reduction in the use of inappropriate broad-spectrum antibiotics, both intravenous and oral. The average LOS for patients admitted with CAP has also decreased, impacting patient flow within the hospital. This is a significant AMS gain and shows that penicillin plus doxycycline or a macrolide can still be the most appropriate therapy in an Australian setting.

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1845. Implementing Outpatient Antimicrobial Stewardship in a Primary Care Office Through Pharmacist-led Audit and Feedback
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Background. More than 30% of antibiotics prescribed in the outpatient setting are unnecessary. This study aimed to determine the impact of pharmacist-led audit and feedback on outpatient antibiotic prescribing for upper respiratory tract infections (URIs) and urinary tract infections (UTIs).

Methods. A prospective, observational study was conducted at an outpatient primary care office to evaluate implementation of a pharmacist-led audit and feedback process. The office includes 0.6 FTE ambulatory care pharmacist (ACP) who completed antimicrobial stewardship training, and is part of a health system supported by a pharmacist and physician co-led antimicrobial stewardship program (ASP). Education, including pocket cards with URI and UTI guidelines was provided through the ASP leads in July 2017 prior to the study period (August 2017–March 2018). The ACP was responsible for weekly audit of all prescribed antibiotics for URI and UTI and provided feedback to prescribers. Appropriateness of therapy was determined via the guidelines presented by the ASP team. Feedback included recommendations regarding watch-and-wait, antimicrobial selection, dose, and duration of therapy. The primary outcome was to compare antibiotic use overtime following the implementation of the audit and feedback program.

Results. Over the study period 1,107 prescriptions were audited by the ACP. 825 URI and 282 UTI. Feedback was provided for all cases, positive feedback for 580 (52.4%), negative feedback for 380, (34.3%) and mixed feedback for 147 (13.3%). The most common reasons for feedback were inappropriate agent (26.3%) and too long a duration of therapy (24.3%). Fluoroquinolone prescribing rates for URI decreased from 85% at baseline to 40% in Month 1 and to 11.7% of UTI prescriptions over the next 6 months. Nitrofurantoin prescribing increased from 0.4% in Month 1 to 38.6% from 85% at baseline to 40% in Month 1 and to 11.7% of UTI prescriptions over the next 6 months. The most commonly prescribed agent. B-lactams were the most commonly prescribed antibiotics for URIs (66.7%). The median URI duration of therapy decreased from 10 days at baseline to 7 days across all 7 study months.

Conclusion. Pharmacist-led audit and feedback significantly reduced fluoroquinolone prescribing for URIs and shortened median duration of therapy for URI in the outpatient setting.

Disclosures. All authors: No reported disclosures.

1846. Outpatient Antibiotic Use in Viral Acute Upper Respiratory Tract Infections at a Military Treatment Facility: A Target for Stewardship Intervention
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Background. Antimicrobial stewardship programs (ASP) can be effective at reducing inappropriate antimicrobial use that contributes to antimicrobial resistance and antibiotic-associated diarrhea. However, developing effective ASP remains an important challenge, especially in the ambulatory setting. Outpatient antibiotic prescriptions for acute respiratory tract infections (ARI) are one area in which inappropriate prescription has been previously described, and are a potential ASP target.

Methods. In effort to develop targeted interventions, antibiotic prescribing for viral ARI was examined in primary care outpatient clinics and the emergency department (ED) of a large military medical center using the military health system management and analysis reporting tool. Adult and pediatric patient encounters from calendar year 2017 were included using 23 relevant ICD-10 diagnostic codes for viral ARI; those with concurrent diagnoses of asthma/COPD, pneumonia, chronic sinusitis, streptococcal pharyngitis, or otitis media were excluded. Frequencies of ARI diagnosis and antibiotic dispersion were calculated.

Results. A total of 1,846 URI and 282 UTI cases were diagnosed, and antibiotics were prescribed for 2,406 and 1,969 cases in the pre- and post-intervention periods, respectively. Fewer antibiotics were prescribed for URI cases in the post-intervention period compared with pre-intervention (54.6% vs. 51.6%, P = 0.013). The most commonly prescribed antibiotics in both cohorts were amoxicillin, amoxicillin–clavulanate, and ampicillin. Male gender (P = 0.0004), older age (P < 0.001), and patients who were seen by a provider other than their primary care provider (P = 0.001), were associated with a higher proportion of antibiotics prescribed per URI diagnosis. There was no statistically significant difference in antibiotics prescribed for patients with and without certain comorbidities such as diabetes or chronic obstructive pulmonary disease.

Conclusion. Antibiotic stewardship commitment posters were associated with a decrease in the number of antibiotics prescribed for URIs in rural clinics and represent a low-hanging fruit intervention for outpatient antibiotic stewardship programs, particularly in rural settings.

Disclosures. All authors: No reported disclosures.

1847. Impact of Antimicrobial Stewardship Commitment Posters on Antibiotic Prescribing for Upper Respiratory Tract Infections in a Rural Outpatient Setting
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Background. The Centers for Disease Control and Prevention advocates for the display of commitment posters in outpatient clinics for healthcare providers to pledge to only prescribe antibiotics when a bacterial infection is suspected. However, their impact on antibiotic prescribing in the outpatient setting has largely been part of multi-faceted interventions in academic medical centers or urban cities rather than in rural settings.

Methods. The objective of this study was to determine the impact of commitment posters as a single-intervention in rural outpatient clinics on antibiotic prescribing for upper respiratory tract infections (URIs). This was a quasi-experimental study performed at The Guthrie Clinic, a network of outpatient clinics located in rural New York and Pennsylvania. Commitment posters were displayed in examination and waiting rooms of outpatient clinics (n = 19) between April and June 2017 (intervention period). Patients with a URI visit diagnosis code during the period of July 1, 2016–December 31, 2016 (pre-intervention) and July 1, 2017–December 31, 2017 (post-intervention) were included. Demographic, provider, clinic, and antibiotic prescription characteristics were collected.

Results. A total of 4,422 and 3,830 URI cases were diagnosed, and antibiotics were prescribed for 2,406 and 1,969 cases in the pre- and post-intervention periods, respectively. Fewer antibiotics were prescribed for URI cases in the post-intervention period compared with pre-intervention (54.6% vs. 51.6%, P = 0.013). The most commonly prescribed antibiotics in both cohorts were amoxicillin, amoxicillin–clavulanate, and ampicillin. Male gender (P = 0.0004), older age (P < 0.001), and patients who were seen by a provider other than their primary care provider (P = 0.001), were associated with a higher proportion of antibiotics prescribed per URI diagnosis. There was no statistically significant difference in antibiotics prescribed for patients with and without certain comorbidities such as diabetes or chronic obstructive pulmonary disease.

Conclusion. Antibiotic stewardship commitment posters were associated with a decrease in the number of antibiotics prescribed for URIs in rural clinics and represent a low-hanging fruit intervention for outpatient antibiotic stewardship programs, particularly in rural settings.

Disclosures. All authors: No reported disclosures.

1848. Evaluation of Antibiotic Prescribing Practices in Outpatient Clinics for the Treatment of Skin and Soft-Tissue Infections
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Background. Ambulatory visits for the treatment of skin and soft-tissue infections (SSTIs) have doubled over the past decade and are one of the most common reasons for infection-related visits to outpatient clinics. However, there is limited data evaluating antibiotic prescribing in this population. We aimed to assess the management of SSTIs in adult patients in order to target interventions to improve antibiotic utilization and optimize outcomes.

Methods. This retrospective study included patients within a large academic healthcare system presenting to 38 clinics. Patients were included if they had a diagnosis of a SSTI (ICD-10 for cutaneous abscess, cellulitis, and local SSTIs) in 2016. The primary outcome was to evaluate prescriber compliance to institutional guidelines based on infection-related visits to outpatient clinics. However, there is limited data evaluating antibiotic prescribing in this population. We aimed to assess the management of SSTIs in adult patients in order to target interventions to improve antibiotic utilization and optimize outcomes.

Methods. This retrospective study included patients within a large academic healthcare system presenting to 38 clinics. Patients were included if they had a diagnosis of a SSTI (ICD-10 for cutaneous abscess, cellulitis, and local SSTIs) in 2016. The primary outcome was to evaluate prescriber compliance to institutional guidelines based on infection-related visits to outpatient clinics. However, there is limited data evaluating antibiotic prescribing in this population. We aimed to assess the management of SSTIs in adult patients in order to target interventions to improve antibiotic utilization and optimize outcomes.

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