

A clinical intervention model for knowledge transfer: Treatment of candidemia

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INTRODUCTION

In 2016, the *Programme de gestion thérapeutique des médicaments* (PGTM) – a therapeutic drug management program arising from Quebec's five university teaching hospitals (UTHs) – performed a retrospective descriptive analysis on antifungal usage. According to the results, antifungal use for the treatment of candidemia was suboptimal.

OBJECTIVE

In accordance with a clinical intervention model involving four UTHs:

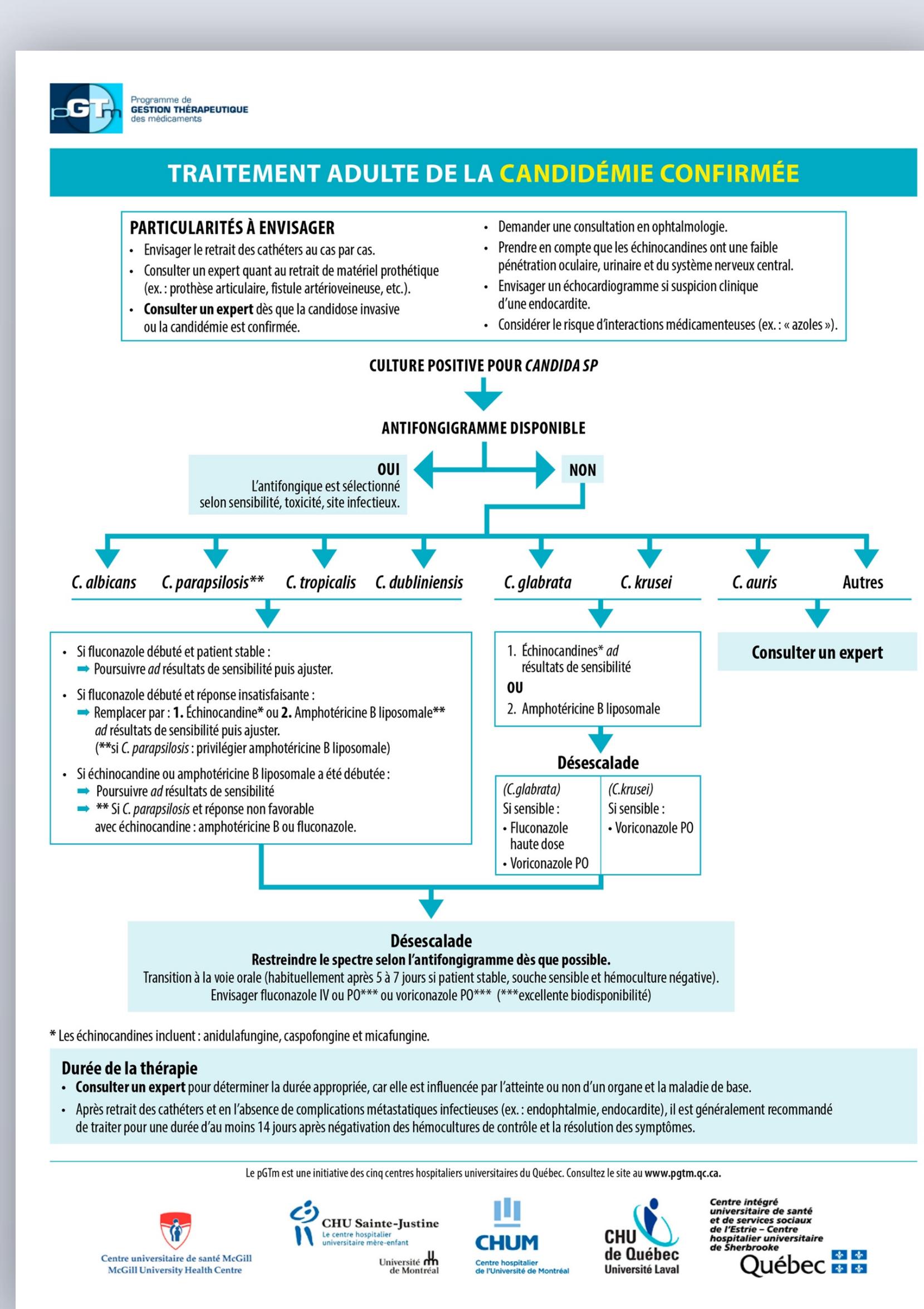
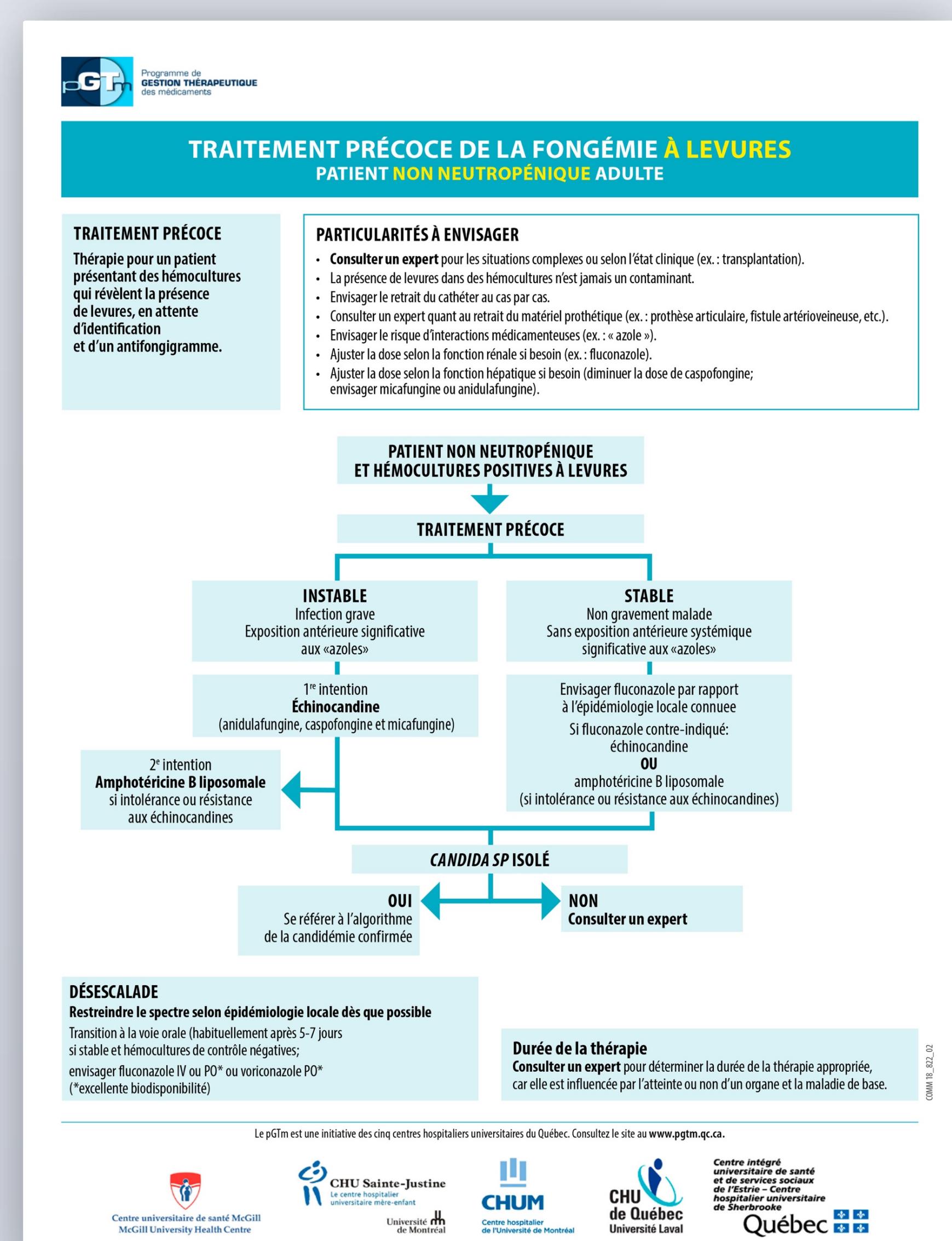
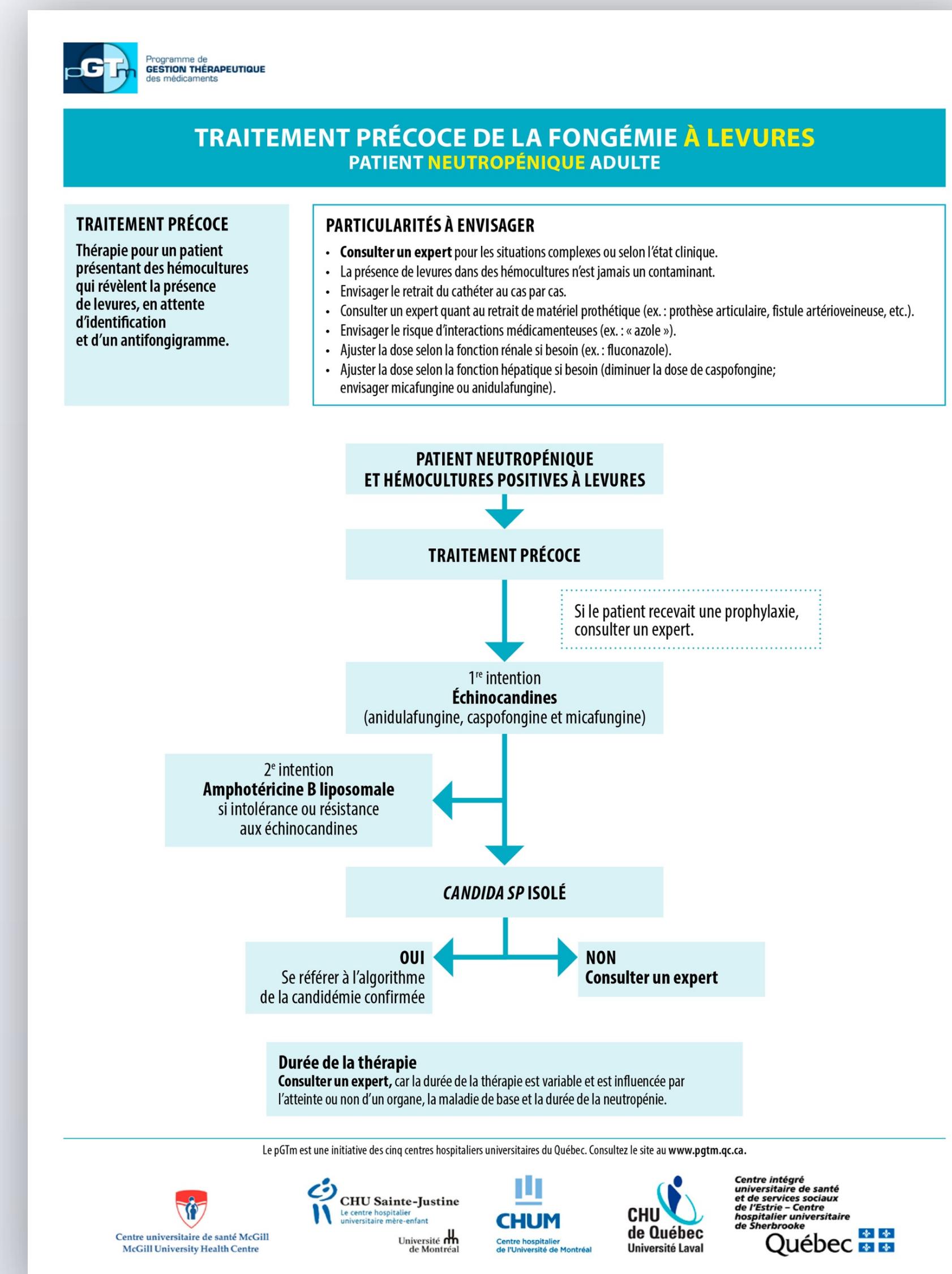
- To develop decision support tools to assist clinicians with the treatment of candidemia;
- To disseminate key points.

METHODOLOGY

- A working group of 3 infectious disease physicians and 3 pharmacists from the four UTHs was created.
- A literature review was conducted to identify guidelines and systematic reviews/meta-analysis for the treatment of candidemia.
- The working group proposed to develop treatment algorithms.
- Involvement throughout all the process of the antimicrobial stewardship committees of the four UTHs was required.

RESULTS

- A report with critical appraisal « *Traitemennt de la fongémie à levures : revue des guides de pratique* » can be consulted on the PGTm website: www.pgtm.qc.ca.
- Three evidence-based algorithms were developed by the working group:
 - Preemptive treatment of yeast fungemia for the non-neutropenic patient
 - Preemptive treatment of yeast fungemia for the neutropenic patient
 - Treatment of confirmed candidemia
- To promote the utilization of algorithms, different ways for clinicians consultation have been developed (eg. PGTm website, computer application, pdf documents, newsletter/bulletin).
- Well implemented antimicrobial stewardship committees have contributed to the promotion of the algorithms.



ANALYSIS AND CONCLUSION

Collaboration between different UTHs and the creation of an interdisciplinary team are an efficient way to implement a clinical intervention model. Development of these algorithms has been helpful to reach clinicians, to provide knowledge transfer and promote a standard approach for the treatment of candidemia. After implementation of the algorithms, a second descriptive analysis is planned to compare the results and evaluate if the treatment of candidemia has improved.

