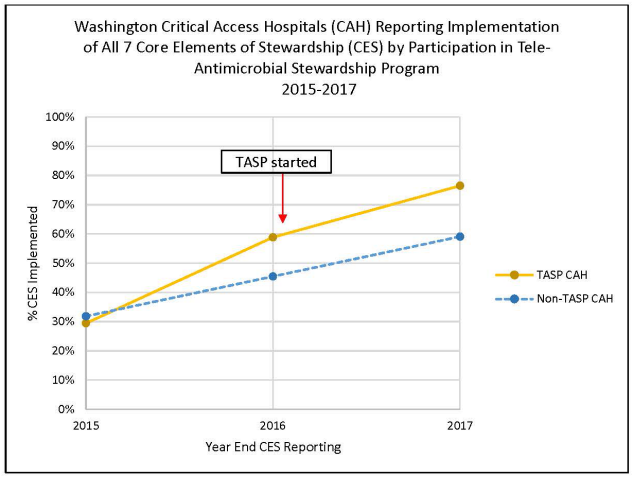
to 59% (2017). By the end of 2017, TASP CAH also succeeded in implementing individual CES to a greater degree than did non-TASP CAH (Table 1).

Conclusion. TASP CAH reported more successful implementation of CES than did non-TASP CAH. Improved CES implementation in TASP CAH may in part be due to differences in baseline hospital characteristics; however, expertise and support provided by UW TASP likely contributed. The use of telehealth mentoring increased antimicrobial stewardship in this resource-limited setting.

Table 1: Percent of Washington Critical Access Hospitals Reporting CDC Core Elements of Stewardship by Year and by Participation in Tele-Antimicrobial Stewardship Program.

Washington Critical Access Hospitals (CAH) Reporting Core Elements of Stewardship (CES) by Year and Participation in Tele-Antimicrobial Stewardship Program (TASP)				
Core Elements of Stewardship	Total Overall Percent Increase	Percent of CAH Implementing		
		2015	2016	2017
TASP CAH (n=17)				
Leadership	60%	59%	76%	94%
Accountability	89%	53%	88%	100%
Drug Expertise	42%	71%	94%	100%
Action	14%	82%	82%	94%
Track	45%	65%	88%	94%
Report	25%	71%	88%	88%
Educate	114%	41%	71%	88%
All 7 CES	**160%**	**29%**	**59%**	**76%**
Non-TASP CAH (n=22)				
Leadership	64%	50%	68%	82%
Accountability	58%	55%	82%	86%
Drug Expertise	5%	91%	91%	95%
Action	5%	86%	91%	91%
Track	31%	73%	91%	95%
Report	0%	91%	95%	91%
Educate	55%	50%	64%	77%
All 7 CES	**86%**	**32%**	**45%**	**59%**

Figure 1: Percent of Washington Critical Access Hospitals Reporting Implementation of All 7 Core Element of Stewardship by Participation in Tele-Antimicrobial Stewardship Program



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

2092. Acceptability and Effectiveness of Implementation Strategies on Fluoroquinolone (FQ) Prescribing

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Background. The Food and Drug Administration (FDA) has issued multiple FQ safety warnings and recommends prescribing FQ only where alternatives are not available. We sought to assess the effectiveness and acceptability of differing implementation strategies on inpatient FQ prescribing.

Methods. Antimicrobial stewardship champions at 15 PBRN sites completed a survey in April 2018 regarding local use and acceptability of differing strategies to improve FQ prescribing. Sites with audit and feedback (PAF) and/or prior approval (PA) were compared with sites without these strategies. Antibiotic days of therapy (DOT) per 1000 days-present (DP) were extracted from the VA Corporate Data Warehouse for 2017–2018. Independent t-tests, contingency tables and simple linear regression were applied.

Results. 60% of sites had PAF or PA implemented for FQ. When compared with sites with no strategies in place (64.2 ± 34.4 DOT/DP), mean FQ prescribing rates were lower for sites that employed PAF/PA (35.5 ± 9.8; $P = 0.03$) and decreased over the 2-year period ($P < 0.001$ for trend by month). This decrease occurred without an increase in third/fourth-generation cephalosporins for the PAF/PA group (83.5 ± 18.8; $P = 0.1$ for trend), but increased for sites with no strategies in place (93.6 ± 55.2; $P < 0.01$ for trend). However, total antibiotic prescribing rates were not different for sites with PAF/PA (561.7 ± 77.8) or without strategies (644.1 ± 157.7; $P = 0.2$) and did not change over time (p> 0.2). Sites with PAF/PA that reported FQ implementation strategies were "completely" accepted had lower FQ rates than where it was moderately accepted (34.2 ± 5.7 vs. 48.7 ± 4.5; $P < 0.01$). The PBRN sites perceived that clinical pathways/local guidelines (93% of 15 sites), PA (93%), and order forms (80%) "would" or "may" be effective in improving FQ use. While most sites (73%) indicated that requiring infectious disease consults "would" or "may" be effective in improving FQ use, 87% perceived implementation to be difficult.

Conclusion. PAF and PA implementation strategies focused on FQ were associated with lower FQ prescribing rates, but not overall antibiotic use, indicating class substitution. This may indicate increased acceptability of implementation strategies and/or sensitivity to the FDA warnings.

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

2093. Prescribing of Antibiotics by Provider Type Across the Veterans Health Administration (VHA), 2015–2017

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Background. Antibiotic stewardship frequently targets high prescribing providers. Our objective was to determine differences by provider type in antibiotic prescribing rates, high prescribing and trends over time.

Methods. Cross-sectional study in 2015–2017 of non-trainee dental and medical providers actively practicing (defined as ≥20 VHA visits). Medical providers included all physicians and advanced practice providers (APP). Antibiotics prescribed within 7 days of a visit were included. "High prescribing" was defined as providers with visit-based rates ≥75th percentile. Chi square assessed differences in the frequency of high prescribing. Poisson and logistic regression were applied; models were clustered within the facility.

Results. At 130 VHA facilities, there were 32,000 unique medical providers and 1300 dentists actively practicing/year. From 2015–2017, overall antibiotic prescribing rates decreased by 6.4% ($P < 0.0001$ for trend); decreasing by 1.8% for dentists ($P < 0.001$) and 6.6% for all medical providers ($P < 0.001$). More antibiotics were prescribed/visit among dentists vs. medical providers (6.7 vs. 4.3/100 visits; IRR = 1.7). Among medical providers, APP had higher rates (5.0 vs. 4.1/100 visits; $P < 0.001$). Among dentists, specialty dentists had higher rates compared with general dentists (7.6 vs. 6.5/100 visits; $P < 0.001$), increasing by 1.9% for specialty dentists and decreasing by 3.1% for general dentists. At the facility-level, dentists who were high prescribers (≥ 75th percentile) of antibiotics were at different facilities as medical providers who were high prescribers ($P < 0.001$). However, there was no difference in the odds of being a high antibiotic prescriber for dentists when compared with medical providers. Specialty dentists (OR = 1.7; 95% CI: 1.4–2.1) had higher odds of being high prescribers when compared with general dentists. There was no difference among the type of medical provider.

Conclusion. As compared with physicians, dentists and APP have higher antibiotic prescribing rates, though prescribing may differ based on the frequency of infection-related visits. Facility-level interventions to curb the high use of antibiotics may not be reaching high prescribing dentists. Stewardship should be targeted to non-physician providers.

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