RELAX TRIAL ADAPTATIONS

WHEN did adaptations occur?

Modifications occurred during the trial's pre-intervention and intervention periods

WHO participated in the decision to modify?

The core research team in consultation with:

- Core research team (CR)
- Site study leads (SS)
- Stakeholder Advisory Group (SAC)
- National Stakeholder Group (NS)
- Site clinicians & administrators
- Parent focus groups (FG)

Were the adaptations planned?

Modifications were planned with the exception of the reactive plan to modify the audit and feedback delivery mechanism

For WHOM were the adaptations made?

Modifications were made for the following levels of delivery:

- all research sites (majority)
- site-specific adaptations (participation & communication)

WHAT was modified?

NATURE of adaptation listed with SOURCE of adaptation suggestion in parenthesis

CONTENT

- Audit and Feedback report delivery: adjusted from automated to manual report delivery for technological ease (CR & SS)

CONTEXT

- EHR prescribing options: Eliminated the 7-day dosing duration button (retaining buttons for 10- and 5-day dosing only) (CR)
- Clinician inclusion criteria: Widened criteria to include practices with partial provider participation (CR)
- Clinician feedback: Established plan to collect clinician feedback earlier in the intervention period to facilitate overcoming of barriers (NS)
- Clinician communication: Created site-specific email addresses to enable 2-way communication between site leads and clinicians (SS)
- Patient communication: Allowed for site-specific determination of translation need for patient education material (SS)

TRAINING

- Patient education material:
  - Adjusted fonts/colors/format to improve visual appeal (CR & SAC)
  - Added material about antibiotic resistance (SAC)
  - Added infographic to visually display antibiotic risks/benefits (SAC & FG)
  - Clarified return precaution symptoms and timing (SAC & FG)
- Clinician education material:
  - Adjusted fonts/colors/format to improve visual appeal (CR & SAC)
  - Added statistics on risks associated with longer antibiotic durations (SAC)
  - Created an email to explain randomization to low-intensity participants (SS)
  - Created a clinician Q&A document to address common clinician questions (CR)
- Clinician educational sessions content tailoring:
  - Added material on Cefdinir efficacy for AOM (NS)
  - Added material about specific risks associated with unnecessary antibiotic therapy (NS)

WHY were adaptations made?

- **Improve patient-centeredness** (e.g., adapt patient-education material per input from parent stakeholders to improve uptake by families)
- **Improve clinician uptake** of intervention recommendations (e.g. adapt educational session information to improve adoption of evidence-based antibiotic prescribing for AOM)
- **Increase intervention component adoption** by clinicians (e.g., create a Q&A document responding to frequently asked questions about the intervention)
- **Increase clinic participation** (e.g., include clinics with partial participation)
- **Respond to technology challenges** (e.g., deliver audit and feedback reports manually when the automated system failed to function)

What was the GOAL:

Demonstrate feasibility at varied sites to generate a scalable intervention