FQ usage (Figure 1). First, the FDA warning was added to all oral FQ orders in the electronic medical record and education regarding risk and appropriate use of FQ was given to providers in the primary care clinics and emergency department. Secondly, ciprofloxacin susceptibilities were suppressed by the laboratory when organisms were susceptible to third-generation cephalosporins. To assess the impact of these interventions, FQ utilization was compared across the same time period, each one year apart. Pre-education was assessed from November 2015 to February 2016, post-education from November 2016 to February 2017, and post-education plus susceptibility suppression from November 2017 to February 2018.

Results. Comparative utilization data by site was collected (Figure 2) with all sites demonstrating a decrease in FQ utilization and one site showing an 85% decrease. We observed an overall 19% decrease in outpatient FQ prescribing after education alone and 14% decrease after susceptibility suppression plus continuing education. We observed an overall 19% decrease in outpatient FQ prescribing after education demonstrating a decrease in FQ utilization and one site showing an 85% decrease.

Conclusion. Educational efforts alone proved effective in decreasing outpatient FQ usage. Additional improvement was observed when change was implemented at a system level via susceptibility suppression. Further decrease in FQ utilization is expected with ongoing education and additional system changes.

844. Improving Management of Community Acquired Pneumonia through Collaborative Integrated Care in an Antimicrobial Stewardship Initiative

Marjorie Sehu, MBBS; Tina Patterson, B Pharm; Kate Houghton, B Pharm; Grad Dip Clin Pharm; Paul Firmans, B Pharm; Zack Klyza, B Pharm and David McDougall, B Pharm, MSc (Biostats). 1Infection Management Services, Princess Alexandra Hospital, Wooloongabba, QLD, Australia, 2Infection Management Services, Logan Hospital, Meadowbrook QLD, Australia, 3Pharmacy Department, Logan Hospital, Meadowbrook QLD, Australia

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

Background. Community acquired pneumonia (CAP) is a common condition with significant morbidity and mortality especially in the elderly. Inappropriate selection of antibiotics has frequently been reported in the literature, including within the Australian setting. Clinical pathways and antimicrobial stewardship (AMS) efforts have been effective tools in the management of CAP, encouraging greater adherence to treatment guidelines and the use of severity assessment tools to guide empiric antibiotic choice.

Methods. A baseline retrospective audit revealed high rates of inappropriate prescribing for CAP outside of established guidelines. This stemmed mainly from the lack of severity assessment to guide empiric therapy. To improve management, a fully integrated CAP clinical pathway for immuno-competent adult patients was designed. The SMART-COP tool was chosen as the severity assessment tool (SAT) as it is widely validated in the Australian Community Acquired Pneumonia Study. A random sample of 80 patients with the principal diagnosis of CAP were selected annually from 2013 to 2015 to measure the effect and sustainability of the intervention.

Results. Use of an SAT was integral in guiding the selection of appropriate antibiotics which has risen from 9% in 2012 to 46% in 2015. The inappropriate use of broad-spectrum antibiotics declined since the commencement of the CAP pathway as seen in the graph below.

Conclusion. The implementation of a CAP pathway has shown continuing improvement in the choice of empiric therapy for the management of CAP with a