Antibiotic indications were symptomatic apical periodontitis or localized acute apical abscess (51.3%), symptomatic irreversible pulpitis (17.8%), prevention of implant failure (11.7%), periocoronitis (4.3%), acute abscess with systemic involvement (3.9%), and others (11%). Of the 230 antibiotic prescriptions, 27.8% were appropriate, 3.9% inappropriate, 66.1% indeterminate, and 2.2% not enough information.

Conclusion. Commonly prescribed antibiotics in this study were amoxicillin or amoxicillin/clavulanate for a mean duration of 5 days. The most common indication was symptomatic apical periodontitis or localized acute apical abscess. Two-thirds of antibiotics were prescribed without sufficient evidence to support or not support use.

Disclosures. All authors: No reported disclosures.

2079. Outpatient Antimicrobial Stewardship Initiative to Reduce Unnecessary Use of Antibiotics in Patients with Upper Respiratory Infections: Findings Shared by a Metropolitan Community Hospital in NYC
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Background. Antibiotic-resistant infections are one of the greatest public health issues with more than 2 million infections and 23,000 deaths per year in the United States. Reducing inappropriate antibiotic use is essential to reduce both antibiotic resistance and adverse events. The most important modifiable risk factor for antibiotic resistance is inappropriate prescribing of antibiotics. At least 30% of outpatient antibiotic prescriptions in the United States are unnecessary. We aimed to pilot our outpatient antimicrobial stewardship initiative to track and reduce antibiotic prescriptions among adult patients presenting with common acute respiratory infections in our hospital’s outpatient primary care settings.

Methods. A retrospective and prospective cohort study from October, 2017 to March, 2019. Implemented a robust outpatient antimicrobial stewardship initiative with a dedicated team and data analyst based on CDC core elements for outpatient antimicrobial stewardship and a prior UHP initiative. Data of common respiratory tract infections and the respective rates of antibiotic prescriptions from 3 adult primary care sites were collected from the EHR. Serials of educational interventions were performed between June, 2018 to September, 2018. We disseminated resources from the CDC and IDOH like brochures, posters, viral prescription pads, pocket guidelines, grand rounds and electronic lectures for providers and periodic provider feedback reports.

Results. Our findings revealed that the physician compliance rate of antibiotics not prescribed for common respiratory tract infections remarkably improved from 72% to 85% after implementing our interventions (Figure 1). The chi-square test showed 40, and P value is 0.000034 which is less than 0.05. Thus, we are 95% confident that there is a significant association between our interventions and reduction of inappropriate antibiotic use (Figure 2).

Conclusion. Introduction of a robust and multifaceted Outpatient Antimicrobial Stewardship initiative with a dedicated team can substantially decrease outpatient antibiotic prescription rates for respiratory tract infections in metropolitan community hospital-based primary care settings.

Disclosures. All authors: No reported disclosures.