Results. Analysis included 160 encounters: 70 UTIs, 66 SSTIs, and 24 LRTIs. Of 71 (44%) culture-positive infections, Enterobacteriales (61%) and Streptococcus spp. (15%) were most often identified. In total, 180 OAPs were issued – most commonly cefepime (21%), cefadroxil (18%), and doxycycline (17%). Overall, 99 (62%) encounters were associated with a suboptimal discharge OAP. Of 138 suboptimal characteristics identified, suboptimal duration was most frequent (57%), specifically excessive duration (45%). Proportion of suboptimal OAPs and their underlying reasons are analyzed by syndrome in Figures 1 and 2, respectively. Miscalculation (39%), intentional selection of guideline-discordant duration (29%), and omission of inpatient antibiotic days (19%) were the most frequent reasons for suboptimal duration (Fig. 3).

Conclusion. Suboptimal discharge OAPs were common for all studied syndromes, most notably SSTI. Excessive duration was a key driver, with reasons for inappropriate duration previously undescribed. Duration miscalculation and selection of appropriate treatment duration are key areas to focus electronic health record enhancements, provider education, and antimicrobial stewardship efforts.

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169. Prevalence and Associated Patient Characteristics of Multi-Drug Resistant Organisms and Antibiotic Prescribing Patterns in Hospitalized Patients with Community-Acquired Pneumonia
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Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing
Background. The 2019 Infectious Diseases Society of America/American Thoracic Society community-acquired pneumonia (CAP) guidelines eliminated the term healthcare-associated pneumonia (HCAP), and recommends to guide the use of broad-spectrum antibiotics by locally validating the prevalence and risk factors of multi-drug resistant organisms (MDROs). The objective of this study is to determine the prevalence and associated patient characteristics of MDROs, and to characterize antibiotic prescribing patterns.

Methods. This was a retrospective, cohort study in adult patients hospitalized from 1/1/19 to 12/31/19. Patients were randomly selected from a patient list of diagnosis codes suggestive of pneumonia. We excluded patients with antibiotic therapy < 48 hours, bacterial co-infections from another site, or transferred from another hospital with length of stay >24 hours. Endpoints evaluated include the percentage of MDRO isolated from a respiratory or blood culture collected within 2 days of admission, comparison of patient characteristics associated with MDROs with those who did not receive treatment regimen and duration, and rate of overtreatment and undertreatment.

Results. A total of 220 patients were included. Prevalence of overall MDRO, methicillin-resistant Staphylococcus aureus (MRSA), and Pseudomonas aeruginosa (PSA) was 8%, 3%, and 5%, respectively. Patient characteristics associated with MDROs from are shown in Table 1. Per-protocol antibiotic exposure during hospitalization was present in 39% of the MDRO cohort. Over half (58%) of the patients were initiated on antibiotics with MRSA and/or PSA coverage. Rate of overtreatment and undertreatment was 89% and 5%, respectively. Mean antibiotic duration was 9 ± 3 days.

Conclusion. The low prevalence of MDROs, coupled with the high overtreatment and low undertreatment rate suggests most patients hospitalized with CAP at our institution can receive an antibiotic regimen targeting standard CAP pathogens. Antibiotic stewardship intervention to shorten the duration of antibiotic exposure (IV) antibiotic exposure during hospitalization was present in 39% of the MDRO cohort. Further studies are needed to validate other patient characteristics at risk for MDROs.

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170. Antimicrobial Use Before and During COVID-19 – Data from 108 VA Facilities
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Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing
Background. Increased antibiotic prescribing rates during the early phases of the COVID-19 pandemic have been widely reported. We previously reported that while both antibiotic days of therapy (DOT) and total days present (DP) declined in the first 5 months of 2020 at Veterans Affairs (VA) acute care facilities nationwide relative to the comparable period in 2019, antibiotic DOT per 1000 DP increased by 11.3%, largely reversing declines in VA antimicrobial utilization from 2015 – 2019. We now evaluate whether these changes in antibiotic use persisted throughout the COVID-19 pandemic.

Methods. Data on antibiotic use, patient days present, and COVID-19 case rate for acute inpatient care units in 108 VA acute care facilities nationwide were extracted from the VA Informatics and Computing Infrastructure; level 3 facilities which provide limited acute inpatient services were excluded. DOT per 1000 DP were calculated and stratified by CDC-defined antibiotic classes.

Results. From 1/2020 to 2/2021, care for 34,986 COVID-19 patients accounted for 13% of all acute inpatient days of care in the VA. Following the onset of COVID-19 pandemic, monthly total acute care antibiotic use increased from 533 DOT/1000 DP in 1/2020 to a peak of 583 DOT/1000 DP in 4/2020; during that month COVID-19 patients accounted for 13% of all DP (Figure). In subsequent months, total antibiotic use declined such that for the full year the change of antibiotic use from 2019 to 2020 was similar to the rate of decline from 2015 to 2019 (mean decrease of 13 DOT/1000 DP; Table). The decreased DOT/1000 DP from 5/2020 to 2/2021 occurred even as the percentage of all DP due to COVID-19 peaked at 14 - 24% from 11/2020 to 2/2021.