**Methods:** This was a retrospective cohort study of adult (age >18 years) patients with a prescription for an antibiotic for discharge from Oregon Health & Science University Hospital (OHSU) to a NH between January 1, 2016 and December 31, 2018. Study data were collected from an electronic repository of patients’ electronic health record data. Outcomes of interest included having an emergency department (ED) visit, inpatient hospital admission, or inpatient antimicrobial automatic stop date interventions (routine fosfomycin susceptibility reporting on MDR pathogens for greater than 7 days) on discharge to NHs. The majority of patients were female (80%), diagnosed with complicated UTI (34%) and September – November 2018 (pre-implementation) and September – November 2019 (post-implementation). The primary outcome was to compare fosfomycin duration before and after protocol implementation. Secondary outcomes included hospital length of stay (LOS) and all-cause 30-day readmission.

**Results:** From 07/01/2018–04/30/2019 and 07/01/2019–04/30/2020, respectively. Patients were included if they were ≥18 years old, diagnosed with CAP, and had a negative Legionella pneumophila urinary antigen and negative quantitative sputum REAL time PCR for Mycoplasma pneumoniae and Chlamydia pneumoniae. Patients were excluded if they were immunocompromised, admitted to an ICU, prescribed azithromycin for an alternative indication, or had evidence of atypical bacteria. After exclusion criteria were applied, 90 and 100 patients were included in the pre- and post-intervention cohorts, respectively. Demographic and clinical characteristics were similarly distributed between cohorts. The initiative was associated with a statistically significant decrease in azithromycin duration (2 days (IQR 1–2.75) vs. 5 days (IQR 3–6), p < 0.001) and hospital LOS (3 days (IQR 2–5) vs. 5 days (IQR 3–8.25), p < 0.001). No statistically significant difference was observed for all-cause 30-day readmission (14.5% (13.5%) vs 13 days (13.0%), p=0.614).

**Conclusion:** Implementation of a pharmacist-driven azithromycin de-escalation protocol for CAP was associated with reduced azithromycin duration and hospital LOS, and a statistically significant decrease in 30-day readmission. This was a simple stewardship intervention which made a measurable impact on antimicrobial use. Additional education for providers and pharmacists regarding appropriate dosing could be considered in the future to promote optimal use.

**Disclosures:** Kelly E. Pillinger, PharmD, BCIDP, Pharmacy Times (Other Financial or Material Support, Speaker)

66. Impact of a Pharmacist-Driven Azithromycin De-escalation Protocol for Community-Acquired Pneumonia

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**Session:** P-3. Antimicrobial Stewardship: Outcomes Assessment (clinical and economic)

**Background:** Ceftriaxone and azithromycin are common empiric antibiotics for community-acquired pneumonia (CAP). Despite low suspicion for atypical infection, azithromycin is often continued for a full course. Negative laboratory data for atypical bacteria may assist with azithromycin de-escalation. Thus, a pharmacist-driven azithromycin de-escalation protocol was implemented for immunocompetent, non-intensive care unit (ICU) patients treated for CAP. The primary outcome was to compare azithromycin duration before and after protocol implementation. Secondary outcomes included hospital length of stay (LOS) and all-cause 30-day readmission.

**Methods:** This was a single-center, quasi-experimental study of hospitalized, non-ICU patients treated with azithromycin and a beta-lactam for CAP. The pre- and post-intervention cohorts were from 07/01/2018–04/30/2019 and 07/01/2019–04/30/2020, respectively. Patients were included if they were ≥18 years old, diagnosed with CAP, and had a negative Legionella pneumophila urinary antigen and negative quantitative sputum PCR for Mycoplasma pneumoniae and Chlamydia pneumoniae. Patients were excluded if they were immunocompromised, admitted to an ICU, prescribed azithromycin for an alternative indication, or had evidence of atypical bacteria. After exclusion criteria were applied, 90 and 100 patients were included in the pre- and post-intervention cohorts, respectively. Demographic and clinical characteristics were similarly distributed between cohorts. The initiative was associated with a statistically significant decrease in azithromycin duration (2 days (IQR 1–2.75) vs. 5 days (IQR 3–6), p < 0.001) and hospital LOS (3 days (IQR 2–5) vs. 5 days (IQR 3–8.25), p < 0.001). No statistically significant difference was observed for all-cause 30-day readmission (14.5% (13.5%) vs 13 days (13.0%), p=0.614).

**Conclusion:** Implementation of a pharmacist-driven azithromycin de-escalation protocol for CAP was associated with reduced azithromycin duration and hospital LOS, and a statistically significant decrease in 30-day readmission. This was a simple stewardship intervention which made a measurable impact on antimicrobial use. Additional education for providers and pharmacists regarding appropriate dosing could be considered in the future to promote optimal use.

**Disclosures:** Jeffrey Steele, PharMD, Paratek Pharmaceuticals (Advisor or Review Panel member) Wesley D. Kufel, PharMD, Melinta (Research Grant or Support) Merck (Research Grant or Support) Therapeutics, Inc. (Advisor or Review Panel member)

67. Impact of a Pharmacist-Driven Collaborative Initiative on Staphylococcus aureus Bacteremia Management

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**Session:** P-3. Antimicrobial Stewardship: Outcomes Assessment (clinical and economic)

**Background:** Infectious diseases (ID) consultation has been associated with improved outcomes for Staphylococcus aureus bacteremia (SAB) largely by providing guidance to follow widely accepted standards. However, ID consultation may be delayed due to numerous factors. ID pharmacists may be able to facilitate timely and optimal management of SAB in collaboration with ID providers and microbiology. The primary outcome of this study was to evaluate the impact of a pharmacist-driven collaborative initiative for SAB.

**Methods:** This was a single-center, quasi-experimental study of patients with SAB before (8/1/16–7/31/17) and after (8/1/18–7/31/19) implementation of pharmacist-driven collaborative interventions. After notification of SAB and penicillin-binding protein assay results from microbiology personnel, the ID pharmacist promptly contacted the primary team to facilitate ID consultation...