Identifying the knowledge to translate — the example of urinary incontinence in older people

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Background

- Urinary incontinence (UI) is common among older people
- For most older individuals UI starts in connection to an acute care episode
- Prevention of UI onset requires attention to the issue by staff within acute care settings
- Internal facilitators (IF) is an important KT strategy
Aim

- To present the internal facilitators’ (IF) transition, identifying the ’know-do gap’ between evidence and practice in UI in orthopaedic care.
Methods

- A pilot study in two Swedish orthopaedic units, including
  - Internal facilitator teams from nursing and rehabilitation

- Intervention: A support-programme to facilitate knowledge translation (KT)
Methods: Support programme

Workshop 1
- EBP, UI and facilitating KT
- Home work: Mapping the local context

Workshop 2
- Barriers and facilitators for KT at local contexts, UI, strategies for KT
- Home work: Construct a plan for implementation

Workshop 3
- Experiences regarding KT on UI in older people
- To proceed – working with continuous improvement
Methods- Data collection

- Interviews:
  - Base-line
  - After intervention
  - 3-months after intervention

- Non-participant observations during the KT-intervention
Results

- The IFs found it difficult to tease out what is recommended in terms of UI and UI prevention for hip surgery patients
- Guidelines were needed but could not be detected
- Support from UI and KT experts was needed for the IFs to share the evidence on UI with fellow nursing and rehabilitation staff
- The IFs identified a know – do gap and some interest among peers for UI
Reflections

- Evidence on UI is not complete
- More studies on how to prevent UI onset is needed
- Is it appropriate to make implementation studies when evidence is not clear-cut?
Thank you for your attention!