

include screening for frailty at admission, structured interdisciplinary communication, involvement of a geriatric consultation team, discharge planning, and follow-up of patients after discharge. Geriatric nurses have a key role within the geriatric consultation team and in the discharge process when care is transferred from the hospital setting towards the community setting.

Materials and Methods: A process evaluation was performed to study the facilitators and barriers in the interdisciplinary collaboration. Per hospital setting, 10 cases were studied. Interviews were conducted to get more insight into the perspectives of patients, informal care givers, and health care professionals involved, during hospital admission and after discharge. We also collected data from patient registration forms to study the communication between hospital and community care nurses. **Results:** The process evaluation is focused on the experience of patients and their informal caregiver during hospital stay and follow-up after discharge. As patient-cases will be followed from the moment of hospital admission to post-discharge home visits, specific attention will be given to the collaboration between health care professionals that are involved in the care process. Data collection will be finished in May 2016. Findings will be presented in October.

Conclusion: The study will give a comprehensive perspective on individual cases in three hospital contexts in which a transitional care model has been implemented. It will contribute to a further understanding of success factors and barriers regarding effective discharge planning and follow-up care for frail older people.

C6-S184 Symposium

Developing & evaluating complex interventions- evidence-based examples and improved methodology

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Introduction: Designing and evaluating evidence-based complex interventions is challenging. The Medical Research Council (MRC) Framework for developing and evaluating complex interventions is widely recognized, highly cited and provides methodological recommendations for the development, feasibility/piloting, evaluation and implementation of complex interventions. In this symposium, four examples of evidence-based nursing interventions will be presented guided by the MRC Framework. Details regarding the development as well as the effectiveness of these interventions will be presented. Furthermore, improved methodology and guidance regarding the development of complex interventions will be presented to reduce research waste and optimize the intervention.

Aim: The aim of this symposium is to present evidence-based examples of the development and evaluation of complex nursing interventions guided by the MRC Framework as well as improved methodology and guidance of developing complex intervention. After attending this session, participants will be able to: define the methodology and essential elements when developing complex interventions, and apply the (adapted) MRC Framework within the development and evaluation of a complex intervention.

Refining the MRC framework development phase: towards successful complex interventions

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Background: Research waste is often related to inadequate reporting, design or poor intervention description. However, less attention has been given to a poorly developed intervention, and how to optimize the development process of a complex intervention before proceeding to a full clinical trial.

Although the Medical Research Council (MRC) Framework is a widely recognized and frequent guidance for the development and evaluation of complex interventions, other development models are available that aim to enhance the intervention design. However, a synthesis of available guidance is currently lacking.

Materials & Methods: We present a narrative summary of the available guidance about intervention development and identify essential components that researchers, research funders and reviewers may consider when developing a complex intervention in a broad domain of health care research. We used examples from the literature to illustrate the type of studies that can be conducted.

Results: Based on synthesizing the literature and previous experience, we propose to incorporate additional elements in the development phase of the MRC Framework to optimize the intervention. Identification and defining the problem is the starting point. Determine the needs of patients and providers, examine current practice, as well as identification of evidence, theory and modeling process and outcomes are other key elements that provide valuable information. Incorporating these elements stimulates to systematically acquire supplementary information regarding the context, the patients, and the providers, thus enhancing the design of a complex intervention.

Conclusion: To reduce research waste, preventing badly developed and poorly conceptualized interventions from proceeding is essential. Designing promising complex interventions that provide a solution for a problem in clinical practice and matches the needs of

patients and providers requires an iterative, nonlinear approach. The proposed elements provide important knowledge and evidence that contributes to the design of the intervention that will enhance the intervention success and strengthen the internal and external validity.

The development of a function-focused care approach for nursing care in the Dutch hospital setting

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Background: Reduced mobility and functional decline regarding bathing & dressing are common in patients admitted to hospital and are known as important predictors of adverse outcomes and complications. In general, nurses tend to meet their patients' needs by doing things for them rather than doing with them, which emphasizes patients' limitations instead of their abilities. This may contribute to poor rehabilitation or further deconditioning and functional decline. Therefore, nursing care should focus on preventing functional decline and restoring the optimal functional status. A promising approach that stimulates nurses to promote patients' engagement in daily activities is function-focused care (FFC). However, to enhance its applicability and effectiveness in the Dutch hospital setting, the FFC-approach has to be systematically adapted to these settings.

Materials & Methods: Using the refined MRC development phase, in an iterative process of literature study and analysis of daily practice, adaptations in the FFC-interventions and adjustments needed in the current care and in the organization of the Dutch hospital care were identified. Based on these findings, in several meetings experts in FFC and nurses, working in several hospitals, discussed appropriate intervention components and challenges for implementation.

Results: This iterative process resulted in a Dutch translation of FFC in hospital, consisting of a description of the background, the aim, and the 4 key-components of FFC: 1) Evaluating barriers and stimulating organizational factors; 2) Continuous education; 3) Setting FFC goals together with the individual patient depending on physical and cognitive possibilities; 4) Continuous mentoring and motivation. Furthermore, challenges for implementation were identified.

Conclusion: The application of the refined MRC development phase is found to contribute to the adaptation of this FFC approach to the Dutch hospital setting. A trial will follow to provide insight into the effectiveness of the Dutch version of FFC in hospital regarding mobility and washing & dressing.