

depression, longer length of hospital stay and increased mortality. The aim of this study is to evaluate the feasibility and effectiveness of screening and an early nursing intervention on malnutrition in outpatients in need for surgery.

Materials and methods: The early nursing nutrition intervention was performed in a multicentre pilot randomized controlled trial. Patients (at risk for) malnutrition, who received surgery between June 2015 and April 2016, were randomly assigned to receive either the nursing nutrition intervention (nutritional advice and counselling before hospital admission) or usual care. Relevant outcome measures (e.g. nutritional intake, weight, patient satisfaction) were assessed by questionnaires, food diaries, and medical file analysis. Feasibility was evaluated with respect to nurses' adherence to the study protocol, content of the intervention, and patients' motivation to improve their nutritional intake.

Preliminary results: In the first 6 months of the study we included 55 patients at risk from two anesthesia outpatient clinics of two hospitals in the Eastern part of the Netherlands. Patients in the nursing nutrition intervention group had a higher mean total energy and protein intake compared with patients in the usual care group. Mean intake in the intervention group was 1900 kcal/day compared with 1400 kcal/day for the usual care group. Patients in the intervention group also had a higher mean protein intake (77 g/day) compared with control patients (54 g/day). Furthermore, patients in the intervention group were more satisfied with the received nursing care (8.5 vs 8.1 on a scale from 0 to 10). Nurses' counseling was complete in 50% of the contacts. Eighty three percent of patients received the two contacts as planned. In the intervention group, 67% of the patients were very motivated to increase their intake, vs 56% in the control group.

Conclusion: Nursing nutrition intervention in patients in need for surgery is feasible, but attention is needed to improve the intervention performance. Furthermore, the intervention results in improved dietary intake compared with usual care.

The use of a Tell-us Card, a communication tool to improve patient participation

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Background: Communication is recognized as one of the fundamentals of care, and is defined as a pattern of exchanging information and ideas with others that is sufficient for meeting one's needs and life's goals. Research shows that tailored communication positively contributes to health outcomes known to be crucial for recovery and quality of life like information recall, medication adherence, reassurance and need fulfillment. Patients' participation in basic care, however, is often lacking,

and care and discharge plans often fail to take patient preferences into consideration. Evidence on interventions to enhance patient participation in basic care is limited. The use of the so-called Tell-us Cards seems a promising intervention.

Materials and methods: The 'Tell-us Card' communication tool to improve patient participation was tested for feasibility and effectiveness in a multicentre pilot randomized controlled trial in a hospital setting in the Netherlands. Two cardiology wards and two surgical wards were randomly assigned to the intervention and control group. Primary outcomes were assessed by questionnaires for patient as well as for nurses at two points in time, before and after implementation of the intervention. To assess individualised care the individualised care scale developed by Suhoenen et al. (2005, 2010) was translated and used, perception of quality of care was assessed with the Quality from the Patients' perspective (QPP) questionnaire (Wilde-Larsson et al., 2009), and additionally the content of the Tell-us Cards was analysed.

Results: Preliminary results will be presented, as well as patients and nurses experiences in the use of the Tell-us Card. At each ward at least 35 patients were included in baseline assessments at T0 as well as at T1 after implementation of the intervention. All nurses of the participating control and intervention wards filled in a questionnaire at the two time points. A total amount of 143 patients filled in the questionnaire at baseline. Patients had a mean age of 59 years, patients admitted to the cardiology wards were overall older, with a mean age of 66 years, compared to the patients at the surgical wards, with a mean age of 53 years. 114 nurses filled in the questionnaire at baseline. 90% were women, with a mean age of 38 years. 52% was educated on a bachelor level. Quality of care was perceived as good by 85% of the nurses, while 63% of the nurses was sure that patients were capable to handle self care when discharged from the hospital. Further results, on primary and secondary outcomes, will be presented at the conference.

Conclusion: Preliminary it can be concluded that although the use of the Tell-us Card is regarded as a promising tool for improvement of patient participation in care, feasibility and acceptability appeared to be a challenging issue. Experiences of nurses as well as patients vary and can be used to further improve communication and patient participation. The applicability and feasibility of the tell-us card requires further testing in other care settings like long-term care. This will be included in future research.

Enhancement of physical functioning in the daily nursing care; a systematic review
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Background: Impaired mobility and functional decline in daily activities, such as bathing and dressing, are often the consequence of body changes due to normal ageing or disabling conditions such as a stroke. A need for nursing care is often the consequence. 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 and physical status of their patients.

However, although nurses consider initiating and monitoring therapeutic intervention to be parts of their role, little is known about the interventions they can use in their daily care.

Materials and Methods: A systematic review was conducted using the Cochrane method and the PRISMA-P guideline. Literature was searched for the period 2005–2015 in the electronic databases of Pubmed (Medline), Cinahl, and Cochrane, using the following keywords:

- Participants: patients, dependent adults, dependent patients, older adults, stroke patient, or elderly;
- Intervention: treatment, therapy, interventions, management, or intervention studies.
- Outcome: physical activity, physical functioning, functional activity, functional status, functional recovery, Activities of Daily Living, ADL activities, ADL status, daily activities, mobility, ambulation, or motor activity.

As the focus was on interventions which are suitable for daily nursing care, pharmaceutical treatment studies were excluded. Furthermore, limits were used for 1) the type of study: only (quasi-)experimental studies or systematic reviews/meta-analysis; 2) for language: only studies in English or Dutch; and 3) for age: adults 19+ years.

Results: The first search resulted in 2348 hits. In this presentation information will be given regarding the further selection. Of the resulting studies which fulfill the criteria - assessed independently by two reviewers - we will present: 1) the methodological quality of the studies, identified using critical appraisal forms for RCTs and descriptive studies; 2) the level of evidence, ranging from A1–D, determined according to Scottish Intercollegiate Guidelines Network; and 3) the effectiveness of the interventions on physical functioning.

Conclusion: This review will result in the identification of the most promising interventions for restoring and maintaining optimal functional and physical status of patients who are in need for nursing care.