrating the Verigene® GC-VP test for patients with gram-positive bacteremia, in conjunction with antimicrobial stewardship in a non-teaching community hospital:
  - Significantly decreased the mean length of time to optimal antimicrobial regimen by 21 hours.
  - Decreased the mean hospital length of stay decreased by 1.3 days.
  - Decreased the mean ICU length of stay by 3.5 days.

**References**


**Disclosure:**

The authors have no conflicts of interest to disclose.