

months (April–May) and again in October. In November, both groups received feedback reports. Antibiotic prescribing rates for all three conditions were tracked for both groups for the baseline period (January to March) and throughout the study duration.

**Results.** During the baseline period, antibiotic prescribing rates for the three conditions combined was 71% for Group A and 69% for Group B. Antibiotic prescribing rates for both groups throughout the baseline and study periods are displayed in Figure 1. For Group A, prescribing rates declined from 71% (baseline) to 66% in May and for Group B declined from 69% (baseline) to 55%. During June–September, the monthly prescribing rate remained 66–69% for Group A and 56–57% for Group B. In November, following the additional individualized feedback report provided to both groups, the prescribing rate was 63% for Group A and 46% for Group B.

**Conclusion.** Individualized prescribing feedback reports coupled with education to telemedicine providers was more effective than education alone in reducing unnecessary antibiotic prescriptions for ARTIs. These findings should be used to promote antibiotic stewardship across telemedicine and other care settings.

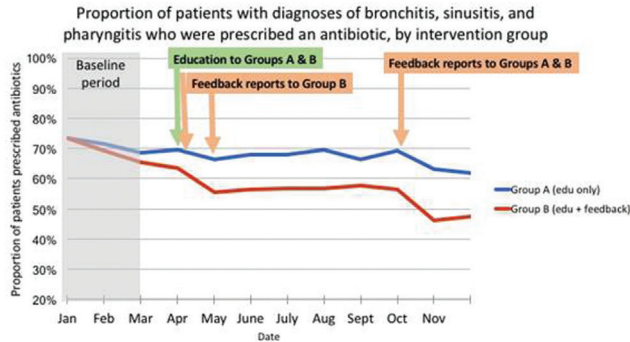


Figure 1

**Disclosures.** I. Tong, Doctor On Demand: Shareholder, Salary. K. Dean, Doctor On Demand: Shareholder, Salary. J. Thompson, Doctor On Demand: Shareholder, Salary.

#### 196. Public Health Can Play a Role Implementing a Successful Outpatient Antimicrobial Stewardship in Primary and Urgent Care

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**Background.** An estimated 30% of outpatient antibiotic prescriptions are unnecessary. Antimicrobial stewardship programs (ASP) are associated with decreased antibiotic prescribing and improved patterns of antimicrobial resistance. The objective of Targeting Appropriate Prescribing in Outpatient settings (TAP OUT) is to study how public health jurisdictions may assist implementation of ASP in primary and urgent care and to measure the impact on reducing inappropriate antibiotic prescribing.

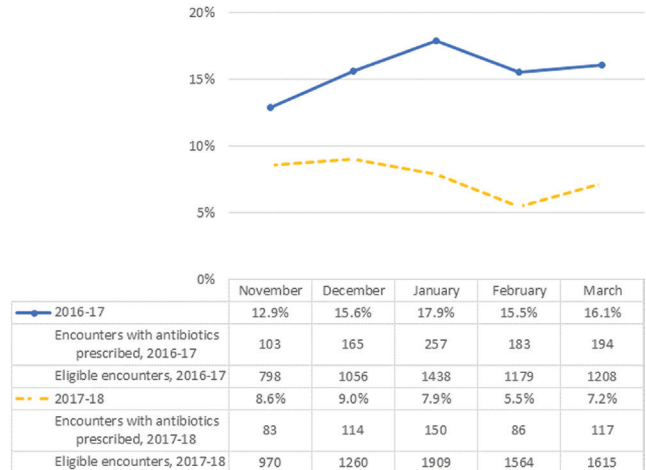
**Methods.** Los Angeles County Department of Public Health (DPH) partnered with an outpatient medical group to implement an ASP in 2017. The TAP OUT ASP included public commitment, communication skills training, clinical treatment education, and prescribing audits. Implementation characteristics were collected via key informant interviews and provider surveys and were analyzed following the Consolidated Framework for Implementation Research. Historical (November 2016–March 2017) and intervention (November 2017–March 2018) period prescribing data from electronic health records were compared with calculating antibiotic prescribing rates for uncomplicated acute upper respiratory infection (URI) encounters.

**Results.** Twenty primary care and three urgent care clinics, representing 208 providers, participated in TAP OUT. The baseline inappropriate antibiotic prescribing rate for URI was 15.5% amongst all prescribers (range: 0–100%). During the intervention period, the inappropriate prescribing rate decreased to 7.6% (51% reduction,  $P < 0.0001$ ) (Figure 1). Several key implementation elements were identified, such as leadership buy-in and on-site peer champions. Visible and recurring prescribing reminders were useful. To improve adoption, the ASP was integrated into existing workflow. Costs were limited and related to information technology resources to analyze prescribing data and create feedback reports.

**Conclusion.** The TAP OUT program met all of the Centers for Disease Control and Prevention (CDC) Core Elements of Outpatient Stewardship and was associated with a decrease in inappropriately prescribed antibiotics with low implementation costs. DPH will develop a TAP OUT implementation guide and work with local providers to develop ASPs.

#### Figures:

Antibiotic prescribing rate for acute URI, by respiratory season



**Disclosures.** All authors: No reported disclosures.

#### 197. Implementation of a Prospective, Pharmacist-Led Methicillin-Resistant *Staphylococcus aureus* Nasal PCR Screening Pilot Protocol to Reduce Overutilization of Vancomycin

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**Background.** The methicillin-resistant *Staphylococcus aureus* (MRSA) nasal polymerase chain reaction (PCR) has a negative predictive value of 95.2–99.2% for MRSA pneumonia. Negative MRSA nasal PCR results can be used as an effective tool to discontinue unnecessary empiric vancomycin therapy.

**Methods.** This single-center, pre-post quasi experimental pilot study evaluated the impact of a pharmacist-led MRSA nasal PCR screening protocol on vancomycin days of therapy (DOT) in patients with pneumonia. All adult patients with IV vancomycin ordered for pneumonia admitted to nonintensive care units were included. Patients who received nasal mupirocin, transitioned to hospice during admission, or had another indication requiring vancomycin were excluded. Pharmacists ordered an MRSA nasal PCR, per protocol, upon order verification. Negative results were used to recommend vancomycin discontinuation when appropriate. Prospective data were compared with a random retrospective cohort during a similar time frame the previous year. The primary outcome was vancomycin DOT before and after protocol implementation. Secondary outcomes included length of stay, quantity of vancomycin levels obtained, in-hospital mortality, acute kidney injury incidence, adherence to the protocol, and need for antimicrobial escalation.

**Results.** A total of 130 patients were included ( $n = 65$ , pre-intervention;  $n = 65$ , post-intervention). No statistically significant differences were observed in the demographics between the two groups. The median reduction in vancomycin DOT was 1.4 days [2.9 days (IQR 1.8–4.1) vs. 1.5 days (IQR 0.7–2.3);  $P < 0.001$ ]. The percentage of IV vancomycin ordered for pneumonia was reduced by 5.2% (19.6% vs. 14.4%;  $P = 0.036$ ). The protocol also resulted in a decreased median number of serum vancomycin levels ( $P < 0.001$ ). No statistically significant differences were observed in the secondary outcomes, and there were no adverse clinical outcomes. Protocol adherence was 67.9% overall.

**Conclusion.** Implementation of a pharmacist-led MRSA surveillance protocol significantly reduced vancomycin days of therapy, reduced serum vancomycin levels, and had no unintended adverse consequences for respiratory tract infections. Results from this pilot project will be used to expand this protocol systemwide.

**Disclosures.** All authors: No reported disclosures.

#### 198. Pharmacist-Led Antimicrobial Prompting During Interdisciplinary Team Rounds as a Novel Antimicrobial Stewardship Intervention

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