hospital discharge of which 328 of 534 (61%) patients were either discharged to home or transferred to another facility. Significant predictors for outpatient echocardiin use were osteomyelitis (OR 4.07, 95% CI 1:06-15.66, p<0.041) and other deep-seated infection (OR 4.44, 95% CI 1:65-11.96, p=0.003). Stewardship analysis identified the majority of patients (54%) had the possibility for at least one day earlier discharge (potential earlier discharge: 1:651.16 days). The quantitative model identified major barriers to be transition of care, other medical care-, and infectious diseases-related. The qualitative model largely agreed with the quantitative model with additional psychosocial and health care access variables identified.

Conclusion. Using a mixed method approach, barriers to hospital discharge and potential use of new antifungal therapies were identified. These data could be used to assist transitions of care in patients with invasive candidiasis.

Disclosures. Truc T. Tran, PharmD; Merck (Grant/Research Support) Kevin W. Garey, Pharm.D., M.S., FASHP, Summit Therapeutics (Research Grant or Support)

Discussion. Children's Health, Palo Alto, CA; Lauren M. Packert, PharmD; Laura Bso, PharmD, BCPs; Sean Cornell, n/a; Torsten Joergensen, MD; Hayden T. Schwenk, MD, MPH1; Hayden T. Schwenk, MD, MPH; Marisa Holub, MD, MS2; Maja Artandi, MD; Sharon Ungut, MD, MPH3; Ian Nelligan, MD4; Stanford Health Care, Stanford, California; Stanford Antimicrobial Stewardship and Sustainability Program, Stanford, California; Stanford University School of Medicine, Stanford, CA; Stanford University, Palo Alto, California

Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

Background. Antimicrobial stewardship programs are needed to improve antimicrobial use among not only physicians but also dentists. This study aimed to investigate the factors influencing the decision of prescribing penicillin as first choice among dentists at clinics in Japan.

Methods. We conducted a nationwide cross-sectional study of dental clinics in Japan between July and September 2020. Data on the following were collected using questionnaires: basic information, types of antimicrobials stocked, first-choice antimicrobials, and knowledge and practice of antimicrobial resistance and infectious endocarditis. Using logistic regression, odds ratios (ORs) and 95% confidence intervals (CIs) were estimated to assess the factors influencing penicillin prescription.

Results. Among the 1700 participating dental clinics, 342 dental clinics responded. The median age of the study cohort was 57 (49–65) years, and there were 298 (87.1%) men. The first choice of antimicrobials was third-generation cephalosporin (169 [49.4%]), followed by penicillin (103 [30.1%]) and macrolide (19 [5.6%]).

Table 1. Multivariate analysis of factors influencing penicillin use as first choice, n=96

| Variables | Penicillin (n=101) | Other antibiotics (n=235) | Adjusted odds ratio (95% confidence interval) | Adjusted P value |
|-----------|--------------------|--------------------------|---------------------------------------------|-----------------|
| Post-graduated year (median: interquartile range) | 31 (19.5-37) | 33 (24-41) | 0.97 (0.95-1.0) | 0.047 |
| Sex (Male) | 69 (80) | 68 (87) | 0.72 (0.27-1.90) | 0.515 |
| Clinics with more than two dentists | 39 (29) | 58 (10) | 0.48 (0.24-0.92) | 0.005 |
| Implantated prostheses for antimicrobial resistance | 47 (87) | 47 (19) | 1.0 (0.48-1.49) | 0.817 |
| Follow infections endocarditis guidelines | 42 (43) | 78 (52) | 0.76 (0.49-2.6) | 0.424 |
| Participated at least one seminar per 6 months | 86 (85) | 177 (74) | 1.14 (0.49-2.67) | 0.761 |
| Clinics with stocked penicillin | 89 (86) | 59 (25) | 27.30 (2.04-63.00) | <0.001 |

Conclusion. This is the first study investigating the factors influencing the decision of prescribing penicillin as first choice among dentists in Japan. Further studies evaluating the relationships between penicillin use and factors identified in this study are needed.

Disclosures. Hayden T. Schwenk, MD, MPH. Nothing to disclose

159. Characterization of Suboptimal Discharge Antimicrobial Prescriptions and Effect of Inpatient Audit and Feedback on Quality of Antimicrobial Prescribing

Lauren M. Packert, PharmD2; Laura Bso, PharmD, BCPs; Sean Cornell, n/a; Torsten Joergensen, MD; Hayden T. Schwenk, MD, MPH1; Hayden T. Schwenk, MD, MPH; Marisa Holub, MD, MS2; Maja Artandi, MD; Sharon Ungut, MD, MPH3; Ian Nelligan, MD4; Stanford Health Care, Stanford, California; Stanford Antimicrobial Stewardship and Sustainability Program, Stanford, California; Stanford University School of Medicine, Stanford, CA; Stanford University, Palo Alto, California

Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

Background. Approximately 30% of children are discharged from the hospital with an antimicrobial prescription; nearly a third of these prescriptions are suboptimal. Although the best approach to antimicrobial stewardship of discharge prescriptions remains uncertain, prospective audit and feedback (PAF) has improved antimicrobial use. We aimed to identify and characterize suboptimal discharge antimicrobial prescribing and assess the impact of inpatient PAF on the quality of discharge antimicrobial prescribing at a free-standing children's hospital.

Methods. A retrospective review of enteral discharge antimicrobial prescriptions between 12/1/20-5/31/21 and parental antimicrobial prescriptions sent to our hospital's inpatient pharmacy between 3/1/21-5/31/21 was performed to determine suboptimal or not. A prescription was determined to be suboptimal if the antimicrobial choice, dose, frequency, duration, formulation, or indication was not consistent with institutional and/or national guidelines. Data collection included the antimicrobial, indication, and prescription method and service. Prescriptions were evaluated for a corresponding inpatient PAF for the same drug and indication and then stratified based on inpatient PAF completion.

Results. A total of 1192 discharge prescriptions for 698 unique patients over 834 hospital encounters were reviewed. Overall, 243 (20%) prescriptions were identified as suboptimal; reasons were duration (16%), dose (8%), frequency (5%), or antimicrobial choice, formulation, or route (≤1%). Prescriptions for cephalaxin had the highest rate of suboptimal prescribing (80/167, 48%), followed by amoxicillin-clavulanate (89/203, 44%). A corresponding inpatient PAF was identified for 675 (57%) of discharge antimicrobial prescriptions. Inpatient PAF prior to discharge resulted in fewer suboptimal discharge prescriptions for the same antimicrobial (8% vs. 36%, p < 0.001).

Table 1. Suboptimal prescription characterization by antimicrobial type, indication, and prescribing medical service

| Variables | Total N=1192 | Suboptimal N=243 |
|-----------|-------------|-----------------|
| Antimicrobial type (%) | 599 | 125 (51) |
| Narrow spectrum antibiotics | 356 | 113 (47) |
| Broad spectrum antibiotics | 113 | 4 (2) |
| Antifungals | 68 | 124 (6.8) |
| Antibiotic type (%) | 203 | 89 (37) |
| Beta-lactam/β-lactamase inhibitor | 167 | 80 (33) |
| First-generation cephalosporin | 112 | 15 (6.9) |
| Second-generation cephalosporin | 207 | 12 (5.4) |
| Amoxicillin, penicillin, ampicillin | 58 | 11 (5) |
| Third-generation cephalosporin | 108 | 7 (3) |

Conclusion. Antimicrobial prescribing at inpatient discharge was suboptimal in 1 of every 5 prescriptions. Inpatient PAF was associated with improved antimicrobial prescribing at hospital discharge. Antimicrobial stewardship programs should continue to explore ways to capture and intervene on antimicrobials prescribed at discharge.

Disclosures. Hayden T. Schwenk, MD, MPH. Nothing to disclose

160. Urgent Care Prescriber Perspectives on Antibiotic Prescribing During the COVID-19 Pandemic

Brooke Betts, PharmD, MS; HSA1; David R. Ha, PharmD, BCIDP2; Marisa Holub, MD, MS3; Marisa Holub, MD, MS4; Maj Aartland, MD; Sharon Ungut, MD, MPH5; Ian Nelligan, MD6; Stanford Health Care, Stanford, California; Stanford Antimicrobial Stewardship and Sustainability Program, Stanford, California; Stanford University School of Medicine, Stanford, CA; Stanford University, Palo Alto, California

Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

Background. Urgent care practices were significantly impacted by the COVID-19 pandemic. Studies conducted early in the pandemic demonstrated dramatic decreases in outpatient antibiotic prescribing, particularly amongst agents typically used for respiratory infections. We observed a 33% reduction in outpatient antibiotic prescribing during the COVID-19 pandemic in our urgent care clinics. We investigated the prescriber experience to elucidate factors influencing antibiotic use for respiratory conditions during the COVID-19 pandemic at two academic urgent care clinics.

S190 • OFID 2021:8 (Suppl 1) • Abstracts