

## PARALLEL SESSION B

## B1-S136 Symposium

**Stimulating participation in physical and daily activities during daily nursing care**

SF Metzeltin<sup>1</sup>, CJMM Verstraten<sup>2</sup>,  
A Cochrane<sup>3</sup>, M Lof<sup>4</sup>, MHC Bleijlevens<sup>1</sup> and  
JM de Man-van Ginkel<sup>2</sup>

<sup>1</sup>Maastricht University, Maastricht, the Netherlands; <sup>2</sup>University Medical Center Utrecht, Utrecht, the Netherlands; <sup>3</sup>National University of Ireland Maynooth, Maynooth, Ireland; <sup>4</sup>Aarhus University, Aarhus, Denmark

**Introduction:** Participation in physical and daily activities is essential to maintain independent functioning. However, most older adults have a highly sedentary lifestyle. Irrespective of the setting, nursing staff may have an important role in optimizing older adults' functional status, as they have frequent patient-provider interactions. In this symposium different approaches are presented that stimulate participation in physical and daily activities during daily nursing care - at home, in hospital or in geriatric rehabilitation. The first speaker from Ireland presents the results of a systematic review about reablement interventions for community-dwelling older adults. The second presentation will be about the 'Stay Active Home' programme, which is recently developed and pilot-tested in the Netherlands. The third presentation focuses on an adapted Function-focused Care approach to enhance physical functioning in Dutch hospitals. The fourth presentation is about the feasibility of Function-focused Care in geriatric rehabilitation in the Netherlands. The fifth speaker from Denmark will talk about the development and feasibility testing of the NeuroNursing Intervention project. Finally, our discussant dr. J de Man will wrap-up the session.

**Aim:** After attending this session participants will be able to discuss different approaches to stimulate participation in physical and daily activities during daily nursing care.

**Time-limited reablement for supporting the functional independence of older adults**

A Cochrane<sup>1</sup>, M Furlong<sup>1</sup>, S McGilloway<sup>1</sup>,  
DW Molloy<sup>2</sup>, M Stevenson<sup>3</sup> and M Donnelly<sup>4</sup>

<sup>1</sup>National University of Ireland Maynooth, Maynooth, Ireland; <sup>2</sup>School of Medicine UCC, Cork, Ireland; <sup>3</sup>The Royal Hospitals, Belfast, Northern Ireland; <sup>4</sup>Queens University Belfast Royal Victoria Hospital Belfast, Belfast, Northern Ireland

**Background:** Reablement, also known as restorative care, is an increasingly popular approach to home-care services for older adults at risk of functional decline. Unlike traditional home-care services, reablement is frequently time-limited (usually 6–12 weeks) and aims to maximise independence by offering an intensive, multidisciplinary, person-centered and goal-directed intervention.

**Aim:** To determine the effectiveness of time-limited home-care reablement services for maintaining and improving the functional

independence of older adults (aged 65 years or more).

**Materials and methods:** We conducted an extensive search of relevant databases ( $n = 12$ ) during April and May 2015 including MEDLINE and CINAH. We included randomised controlled trials of time-limited reablement services for older adults (aged 65 years or more) delivered in the home and compared to usual home care or wait-list control group.

**Results:** Two studies, one of which had an associated costs evaluation, met our eligibility criteria for inclusion. The first study was conducted in Western Australia; the participants ( $n = 750$ ; mean age 82.29 years) were recruited from a population of older adults who had been assessed as needing assistance with one or more daily living tasks. The second smaller study was conducted in Norway, and recruited home-dwelling adults ( $n = 61$ ; mean age 79 years) referred to home-based services based on self-reported activity limitations. Our primary outcome - change in functional status - was assessed using standardised measures. The pooled data indicated that the reablement group showed a small improvement in function at 3-months and at the 9–12 month follow-up periods. A 2-year follow up was available for the Australian study. The findings showed that the reablement intervention had reduced by 55%, the need for ongoing, or new, episodes of personal care at the 12-month follow-up, whilst there was also an attendant reduction in health and social care costs over the 24-month period.

**Conclusion:** Whilst the findings reported here are promising, there is considerable uncertainty regarding the overall effectiveness of this kind of intervention due to the marked lack of studies and the limitations associated with the two trials included in this review. Therefore, the effectiveness of reablement services cannot be properly determined until more robust evidence becomes available. An urgent need for more high quality trials across different jurisdictions is indicated, especially in view of the growth of (and policy emphasis on) reablement services internationally.

**Function-focused care in Dutch home care: pilot testing of the 'Stay Active Home' programme**

SF Metzeltin<sup>1</sup>, GAR Zijlstra<sup>1</sup>, E van Rossum<sup>1,2</sup>, JM de Man-van Ginkel<sup>3</sup> and GIJM Kempen<sup>1</sup>

<sup>1</sup>Maastricht University, Maastricht, the Netherlands; <sup>2</sup>Zuyd University of Applied Sciences, Heerlen, the Netherlands; <sup>3</sup>University Medical Center Utrecht, Utrecht, the Netherlands

**Background:** In our ageing society the demand for healthcare increases, while financial resources and manpower are shrinking. In order to deal with these challenges the Dutch government reduces expensive residential long-term care. Nowadays almost 95% of all older adults ( $\geq 65$  years) lives at home with 20% of them receiving home care services. However, once in care often a downward spiral sets in. One reason is that home care providers tend to take over tasks (e.g. bathing, dressing,

housekeeping). Consequently, they may deprive older adults of opportunities to engage in daily movements leading to further functional decline. In order to break this vicious circle behavioural change is needed. In the US, Function-focused Care (FFC) has been developed to motivate nurses to stimulate older adults to actively engage in daily activities. This approach has proven its effectiveness in a substantial amount of studies abroad, mostly in inpatient and residential facilities. However, before FFC could be implemented in Dutch home care settings, it needed to be adapted and pilot-tested prior to conducting larger evaluation studies.

**Materials and methods:** In close collaboration with international FFC experts and Dutch healthcare professionals a FFC approach for Dutch home care services was developed. Subsequently, FFC was evaluated in a pilot study in the south of the Netherlands. The approach was implemented in one home care team providing nursing services and two teams providing domestic services. Data about the evaluation of the implementation of FFC was collected among home care providers and clients using a combination of qualitative (i.e. interviews, observations) and quantitative (i.e. questionnaires) data collection methods.

**Results:** Based on FFC the 'Stay Active Home' approach is developed. It consists of an initial kick-off meeting followed by (two-) monthly team meetings. Furthermore weekly newsletters with the Tip of the Week are provided. Out of 33 home care providers, who were invited to participate in the pilot, 20 attended the kick-off meeting of whom 18 agreed to participate in the study. Of them 94% were female with an average age of 43.7 years. At baseline they scored on average 9.4 (sd = 4.4), 36.5 (sd = 5.3), 39.9 (sd = 5.1) on respectively knowledge (theoretical range 0–18), self-efficacy (10–50) and outcome expectations (10–50) regarding FFC. The possibility to exchange experiences with colleagues was highly appreciated. Furthermore, the weekly newsletter is perceived to be useful to remain aware of the needed behavioural change.

**Discussion:** The pilot study is finished in April 2016. Final results will be presented and discussed during the symposium.

**Enhancement of physical functioning: the Dutch version of function-focused care in hospital**

CJMM Verstraten<sup>1</sup>, JM de Man-van Ginkel<sup>1</sup>,  
SF Metzeltin<sup>2</sup> and MJ Schuurmans<sup>1</sup>  
<sup>1</sup>University Medical Center Utrecht, Utrecht, the Netherlands; <sup>2</sup>Maastricht University, Maastricht, the Netherlands

**Background:** Reduced mobility and physical impairment in daily functioning are common in patients who have been hospitalized due to stroke or a geriatric disease. The result is often functional decline, which is known as a serious predictor of adverse outcomes and complications. Therefore, it is important that nursing care is focused on maintaining and restoring the optimal functional status and on preventing further functional decline. A promising approach that motivates nurses to stimulate

patients to actively engage in daily care activities is the Function-focused Care (FFC). However, it is unknown whether FFC is applicable and effective in daily nursing care in the Dutch hospital setting. Therefore, FFC has been systematically adapted, resulting in the Dutch FFC in Hospital approach (FFCiH).

**Materials and Methods:** Prior to the start of a large-scale trial in the Dutch hospital care setting, FFCiH has been pilot tested at a geriatric department and a neurology department of a general hospital in the middle of the Netherlands. All nurses of the wards ( $n = 54$ ) and a random selection of patients ( $n = 20$ ) were approached for participation. To test the applicability of FFCiH in daily nursing care and study procedures, data was collected with regard to implementation, treatment fidelity, and patient outcomes.

**Results:** 76% of the nurses ( $n = 25$ ) of the neurology ward and 81% of the nurses ( $n = 13$ ) of the geriatric ward were trained. 95% of the nurses of the neurology ward were female, aged 35 years ( $SD = 11$ ) versus 87% of the geriatric ward, with a mean age of 31 ( $SD = 11$ ) years. The nurse response at baseline was 51% ( $n = 17$ ) at the neurology ward and 68% ( $n = 11$ ) at the geriatric ward. The response after 3 months was 67% ( $n = 7$ ) at the neurology ward and 30% ( $n = 10$ ) at the geriatric ward. Furthermore, in total 8 neurologic patients and 8 geriatric patients were included to test the study procedures.

**Conclusion:** The pilot study identified challenges and treats regarding the implementation and treatment fidelity of FFCiH. Furthermore, the study procedure has shown to be applicable in a large scale trial. Based on these conclusions, a stepped wedge clustered randomized trial has been started on the same wards in two other hospitals to investigate the effectiveness of FFCiH on patients outcomes.

#### Feasibility of function-focused care in geriatric rehabilitation: a pilot study

MHC Bleijlevens<sup>1,2</sup>, JPH Dols<sup>2</sup>, E van Rossum<sup>1,3</sup> and GJJW Bours<sup>1,3</sup>

<sup>1</sup>Maastricht University, Maastricht, the Netherlands; <sup>2</sup>Sevagram, Geriatric Rehabilitation Center Plataan, Heerlen, the Netherlands; <sup>3</sup>Zuyd University of Applied Sciences, Heerlen, the Netherlands

**Background:** Geriatric rehabilitation is defined as 'a multidisciplinary set of evaluative, diagnostic, and therapeutic interventions aiming to restore functional ability or enhance residual functional capability in elderly people with disabling impairments'. In the Netherlands, geriatric rehabilitation has emerged within nursing homes and aims to discharge older people toward their home situation. It is assumed that optimizing functional capability and increasing physical activity support rehabilitation outcomes and thus discharge towards home.

**Materials and Methods:** The function-focused care (FFC) approach was implemented on one geriatric rehabilitation ward. FFC focuses on evaluating underlying capability with regard to function and physical activity of older adults and helps them to optimize and

maintain functional abilities and increase time spent in physical activity. The implementation of FFC comprised four components: 1) environmental and policy assessments, 2) education of nursing staff involved, 3) developing FFC goals with residents, and 4) motivating and mentoring residents. Two FFC champions were identified and supported to help with the sustainability of FFC. These champions served as a role model, motivator, and resource person to staff when they were faced with barriers and challenges. A process evaluation was conducted to study the feasibility of FFC in this geriatric rehabilitation setting. Data was collected on satisfaction and barriers regarding FFC according to nursing staff and residents, goal setting, and motivating residents by means of registration forms, medical records and interviews.

**Results:** Both nursing staff and residents are satisfied with the introduction of FFC and experienced the approach as an added value. Implementing FFC does not seem to increase nursing staff's workload. The champions as well as nursing staff experienced the role of the champions insufficiently clear. Reporting on goals in residents' records was seen as highly valuable and was found to contribute to a clear rehabilitation plan. However, goals were not always formulated according to the SMART principles (specific, measurable, attainable, realistic and timely).

**Conclusion:** Implementation of FFC seems feasible within geriatric rehabilitation in the Netherlands. Goal setting should be improved and the role of the champions should be more elaborated. Further research regarding the effectiveness (actual increase of functional capability, physical activity, and a reduction in the residents' length of stay) of FFC in this setting is recommended.

#### Rehabilitation 24/7 – a neuronursing intervention project

M Loft<sup>1,3</sup>, B Martinsen<sup>1</sup>, BA Esbensen<sup>2</sup>, H Iversen<sup>3</sup> and I Poulsen<sup>4</sup>

<sup>1</sup>Aarhus University Tuborgvej, Copenhagen, Denmark; <sup>2</sup>Rigshospitalet HovedOrtoCentret (VRR) COPECARE Rigshospitalet, Glostrup, Denmark; <sup>3</sup>Rigshospitalet, Glostrup, Denmark; <sup>4</sup>Rigshospitalet, Hvidovre, Denmark

**Background:** Early rehabilitation, work with high intensity training, and patient involvement are important for the functional outcome of stroke patients. Nursing staff is the only group that cares for patients around the clock, seven days a week. Thus, they have a unique opportunity to influence the patients' rehabilitation by continuous action. There is, however, a culture in the nursing group for doing for the patient instead of doing with the patient, which can reduce the level of patient participation in activities of daily living.

**Materials and methods:** The overall framework for developing, testing and evaluating the feasibility of the intervention is guided by the British Medical Research Council's framework. As part of developing the intervention, a need assessment was conducted based on literature review, participant observation,

interviews of patients ( $N = 9$ ) and nursing staff ( $N = 20$ ) in a stroke unit. To ensure an evidence and theory based intervention a step-wise approach from the Behaviour Change Wheel (BCW) by Michie was used, as well as the implementation of change model by Grol and Wensing. Results from the feasibility test were evaluated through interviews and questionnaires as well as an evaluation of nursing-sensitive patient outcomes.

**Results:** We identified several behaviours relating to the nursing role and function in stroke neurorehabilitation relevant to change. Guided by criteria set out in the BCW guide we selected two behaviours to target in the intervention: 1) getting nursing staff to work consciously and systematically with the patient goals and 2) work systematically with a rehabilitative approach 24/7. From the behavioural analysis we attained knowledge about the nursing staff's capability, motivation and opportunities related to working systematically with patient goals and with a rehabilitative approach. From further analysis we selected functions that seemed to be most likely to affect behavioural change: 1) Education, 2) Incentivisation, 3) Training, 4) Environmental restructuring. On this basis, we developed a nursing staff concept consisting of a 7-week competence development programme.

**Conclusion:** This is the first study that uses the Behaviour Change Wheel to develop an intervention aimed at strengthening the nursing role and function in stroke neurorehabilitation. We expect that developing a nursing intervention that strengthens and promotes the nursing group's efforts in the rehabilitation by working systematically with a rehabilitative approach, and focusing on patient involvement and goal-setting, will prevent or reduce functional decline for stroke patients by engaging them in activities of daily living.

#### B2-115

##### Professional development workshop: pain assessment in dementia

E Sirsch<sup>1</sup> and SMG Zwakhalen<sup>2</sup>  
<sup>1</sup>Philosophisch-Theologische Hochschule Vallendar, Vallendar, Germany; <sup>2</sup>Maastricht University, Maastricht, the Netherlands

**Introduction:** Pain in older people with dementia can be extremely difficult for nursing staff to identify and manage. Dementia limits the ability to communicate the pain they experience due to cognitive and communicational impairments. As a consequence, persistent pain often occurs resulting in high prevalence rates of pain in dementia. But most important, inadequate treatment affects daily functioning of the person with dementia.

In the last decade we a number of promising assessment scales have been developed to assess pain in dementia. While there are numerous assessment scales available, pain assessment is not performed routinely in daily practice. The low use of pain assessment scales has previously been described as a substantial barrier against the accurate treatment of older people with pain and dementia.