to be emailed to pharmacists involved with antimicrobial stewardship. It was theorized that this method would help transform outpatient antimicrobial stewardship from a predominately retrospective approach, to a prospective approach. Outpatient stewardship metrics were compared for pre- and post-CSS implementation to evaluate the impact of a CSS. The pre-implementation group (PreCSS) represented outpatient stewardship interventions that were implemented in the last 6 months of 2017 and January 2018. The post-implementation group (PostCSS) represented outpatient stewardship interventions that were implemented in the last 6 months of 2018. To evaluate the impact of a CSS, the outpatient stewardship system was evaluated using the PreCSS group and compared with the PostCSS group. Additionally, the Retrospective chart review of FQ prescription was performed on all patients that completed VV within a diagnosis of sinusitis during the 6-month period. Patients that completed VV were more likely to re-visit for sinusitis within 24 hours (OR 1.76, P = 0.006) and within 30-days (OR 7.4, P = 0.027). In multivariable logistic regression the only factor independently associated with 24-hour re-visit was patient self-request for antibiotics (OR 0.20, 95% CI 0.06–0.68).

Conclusion. Appropriate diagnosis of sinusitis was more likely in the VV group, which shows that VV provides a good platform to target outpatient antimicrobial prescribing. These findings support opportunities for antimicrobial stewardship intervention in both OV and VV.

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2077. Fluoroquinolone Usage Reduction in the Outpatient Setting

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Session: 238. Antibiotic stewardship: Non-Inpatient Settings
Saturday, October 5, 2019: 12:15 PM

Background. Fluoroquinolones (FQs) are the third most commonly prescribed outpatient antibiotic due to ease of dosing, broad spectrum of activity, and favorable pharmacokinetics. However, since 2016, the Food and Drug Administration (FDA) has released warnings about adverse effects, concluding that risks outweigh benefits especially for uncomplicated sinusitis, bronchitis, and cystitis. In fall 2016, our antimicrobial stewardship team began an initiative to decrease outpatient FQ usage involving provider education, addition of FDA warnings to oral FQ orders in Epic, and suppression of FQ susceptibilities. This evaluated the effectiveness of these initiatives in decreasing inappropriate FQ usage.

Methods. Retrospective chart review of FQ prescription was performed on all outpatient clinic, emergency department (ED), and urgent care emergency center (UCC) visits during October 2016, 2017, and 2018. Inappropriate use was defined as an indication for cystitis, bronchitis, or sinusitis without a history of Pseudomonas aeruginosa or other multi-drug-resistant organism, or drug allergies precluding the use of non-FQs.

Results. 1,033 outpatient FQ prescriptions were reviewed. Total FQ prescribing decreased 34% from 403 in October 2016 to 267 in October 2018, with the proportion of inappropriate FQ use decreasing from 53% to 34%. Over 90% of the inappropriate FQ use was for cystitis. Inappropriate prescribing for cystitis and sinusitis decreased by 58% and 33%, respectively, but increased for bronchitis by 25%. The outpatient clinics, ED, and UCC saw declines in the percentage of inappropriate FQ use of 10%, 15% and 22%, respectively, from October 2016 to October 2018. Despite these decreases, rates of inappropriate FQ utilization for the outpatient clinics, ED, and UCC were 64%, 25%, and 31%, respectively, at the end of the last study period.

Conclusion. A multi-modal FQ stewardship initiative effectively reduced the volume of outpatient FQ utilization and inappropriate FQ usage. Continued efforts to educate providers about the risks of FQ use and implement system-level initiatives are likely necessary to improve the rates of appropriate use and sustain the effects demonstrated in this study, especially for primary care providers in the outpatient setting.

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2078. Patterns, Indications, and Appropriateness of Antibiotics Prescribed at a Private Dental Practice

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Background. Although dentists prescribe 10% of all outpatient antibiotics in the United States (US), prescribing patterns among dentists in the US are largely unknown especially in private practice. We aimed to describe the patterns and indications of antibiotics prescribed at a United States private dental practice and evaluate prescription appropriateness.

Methods. This was a retrospective cohort study of all patients who received an antibiotic at a private dental practice in Baytown, TX, between 2017 and 2019. A thorough guideline and literature search was conducted to define the indication-specific appropriate logics of antibiotic prescription. The prescribing dentist and an antimicrobial stewardship pharmacist reviewed each patient chart to verify diagnosis and antibiotic indication. Each prescription was categorized as appropriate (evidence supports use), inappropriate (evidence does not support use), indeterminate (insufficient evidence to support or not support use), or not enough information (inadequate patient-specific data to determine appropriateness).

Results. Of 3,700 patient encounters, an antibiotic was prescribed for 230 (6.2%) encounters. Antibiotics prescribed were amoxicillin (52.3%), amoxicillin/clavulanate (27.8%), penicillin VK (7.8%), amoxicillin (4.8%), clindamycin (3.5%), cephalexin (2.2%), and metronidazole (1.7%). Excluding antibiotics given as a single pre-operative dose (6% of antibiotics), the mean duration of antibiotics was 5 ± 0.6 days (mean ± SD).