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The FIRE Project – 2012 in Review

As we are fast approaching the end of another busy year, we have been reflecting on our activities in 2012. We would like to take this opportunity to give you a brief update on our progress.

The FIRE team wish you all the best for the festive season and the coming New Year.

WORK PACKAGE 1 — FACILITATION

ARM 2

The data collection continues in the nursing homes as planned following the end of the facilitation intervention in June 2011.

Gill Harvey and Alison Kitson

ARM 3



The Irish President talking with one of the FIRE Internal Facilitators

FIRE has attracted some very high profile interest

At the Arm 3 closing event in Dublin, in June 2012, the FIRE Internal Facilitators and a buddy, along with Angie Titchen (co-External Facilitator with Brendan McCormack) and Claire Hawkes (Research Fellow) met the Irish President, Mr Michael Higgins. Mr Higgins had expressed an interest in meeting the FIRE study participants prior to his visit to one of the nursing homes in the study.

Re-connecting on arrival at the venue was very significant for all of us. It seemed a long time since we developed a bond at the residential programme two years previously. At most of the teleconferences, the internal facilitators have stressed the importance of meeting face to face in providing support for the challenges they have faced. Something of their experience can be seen in the expressions below.



(Above) The President was very interested in the creative approaches used in Arm 3.



(Left) Re-connecting activity: Internal facilitators creative expressions of their experience of being in the FIRE study.

(Below) Figuring out the PowerPoint system

During the event, each internal facilitator presented the achievements and experiences of being engaged in the FIRE study to each other. Each presentation was followed by lively discussion and questions.





(Left) Use of humour in a presentation

Time for action planning to sustain and disseminate their project work within their organisations was followed by the presentation of IRE Study certificates. Each internal facilitator's achievements and learning were honoured and celebrated.



(Above) Do we need to say more? We were in Ireland after all.

(Left) Handing out the certificates



(Right) Final farewells

A day in the life of two FIRE project Arm 3 Facilitators

Introduction

We both graduated in September 2011 at Fontys University of Applied Sciences, in the Netherlands with Masters Degrees in Advanced Nursing Practice. We started in May 2010 with the facilitation arm 3 program of the FIRE project. We firstly orientated ourselves to the subject of urinary incontinence and associated care. We then identified the key stakeholders who needed to be involved and we worked with them to set up an action research project to support our work. We used part of this project for our Masters Thesis. We work in an organisation with several nursing homes. Since our roles as Advanced Practice nurses is located within the medical service to the nursing homes and not the nursing department, we had no direct influence on the nursing care at the chosen wards for the project.

How we began

We started collecting data, by interviewing residents and examining the medical and nursing records, searching for diagnosis and treatment plans for urinary incontinence (UI). We also did a culture workshop on both wards to facilitate nurses to express how they manage incontinence care. We asked all nurses to complete the Context Assessment Index [CAI] (McCormack, 2009¹; translated by Gorkom, 2010²,). We bundled this data and in consultation with the leaders of the wards, we formed an internal project group with two nurses from each ward, and ourselves as facilitators.

The internal project group (IPG)

Before the start of the IPG we developed the programme of work. With the start of the IPG we wanted to facilitate in a way that would help us to reach a high level of participation among all members. We spoke about how to work with each other and developed ground-rules. Together we

examined the data from the interviews, records audits and the CAI and identified for themes to guide the development work. We concluded that the information from this data was very powerful to use as a method to motivate the IPG members and also to motivate the staff to change practice. Together we made a list of 'points for improvement'. We used a variety of creative approaches, for example by working with paint, collage and post-its in the development of shared values (see *photo of the group working on developing their shared under-standing of continence care using collage*). This way of



working was appreciated by everyone and identified by IPG members as a method that gives everyone a voice, to feel safe in a group and to feel engaged. Together we chose a range of priorities for development. First, we decided, there needed to be a diagnosis of UI for all residents who were considered to have this problem. We decided together how we would address that issue. Also we concluded that there was a shortage of knowledge on the wards about incontinence care. With the IPG we developed a workable observation list, which was tested on the wards. We designed an education programme that included a lot of interaction, visualisation and practical examples – something we have come to know on the Arm 3 FIRE programme as 'Active Learning'. We also used statements from the interviews to illustrate what habitants had said about

Continued over...

their experiences with incontinence care. The evaluations of the education programme were very positive.

A day in April 2012

We use this 'day' as an example of how we progressed in the programme. Today there is a meeting with the IPG. Last time, as co-facilitators, we used Heron's 'six category interventions' as a means of helping participants to understand different ways of helping others on the ward with improving incontinence care. One of the members has a new, creative idea for an icebreaker activity - we start with an icebreaker everytime we meet, as it is a succesful method to become 'free' from from the daily work challenges, to orientate to the project work and to feel comfortable with each other. We then talked about the work on the wards and the progress being made with the observation list. The doctors on the wards have been using them and find them useful for diagnosing UI. The ward staff use them only when they are told to. Together with repeating the information from the education programme, we are looking for methods to help fit the observation list in the daily routine and become part of routine practice by everyone. Heron's interventions are very useful for identifying different strategies for engaging. IPG members experience high pressure from the work that has to be done, but we all agree that we must keep trying. What motivates them is that they developed the observation list themselves and have experienced that it works. Also they think it is a nice idea that eventually this list will probably be used on all wards in our organisation.

As the Arm 3 intervention of the FIRE project is almost finished, we discussed with the IPG how to evaluate our effectiveness on implementing better continence care. Because of the short time period, the influence of other projects happening on the units at the same time, and staff turnover (at least half of the nurses on one of the wards left during the project), we decide together that asking

the ward staff (the ones who stayed!) for feedback, offered the best opportunity to get honest answers. We planned on doing 8 interviews. We, as facilitators, also liked to know how the IPG members have experienced our facilitation. We have agreed to develop a questionnaire for that purpose. We also decide to measure how many diagnosis of UI were made and to compare that with results at the beginning of the project.

We closed the work of the group that day by using 'photocards'. We placed the cards on the table and everyone chose one and talked about it using 'metaphor' that expressed what he/she thought of this meeting. Afterwards we as facilitators evaluated our roles. In the beginning we did that with the 'Critical companionship matrix' (Titchen, 2003³). That was very helpful, but most of the time we did not have time to do that. After every meeting we made notes and sent them to each of the IPG members and to the managers of both wards, to keep them informed. We regularly had meetings with the managers and invited them to discuss the project with us. We found out this was necessary and very helpful.

The future

We are very curious what the outcomes of our evaluations will be and of course also of the outcomes of the whole FIRE project. This project has been a very valuable experience for us and for the IPG members and we think also for the nurses on the wards. We hope of course that the residents will experience optimal, person-centred continence care in the future in our organisation.

¹McCormack B.(2009). *Using the Context Assessment Index (CAI) in practice: facilitating conciousness raising for practice development.* Newtownabbey: University of Ulster. (Not Published).

²Gorkom P van (2010). *Gids voor gebruik van de Context Assessment Index (CAI).* Antwerpen: Universiteit Antwerpen (niet gepubliceerd).

³Titchen A. (2003) *Critical Companionship: part 1.* *Nursing Standard* 18 (9):p.33-40.

WORK PACKAGE 2 — EVALUATION

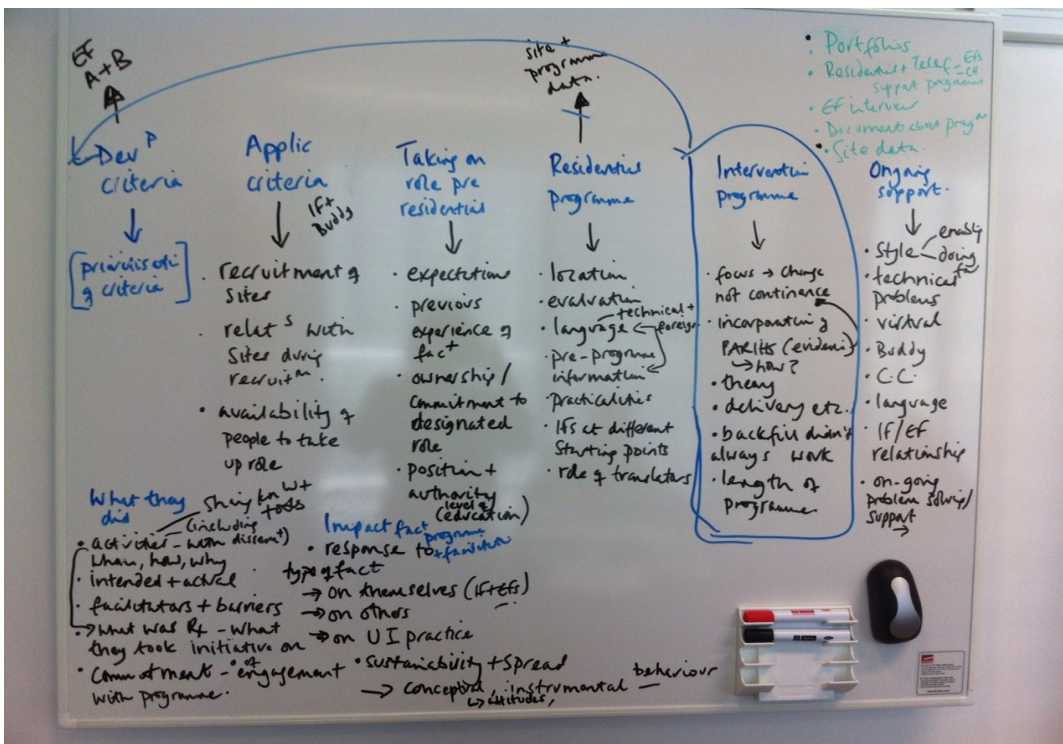
The Research Fellows, Jo Rycroft Malone and Kate Seers continue to meet regularly both face to face in London and by teleconference to review each Research Fellows' qualitative data analysis and begin the process of integrating this analysis.

In addition to refining the themes noted in the previous newsletter, we have been developing the theories in our realist analysis expressed as Context Mechanisms and Outcomes (CMOs) for each home, then at country level. In the New Year we will be

looking at further integration across countries.

In October we presented some of the analysis of the Swedish data for discussion at a workshop of international colleagues working in the field of knowledge utilisation research at the KUI2 Colloquium in Melbourne. We would like to thank participants in the workshop for their useful and insightful contributions.

Jo Rycroft Malone and Claire Hawkes



Evaluation work package analysis in progress.

WORK PACKAGE 3 — INTERVENTION

The research fellows (RFs) have either completed or almost completed their data collection about how using the continence recommendations is going in each site. This is being collected at 6, 12, 18 and 24 months after the sites received the continence recommendations and, where allocated, started the facilitation programme. We meet regularly with the RFs to ensure data is

being collected in the same way across all of the sites.

We have all the anonymised data on a central secure site in the UK. We are analysing the data at the moment. We are looking at the extent to which the recommendations are implemented in each site.

WP3 continued ...

We are also looking at whether there has been any impact on resident outcomes across all the different time points. Kate Seers and Nicola Crichton (our project statistician) are about to present the findings to the third meeting of our Data Monitoring Committee. In this

committee, which has independent external members, we discuss the findings and analysis. The committee's comments are always very constructive, and they understand the challenges of working with frail older people.

Kate Seers

WORK PACKAGE 4 — DISSEMINATION

The third and final stakeholder workshop was held at the KUI2 meeting in Australia on 15 October 2012. At this workshop, members of the project team shared the work that has been undertaken to date to develop, test and refine the theoretical propositions under-pinning the study as the data collection and analysis has progressed. The stakeholder group were asked to look at the propositions and test out the extent to which they reflect their own experiences of facilitating the implementation of evidence based health care.

Over the summer, Gill Harvey and Alison Kitson met with team members from a number of other FP7 health projects that

are looking at knowledge mobilisation, quality and safety and the implementation of evidence based healthcare. These meetings were very interesting and informative and we are hoping to organise a joint seminar in the summer of 2013 to explore ways of building effective knowledge mobilisation into knowledge translation studies.

If you would like more information about the study, please contact Deirdre Kennedy, our Project Manager, tel 00 44 (0)24 761 50625 or by email d.r.kennedy@warwick.ac.uk.

Gill Harvey

WORK PACKAGE 5 - PROGRAMME & CONSORTIUM MANAGEMENT

The EC has approved a six month unfunded extension taking our project's end date to 30 June 2013. This will allow more data points to be collected and analysed.

We are preparing for the December 2012 Project Board meeting. We will also be meeting with our Advisory Committee to update them on progress since our interim report in July.

Planning is now well underway for the end of project reporting.

The FIRE Protocol was published in March 2012 (<http://www.implementationscience.com/content/7/1/25/abstract>). The next paper will be out shortly and is from the Work Package One, Arm 2 facilitation work.

Deirdre Kennedy



**Facilitating Implementation
of Research Evidence**

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