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.

Disclosures. All authors: No reported disclosures.

1845. Implementing Outpatient Antimicrobial Stewardship in a Primary Care Office Through Pharmacist-led Audit and Feedback
Kayla Burns, PharmD1; Selena Pham, PharmD2; Lisa Dunkow, PharmD, BCPS3 and Nnaemeka Egwuatu, MD, MPH, PhD1; Pharmaceutical Services, Mercy Health Saint Mary’s, Grand Rapids, Michigan; Infectious Diseases, Mercy Health Saint Mary’s, Grand Rapids, Michigan

Session: 221. Antimicrobial Stewardship: Outpatient Settings Saturday, October 6, 2018: 12:30 PM

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 utilizes 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 by the ASP leaders 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 providing 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 over time 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 of duration of therapy (24.3%). Fluoroquinolone prescribing rates for URIs 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 30.6% of UTI prescriptions in the next 6 months to become the most commonly prescribed agent. B-lactams were the most commonly prescribed antibiotics for UTIs (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 UTIs and shortened median duration of therapy for URIs in the outpatient setting.

Disclosures. All authors: No reported disclosures.

1846. Outpatient Antimicrobial Use in Viral Acute Upper Respiratory Tract Infections at a Military Treatment Facility: A Target for Stewardship Intervention
Megan Donahue, MD1; Rashida Voreen, MD, MBA, CPP1 and Allison Malloy, MD2; Pediatrics Infectious Diseases, Walter Reed National Military Medical Center, Bethesda, MD; Pediatrics, Walter Reed National Military Medical Center, Bethesda, Maryland; Booz Allen Hamilton in Support of the Health Analysis Department, Navy and Marine Corps Public Health Center, Portsmouth, Virginia; Pediatrics, Uniformed Services University of the Health Sciences, Bethesda, Maryland

Session: 221. Antimicrobial Stewardship: Outpatient Settings Saturday, October 6, 2018: 12:30 PM

Background. Antimicrobial stewardship programs (ASP) can be effective at reducing inappropriate antimicrobial use that contributes to antimicrobial resistance and adverse medication outcomes. 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 prescribing 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. Among 2,634 patients diagnosed with ARI in 2017, 728 (11.5%) were prescribed an unnecessary antibiotic with the highest frequency of such prescriptions in those over the age of 45, females, and family members of service members. Diagnoses most associated with unnecessary antibiotic prescribing were uncomplicated bronchitis (39%) and pharyngitis (22%) for adult medicine; acute rhinosinusitis (40%) and pharyngitis (39%) for pediatric medicine; and uncomplicated bronchitis (33%) for the ED. This increased in the winter months when viral ARI are common. Approximately $22,000 was spent on unnecessary antimicrobial prescriptions with the largest contribution from macrolides.

Conclusion. Based on our analysis, we developed multipronged interventions at facility, clinic, and provider levels. Planned interventions will include interval facility-wide ASP updates with increased frequency during winter months and biannual educational sessions with staff emphasizing clinical-specific diagnoses associated with inappropriate antibiotic prescribing. Program success will be assessed with interval analysis of antibiotic prescribing after intervention implementation.

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
Wesley Kudel, PharmD, BCPS, AAHIVP1,2; Karen Williams, PharmD, BCPS3; Ulkarsh Darji, PhD4; Caitlin Cashin, LPN2; and Karen Beth Bohan, PharmD, BCPS5; Pharmacy Practice, Binghamton University School of Pharmacy and Pharmaceutical Sciences, Binghamton, New York; Medicine, SUNY Upstate Medical University, Syracuse, New York; Pharmacy, SUNY Upstate University Hospital, Syracuse, New York; Pharmacy, Guthrie Healthcare System, Sayre, Pennsylvania; Health Outcomes and Administrative Sciences, Binghamton University School of Pharmacy and Pharmaceutical Sciences, Binghamton, New York; Quality Outcomes, Guthrie Healthcare System, Sayre, Pennsylvania

Session: 221. Antimicrobial Stewardship: Outpatient Settings Saturday, October 6, 2018: 12:30 PM

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 on 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 data 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 amoxicillin. Male gender (P = 0.0005), 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
Bailey Redman, PharmD Candidate1; Lindsay Petty, MD2; Jerod Nagel, PharmD, BCPS3; University of Michigan College of Pharmacy, Ann Arbor, Michigan; Internal Medicine, Division of Infectious Diseases, Michigan Medicine, Ann Arbor, Michigan; Department of Pharmacy, Michigan Medicine, Ann Arbor, Michigan

Session: 221. Antimicrobial Stewardship: Outpatient Settings Saturday, October 6, 2018: 12:30 PM

Background. Ambulatory visits for the treatment of skin and soft-tissue infections (SSTs) 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 prescribing compliance to institutional guidelines based on infection-related visits to outpatient clinics. Patiens were excluded if they used directed therapy or if they had ordered antibiotics prior to arrival. Posters were used when determining compliance to first-line (trimethoprim–sulfamethoxazole for cutaneous abscess, or cepalexin +/- trimethoprim–sulfamethoxazole for cellulitis and local SSTIs) and second-line recommendations (doxycycline for cutaneous abscess, or clindamycin for cellulitis and local SSTIs). Duration of therapy of 5–7 days was considered compliant.