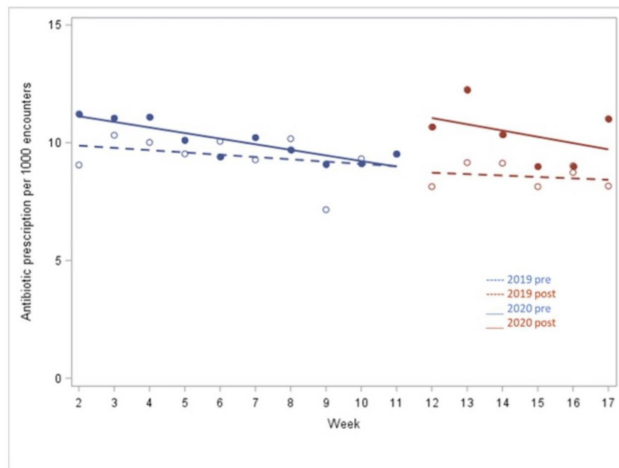


Figure 1. Segmented Regression of antibiotic prescription per 1000 encounters pre and post COVID-19 restrictions with 2019 as control group.



Conclusion: We found an immediate increase in antibiotics relative to encounters post COVID-19 restrictions though antibiotics and encounters were all generally decreased with azithromycin showing the most appreciable decrease. Further investigation is needed to understand these findings and the implications on the population.

Disclosures: All Authors: No reported disclosures

147. Pharmacist Attitudes Towards Using Clinical Decision Support in Community Pharmacies to Promote Antibiotic Stewardship in the Treatment of Uncomplicated UTI

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Session: P-5. Antimicrobial Stewardship: Non-Inpatient Settings

Background: Prior studies of prescribing practices have shown that providers frequently choose non-guideline concordant treatment regimens to treat uncomplicated urinary tract infection (UTI). It has also been shown that uncomplicated UTI can be treated safely, and in a guideline concordant manner, by non-physician providers using an algorithm over the phone. The purpose of this study was to assess pharmacist attitudes towards using a clinical decision support (CDS) tool that would be used to evaluate and manage patients presenting with complaints of UTI in the community pharmacy setting.

Methods: We conducted semi-structured interviews of community pharmacists (n = 21) from 2019 to 2020 until thematic saturation was reached. Pharmacists were questioned about their attitudes towards stewardship, workflow, interactions with patients and providers, and interest in using a computerized CDS tool. Interviews were recorded, transcribed, and de-identified. Coding and analysis of the interviews was performed using NVivo version 12.

Results: Pharmacists were interviewed with practice experience ranging from 2 to 54 years (median 13, IQR 6, 27). All pharmacists expressed interest in using CDS to assist with patient evaluations and stewardship. They reported that patients routinely use the community pharmacy as a first stop for medical advice and that they have several interactions per day with patients in which they counsel them on a variety of issues, including UTI. Their assessment and management decisions of UTIs were based on personal knowledge and not on any standard of care. Communication difficulties with primary care offices often delayed management of these patients and lack of information sharing made it difficult for pharmacists to engage in stewardship practices.

Conclusion: Community pharmacies are an important point of contact for patients and represent a significant opportunity to implement outpatient stewardship interventions. Pharmacists had an overwhelmingly favorable response to the prospect of using a CDS tool, both to help in patient evaluation and to promote antimicrobial stewardship. Based on these results we can conclude that it would be feasible to pilot a CDS tool in community pharmacies to further evaluate its safety and efficacy in the treatment of UTI.

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148. Post-Extraction Infection and Antibiotic Prescribing Among Veterans Receiving Dental Extractions

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Session: P-5. Antimicrobial Stewardship: Non-Inpatient Settings

Background: Dentists prescribe 10% of outpatient antibiotics in the United States, equating to 24.5 million prescriptions annually. However, there is a paucity of data regarding adjunctive antibiotic use in tooth extractions. This study compared post-extraction infections following dental extractions with and without adjunctive antibiotics. Post-extraction infection risk factors and antibiotic prescribing patterns were also investigated.

Methods: This was a retrospective cohort of Veterans with tooth extraction(s) in any Veterans Affairs dental clinic from 1/1/17-12/31/17. A stratified random sample was selected by geographic region, type of extraction (surgical/non-surgical) and post-extraction antibiotic receipt to ensure inclusion of subjects in each of these categories. Subjects who received an antibiotic were compared to those who did not for the occurrence of post-extraction infection as documented in the health record by infectious signs/symptoms or diagnosis. Multivariable regression was performed to identify factors associated with antibiotic receipt.

Results: A sample size of 374 was needed to achieve statistical power based on a 10% risk of infection post-extraction. Nationally, 69,610 patients met inclusion criteria, of which 404 were randomly selected for inclusion. Antibiotics were prescribed to 154 patients (38.1%). There was no difference in post-extraction oral infection among subjects who did and did not receive antibiotics (4.5% vs. 3.2%, p=0.59). Risk factors for post-extraction infection could not be identified due to the low frequency of this outcome. Subjects who received antibiotic prescriptions were more likely to have a greater number of teeth extracted (OR=1.1; 95% CI 1.03-1.2), documentation of acute infection at time of extraction (OR=3.0; 95% CI 1.6-5.8), molar extraction (OR=1.8; 95% CI 1.1-2.9) and extraction performed by an oral maxillofacial surgeon (OR=2.3; 95% CI 1.5-3.6) or specialty dentist (OR=5.8; 95% CI 2.1-16.2).

Conclusion: Infectious complications were not significantly different among Veterans undergoing tooth extraction who did and did not receive post-extraction antibiotics. Antibiotic prescribing for tooth extraction may be a potential area of focus for outpatient antimicrobial stewardship efforts.

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149. Unmet Informational Needs among Nursing Home Residents Receiving Antibiotics: A Qualitative Study

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Session: P-5. Antimicrobial Stewardship: Non-Inpatient Settings

Background: Antibiotics are commonly used in the nursing home (NH) setting and increase residents' risk for opportunistic and painful infections. Existing evidence of NH residents' experiences and attitudes towards antibiotic use is limited. We aimed to explore NH residents' experiences and perceptions of the benefits and risks to antibiotic treatment.

Methods: Two researchers conducted one-on-one semi-structured interviews with residents residing in a large not-for-profit NH in New York City. Interviews were audio-recorded and transcribed verbatim. Researchers coded the transcripts using thematic analysis in NVivo 12.

Results: A total of 26 residents engaged in individual interviews. Participants had a mean age of 76. Most were white (81%), female (58%) and had attended college (58%). Four thematic findings emerged: 1) participants' involvement in antibiotic treatment decisions; 2) perceived benefits and risks to antibiotics; 3) unmet informational needs; and 4) suggestions to overcome informational needs. Participants described varied involvement in antibiotic treatment decisions, in which some participants described insisting antibiotics from their clinicians and others described leaving antibiotic treatment decisions entirely to the judgement of clinicians. Benefits of antibiotics were well-articulated, yet risks (side effects including antibiotic resistance) to antibiotics were poorly described. Participants reported unmet information needs, including concerns regarding potential drug interactions. Information needs were described to result from a lack of communication with NH staff and/or poor memory among NH residents. Participants suggested that NH residents receive written material regarding their antibiotic prescriptions and provided the types of information that would be helpful for NH residents to know. Descriptions of themes and representative quotes are provided in Figure.