An estimated 30% of outpatient antibiotic prescriptions are unnecessary. Antimicrobial stewardship programs (ASP) are associated with decreased antibiotic prescribing and improved patterns of antimicrobial resistance. The objective of Targeting Appropriate Prescribing in Outpatient settings (TAP OUT) is to study how public health jurisdictions may assist implementation of ASP across telemedicine and other care settings.

**Background.** The methicillin-resistant Staphylococcus aureus (MRSA) nasal polyclonal bacterium provided in previous years has been associated with a decrease in inappropriate antibiotic therapies with low implementation costs. ASPs will develop a TAP OUT implementation guide and work with local providers to develop ASPs.

**Results.** The baseline inappropriate antibiotic prescribing rate for URI was 15.5% amongst all prescribers (range: 0–100%). During the intervention period, the inappropriate prescribing rate decreased to 7.6% (51 reduction, P < 0.0001) (Figure 1). Several key implementation elements were identified, such as leadership buy-in and on-site peer champions. Visible and recurring prescribing reminders were useful. To improve adoption, the ASP was integrated into existing workflow.

**Conclusion.** Individualized prescribing feedback reports coupled with education to telemedicine providers was more effective than education alone in reducing unnecessary antibiotic prescriptions for ARTIs. These findings should be used to promote antibiotic stewardship across telemedicine and other care settings.

**Disclosures.** I. Tong, Doctor On Demand: Shareholder, Salary. K. Dean, Doctor On Demand: Shareholder, Salary. J. Thompson, Doctor On Demand: Shareholder, Salary.

**Figures:**

197. Implementation of a Prospective, Pharmacist-Led Methicillin-Resistant Staphylococcus aureus Nasal PCR Screening Pilot Protocol to Reduce Overutilization of Vancomycin

**Background.** The methicillin-resistant Staphylococcus aureus (MRSA) nasal polyclonal bacterium provided in previous years has been associated with a decrease in inappropriate antibiotic therapies with low implementation costs. ASPs will develop a TAP OUT implementation guide and work with local providers to develop ASPs.

**Methods.** This single-center, pre–post quasi experimental pilot study evaluated the impact of a pharmacist-led MRSA nasal PCR screening protocol on vancomycin days of therapy (DOT) in patients with pneumonia. All adult patients with IV vancomycin ordered for pneumonia admitted to nonintensive care units were included. Patients who received nasal mupirocin, transitioned to hospice during admission, or had another indication requiring vancomycin were excluded. Pharmacists ordered an MRSA nasal PCR per protocol upon order verification. Negative results were used to recommend vancomycin discontinuation when appropriate. Protocol adherence was 67.9% overall. During June–September, the monthly prescribing rate for Group A decreased from 69% (baseline) to 55%. During June–September, the monthly prescribing rate decreased from 66% (baseline) to 55%. During June–September, the monthly prescribing rate was 63% for Group A and 46% for Group B.

**Conclusion.** Individualized prescribing feedback reports coupled with education to telemedicine providers was more effective than education alone in reducing unnecessary antibiotic prescriptions for ARTIs. These findings should be used to promote antibiotic stewardship across telemedicine and other care settings.

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