Antibiotic stewardship for respiratory tract infections: implementation research project

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Background
Antimicrobial resistance (AMR) is a major cause of death worldwide. Most antibiotics are prescribed in ambulatory care by general practitioners (GPs), but often inappropriate. Implementing interventions to improve antibiotic prescribing quality is challenging.

Questions
Can we implement interventions to improve antibiotic prescribing quality in general practice and strengthen the selfcare capacity of patients with acute infections in Belgium and learn from this process?

Methods
We will develop a toolkit based on interventions and an audit- and feedback module. Both will be tested by local champions coaching GPs within their region. Local champions are trained by expert process facilitators. We will evaluate the project based on the Implementation Research Logic Model (IRLM) and the Normalization Process Theory (NPT).

Outcomes
A feasible and suitable toolkit identifying barriers and facilitating implementation of tailored interventions, and an audit- and feedback module which enables monitoring and bench-marking of the antibiotic prescribing quality.

Discussion
The approach of this implementation project is novel given the above-mentioned training cascade. The feasibility and suitability of the toolkit and the audit- and feedback module will be evaluated in Belgian primary care.

Take home messages for practice
Findings resulting from this implementation project in routine practice, may provide a solid basis for a future scale-up within the larger healthcare system to improve antibiotic prescribing quality in ambulatory care.

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