

Title of presentation: Improving the management of urinary incontinence for men undergoing radical prostatectomy: an NHMRC Translating Research Into Practice Fellowship project

Name/s of presenter/s: Dr Andrew Hirschhorn

Key implementation questions/issues to be addressed (dot points):

- Analysis of the barriers and enablers to preoperative pelvic floor muscle training in men undergoing radical prostatectomy
- Development of a multifaceted implementation strategy to improve uptake of preoperative pelvic floor muscle training
- Assessment of the effectiveness of the implementation strategy
- Practical issues associated with conducting a physiotherapist-led implementation research project across private and public health care settings

Brief outline of presentation content (250 words maximum):

Background: There is strong evidence to support preoperative pelvic floor muscle training (PFMT) to reduce the severity and duration of urinary incontinence after radical prostatectomy. Uptake of preoperative PFMT amongst men having radical prostatectomy in Western Sydney, however, is low. This presentation discusses the methods and progress of a research implementation project undertaken to increase uptake of preoperative PFMT in Western Sydney.

Methods: A barrier analysis was conducted in 2011, comprising semi-structured, interviews (n=38) with: i) men having undergone radical prostatectomy in Western Sydney; ii) providers of PFMT across private and public healthcare settings, e.g. physiotherapists; and iii) current and potential referrers of men to PFMT, e.g. urological surgeons. A committee of representative stakeholders used this interview data to inform the development of a multifaceted intervention strategy. Components of the strategy included a patient information guide, created to increase knowledge of PFMT benefits, and a directory of local PFMT providers and a summary of research evidence supporting PFMT, provided to urological surgeons to promote referrals. Uptake of preoperative PFMT during the nine months before and after implementation of the intervention strategies (in April 2012) was/is being measured using surveys of men undergoing radical prostatectomy in Western Sydney, and audits of PFMT provision by local physiotherapists and continence practitioners.

Relevance: This project provides insights into improving the uptake of evidence-based healthcare, when the barriers/enablers to uptake are predominantly external to the providers (physiotherapists, continence practitioners), and differ across private and public healthcare settings.

Implications for effective implementation (dot points):

- Implementation strategies should be targeted at locally identified barriers (and enablers)
- Engagement of key stakeholders in the development of implementation strategies will aid implementation
- Different implementation strategies may be required in public and private healthcare settings

Contact details:

Dr Andrew Hirschhorn

Research Fellow, School of Science and Health, University of Western Sydney

Address: c/o Suite 6, 16 to 18 Mons Road, Westmead, NSW 2145

e. andrew.hirschhorn@me.com

m. 0402-688-213