Conclusion. EMR-driven reductions in ADC default Rx durations led to a corresponding decrease in overall outpatient antibiotic prescribing. Higher DS/1000 Rx utilization were often associated with lower ADC utilization. Informatics-driven antibiotic interventions may be potential outpatient stewardship tools to increase guideline-concordant prescribing across multisite healthcare systems.

Disclosures. Sharanie Sims, PharmD, AbbVie (formerly Allergan) (Speaker’s Bureau).

96. Impact of Hospital-Based Pharmacist Discharge Prescription Review on the Appropriateness of Antibiotic Therapy
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Session: P-06. Antimicrobial Stewardship: Non-Inpatient Settings

Background. Inappropriate antibiotic prescribing upon hospital discharge poses an increased risk of excess costs, adverse drug reactions, readmission, and resistance. Despite high rates of antibiotic prescription errors upon discharge, there is no widely accepted antimicrobial stewardship initiative to prevent such errors. This study evaluated the impact of hospital-based clinical pharmacist discharge prescription review on the appropriateness of antibiotic prescriptions.

Methods. This was a retrospective assessment of patients with discharge antibiotic prescriptions for treatment of pneumonia, urinary tract infections, *Clostridioides difficile* infections, acute skin and skin structure infections (ABSSSI), or Gram-negative bacteraemia between January 2019 and July 2020. The two cohorts that were studied were patients on Hospitalist services versus patients on Medicine services, in which only the Medicine services had rounding pharmacists who perform discharge prescription reviews. Outcomes included demographics, appropriateness of therapy, 30-day readmission rates, and error types in discharge prescriptions. Appropriateness of therapy was validated by evidence-based guidelines and three Infectious Diseases-trained pharmacists.

Results. Our study included 300 patients, 150 per cohort. Baseline characteristics were similar between groups, with the exception of increased age (p = 0.025) and fewer cases of ABSSSI (p = 0.001) in the Hospitalist cohort. A statistically significant higher rate of inappropriate prescriptions was seen in the Hospitalist group versus Medicine (pharmacist) group, 49/150 (46%) versus 25/150 (17%, respectively (p = 0.0001)). The difference in appropriateness was mainly driven by pneumonia and UTI prescriptions. Thirty-day readmission rates were 17% (26/150) for the Hospitalist cohort versus 11% (16/150) in the Medicine (pharmacist) cohort (p = 0.134). The most common prescription error was the duration of therapy.

Conclusion. Appropriateness of antibiotic discharge prescriptions significantly improved in the setting of pharmacist discharge prescription review. This initiative highlights the important role of clinical pharmacists in the setting of outpatient antimicrobial stewardship.

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97. Pharmacist Driven Antimicrobial Stewardship Interventions on the Management of Urinary Tract Infections in the Emergency Department at a Tertiary Military Treatment Facility
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Session: P-06. Antimicrobial Stewardship: Non-Inpatient Settings

Background. With the Joint Commission standards targeting ambulatory settings serving as a catalyst, we designed a quality improvement (QI) project was designed to evaluate the existing management and prescribing patterns for urinary tract infections (UTI) in the Walter Reed National Military Medical Center (WRNMMC) Emergency Department (ED) in order to identify targets for ASP interventions.

Methods. This was a Pharmacist-driven, prospective, QI project conducted over a 3-month period. The clinical presentations and microbiological data of uncomplicated cystitis and pyelonephritis cases managed in the ED were reviewed. Within 24-72 hours of ED discharge, recommendations were relayed to both patients and ED staff. Diagnostic criteria and management concordant with established clinical guidelines were assessed. Inclusion criteria included age ≥ 18, admission status, urine culture and antibiotics for UTI or pyelonephritis.

Results. A daily urine sample (UA) report identified 1781 ED encounters of which 1,17 cases met inclusion criteria. Nitrofurantoin was most prescribed empirically at 39.3% followed by a cephalosporin (23.1%) or a fluoroquinolone (19.7%), accounting for 32% of inappropriate empiric antibiotic selection. Cases were identified with inappropriate duration of therapy (22.2%), dosage (9.4%), and drug-bug mismatch (9.4%). Nearly 58% of cases required intervention to discontinue (32.5%) or initiate new antibiotics (3.4%). Diagnostic concordance was defined as having positive urinary symptoms, clinically significant UA and positive urine culture. This was only observed in 37.6% of all cases, of which only 43.2% were treated with a guideline concordant empiric regimen, dosage and duration of therapy. Although not included in the final analysis, it was noted 916 urine culture results were ordered where 70% were not associated with genitourinary complaints or sepsis.

Conclusion. Despite guidelines for UTI management, considerable practice discordance was identified. A statistically significant difference in appropriateness was the duration of therapy (22.2%), dosage (9.4%), and drug-bug mismatch (9.4%) with high rates of inappropriateness being seen in the Hospitalist group versus Medicine (pharmacist) group, 69/150 (46% versus 25/150 (17%, respectively (p < 0.0001)). The higher rate of inappropriateness was seen in the Hospitalist group versus Medicine (pharmacist) group, with 69/150 (46% versus 25/150 (17%, respectively (p < 0.0001)). The most common prescription errors were the duration of therapy (22.2%), dosage (9.4%), and drug-bug mismatch (9.4%). Diagnostic concordance was defined as having positive urinary symptoms, clinically significant UA and positive urine culture. This was only observed in 37.6% of all cases, of which only 43.2% were treated with a guideline concordant empiric regimen, dosage and duration of therapy. Although not included in the final analysis, it was noted 916 urine culture results were ordered where 70% were not associated with genitourinary complaints or sepsis.

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