

## Reducing inappropriate antibiotic use in primary care: developing a knowledge translation strategy

2008 CIHR Summer Institute



June 25, 2008

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## Acknowledgements


- Donna Ciliska
- Jill Francis
- Sharon Strauss
- Andrea Smith
- Hannah Burleton
- Other observers
- CIHR Summer Institute




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## Context

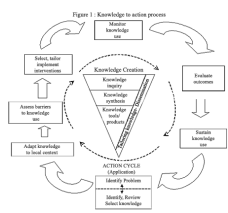

- **Who:** Antibiotic Resistance Task Force – Regional Health Authority
- **What:** KT strategy to reduce the inappropriate use of antibiotics for URITs in primary care settings
- **Why:** Evidence of individual and community risks associated with antibiotic resistance and use of antibiotics when they are non-essential



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## Outline

1. Description of multifaceted KT strategy/ intervention
2. Discussion of process and group reflections





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## Getting started

- Logic Model approach
  - Phase 1: taskforce composition, stakeholder engagement
  - Inputs
  - Barriers/facilitators
  - Activities
  - Outputs
  - Outcomes


Goals/objectives	To decrease the prevalence of inappropriate prescriptions
Inputs	• Developing the task force, integration of stakeholders
Barriers	• Time; current (habitual) practices
Facilitators	• Piggy-backing on existing opportunities; incentives (e.g. CMEs)
Activities	• Interactive educational meetings
Outputs	• Planned curriculum and materials
Outcomes	• Decrease in the number of inappropriate prescriptions



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## Overview of multifaceted KT intervention

	Outside the MD office	At the MD office
Patient experience	Well person	Patient with URTI → Waiting room → Physician office
Activities	Media	Survey (electronic/paper) → Treatment options info → Delayed prescription
Physician experience	Interactive education	Patient with URTI → Prescription for antibiotic?
Activities		Receive patient survey → Prescription pad → Delayed prescription → Electronic/sticker flags



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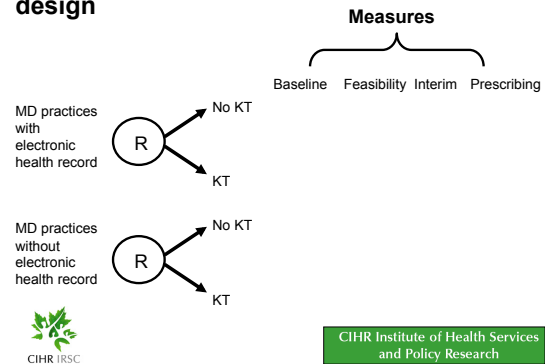
## Evaluation Question

Does a multifaceted, community-based participatory KT strategy vs. no KT strategy aimed at family physicians reduce inappropriate antibiotic prescribing for upper respiratory tract infections in otherwise healthy adults and children?



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## Overview of pilot cluster randomized trial design



## Process – Relationship Building

- Group enablers
  - Synergy
  - Trust and respect
  - Safe space
  - Diverse voices
- Facilitator role
  - Focusing
  - Prompting
  - Expertise
  - Tone
  - Summary



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## Process – Multidisciplinarity

- Clarifying language
  - “primary care setting”
  - “barriers”
- Negotiating and working with different models/approaches
  - Comfort levels varied
    - Created tension AND promoted creativity



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## What we've learned...

- Importance of negotiation skills
- A safe space is fundamental to collaboration
- Issues are complex and require time and resources to address fully
- Individuals fit into the KT process in different ways



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