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WORK PACKAGE 1 — FACILITATION

ARM 2

The main intervention in Arm 2 ended in June 2011 and, in line with the study design, there is no on-going contact between the external and internal facilitators, although data collection within each of the nursing homes is continuing as planned.

One of the Arm 2 external facilitators gave a presentation on the audit tool used in Arm 2 at the Joanna Briggs Institute Conference in Adelaide, Australia in November 2011.

Gill Harvey and Alison Kitson

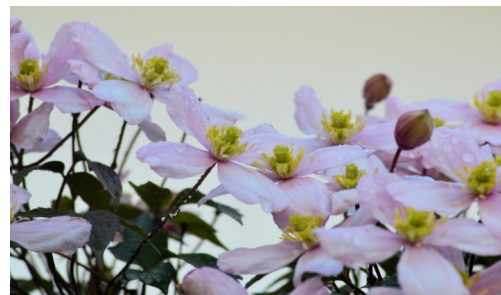


Photo by Paul Kent

ARM 3

Over the last few months, we have seen a real deepening in the internal facilitators' understanding about what Type B facilitation is all about.

At our six weekly teleconferences, there is increasing evidence in the interactions that they have internalised (or embodied) fundamental facilitation skills. We have seen this in their ability to:

- ◆ offer challenge to each other (and to us) in supportive ways;
- ◆ listen actively;
- ◆ ask enabling questions and;
- ◆ give and receive feedback.

Despite working in turbulent contexts, they continue to make steady progress towards a person-centred, evidence-informed culture.

They are engaging stakeholders in collaborative, inclusive and participative ways that enable others to empower themselves.

The influence of the facilitators is beginning to move slowly out into the wider organisation and inter-professional working.

Continued over



Photo by Paul Kent

FACILITATION (continued)

After the interventions and data collections have finished, we will include the personal account of the two internal facilitators.

The joy, as external facilitators, of seeing people begin to 'get it' and start transforming

themselves and their practices is immeasurable. Please read our next FIRE newsletter and see for yourself what we mean.

Brendan McCormack and Angie Titchen

WORK PACKAGE 2 — EVALUATION

The Research Fellows, Jo Rycroft Malone and Kate Seers had a productive meeting London during March 2012, continuing work on interview and observation data analysis as part of the process evaluation. They also met again in June 2012.

We are focusing on urinary incontinence care and wider aspects of the long term nursing home/community hospital contexts which influence care delivery and the implementation of the Facilitation interventions. We are developing themes in the following areas which evolve as data from each data collection time point are added:

- ◆ Task versus person/resident oriented approach to care
- ◆ Staff/management openness and structural conditions of the organisation are components of receptiveness to change
- ◆ The practice of decision making practice in urinary incontinence (UI) care practice
- ◆ The rationale for UI decision making practice
- ◆ Communication
- ◆ Team working

- ◆ Role of the manager
- ◆ Response to Facilitation Programmes
- ◆ External requirements on home from government regulation and their own organisations
- ◆ Financial aspects and constraints

Jo Rycroft Malone and Claire Hawkes

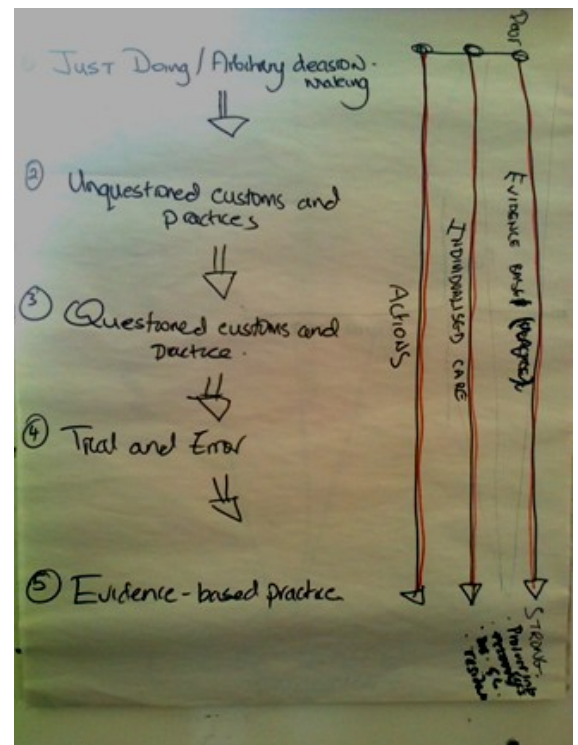


Photo by Christel McMullan

WORK PACKAGE 3 —INTERVENTION

The research fellows continue to collect data about how using the continence recommendations is going in each site. This is being collected at 6, 12, 18 and 24 months after sites received the continence recommendations and,

where allocated, started the facilitation programme.

We meet regularly with the research fellows to ensure data is being collected in the same way across all of the sites.

Continued over ...

INTERVENTION (continued)

We continue to upload all anonymised data to a central secure site in the UK. We are analysing the data, and are looking at the extent to which the recommendations are implemented and identifying whether there has been any impact on resident outcomes across all the different time points.

Kate Seers and Nicola Crichton (our project statistician) met with the Data Monitoring Committee members for the second time in

February 2012 to present and discuss analysis so far. The committee's comments were very helpful. They were supportive and understanding of the challenges in recruiting from this particular population. We will be presenting findings again to this committee in Autumn 2012, and to the main Advisory Committee for the study early in 2013.

Kate Seers

WORK PACKAGE 4 — DISSEMINATION

The third and final workshop to review the theoretical propositions that underpin the FIRE study is being held at the KUI2 meeting, which is taking place in Melbourne in October 2012.

Other work on the knowledge translation and dissemination strategy involves setting up meetings and discussions with other FP7 health projects that are looking at knowledge mobilisation and the implementation of evidence based healthcare. Meetings with a number of these research teams are taking place in June 2012 to explore ways to

develop linkages between the projects to network and share relevant information and ensure dissemination to as wide a group of practitioners, managers, policy makers and service users as possible.

If you would like more information on how to get involved or to receive more information about the study, please contact Deirdre Kennedy, our Project Manager, tel 0044 (0)24 761 0625 or by email d.r.kennedy@warwick.ac.uk.

Gill Harvey

WORK PACKAGE 5 - PROGRAMME & CONSORTIUM MANAGEMENT

The EC approved a six month unfunded extension taking our project end date to 30 June 2013. With the delays in ethical approval, this will allow more data points to be collected and analysed.

We teleconferenced with the Advisory Committee in January 2012. Their helpful comments and positive feedback on the draft period two report were appreciated. The EC have now approved this report.

Our Project Board met in June 2012 in London and we meet again, also with the Advisory Committee, in December 2012.

We are very grateful to all on the Advisory Committee for their time and invaluable advice.

Deirdre Kennedy



**Facilitating Implementation
of Research Evidence**

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