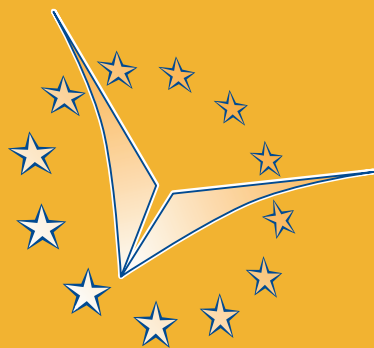


5th European Nursing Congress

# Caring for Older People:

How Can We Do  
the Right Things Right?



## Programme



**4-7 October 2016**  
**De Doelen, Rotterdam, the Netherlands**

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## Caring for older people: How can we do the right things right?

Welcome to the 5th European Nursing Congress. Initiated in 1992 to commemorate the 1892 'gathering of people interested in nursing' by two Dutch pioneers in nursing Anna Reynvaan en damsel Jeltje de Bosch Kemper, the European Nursing Congress has in four further editions established itself as a major event for nurses, researchers, managers and policy makers from Europe and, increasingly, from all parts of the globe. Our aim is the enhancement of nursing, through gathering, sharing and disseminating knowledge, promoting international cooperation and generally enhancing the image of nursing.

As the fourth, this fifth congress targets the care for older people, a subject of - often heated - debate, especially in our ageing societies. Given the impressive body of knowledge already present, the current congress especially focuses on the question: How can we do the right things right?

Events like these can be organised successfully only with the support of many enthusiastic professionals. I would like to thank all authors and participants, our sponsors, the supporters and friends. I'm also sincerely grateful to the members of the Programme Committee and Committee Education and Learning for the great - voluntary! - job they did designing the congress programme and reviewing 387 abstracts from 29 countries. ZonMw, Erasmus MC, V&VN proved to be great partners. With a generous grant, the Dutch Ministry of Health, Welfare and Sport expressed its special interest in our efforts.

Nurses from all over the world are eager to share their knowledge and experience and give their very best in contributing to high quality care for older people, at home, in the community, in hospitals and nursing homes.

Let's make the 5th European Nursing Congress an event that will give them even more inspiration!



**Prof. Marieke Schuurmans PhD**

Chair European Nursing Congress Foundation  
Professor of Nursing Science  
University Medical Center Utrecht, the Netherlands  
Chief Nursing Officer

## The necessary change in mindset

In addressing the many challenges increasingly ageing societies pose us, it is important nurses realise there is not a single solution or answer. It's obvious that research, evidence-based practice and e-health are crucial for establishing and maintaining high quality care for older persons, now and in the future. But they are of little use if they cannot be implemented in an effective, human and financially affordable way. Nurses can and will play a crucial role in bridging a number of gaps: not only between patients and technology, but also between home, hospital and nursing home. Many of the presentations of the 5th European Nursing Congress: Caring for older people, how can we do the right things right? focus on exactly these issues.

Given the threat of future shortages in the nursing task force, we cannot afford not to make use of the social network of elderly in care. Only too often older persons in care are forced to give up much of this social network. Keeping it intact as far as possible can unburden nurses, but, even more importantly, considerably contributes to maintaining self-reliance and quality of life of nursing home residents, hospital and home-dwelling patients. We can all benefit from learning more about the way older persons are coping with health issues.

Once (future) nurses realise that care for older persons is every bit as exciting, challenging and rewarding as the care contexts they traditionally favour, they will increasingly choose a career in the field of ageing. In bringing about the necessary change in mindset lies an important task, not only for nurse educators, but also for researchers, nursing homes, hospitals and community care institutions. The participants of 5th European Nursing Congress can make a welcome contribution to this change.

On behalf of the programme committee I wish you all an inspiring congress!



**Prof. Jan Hamers PhD**

Chair Programme Committee 5th European Nursing Congress  
Professor in Care of Older Persons, Maastricht University,  
the Netherlands

## To improve care for vulnerable elderly people

Over the next few days you will be discussing ways to improve care for vulnerable elderly people. This is an important issue that deserves our full attention. I believe that we can improve eldercare by listening to what older people themselves want. It's not just about the medical side; quality of life is at least as important. This could mean going for a walk once a week or making a social visit.

Tailoring care to older people's individual wishes and abilities will allow them to live with dignity as long as they possibly can. It will also improve care professionals' job satisfaction and give them pride in their work. Hence the title of the document in which I set out my plans to improve eldercare in the Netherlands: Dignity and Pride: compassionate care for our elderly.

We also need to do more to involve family and informal carers. For example, by welcoming their input in care homes, or by operating an online family portal with daily patient updates.

These changes will require extra effort from care professionals. Many of them will need to adopt a different approach to what they are used to.

During the conference you will hear more about this and other issues relating to care for vulnerable older people. You will also have the opportunity to discuss ideas with each other.

I wish you an enjoyable and informative conference. And I am sure your findings will help us provide elderly people with the care they truly want and need.



**Martin van Rijn**

State Secretary for Health,  
Welfare and Sport

## Welcome to Rotterdam

Rotterdam is a young and vibrant city. The prospect is that 17.1 percent of the city's population will be aged 65 and older in 2025, which is far below the national average of 26.6 percent. We consider our young population as a strength, just like Rotterdam's cultural diversity.

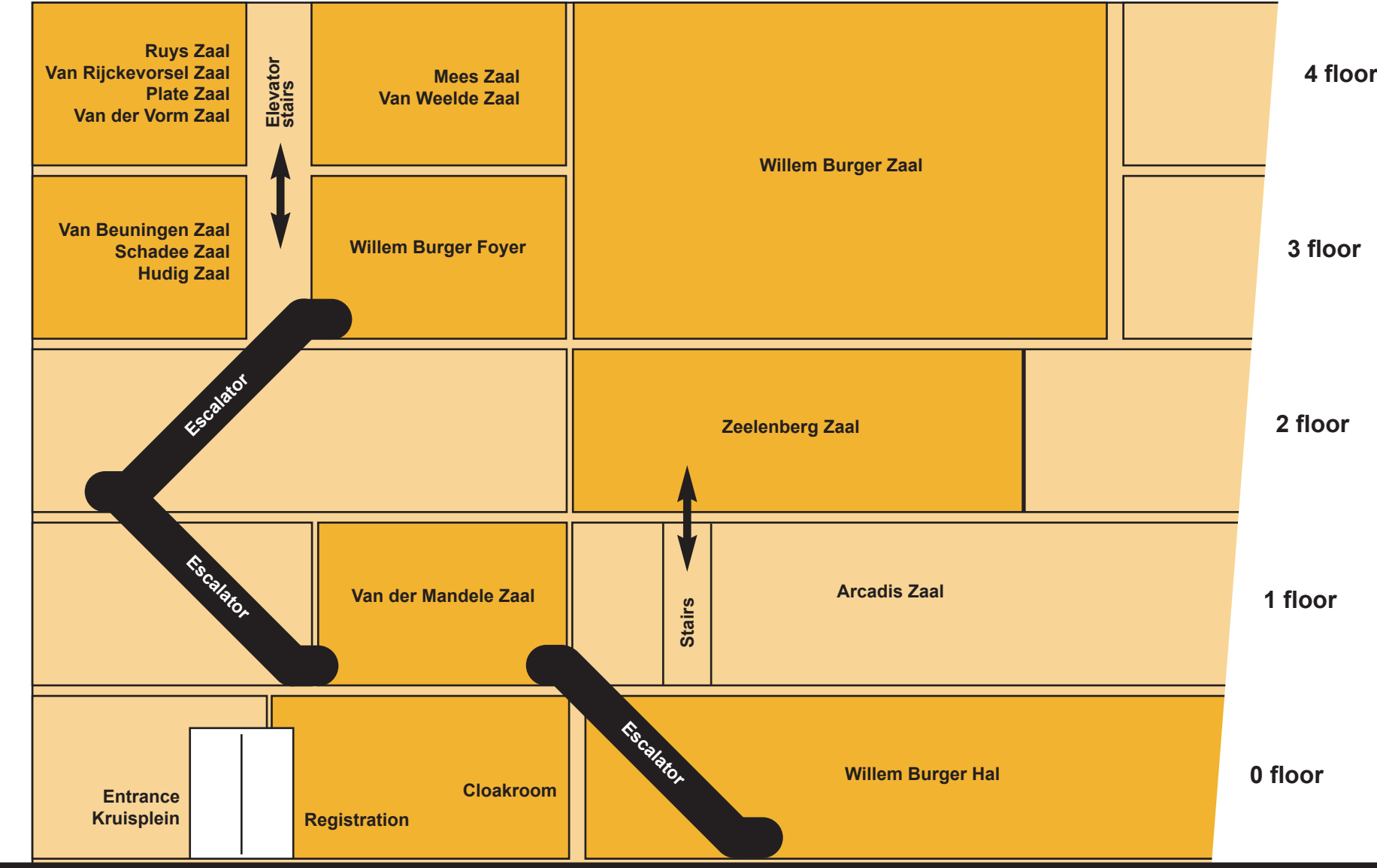
Still, we must be well prepared for the future. Even if only because elderly people themselves are changing too. Most citizens want to live independently of care as long as possible, preferably in their own homes. The percentage of elderly people from diverse cultural backgrounds is increasing. How do we respond to this as a city?

First of all, to take good care of our elderly people. Our policy not only focuses on combating poverty and social isolation, but also on providing support for informal caregivers. The city government also plays a role in housing for the elderly. For those requiring light care, approximately 1500 retirement properties have been built. Complete care living accommodations are built preferably in areas suitable for older people, with shops, care facilities and public transport nearby. We also take into account the changing composition of this group. Rotterdam already has housing complexes for the elderly of Cape Verdean, Chinese, Creole and Hindustani origin. The policy on elderly care can only be successful in cooperation with social partners, market parties and healthcare institutions. In the coming days, you will be sharing your experiences and picking up new ideas within your own specialized field: nursing. I wish you a fruitful congress and an inspiring stay in our city.



**Ahmed Aboutaleb**  
Mayor of Rotterdam

Congrescentrum De Doelen



	Willem Burger Hal	Willem Burger Zaal	Reception
08.00			
08.30			
09.00			
09.30			
10.00			
10.30			
11.00			
11.30	Registration		
12.00			
12.30		Pre- conference	
13.00			
13.30		p70-75	
14.00			
14.30			
15.00		Plenary session 1 KN1 & KN2	
15.30			
16.00		Opening p16	
16.30			
17.00			Rotterdam City Hal
17.30			
18.00			



Tuesday 4 October:

# Preconference Nursing Leadership

## Registration

11.30 - 17.00 hours

Registration desk

Willem Burger Hal

## Preconference

12.30 - 14.00 hours

Chair: Pieterbas Lalleman

Willem Burger Zaal

### Nursing leadership



Prof. G.G. Cummings PhD  
University of Alberta, Canada  
*CLEAR Outcomes*  
(Connecting Leadership Education & Research)

### Ambassadors for community nurses



J.A.M. Lambregts  
Bureau Lambregts, Rotterdam, the Netherlands

See page 70-75

### Leadership Mentoring in Nursing Research: Creating the future cadre of nurse scientists in the Netherlands



T.B. Hafsteinsdottir PhD  
University Medical Center Utrecht & University of Applied  
Sciences Utrecht, Utrecht, the Netherlands

### Pop-up Platform Nursing Leadership: Towards a blended nationwide nursing leadership undergraduate elective



P.C.B. Lalleman  
HU University of Applied Sciences Utrecht, the Netherlands  
University Medical Center Utrecht, Utrecht, the Netherlands  
Elevate, Utrecht, the Netherlands



**Registration**

11.30 - 17.00 hours

Registration desk

Willem Burger Hal

**Plenary session 1**

15.00 - 16.30 hours

Chair: Prof. Jan Hamers PhD

Willem Burger Zaal

**Welcome by students of  
Lucia Marthas Institute  
for Performing Arts****Reception Rotterdam City Hall**

17.30 - 19.00 hours

Coolingsingel 40



**Hugo de Jonge**  
Alderman City of Rotterdam



**Susanne Maassen**  
President Nursing Platform  
Erasmus Medical Center

**Welcome**

Prof. Jan Hamers PhD

Chair Programme Committee 5th European Nursing Congress

**KN 1 Caring for Older People:**

How Can We Do the Right Things Right?

Prof. Marieke Schuurmans PhD

Chair Foundation European Nursing Congress

**KN 2 The art of aging with comorbidities,  
a personal perspective**

Dr. h.c. Cees Smit

Patient advocate

**Opening:  
Care with dignity and proudness**

Martin van Rijn

State Secretary for Health, Welfare and Sport



	Willem Burger Hal	Willem Burger Zaal	First Floor	Schadee Zaal	Van Weelde Zaal	Hudig Zaal		Arcadis Zaal	Zeelenberg Zaal	Van der Vorm Zaal	Ruys Zaal	Van Beuningen Zaal	Van Rijkse-vorsel Zaal	Site visits
08.00	Registration													
08.30														
09.00		Plenary session 2 KN 3 & 4 p20												
09.30														
10.00			Break											
10.30	Poster presentation A p25-28	Symposium A8-S261 p24		Symposium A1-S108 p21	Symposium A2-S127 p21	Sponsored symposium A4-S230 p22		Symposium A5-S142 p23	Oral presentation A6-47 A6-28 A6-59 A6-162 p23	Workshop A7-40 p24		Oral presentation A3-219 A3-110 A3-190 A3-231 p22		
11.00														
11.30														
12.00														
12.30			Lunch break											
13.00		Plenary session 3 KN 5 Awards p29												
13.30														
14.00		Parallel sessions B B1-S136 p30		Sponsored symposium B10-S280 p33	Oral presentation B4-282 B4-81 B4-300 p31	Sponsored symposium B8-S279 p32		Oral presentation B3-134 B3-170 B3-181 B3-284 p30	Workshop B7-44 p32	Workshop B2-115 p30	Symposium B6-S155 p32	Symposium B5-S149 p31	Workshop B9-270 p33	
14.30														
15.00														
15.30			Break											
16.00		Parallel sessions c C1-S75 p34		Oral presentation C10-313 C10-45 C10-242 p37	Symposium C6-S184 p36	Oral presentation C4-90 C4-139 C4-203 C4-289 p35		Symposium C5-S246 p35	Symposium C7-S173 p36	Workshop C8-269 p37	Oral presentation C3-201 C3-221 p34	Oral presentation C2-24 C2-228 C2-290 p34	Sponsored roundtable C9-273 p37	Erasmus Medical Center p66
16.30														
17.00														
17.30														
18.00														18.30-19.00 Recollection Museum Humanitas p66

**Registration**

8.00 - 18.00 hours

Registration desk

Willem Burger Hal

**Plenary session 2**

9.00 - 10.00 hours

Chair: **Prof. Gabriele Meyer PhD**

Willem Burger Zaal

**Dementia Care**

**KN 3** What's nursing got to do with it? The role of nurses in the care for people living with dementia

**Prof. Murna Downs PhD**

*University of Bradford, United Kingdom*

**Ethics**

**KN 4** Ethical safety in care for older people

**Prof. Helena Leino-Kilpi PhD**

*Turku University, Finland*

**Break**

10.00 - 10.30 hours

First floor

**Parallel sessions A**

10.30 - 12.00 hours

**Symposium**  
**Education and Learning**

Schadee Zaal

Category: Hospital care (Science)

**A1-S108** Educating for an aging society: competencies, knowledge and attitude and how to motivate students

Chair: **J. Dikken**, *University of Applied Sciences Utrecht, the Netherlands*

1. Essential competencies and learning strategies for the education of nurses and nursing aides regarding care for older adults  
**J.G. Hoogerduijn**, *University of Applied Sciences Utrecht, the Netherlands*
2. Development, (cross-cultural) validation and reliability of the Knowledge-about-Older-Patient Quiz  
**J.G. Hoogerduijn**, *University of Applied Sciences Utrecht, the Netherlands*
3. Validity and reliability of the older patient acute care survey in the Australian nursing context  
**H. Venables**, *La Trobe University, Australia*
4. Serious Soap: educational tool for elderly care  
**V. Habes**, *University of Applied Sciences Utrecht, the Netherlands*

**Symposium**  
**Quality of care and patient safety**

Van Weelde Zaal

Category: Long-term care intramural (Science)

**A2-S127** Support for a continuing research agenda on restraints: evidence from Europe and North America

Chair: **M.H.C. Bleijlevens**, *Maastricht University, the Netherlands*

**E. Capezuti**, *Hunter-Bellevue School of Nursing, United States of America*

1. Prevalence and associated factors of involuntary treatment in dementia home care in the Netherlands  
**J.P.H. Hamers**, *Maastricht University, the Netherlands*
2. Perceptions of Canadian nursing home staff on the use of physical restraints  
**V.M. Boscart**, *Conestoga College, Canada*
3. Nurse perceptions and observed rates of physical restraint use in Spain  
**E. Farina-López**, *Universidad Las Palmas de Gran Canaria, Spain*
4. Alternatives for physical restraints: results of systematic reviews for an evidence-based guideline  
**R. Möhler**, *Martin Luther University Halle-Wittenberg/Witten/Herdecke University, Germany*

## Oral presentations Essentials or fundamentals of care

Van Beuningen Zaal

Categories: Hospital care, Long-term care intramural, Transitional care (Science/Innovation)

Chair: **B. Buurman**, *Amsterdam Medical Center, the Netherlands*

- A3-219** ESSENCE: amalgamating marginal gains in ESSEntial Nursing CarE. A scoping review of the evidence  
**C.L. Pentecost**, *University of Exeter Medical School, United Kingdom*
- A3-110** Green care farms providing nursing home care: promoting activities and social interaction  
**B.S. de Boer**, *Maastricht University, the Netherlands*
- A3-190** Regaining mobility in nursing homes: description of the process and its influencing factors  
**L.M. Kinsperger**, *University of Vienna, Austria*
- A3-231** Improving care for older people with intellectual disabilities  
**J. Campens**, *University College Ghent, Belgium*

## Sponsored symposium Quality of care and patient safety

Hudig Zaal

Category: Home care (Science)

**A4-S230** At Home with meaning. Addressing existential questions in homecare

Chair: **M. Goumans**, *Rotterdam University of Applied Sciences, the Netherlands*

1. Meaning in life in daily care: how is meaning in life involved in the work of homecare nurses?  
**S. Hupkens**, *Rotterdam University of Applied Sciences, the Netherlands*
2. Attention for meaning in life issues: an essential part of home care  
**A. Guyt**, *Laurens, the Netherlands*
3. The role of spiritual counsellors and coaching on the job to support nurses in addressing meaning of life issues in home care situations  
**T. Schutter**, *Laurens, the Netherlands*
4. The role of nurses in addressing meaning of life issues related to end of life care  
**A.A. Mesa**, *Laurens, the Netherlands*

See abstracts page 76-80

## Symposium Multimorbidity and frailty

Arcadis Zaal

Category: Prevention-societal care (Science)

**A5-S142** Improving care for frail older people: the importance of multiple domains and perspectives

Chair: **J.M.G.A. Schols**, *Maastricht University, the Netherlands*

**A. van der Vorst**, *Maastricht University, the Netherlands*

1. Underlying dynamics of psychological frailty  
**L. Hoeyberghs**, *University College Ghent, Belgium*
2. Environmental frailty: the missing link of the puzzle?  
**N. De Witte**, *University College Ghent/Vrije Universiteit Brussel, Belgium*
3. Frailty in community-dwelling older people: a comparison between self-report and proxy assessments  
**A. van der Vorst**, *Maastricht University, the Netherlands*

## Oral presentations Education and learning

Zeelenberg Zaal

Category: Long-term care intramural, Home care, Transitional care (Science/Innovation)

Chair: **E. Ettema**, *University of Applied Sciences Utrecht, the Netherlands*

- A6-47** Value of an international exchange for Dutch geriatric NP students: building leadership  
**L. Maas**, *Rotterdam University of Applied Sciences, the Netherlands*
- A6-28** Care, communication and educational needs of primary care nurses to treat disabled patients  
**N. Claes**, *Hasselt University, Belgium*
- A6-59** Supporting the development of the consultant practitioner role, specialising in frailty  
**C. Barker**, *Health Education Thames Valley and Wessex, United Kingdom*
- A6-162** Nurse practitioners' focus on health care in terms of cure and care: an analysis of graduate theses  
**H.A. Stallinga**, *University Medical Centre Groningen, the Netherlands*

## Workshop Medication

Van der Vorm Zaal

Category: Long-term care intramural (Science)

**A7-40** Polypharmacy in elderly in nursing homes: how nurses can contribute to deprescribing medication

**K. Gillis**, Odisee University College, Belgium

## Symposium Education and learning

Willem Burger Zaal

Category: Prevention-societal care (Innovation)

**A8-S261** The new dynamic and patient-centred concept of health and its adoption in nursing in the Netherlands

Chair: **I. Voordouw**, The Netherlands Organisation for Health Research and Development (ZonMw), the Netherlands

1. **A new concept of health: results of the research towards a 'patient-centred' operationalisation**  
**M. Huber**, Institute for Positive Health, the Netherlands
2. **A new education profile Bachelor of Nursing and the approach of 'positive health'**  
**A. Nijst**, Avans University of Applied Sciences, the Netherlands
3. **The meaning of 'positive health' in daily practice of the community nurses**  
**M. Hoeijmakers**, Cooperative for Community Nursing Rotterdam, the Netherlands

## Poster presentations A

10.30 - 13.00 hours

Willem Burger Hal

### Posters: Cultural issues

**A-P-70** Finger food: intervention for individuals with eating difficulties

**B.I. Buijck**, Rotterdam Stroke Service, the Netherlands

**A-P-197** Preliminary effects of culture care in a service learning curriculum in indigenous elderly people

**H.-C. Huang**, Tzu Chi University, Taiwan, presented by C.H. Shih

**A-P-253** The taboo around tube feeding for nursing home residents with advanced dementia

**R. Mazzola**, Ostfalia University of Applied Sciences, Germany

### Posters: Essentials or fundamentals of care

**A-P-102** A qualitative study: older women's experiences of living with COPD

**S.A. Steindal**, Lovisenberg Diaconal University College, Norway

**A-P-103** Improving communication with people with dementia during daily nursing care: a systematic review

**M. Machiels**, Maastricht University, the Netherlands

**A-P-107** Implementation of the veder contant method in dementia nursing home care: a process evaluation

**P. Boersma**, Inholland University of Applied Sciences, the Netherlands

**A-P-118** End-of-life issue: obstacles faced by nurses in delivery of end-of-life care to patients

**A. Blazeviciene**, Lithuania

**A-P-180** A study on behavioral activation as a nursing intervention in inpatients with late life depression

**F.G.H.M. Clignet**, Altrecht – Institute for Mental Health, the Netherlands

**A-P-182** Nurses' orientation towards self-management support in chronic care & person-related antecedents

**M.V. Duprez**, Ghent University, Belgium

**A-P-216** The home as the preferential place of care for elders coping with acute and long-term conditions

**N. Ron**, Ministry of Health, Israel

**A-P-232** Positive social-emotional stimulation in the elderly: an ongoing program in nursing homes

**M.L. de Almeida**, Nursing School of Coimbra, Portugal

**A-P-233** An empirical inquiry of the phenomenon of hope in recovery oriented mental health care

**C.C. Holm**, VID Specialized University College, Norway



**A-P-234 Fine-tuning knowledge to provide individual tailored nursing care for elderly admitted in hospital**

**F. den Hertog**, Christelijke Hogeschool Ede, the Netherlands

**A-P-237 The screening of vulnerable elders living in a rural region in Iceland**

**K. Thorarinsdottir**, University of Akureyri, Iceland

**A-P-305 Perceptions and expectations of the older patient at the emergency department**

**A. Wildiers**, Artesis Plantijn University College, Belgium

**A-P-309 Can washing without water replace the traditional bed bath? A systematic review**

**F. Groven**, Maastricht University, the Netherlands

### Posters: Measurement issues

**A-P-51 New instrument to assess foot health in older people**

**M. Stolt**, University of Turku, Finland

**A-P-66 The PaArticular Scales to quantify the impact of joint contractures in geriatric care**

**M. Muller**, Rosenheim University of Applied Sciences, Germany

**A-P-84 Under pressure: extended implementation of evidence-based practices for pressure ulcer prevention**

**C. Vetter**, City Hospital Triemli, Switzerland

**A-P-140 Time use in long-term institutional care: development, validity, inter-rater reliability of GO-LTIC**

**A. Tuinman**, Hanze University of Applied Sciences, the Netherlands

**A-P-147 Postoperative pain assessment in hospital patients who are unable to self-report pain**

**A.A. Boerlage**, Erasmus MC-Sophia, the Netherlands

**A-P-178 Quality of life and its determinants in older patients with coronary artery disease**

**N. Kazukauskienė**, Lithuanian University of Health Sciences, Lithuania

**A-P-196 Assessing the quality of life within older people ageing in place**

**P. Vanleerberghe**, University College Ghent, Belgium

**A-P-229 Outcome measures in older persons with joint contractures: systematic review and content analysis**

**G. Bartoszek**, Witten/Herdecke University, Germany

**A-P-243 The rapid shallow breathing index and your cut-off revaluation**

**F. Germini**, Azienda Sanitaria Locale Bari, Italy

**A-P-293 Detection of depression in patients with communicative impairments after stroke**

**M.J. van Dijk**, University of Applied Sciences Utrecht, the Netherlands

**A-P-294 Evaluation of the performance of an in-hospital risk prediction tool for depression after stroke**

**H.J. van Noort**, Hospital Gelderse Vallei, the Netherlands

### Posters: Quality of care and patient safety

**A-P-11 The inception of an adult mental health liaison team in Cwm Taf UHB**

**C. McGuire**, Cwm Taf University Health Board, United Kingdom

**A-P-17 The effects of increased therapy time on cognition in frail patients with a stroke**

**H.C.M. Huijben-Schoenmakers**, Avans University of Applied Sciences/VU University Amsterdam, the Netherlands

**A-P-29 The importance of the micro-relationship in care delivery with older people**

**S. Gethin-Jones**, University of Central Lancashire, United Kingdom

**A-P-35 Impact of international nurses on quality and patient safety outcomes in U.S. nursing homes**

**L.M. Wagner**, University of California, United States of America, presented by B. Brush

**A-P-36 Family participation and delirium risk. Interventions by nurses and family for hospitalized elderly**

**J. Peijster-de Waal**, University Medical Center Utrecht, the Netherlands

**A-P-38 Improving quality of long-term care (intramural) using a Family Participation Roadmap**

**J.A. van Doorn**, Stichting Familieparticipatie, the Netherlands

**A-P-69 At least he coughs – implementation of a dysphagia- screening tool in a Swiss tertiary hospital**

**C. Auer**, City Hospital Triemli, Switzerland

**A-P-73 Eye care in nursing homes; collaboration from nursing home physicians' perspective**

**M. Sinoo**, University of Applied Sciences Utrecht, the Netherlands

**A-P-80 A new organizational model for preventing inpatient falls using a computerized control system**

**H. Kerzman**, Sheba Medical Center, Israel

**A-P-130 Mystery guests**

**J.E.M. Baars**, Health Care Inspectorate, the Netherlands

**A-P-135 Good governance**

**M.W. Vos-Ceelen**, Health Care Inspectorate, the Netherlands

**A-P-151 Tailored repositioning in pressure ulcer prevention: a multicentre RCT**

**D. De Meyer**, Ghent University, Belgium, presented by D. Beeckman

**A-P-187 Nursing performance and the auditory environment in nursing wards: an observational study**

**J. Reinten**, University of Applied Sciences Utrecht, the Netherlands

**A-P-193 Utilizing individual color cards alarm system to decrease falls in emergency department**

**Y.M. Shu**, Chi Mei Medical Center, Taiwan

**A-P-213 Accuracy of nursing documentation in resident care plans in long-term institutional care**

**A. Tuinman**, Hanze University of Applied Sciences, the Netherlands

**A-P-220 Older cancer patients' perceptions of care quality – An international study****R. Suhonen**, *University of Turku, Finland***A-P-239 Experiences with interdisciplinary systematic medication reviews in homecare services in Norway****L. Halvorsrud**, *Oslo and Akershus University of Applied Sciences, Norway***A-P-283 Cardiac Care Bridge: study protocol of nurse-coordinated transitional care in older cardiac patients****L. Verweij**, *Amsterdam University of Applied Sciences, the Netherlands***A-P-285 The occurrence and perceived influence of nurses on patient problems across nursing settings****R.A.M.M. Kieft**, *Dutch Nurses' Association, the Netherlands***A-P-286 Concordance between nurse-perceived quality of care and publicly reported by quality indicators****D. Stalpers**, *St. Antonius Hospital, the Netherlands***A-P-287 Essential elements of the nursing practice environment and the relation with quality of care****B.J.M. de Brouwer**, *Dutch Nurses' Association, the Netherlands***A-P-289 Building consensus on an integrated care pathway in geriatric rehabilitation: a Delphi study****I.H.J. Everink**, *Maastricht University, the Netherlands***A-P-291 The challenges of involving people with dementia and their caregivers in decision-making****L. Groen-van de Ven**, *Windesheim University of Applied Sciences, the Netherlands***A-P-303 The older patient in the emergency department; special care needed?****A. Wildiers**, *Artesis Plantijn University College, Belgium***A-P-306 Pain at the emergency department****A. Wildiers**, *Artesis Plantijn University College, Belgium***A-P-308 Quality collaboratives used to improve drug safety for older patients in primary care in Norway****S.A. Devik**, *Centre for Care Research/Nord University, Norway***A-P-312 Improving communications during aged care transitions (impact): a pilot study****G. Cummings**, *University of Alberta, Canada***Lunch break**

12.00 - 13.00 hours

First floor

**Meet the experts** See page 64

12.30 - 13.00 hours

First floor

**Plenary session 3**

13.00 - 13.45 hours

Chair: **Prof. David Richards PhD**

Wilem Burger Zaal

**Education and learning****KN 5** Releasing the intellectual capital of nursing: nurses as knowledge workers, workforce development implications?**Anne Marie Rafferty PhD**, *Professor of Nursing Policy, Florence Nightingale Faculty of Nursing and Midwifery, King's College London, United Kingdom***Award Ceremony**Prizegiving Early-stage Researcher Award by **Prof. Betty Meyboom PhD**, chair National Care for the Elderly ProgramPrizegiving Best Innovation Award Ceremony by **Sonja Kersten**, director Dutch Nurses Association

See page 101

**Walking break**

13.45 - 14.00 hours



**Parallel sessions B**

14.00 - 15.30 hours

**Symposium  
Essentials or fundamentals of care**

Willem Burger Zaal

Category: Rehabilitation (Science)

**B1-S136** Stimulating participation in physical and daily activities during daily nursing careChair: **S.F. Metzelthin**, Maastricht University, the Netherlands

1. Time-limited reablement for supporting the functional independence of older adults  
**A. Cochrane**, National University of Ireland Maynooth, Ireland
2. Function-focused care in Dutch homecare: pilot testing of the 'Stay Active Home' programme  
**S.F. Metzelthin**, Maastricht University, the Netherlands
3. Enhancement of physical functioning: the Dutch version of function focused care in hospital  
**C.J.M.M. Verstraten**, University Medical Center Utrecht, the Netherlands
4. Feasibility of function-focused care in geriatric rehabilitation: a pilot study  
**M.H.C. Bleijlevens**, Maastricht University/Sevagram, the Netherlands
5. Rehabilitation 24/7 - a neuronursing intervention project  
**M. Loft**, Aarhus University Tuborgvej/Righospitalet, Denmark

**Workshop  
Measurement issues**

Van der Vorm Zaal

Category: Long-term care intramural (Science)

**B2-115** Professional development workshop: pain assessment in dementiaChair: **E. Sirsch**, Philosophisch-Theologische Hochschule Vallendar, Germany**Oral presentations  
Education and learning**

Arcadis Zaal

Category: Hospital care, Long-term care intramural, Home care (Science/Innovation)

Chair: **E. Finnema**, NHL University of Applied Sciences Leeuwarden, the Netherlands

- B3-134** A future-proof curriculum for the bachelor of nursing concerning gerontology and geriatrics  
**G.W.L. Quist-Anholts**, University of Applied Sciences Leiden, the Netherlands

- B3-170** Self-management support: instrument validation and survey in nursing students  
**M.V. Duprez**, Ghent University, Belgium

- B3-181** Older people as co-creators of education and research programs in nursing and gerontology  
**J.S. Jukema**, Windesheim University of Applied Sciences, the Netherlands

- B3-284** Nursing students' perceptions of community care and other areas of nursing practice – A review  
**M. van Iersel**, Amsterdam University of Applied Sciences, the Netherlands

**Oral presentations  
Quality of care and patient safety/  
Essentials and fundamentals of care**

Van Weelde Zaal

Category: Home care, Hospital care, Long-term care intramural (Science/Innovation)

Chair: **O. Timmermans**, HZ University of Applied Sciences, the Netherlands, University Antwerp, Belgium

- B4-282** What matters to older persons with multiple chronic conditions  
**R.E. Pel-Littel**, Amsterdam Medical Center, the Netherlands
- B4-81** Maxima goes senior friendly: a different approach  
**L. Hakvoort**, Máxima Medical Center, the Netherlands
- B4-300** Maintaining dignity in vulnerability: residents' perspective on dignity in nursing homes  
**B. Hoy**, VIA University College, Denmark

**Symposium  
Multimorbidity and frailty**

Van Beuningen Zaal

Category: Transitional care (Science)

**B5-S149** Early detection and prevention of declineChair: **R.G.A. Ettema**, University of Applied Sciences Utrecht, the Netherlands

1. Risk prediction for PSD after discharge: development and validation of the PSD prediction scale  
**J.M. de Man-van Ginkel**, University Medical Center Utrecht, the Netherlands
2. The effectiveness of PREDOCS consult to prevent adverse events in older patients  
**R.G.A. Ettema**, University of Applied Sciences Utrecht, the Netherlands
3. Loss of function in specific domains of ADL functions in older patients during and after hospital admission  
**N. Heim**, University Utrecht, the Netherlands
4. The effectiveness of a proactive integrated nurse-led primary care program for frail older people  
**N. Bleijenberg**, University Medical Center Utrecht, the Netherlands

## Symposium Education and learning

Ruys Zaal

Category: Long-term care intramural (Innovation)

**B6-S155** Dutch care innovation units and networks: enriched cultures for learning and working

Chair: **M.W.C. Snoeren**, *Fontys University of Applied Sciences, the Netherlands*

1. Dutch care innovation units and networks: an introduction  
**M.W.C. Snoeren**, *Fontys University of Applied Sciences, the Netherlands*
2. Freedom of movement for older persons with cognitive impairments, an example of one CIU in De Wever  
**J. van Loon**, *Fontys University of Applied Sciences, the Netherlands*
3. Collaborative learning within community care: creating networks  
**P. van Laar**, *RSZK, the Netherlands*
4. The consequences or effects of CIUs/CINs: student outcomes  
**H. Gloudemans**, *Fontys University of Applied Sciences, the Netherlands*

## Workshop Workforce

Zeelenberg Zaal

Category: Home care (Innovation)

**B7-44** Campaign: 'More than meets the eye'

Chair: **M. Snellen**, *Actiz, the Netherlands*

## Sponsored symposium Quality of care and patient safety

Hudig Zaal

Category: Long term care intramural (Innovation)

**B8-S279** Towards renewed supervision on nursing home care in the Netherlands: focus on patient safety and personalized care.

Chair: **A. Jonkers**, *Chief Inspector, Netherlands Health Care Inspectorate, the Netherlands*

1. Using the Short Observational Framework for Inspection (SOFI).  
**C. Geertse**, *Senior Inspector, Netherlands Health Care Inspectorate, the Netherlands*
2. Using observations of 'mystery guests' to supplement inspections.  
**A. Baars**, *Senior Inspector, Netherlands Health Care Inspectorate, the Netherlands*
3. The development of the Good Governance Inspection Framework.  
**R. Vos-Ceelen**, *Coordinating Specialist Inspector, Netherlands Health Care Inspectorate, the Netherlands*

See abstracts page 80-84

## Workshop Writing

Van Rijckevorsel Zaal

**B9-270** Writing abstracts and poster presentation for conferences

**G. Smith**, *Edinburgh Napier University, United Kingdom*

## Sponsored symposium Leadership

Schadee Zaal

Category: Transitional care (Science)

**B10-S280** Nursing leadership in clinical practice: what does it mean for elderly care?

Chair: **M.L. Luiking**, *Rho Chi, the Netherlands*

1. Lost in transition?  
**B. Buurman**, *Academic Medical Center Amsterdam/University of Applied Sciences Amsterdam, the Netherlands*
2. Optimal care for elderly in transition  
**J.B.M. de Vos**, *Amphia Hospital Breda, the Netherlands*  
**J.E.M. Bakker**, *Rotterdam University of Applied Sciences, the Netherlands*

See abstracts page 84-86

## Break

15.30 - 16.00 hours

First floor

**Parallel sessions C**

16.00 - 17.30 hours

**Symposium****Patient systems and informal care**

Category: Transitional care (Science)

C1-S75 Transition in caring for people with dementia

Chair: **K. Wolf-Ostermann**, University of Bremen, Germany/M. Boltz, Boston College, United States of America

Willem Burger Zaal

1. The Access to timely formal care for people with dementia  
**F. Verhey**, Maastricht University, the Netherlands
2. Transitions to acute care: effect of cognition and patient factors upon admission functional performance  
**M. Boltz**, Boston College, United States of America
3. Community-residing persons with dementia: transitions in care  
**K. Wolf-Ostermann**, University of Bremen, Germany
4. Survey of activities of family caregivers after nursing home admission of people with dementia  
**L. Hartmann**, Martin Luther University Halle-Wittenberg, Germany

**Oral presentations****Patient and public involvement**

Category: Long-term care intramural, Prevention-societal care (Science/Innovation)

Van Beuningen Zaal

Chair: **K. Cox**, Fontys University of Applied Sciences, the Netherlands

- C2-24** Collaboration between older people, nurses and a University to improve care and alter attitudes  
**S. Dray**, University of South Wales, United Kingdom
- C2-228** Community dwelling older adults' perception on nursing home care  
**T. Dilles**, University of Antwerp, Belgium
- C2-290** Involvement of people with dementia in developing an interactive IT-application  
**L.L.M. Span**, Windesheim University of Applied Sciences, the Netherlands

**Oral presentations****Leadership**

Category: Long-term care intramural, Prevention-societal care (Science)

Chair: **P. Roodbol**, University Medical Center Groningen, the Netherlands

Ruys Zaal

- C3-201** Topcare: an opportunity for nurses to show their leadership!

**R. Boersma**, Topcare, the Netherlands

- C3-221** Leadership mentoring in nursing research, impact on research and career: systematic review

**T.B. Hafsteinsdottir**, University Medical Center Utrecht, the Netherlands**Oral presentations****Quality of care and patient safety**

Category: Long-term care intramural, Hospital care (Science)

Chair: **B. de Brouwer**, Dutch Nurses Association, the Netherlands

Hudig Zaal

- C4-90** Ten steps towards developing evidence based best practice in night time residential care  
**I. Eyers**, Care Research Network, Germany
- C4-139** Development of a quality of meals and meal service set of indicators for residential facilities  
**D. Beeckman**, University Centre for Nursing and Midwifery, Belgium
- C4-203** Early recognition of deteriorating patients on surgical wards  
**G. Douw**, Hospital Gelderse Vallei, the Netherlands
- C4-298** Risk factors for incontinence-associated dermatitis: secondary analysis of a multicenter RCT  
**N. Van Damme**, Ghent University, Belgium presented by D. Beeckman

**Symposium****Multimorbidity and frailty**

Category: Transitional care (Innovation)

**C5-S246** Improving quality of care for frail older people from hospital admission to follow up post-dischargeChair: **B.H.L. Ament**, Maastricht University, the Netherlands

Arcadis Zaal

1. The Transitional Care Bridge Program  
**B.M. Buurman**, University of Amsterdam, the Netherlands
2. Integrating the Transitional Care Bridge Program in a new co-management model for frail elderly  
**H.P.J.M. Habets**, Zuyderland Medical Center/Zuyd University of Applied Sciences, the Netherlands
3. Collaboration between nurses in the discharge process: what can we learn from individual cases?  
**B.H.L. Ament**, Maastricht University, the Netherlands

## Symposium Measurement issues

Van Weelde Zaal

Category: Transitional care (Science)

**C6-S184** Developing & evaluating complex interventions- evidence-based examples and improved methodology

Chair: **N. Bleijenberg**, *University Medical Center Utrecht, the Netherlands*

1. Refining the MRC Framework development phase: towards successful complex interventions  
**N. Bleijenberg**, *University Medical Center Utrecht, the Netherlands*
2. The development of a function-focused care approach for nursing care in the Dutch hospital setting  
**J.M. de Man-van Ginkel**, *University Medical Center Utrecht, the Netherlands*
3. Development of a mobile action plan to enhance exacerbation-related self-management in COPD patients  
**Y.J.G. Korpershoek**, *University Medical Center Utrecht, the Netherlands*
4. Nursing PREDOCS consultation prevents postoperative delirium, depression, pressure ulcers and infections  
**R.G.A. Ettema**, *University of Applied Sciences Utrecht, the Netherlands*
5. Unravel the intervention components of proactive nurse-led care interventions for older persons  
**L. Smit**, *University of Applied Sciences Utrecht, the Netherlands*

## Symposium Education and learning

Zeelenberg Zaal

Category: Long-term care intramural (Science)

**C7-S173** Development of gerontology and geriatrics competences of baccalaureate registered nurses

Chair: **P. Huizenga**, *NHL University of Applied Sciences/Hanze University of Applied Sciences, the Netherlands*

1. Baccalaureate-educated registered nurse competencies in future nursing homes  
**R. Backhaus**, *Maastricht University, the Netherlands*
2. Accuracy of nursing documentation in resident care plans in long-term institutional care  
**A. Tuinman**, *Hanze University of Applied Sciences, the Netherlands*
3. Application of nursing roles in the care for older people, based on the CanMEDS  
**P. Huizenga**, *NHL University of Applied Sciences/Hanze University of Applied Sciences, the Netherlands*

## Workshop Writing

Van der Vorm Zaal

**C8-269** Getting your manuscript published in four easy steps

R. Watson, *University of Hull, United Kingdom*

## Sponsored roundtable discussion Education and learning

Van Rijckevorsel Zaal

Category: Prevention-societal care (Science)

**C9-273** Educating and learning for care for older adults within healthcare practice

Chair: **B.M. Janssen**, *Fontys University of Applied Sciences, the Netherlands*

See abstracts page 86-87

## Oral presentations Quality of care and patient safety

Schadee Zaal

Category: Transitional care, Prevention-societal care (Science/Innovation)

Chair: **A. Zabalegui**, *Nursing Hospital Clínic de Barcelona, Spain*

- C10-313** Examining aged care transitions (EXACT): decisions to transfer from long-term care to emergency  
**G. Cummings**, *University of Alberta, Canada*
- C10-45** Preventing hospital admissions by promoting patient safety- innovative care in nursing homes  
**C. Krueger**, *University Witten/Herdecke, Germany*
- C10-242** Potential drug-to-drug interactions in older patients discharged from hospital to home care  
**R.M. Olsen**, *Nord University, Norway*

Optional Site visits, see page 66

### Erasmus Medical Center

16.00 - 18.00 hours

Rotterdam

### Recollection Museum Humanitas

18.30 - 19.30 hours

Rotterdam

	Willem Burger Hal	Willem Burger Zaal	First Floor	Schadee Zaal	Van Weelde Zaal	Hudig Zaal		Arcadis Zaal	Zeelenberg Zaal	Van der Vorm Zaal	Ruys Zaal	Van Beuningen Zaal	Van Rijke-vorsel Zaal	Site visits							
08.00	Registration																				
08.30																					
09.00		Plenary session 4 KN 6 & 7 p40																			
09.30																					
10.00			Break																		
10.30	Poster presentation D p44-47	Symposium D2-S205 p41			Symposium D1-S119 p41			Oral presentation D6-77 D6-121 D6-123 D6-204 p42	Workshop D3-292 p42	Sponsored Symposium D7-S259 p43	Sponsored Symposium D8-S281 p43	Symposium D5-S137 p42	Roundtable discussion D4-131 p42								
11.00																					
11.30																					
12.00				Lunch break																	
12.30																					
13.00		Plenary session 5 KN 8 & 9 p48																			
13.30																					
14.00		Symposium E7-S260 p51			Symposium E5-S150 p50			Symposium E6-S113 p51	Symposium E1-S67 p49	Workshop E4-160 p50	Oral presentation E3-33 E3-124 p50	Oral presentation E2-30 E2-54 E2-76 p49	Sponsored roundtable E8-268 p52	Nursing Home Aafje p67							
14.30																					
15.00																					
15.30			Break																		
16.00		Symposium F6-152 p54			Symposium F1-S226 p52			Symposium F7-S148 p55	Symposium F5-S185 p54	Roundtable discussion F4-57 p53	Oral presentation F3-163 F3-104 F3-129 p53	Oral presentation F2-68 F2-114A p53	Workshop F8-270 p55	University of applied science Rotterdam p67							
16.30																					
17.00																					
17.30																					
18.00														Conference dinner							

**Registration**

8.00 - 18.00 hours

Registration desk

Willem Burger Hal

**Plenary session 4**

9.00 - 10.00 hours

Chair: Prof. Graeme Smith PhD

Willem Burger Zaal

**Technology**

KN 6 eHealth, beauty is inside ...

Daan Dohmen PhD, healthcare futurist, CEO of FocusCura, the Netherlands

**Dementia**

KN 7 Impact of Montessori-based activities on eating ability and agitation for demented elders

Prof. Li-Chan Lin PhD, Yang Ming University,

**Break**

10.00 - 10.30 hours

First floor

**Parallel sessions D**

10.30 - 12.00 hours

**Symposium****Education and learning**

Van Weelde Zaal

Category: Prevention-societal care (Innovation)

D1-S119 European Later Life Active Network improves education for professionals working with older people

Chair: I. Mikkonen, Savonia University of Applied Sciences, Finland

1. Building Multidimensional Quality for Education in the European Later Life  
I. Mikkonen, Savonia University of Applied Sciences, Finland
2. Review: Generic competences for health and social workers working with older persons
3. P. Roodbol, University Medical Center Groningen/Hanze University of Applied Sciences, the Netherlands
4. Measuring students perceptions and validation of questionnaires  
J. Sansoni, Sapienza University, Italy
5. Development of the European competence framework for professionals working with older people  
B. Dijkman, Hanze University of Applied Sciences, the Netherlands

**Symposium****Essentials or fundamentals of care**

Willem Burger Zaal

Category: Hospital care (Science)

D2-S205 Essential nursing care: most provided, least evidence based. The basic care revisited program

Chair: J.P.H. Hamers, Maastricht University, the Netherlands

1. Interventions to prevent malnutrition in older community-dwelling patients: a systematic review  
D. ten Cate, University of Professional Education Utrecht, the Netherlands
2. An early nursing nutrition intervention for outpatients in need for surgery  
G. Huisman-de Waal, Radboud University Nijmegen Medical Center, the Netherlands
3. The use of a 'Tell-us Card', a communication tool to improve patient participation  
M. Heinen, Radboud University Nijmegen Medical Center, the Netherlands
4. Enhancement of physical functioning in the daily nursing care; a systematic review  
C.J.M.M. Verstraten, University Medical Center Utrecht, the Netherlands



## Workshop Measurement issues

Zeelenberg Zaal

Category: Hospital care (Science)

**D3-292** Clinical manifestation of depression after stroke: different from depression in other patients?

J.M. de Man-van Ginkel, *University Medical Center Utrecht, the Netherlands*

## Roundtable discussion Quality of care and patient safety

Van Rijckevorsel Zaal

Category: Hospital care (Innovation)

**D4-131** Quality indicators contribute to the quality of nursing care in Dutch hospitals

A.C. de Bruijne- Dobben, *Health Care Inspectorate, the Netherlands*

## Symposium Multimorbidity and frailty

Van Beuningen Zaal

Category: Rehabilitation (Innovation)

**D5-S137** Optimizing geriatric rehabilitation: challenges and opportunities

I.H.J. Everink, *Maastricht University, the Netherlands*

Chair: J. Schols, *Maastricht University, the Netherlands*

1. A systematic mapping review of outdoor activities and mobility in care homes  
A. King, *University of Nottingham, United Kingdom*
2. Effects of an integrated care pathway within geriatric rehabilitation: preliminary results  
I.H.J. Everink, *Maastricht University, the Netherlands*
3. Effects of a multidisciplinary aftercare programme for older stroke patients: preliminary results  
T.P.M. Vluggen, *Maastricht University, the Netherlands*

## Oral presentations Education and learning

Arcadis Zaal

Category: Long-term care intramural, Hospital care, Prevention-societal care (Science/Innovation)

Chair: G.Jacobs, *Fontys University of Applied Sciences, the Netherlands*

- D6-77** Identification of competence needed in older people nursing in nursing homes  
O. Kiljunen, *University of Eastern Finland, Finland*

- D6-121** Comprehensive health assessment of the older person: a pre-requisite for quality care  
D.M.A. Fetherstonhaugh, *La Trobe University, Australia*
- D6-123** Recognising and reporting changes in residents' health status: education for aged care workers  
D.M.A. Fetherstonhaugh, *La Trobe University, Australia*
- D6-204** Educational development in old people fall prevention: pilot phase of AKESO project  
M. Aijo, *Savonia University of Applied Sciences, Finland*

## Sponsored symposium Leadership

Van der Vorm Zaal

Category: Hospital care (Science)

**D7-S259** Nursing leadership and quality of care

Chair: S.M. Maassen, *Erasmus MC University Medical Center Rotterdam, the Netherlands*

1. The blind spot of quality indicators in nursing care  
A.M. van Dishoeck, *Erasmus MC University Medical Center Rotterdam, the Netherlands*
2. The professional nursing work environment: the experience of Dutch nurses in a university hospital  
S.M. Maassen, *Erasmus MC University Medical Center Rotterdam, the Netherlands*
3. The influence of empathic ability and autonomy on sustaining work engagement among intensive care nurses  
M.M.C. van Mol, *Erasmus MC University Medical Center Rotterdam, the Netherlands*

See abstracts page 88-91

## Sponsored symposium Quality of care and patient safety

Ruys Zaal

Category: Science

**D8-S281** Excellent nursing care for older people

Chair: B.J.M. de Brouwer, *Dutch Nurses' Association, the Netherlands*

1. What patient problems do nurses encounter on a daily basis, and which of these can they influence? A nation-wide questionnaire survey  
R.A.M.M. Kieft, *Dutch Nurses' Association, the Netherlands*
2. Essential elements of the nursing practice environment and the relation with quality of care  
B.J.M. de Brouwer, *Dutch Nurses' Association, the Netherlands*
3. High quality nursing home care: The contribution of nursing science  
G. Meyer, *Martin Luther University Halle-Wittenberg, Germany*

See abstracts page 91-94



**Poster presentations D**

10.30 - 13.00 hours

Willem Burger Hal

**Posters: Education and learning**

**D-P-23** Using the group of apps line in the mobile devices in an emergency nursing team

*Y.-T. Ke, Chi Mei Medical Center, Taiwan*

**D-P-128** The effect of adding "comfort care course" in new nurses' pre-employment training program

*S.-H. Liu, National Cheng Kung University Hospital, Taiwan*

**D-P-177** The research of interprofessional strategy to enhance the cultural competency in medical students

*Y.-M. Subeq, Tzu Chi University, Taiwan*

**D-P-199** To investigate the achievement of the use of e-portfolio system for nurses

*H.Y. Lin, Chi Mei Medical Center, Taiwan*

**D-P-224** Interprofessional dementia care training for nursing and medical students: a feasibility study

*K. Balzer, University of Lübeck, Germany*

**D-P-304** Post-disaster geriatric mental health in Japan: lessons since the combined 11 March, 2011 disasters

*A. Lebowitz, Jichi Medical University, Japan*

**Posters: Management**

**D-P-157** Peer group supervision as a tool for nursing nomes as learning organisations

*R. Stemmer, Katholische Hochschule Mainz, Germany presented by N. Meyer*

**D-P-218** Care environment supporting older people's ability to function in nursing homes

*R. Suhonen, University of Turku, Finland*

**Posters: Medication**

**D-P-53** Patient and nurse reports of adverse drug reactions in nursing homes

*T. Dilles, University of Antwerp, Belgium*

**D-P-58** SelfMED: Self-administration of medication in hospital. A prevalence study in Flanders, Belgium

*T. Vanwesemael, Thomas More University College, Belgium*

**D-P-94** Hyperglycemia increases length of hospital day in elderly patients after cardiac surgery

*C.-H. Shih, Tzu Chi University, Taiwan*

**D-P-215** Chronic obstructive pulmonary disease and risk of osteoporosis – A nationwide retrospective study

*P.-C. Lu, Chang Gung Memorial Hospital, Taiwan*

**D-P-240** Nurses role in pharmacotherapy in home care patients –patient needs vs. nursing prescribing

*G. Wojcik, Medical University of Warsaw, Poland*

**Posters: Multimorbidity and frailty**

**D-P-60** Exploring the experiences of patients attending day hospitals in rural Scottish day hospitals

*E.C. Adamson, Edinburgh Napier University, United Kingdom*

**D-P-88** Prevention and treatment of disability due to acquired joint contractures: a systematic review

*S. Saal, Martin Luther University Halle-Wittenberg, Germany, presented by G. Meyer*

**D-P-109** Optimal care for frail elderly in hospital transition

*J.B.M. de Vos, Rotterdam University of Applied Sciences, the Netherlands*

**D-P-183** Frodio, a miny ice-popsicle, to reduce thirst in patients with fluid restriction and renal failure

*H.J. van Noort, Hospital Gelderse Vallei, the Netherlands*

**D-P-222** Falls risk assessment of older patients in nursing departments

*A. Jakavonyte-Akstiniene, Lithuanian University of Health Sciences, Lithuania, presented by J. Macijauskiene*

**D-P-241** The role of the nurse in integrating healthcare and social care to support 'ageing in place'

*L. Van Landschoot, University College Ghent, Belgium*

**D-P-256** Content validity and fidelity of Prisma-7 Portuguese version for fragility screening

*J. Tavares, Portugal*

**D-P-310** The impact of late-life depression on functional limitations

*R. Collard, Radboud university medical center, the Netherlands*

**Posters: Palliative care**

**D-P-37** Quality of life among older and younger patients with terminal cancer

*C.F. Wen, Sinlau Hospital, Taiwan*

**D-P-97** End of life communication training

*J.M.M. Meijers, Maastricht University, the Netherlands*

**D-P-99** Awareness of palliative care needs in dementia patients

*J.M.M. Meijers, Maastricht University, the Netherlands*

**D-P-100** A transmural care path for palliative care

*J.M.M. Meijers, Maastricht University, the Netherlands*

**D-P-299** Symptom clustering in hospitalised older palliative cancer patients

*A. Van Hecke, Ghent University, Belgium*

**Posters: Patient and public involvement****D-P-3** Evaluating involvement: student and carer perspectives*L. McIntosh, Edinburgh Napier University, United Kingdom***D-P-42** Sexual intimacy & older people – strategies for recruiting participants in sensitive research*D. Garrett, Royal College of Nursing, United Kingdom***D-P-78** Feeling at home in a nursing home. Defining a sense of home from in insider perspective*B.M. Janssen, Fontys University of Applied Sciences, the Netherlands***D-P-87** The preoperative stressors, stress intensity in aged patients for spinal surgeries*M.-L. Lin, Taipei Veterans General Hospital, Taiwan***D-P-106** Relationship between lifestyle and satisfaction with health aging among community-dwelling elder*S.-H. Wu, Taiwan***D-P-138** The fit of activating Interventions to individual needs of persons with dementia and caregivers*M.A. van 't Leven, Rotterdam University of Applied Sciences, the Netherlands***D-P-141** What we really want in caring for older people: user-involvement in fall technology development*F. Thilo, Bern University of Applied Sciences, Switzerland***D-P-171** The influence of healthcare worker-related determinants on a ward's patient participation culture*A. Van Hecke, Ghent University Hospital, Belgium***D-P-175** Bedside shift reporting: a research protocol for a matched controlled trial*A. Van Hecke, Ghent University Hospital, Belgium***D-P-188** The effects of gardening group on the loneliness and depression and wellbeing of older people*M.-T. Cheng, Chi Mei Medical Center, Taiwan***D-P-238** Development of person-centred health assessment tool in rehabilitation of elderly and adult clients*K. Thorarinsdottir, University of Akureyri, Iceland***D-P-248** Recruitment of study participants in nursing homes: experiences from the EPCentCare study*C. Richter, Martin Luther University Halle-Wittenberg, Germany***D-P-250** A correlative study on the burden and quality of life of the home care patients' main caregivers*J.-L. Huang, MacKay Memorial Hospital, Taiwan***D-P-258** Reminiscence and problembased method as an intervention to prevent depressive symptoms in elderly*I. Djukanovic, Linneaus University, Sweden***Posters: Patient systems and informal care****D-P-43** Why healthcare professionals and relatives of patients experience rooming in as useful intervention*S. van der Zwaag, Hospital Isala Zwolle, the Netherlands***D-P-55** Older people caring for older people: the impact of caring at home*M.L. de Almeida, Nursing School of Coimbra, Portugal***D-P-71** Collaboration in the chain of stroke care: stroke after- care, a gap to be closed*B.I. Buijck, Rotterdam Stroke Service, the Netherlands***D-P-82** Patients experiences of enhanced recovery after surgery: a systematic review of qualitative studies*T. Sibbern, VID Specialized University, Norway***D-P-95** Shaping access to formal dementia care: the perspective of policy and political decision makers*A. Broda, Martin Luther University Halle-Wittenberg, Germany***D-P-117** Promoting family participation by home care professionals*S. Walburg, NHL University of Applied Sciences, the Netherlands***D-P-122** Early psychosocial intervention for families with Alzheimer's disease: Longitudinal Alsova Study*T.H. Valimaki, University of Eastern Finland, Finland***D-P-125** Impact of Dementia on the caregivers' long-term quality of life and stress: Kuopio Alsova Study*T.H. Valimaki, University of Eastern Finland, Finland***D-P-202** Caring the informal caregivers: a commitment for nurses*S. Duarte, Nursing School of Coimbra, Portugal***D-P-296** Communication tools for shared decision making of frail elderly and their relatives in intensive care*A. Rensen, HAN University of Applied Sciences, the Netherlands***Posters: Technology****D-P-192** Using smart diapers in managing incontinence in older people with dementia living in nursing homes*A. Huion, University College Ghent, Belgium***D-P-288** Development of a decision support tool for nurses in community-based dementia care*T. Thoma-Lurken, Maastricht University, The Netherlands***Posters: Workforce****D-P-83** Creating learning environments for compassionate care (CLECC): an acute care feasibility study*J. Bridges, University of Southampton, United Kingdom***D-P-210** Integrated home care service: qualitative study on collaboration between nursing and social service*M. Gudnadottir, Reykjavik City, Iceland*

**Lunch break**  
12.00 - 13.00 hours

First floor

**Meet the experts**  
12.30 - 13.00 hours

See page 65  
First floor

### Plenary session 5

13.00 - 14.00 hours

Chair: Prof. Liz Capezuti PhD

Willem Burger Zaal



### Essential Nursing Care

**KN 8** You SHOULD 'sweat the small stuff'. Amalgamating marginal gains in ESSEntial Nursing CarE

David A. Richards PhD, Professor of Mental Health Services Research and NIHR Senior Investigator, University of Exeter Medical School, United Kingdom



### Quality of care

**KN 9** Getting the right things into older people care

Theo van Achterberg PhD, Professor of Quality of Care, Head of Centre for Health Services and Nursing Research, University of Leuven, Belgium

**Walking break**  
14.00 - 14.15 hours

Optional Site visit

**Nursing home Aafje Meerweide** see page 67  
14.00 - 16.00 hours

**Parallel sessions E**  
14.15 - 15.45 hours

### Symposium Multimorbidity and frailty

Zeelenberg Zaal

Category: Home care (Science)

**E1-S67** Different approaches of self-management facilitation for elderly in the community

Chair: M.J. Uitdehaag, Saxion University of Applied Sciences, the Netherlands

1. Effects of self-management support programmes on activities of daily living of older adults  
M.J.T. van het Bolscher-Niehuys, Saxion University of Applied Sciences, the Netherlands
  2. Self-management and meaningful activities for people with mild dementia: how to select usable apps?  
Y.J.F. Kerkhof, Saxion University of Applied Sciences, the Netherlands
  3. Self-management for ostomates; recognition and treatment of physical ostomy related problems  
S.M. Vonk, Saxion University of Applied Sciences, the Netherlands
1. Longer at home: A virtual nursing home  
M.N. Keurhorst, Saxion University of Applied Sciences, the Netherlands

### Oral presentations Multimorbidity and frailty

Van Beuningen Zaal

Category: Prevention-societal care (Science)

Chair: K. Cox, Fontys University of Applied Sciences, the Netherlands

- E2-30** Defining the oldest old  
A.B. Kydd, Edinburgh Napier University, United Kingdom
- E2-54** Associations between multidimensional frailty and quality of life in older people  
R. Gobbens, Inholland University of Applied Sciences, the Netherlands
- E2-76** Life-space mobility in older stroke survivors - A cross-sectional study  
K. Wolf-Ostermann, University of Bremen, Germany

## Oral presentations

### Palliative care

Ruys Zaal

Category: Home care, Long-term care intramural (Science/Innovation)

Chair: **R. Ettema**, *University of Applied Sciences Utrecht, the Netherlands*

- E3-33** Avoidability of hospitalisations at the end of life; a model for community nurses and GPs  
**M.C. de Korte-Verhoef**, *Amsterdam University of Applied Sciences, the Netherlands*
- E3-124** Recognising and responding to the care needs of older people at the end of life  
**D.M.A. Fetherstonhaugh**, *La Trobe University, Australia*

## Workshop

### Education and learning

Van der Vorm Zaal

Category: Hospital care (Innovation)

- E4-160** Delirium experience: a health game to improve skills and attitudes to treat delirious patients?  
**K.R. Spanjers**, *University Medical Center Groningen, the Netherlands*

*Please bring your laptop if you intend to participate in this session*

## Symposium

### Quality of care and patient safety

Van Weelde Zaal

Category: Hospital care (Science)

**E5-S150** Differences in quality of care in Austria, Switzerland and the Netherlands: what can we learn of it?

Chair: **R.J.G. Halfens**, *Maastricht University, the Netherlands*

1. Pressure ulcer prevalence, prevention and structural indicators over the years between countries  
**R.J.G. Halfens**, *Maastricht University, the Netherlands*
2. Malnutrition in hospitals: prevalence over time, structural quality indicators and interventions  
**D. Eglseer**, *Medical University of Graz, Austria*
3. Malnutrition in care home residents with dementia; an inevitable phenomenon?  
**J.M.G.A. Schols**, *Maastricht University, the Netherlands*
4. In-hospital falls, prevention and structural indicators over four years between countries  
**E. Meesterberends**, *Maastricht University, the Netherlands*
5. Prevalence of restraint, prevention and structural indicators over the years between countries  
**S. Hahn**, *Bern University of Applied Sciences, Switzerland*

## Symposium

### Education and learning

Arcadis Zaal

Category: Home care (Innovation)

**E6-S113** Learning communities of community care nurses and lecturers: the exchange of knowledge and skills

Chair: **K.A.M. Verkleij**, *Netherlands Institute for Health Services Research, the Netherlands*

1. A general picture of the learning communities: characteristics, similarities and differences  
**K.A.M. Verkleij**, *Netherlands Institute for Health Services Research, the Netherlands*
2. Focus on leadership  
**B.G.M. Sol**, *Amsterdam University of Applied Sciences, the Netherlands*
3. Design criteria's for learning communities  
**C. Wallner**, *The Hague University of Applied Sciences, the Netherlands*
4. Person-centred care and support in maintaining mastery of older persons in care innovation networks  
**G. Jacobs**, *Fontys University of Applied Sciences, the Netherlands*
5. The learning community: a new way to professionalize and share knowledge  
**D.J.E.M. Koopman**, *Saxion University of Applied Sciences, the Netherlands*

## Symposium

### Patient and public involvement

Willem Burger Zaal

Category: Long-term care intramural (Innovation)

**E7-S260** Involving older people in the Dutch National Care for the Elderly Program

Chair: **C. van Aalst**, *ZonMw, the Netherlands*

1. Participation in the National Care for the Elderly Program  
**C. van Aalst**, *ZonMw, the Netherlands*
2. Collaborating with older adults during the development of a self-monitoring and feedback system  
**J. Vermeulen**, *the Netherlands*
3. Patients in the lead with an innovative web-based conference table  
**K.C. Vermaat**, *Vermaat Advies, the Netherlands*
4. Participation of vulnerable elderly in education of nurses  
**M.T. Slager**, *The Hague University of Applied Sciences, the Netherlands*

## Sponsored roundtable discussion Management

Van Rijckevorsel Zaal

Category: Hospital care (Science)

**E8-268** Should nurse manager restrain from caring? A Bourdieusian analysis of 'caring work' vs. 'organising work' of nurse managers in (non) magnet hospitals in the Netherlands and the United States

*P.C.B. Lalleman, University of Applied Sciences Utrecht, the Netherlands*

See abstracts page 94-95

## Break

15.45 - 16.15 hours

Room: First floor

## Parallel sessions F

16.15 - 17.45 hours

## Symposium Technology

Van Weelde Zaal

Category: Transitional care (Science)

**F1-S226** Self-made & sound: e-health self-management support programs for patients with chronic conditions

Chair: *G.I. van Gaal, Radboud University Medical Center, the Netherlands*

1. Testing an online self-management program for patients with CVR: an explorative RCT  
*S. Puijk-Hekman, Radboud university medical center, the Netherlands*
2. Evaluating an online self-management program for patients with RA: an explorative RCT  
*R.M. Zuidema, Radboud university medical center, the Netherlands*
3. The evaluation of an e-supported Illness Management and Recovery program for patients with SMI  
*T.A.A. Beentjes, Radboud university medical center, the Netherlands*

## Oral presentations Multimorbidity and frailty

Van Beuningen Zaal

Category: Prevention-societal care, Transitional care (Science/Innovation)

Chair: *E. Finnema, NHL University of Applied Sciences Leeuwarden, the Netherlands*

- F2-68** Guiding health professionals in an ageing society: focus on functioning  
*A.M.J. Chorus, The National Health Care Institute, the Netherlands*
- F2-114 A** Patient-centered interdisciplinary care concept for geriatric oncology patients (PIVOG)  
*H. Schmidt, Martin Luther University Halle-Wittenberg, Germany*

## Oral presentations Patient and public involvement

Ruys Zaal

Category: Home care, Prevention-societal care (Science/Innovation)

Chair: *O. Timmermans, HZ University of Applied Sciences, the Netherlands, University Antwerp, Belgium*

- F3-163** Self-management and the ability of older adults to assess their own health situation  
*M.J.T. van het Bolscher-Niehuis, Saxion University of Applied Sciences, the Netherlands*
- F3-104** Management of indwelling urethral catheters in community settings  
*A.B. Kydd, Edinburgh Napier University, United Kingdom*
- F3-129** Nursing students and older people learning together – outcomes and experiences  
*S. Koskinen, University of Turku, Finland presented by Helena Leino-Kilpi*

## Roundtable discussion Education and learning

Van der Vorm Zaal

Category: Home care (Innovation)

**F4-57** Dynamic Force-field Analysis for a nurse in (elderly) healthcare

*T. Hommel, Trudy Hommel, the Netherlands*



## Symposium Leadership

Zeelenberg Zaal

Category: Home care (Science)

**F5-S185** Development of professional leadership in the Netherlands;  
nurses in the lead for better elderly care

Chair: **M.S. Nieuwboer**, Radboud university medical center, the Netherlands

1. Development of agreements on cooperation in elderly care: a backbone for nursing leadership  
**R. van der Sande**, HAN University of Applied Sciences, the Netherlands
2. The National Ambassadors program: empowering nurses to take the lead in primary care  
**F. Wolters**, ZZG Zorggroep, the Netherlands
3. The development of leadership roles in the implementation of evidence based practice  
**G. Holleman**, University of Applied Sciences Utrecht, the Netherlands
4. Clinical leadership in integrated elderly care; preliminary results of a support program  
**M. Nieuwboer**, Radboud University Medical Center, the Netherlands

## Symposium Quality of care and patient safety

Willem Burger Zaal

Category: Long-term care intramural (Science)

**F6-S152** Nurses on the Move: Improving Quality of Care in Nursing Homes

Chair: **J.P.H. Hamers**, Maastricht University, the Netherlands

1. 'Nurses on the Move' – A Research Line to Improve Quality of Care in Nursing Homes  
**E. Capezuti**, City University of New York, United States of America
2. The involvement of nursing staff in residents' activities of daily living: an observation study  
**M. den Ouden**, Maastricht University, the Netherlands
3. Translating implementation strategies into practice to enable nursing staff to implement innovations  
**N. O. Kulk**, Maastricht University, the Netherlands
4. Staff-related work environment characteristics and quality of care in Dutch nursing homes  
**R. Backhaus**, Maastricht University, the Netherlands

## Symposium Multimorbidity and frailty

Arcadis Zaal

Category: Transitional care (Science)

**F7-S148** Early identification and prevention of complications

Chair: **R.G.A. Ettema**, University of Applied Sciences Utrecht, the Netherlands

1. Development and feasibility of the PREDOCS-Programme, following the guidelines of the MRC  
**R.G.A. Ettema**, University of Applied Sciences Utrecht, the Netherlands
2. Is fatigue a long-term risk factor for IADL and/or mobility limitations 10 years later?  
**S. M. Iler-Schotte**, University of Applied Sciences Utrecht, the Netherlands
3. Feasibility of the home-instrument in the early recognition of health problems in community-living elderly  
**N.E. Dijkstra**, University of Applied Sciences Utrecht, the Netherlands
4. Factors influencing the underlying process of exacerbation-related self-management behavior in patients with COPD  
**Y.J.G. Korpershoek**, University of Applied Sciences Utrecht, the Netherlands
5. Detection of depression in the early stage of stroke: the Post Stroke Depression-toolkit  
**M. van Dijk**, University of Applied Sciences Utrecht, the Netherlands

## Workshop Writing

Van Rijckevorsel Zaal

**F8-270** Writing abstracts and poster presentation for conferences

G. Smith, Edinburgh Napier University, United Kingdom

Optional Site and Social visits

**University of Applied Sciences Rotterdam**

16.00 - 18.00 hours

see page 67

**Conference dinner in Restaurant Zenne**

19.00 - 22.00 hours

see page 67

	Willem Burger Hal	Willem Burger Zaal	First Floor	Schadee Zaal	Van Weelde Zaal	Hudig Zaal		Arcadis Zaal	Zeelenberg Zaal	Van der Vorm Zaal	Ruys Zaal	Van Beuningen Zaal	Van Rijkse-vorsel Zaal	Site visits
08.00	Registration													
08.30														
09.00		Plenary session 6 KN 10 & 11 p58												
09.30														
10.00			Break											Site visit ZonMw
10.30		Oral presentation G6-257 G6-74 G6-79 G6-295 p61		Sponsored Symposium G9-S272 p62	Symposium G2-116 p59	Symposium G5-S191 p60		Symposium G4-S158 p60	Oral presentation G7-86 G7-189 p61		Oral presentation G3-186 G3-120 G3-252 p60	Symposium G1-S172 p59	Workshop G8-271 p62	
11.00														
11.30														
12.00			Lunch break											
12.30														
13.00	Registration	Plenary session 7												
13.30		KN-12 KN-13 KN-14												
14.00														
14.30		p63												
15.00														
15.30														
16.00														
16.30														
17.00														
17.30														
18.00														



**Registration**

8.00 - 15.00 hours

Registration desk

Willem Burger Hal

**Plenary session 6**

9.00 - 10.00 hours

Chair: **Prof. Jurate Macijauskienė PhD**

Willem Burger Zaal

**Medication****KN 10** Medication out of control? The evidence base of inappropriate prescribing in older people**Prof. Gabriele Meyer PhD**, Martin Luther University Halle-Wittenberg, Medical Faculty, Institute for Health and Nursing Science**Best Poster Presentation Award Ceremony**Prizegiving by the jury **Gaby Jacobs** and **Roelof Ettema****Community nursing****KN 11** Safe, professional and inspiring community care for older people: how can nurses contribute?**Crystal Oldman PhD**, Chief Executive, Queen's Nursing Institute (QNI), United Kingdom**Walking break**

10.00 - 10.30 hours

First floor

Optional Site visit

**ZonMw the Netherlands Organisation for Health Research and Development, The Hague**

see page 67

10.00 - 12.00 hours

**Parallel sessions G**

10.30 - 12.00 hours

**Symposium****Education and learning**

Van Beuningen Zaal

Category: Prevention-societal care (Innovation)

**G1-S172** Educational innovations of gerontology and geriatricsChair: **P. Huizenga**, NHL University of Applied Sciences, the Netherlands

1. Innovation workplace well-being and care of the elderly: learning by innovating  
**P. Groenewoud**, NHL University of Applied Sciences, the Netherlands
2. Educational program on gerontology and geriatrics for bachelor nurses in the Netherlands  
**A. Keuning-Plantinga**, NHL University of Applied Sciences, the Netherlands
3. Serious gaming to support mobility and social activities for older people  
**A. Dijkstra**, NHL University of Applied Sciences, the Netherlands
4. Transdisciplinary knowledge and boundary crossing skills of healthy and happy ageing  
**P. Huizenga**, NHL University of Applied Sciences, the Netherlands

**Symposium****Patient and public involvement**

Van Weelde Zaal

Category: Transitional care (Science)

**G2-S116** Person-Centred care in research and practiceChair: **C.J.M. van der Cingel**, Windesheim University of Applied Sciences, the Netherlands

1. A framework analysis on the concepts of person-centred care in five empirical studies  
**C.J.M. van der Cingel**, Windesheim University of Applied Sciences, the Netherlands
2. The house of person centred care; a practical model for implementing person centred care  
**R.E. Pel-Littel**, Vilans Centre of expertise for long-term care, the Netherlands
3. The implementation of person centred care in long term care, results of a pilot  
**J. Engels**, Vilans Centre of expertise for long-term care, the Netherlands
4. Person-centred health promotion for older adults: a different perspective on healthy living  
**A.E. Marcus-Varwijk**, Windesheim University of Applied Sciences/University of Groningen, the Netherlands

## Oral presentations

### Multimorbidity and frailty

Ruys Zaal

Category: Home care, Hospital care, Prevention-societal care (Science)

Chair: **K. Cox**, *Fontys University of Applied Sciences, the Netherlands*

- G3-186** Association between self-management and frailty in older people receiving home care  
**P.E. Kaiser**, *Inholland University of Applied Sciences, the Netherlands*
- G3-120** A successful clinical-academic partnership: research about cancer treatment in people with dementia  
**J.B. Hopkinson**, *Cardiff University, United Kingdom*
- G3-252** Home-based lifestyle physical activity for sedentary older women: outcomes from a clinical trial  
**L.L. Lefler**, *University of Arkansas for Medical Sciences, United States of America*

## Symposium

### Quality of care and patient safety

Arcadis Zaal

Category: Long-term care intramural (Science)

**G4-S158** Quality of care in Swiss nursing homes: what can we learn from staff and residents' perspectives?Chair: **S. Hahn**, *Bern University of Applied Sciences, Switzerland*

1. Quality of care and the implicit rationing of nursing care in the Swiss Nursing Home Human Resources Project (SHURP)  
**F. Zuniga**, *Basel University, Switzerland*
2. Residents' perspectives of living in nursing homes in Switzerland (RESPONS)  
**S. Hahn**, *Bern University of Applied Sciences, Switzerland*
3. Work environment and residents' perspectives of quality of care in Swiss nursing homes  
**A. Conca**, *Bern University of Applied Sciences, Switzerland*
4. Investigating QoC from staff and residents' perspectives; implications in Swiss nursing homes  
**M. Simon**, *Basel University/Inselspital Berne University Hospital, Switzerland*

## Symposium

### Workforce

Hudig Zaal

Category: Long-term care intramural (Science)

**G5-S191** Increasing participation of nurses in an academic network for long-term elderly careChair: **A. Persoon**, *Radboud University Medical Center, the Netherlands*

1. Rehabilitation decision tree: also for geriatric patients  
**N. de Wijs-Antens**, *Stichting tante Louise-Vivensis, the Netherlands*
2. Towards a prevention program of diabetic foot care in nursing homes: prevalence of foot complications and risk factors  
**A. Goedhart**, *Attent, the Netherlands*
3. Care program on geriatric rehabilitation for stroke patients: content and process of development  
**E. Derksen**, *Radboud University Medical Center, the Netherlands*
4. Physician substitution by NPs, PAs and/or nurse in healthcare for older people  
**M.H. Lovink**, *Radboud University Medical Center, the Netherlands*

## Oral presentations

### Patient systems and informal care

Willem Burger Zaal

Category: Home care, Hospital care (Science)

Chair: **P. Roodbol**, *University Medical Center Groningen, the Netherlands*

- G6-257** Topics on family caregivers in formal conversations between nurses, patients and family caregivers  
**E.I. Hagedoorn**, *Hanze University of Applied Sciences, the Netherlands*
- G6-74** Predictors of utilization of community care services by people with dementia and their carers  
**A. Bieber**, *Martin Luther University Halle-Wittenberg, Germany*
- G6-79** Access to formal care for people with dementia and carers. A focus group study in eight countries  
**A. Stephan**, *Martin Luther University Halle-Wittenberg, Germany*
- G6-295** Screening of elderly abuse and neglect in prehospital ambulance and emergency nursing care  
**C. Minkhorst-Otten**, *HAN University of Applied Sciences, the Netherlands*

## Oral presentations

### Technology

Zeelenberg Zaal

Category: Home care (Science)

Chair: **B. de Brouwer**, *Dutch Nurses Association*

- G7-86** Supporting older adults in the use of digital healthcare technology: a mixed-method study  
**C.T.M. van Houwelingen**, *University of Applied Sciences Utrecht, the Netherlands*
- G7-189** Is there evidence for effects of eHealth for people confronted with cancer?  
**V.N. Slev**, *VU University Medical Center Amsterdam, the Netherlands*

## Workshop Writing

Van Rijckevorsel Zaal

**G8-271** Planning and reporting your research accurately:  
using the Equator Reporting Guidelines for Academic Papers  
*D.A. Richards, University of Exeter Medical School, United Kingdom*

## Sponsored symposium Essentials or fundamentals of care

Schadee Zaal

Category: Rehabilitation (Innovation)

**G9-S272** Research on nurse supported self-management of elderly and chronically ill

*D. Abels, Netherlands Organisation for Health Research and Development ZonMw, the Netherlands*

1. What self-management strategies do family caregivers use when faced with behavior and mood changes of their relative with dementia?  
*A. Francke, VU University Medical Center, the Netherlands*
2. Cardiac Care Bridge trial: the role of the community-care nurse in the transition from hospital to home  
*B.M. Buurman, Amsterdam University of Applied Sciences, the Netherlands*
3. Ethical dilemmas in self-management support: how research leads to action and reflection  
*A. van Staa, Rotterdam University of Applied Sciences, the Netherlands*

See abstracts page 96-99

## Lunch break

12.00 - 13.00 hours

First floor

## Meet the experts

12.30 - 13.00 hours

See page 65  
First floor

## Plenary session 7

13.00 - 14.30 hours

Willem Burger Zaal

Chair: *Prof. Marieke Schuurmans PhD*



## Transitional care

**KN 12** Getting transition care of older people right  
*Prof. Marit Kirkevold Ed.D., Head of Department of Nursing Science, Institute of Health and Society, University of Oslo, Norway*



## Knowledge translation

**KN 13** Applied research in residential care - is transformative change possible?  
*Carole A. Estabrooks PhD, Professor & Canada Research Chair in Knowledge Translation, Faculty of Nursing, University of Alberta, Canada*



## Quality of care and patient safety

**KN 14** Care for older people in nursing homes: can registered nurses make the difference?  
*Prof. Jan Hamers PhD, Maastricht University, Maastricht, the Netherlands*

## Closure concert

*Francis van Broekhuizen*  
Soprano



## Meet the Expert programme

During the conference you can have informal meetings with keynote speakers and members from the Programme Committee.

The Meet-the-Expert Program is scheduled daily during luncheon from 12.30-13.00 hours in the foyer on the first floor. The names of the experts will be indicated at the lunch table.

### Meet the Expert on Wednesday October 5th



Theo van Achterberg



Marieke Schuurmans



Murna Downs



Graeme Smith



Jurate Macijauskiene



Adelaida Zabalegui

### Meet the Expert on Thursday October 6th



Theo van Achterberg



Murna Downs



Jan Hamers



Liz Capezuti



Tiny Jaarsma



Marit Kirkevold



Carole A. Estabrooks



Anne Marie Rafferty



Adelaida Zabalegui

### Meet the Expert on Friday October 7th



Marit Kirkevold



Gabriele Meyer



Marieke Schuurmans



Jurate Macijauskiene



Crystal Oldman



Graeme Smith



Adelaida Zabalegui



David A. Richards

## Site visits and social events

Participants are welcome to join site visits and the reception in the City Hall for free. To participate you have to register at the congress secretariat. Free transportation departs from the registration desk. Transportation is not provided for the reception at the City Hall and the conference dinner.

### Tuesday 4 October

**Reception City Hall Rotterdam Coolsingel 40, 17.30 - 19.00 hours**  
reception offered by the Board of Mayor and Aldermen of Rotterdam,  
**Note: ID required.**



Walking distance 650 m, 9 minutes

### Wednesday 5 October

**Erasmus Medical Center, Rotterdam**

16.00 - 18.00 hours. Departure time 15.40 hrs.

The hospital is under construction adopting the concept of Healing Environment to recover and to work. New ideas and principles - like single patient rooms, the waiting concept and stress reducing sky ceiling - are tested. (No more registration possible, fully booked)

**Recollection Museum Humanitas Akropolis.**

18.30 - 19.30 hours. Departure time 18.00 hrs.

Akropolis is a nursing home in the north of Rotterdam, one of over thirty homes in this region run by Humanitas. One of its many services is a 'Recollection Museum', where dementia patients and their loved ones can 'visit their past' through typical and iconic period objects and interiors, sounds, fragrances and images.

*Max. participants: 30*

### Thursday 6 October

**Aafje Huis Meerweide, Rotterdam-IJsselmonde**

14.00 - 16.00 hours. Departure time 13.30 hrs.

Meerweide is one of 16 Rotterdam nursing homes run by Aafje, named after Dutch community care pioneer Aafje van Hulst, who worked in the first decades of the 20th century. Meerweide accommodates persons with physical complaints and/or dementia. It's a lively and popular home and gets many applications.

*Max. participants: 15*

**Hogeschool Rotterdam, University of Applied Sciences.**

16.00-18.00 hours. Departure time 15.40 hrs.

Learn about elderly care in higher education. How to interest young people for working with elderly people? We have several experiments and projects on this subject. For example there is a dementia week for students in their second year.

(No more registration possible, fully booked)

**Conference dinner, Restaurant Zenne, Willemskade 27, 3016 DM Rotterdam**

Starting 19.00 hours. (No more registration possible, fully booked) Walking distance 1700 m, 20 minutes.

### Friday 7 October

**ZonMw, Netherlands Organisation for Health Research and Development, The Hague**

10.00 - 12.00 hours. Departure time 09.15 hrs.

ZonMw funds health research and stimulates the use of knowledge developed to help improve health and healthcare in the Netherlands. The way ZonMw operates is unique in the world. With a range of grant programmes, ZonMw stimulates the entire innovation cycle, from fundamental research to the implementation of new treatments, preventive interventions and improvements to the structure of healthcare. ZonMw supports knowledge enhancement, quality and innovation in health research and in healthcare. The organisation covers the entire spectrum, from fundamental health research to healthcare practice – from preventive and curative healthcare to youth care services. ZonMw is an organisation with 180-200 employees, up to sixty programmes and a yearly budget of ZonMw of approximately 150 million euros.



# Preconference Nursing Leadership

Chair: **PCB Lalleman**

**Introduction:** The importance of effective/strong nursing leadership is well established and widely recognized in countries like the United States of America and Canada. The Canadian Nurses Association's introductory statement on leadership reads: 'Nursing leadership is about nurses who understand that the development of nursing leaders must begin at the outset of every nursing education program and continue throughout the career of every nurse. Educators, from academics to clinical nurse educators to personal mentors and those in between, instill the expectation that nurses can be and must be leaders. Leadership in this context is about helping nurses lift their practice so they see nursing not solely as a series of acts of scientific caring that can change individual lives but also as a lifelong commitment to political action for system change. Leadership begins when students are imbued with the meaning of ethical nursing practice and continues throughout one's career as nurses make the links from individuals to populations, and from the local to the global context.' In Europe too, in recent years, the importance of nursing leadership is increasingly gaining recognition. Greta Cummings, the Canadian expert in the field of nursing leadership, was invited to share her views and participate in a pre-conference on leadership.

**Aim:** To highlight, from several perspectives, how nurses can benefit from nursing leadership. To this end we pay attention to the relation between leadership styles and outcomes for nursing work environments, and practical steps to developing your leadership style to positively influence patient outcomes. We also focus on leadership projects for target groups like community nurses (ambassadors for community nursing) and young PhDs (Leadership Mentoring Nursing Research). Finally, we will show how nursing leadership can be integrated in the curricula for bachelor students (minor in leadership).

## Nursing leadership



**G.G. Cummings**

*University of Alberta, Canada*

*CLEAR Outcomes (Connecting Leadership Education & Research)*

The important relationships that nursing leadership styles have with outcomes for nursing work environments, the nursing workforce and for patients are being clearly documented in the research literature. There is found evidence of highly differential effects of relational leadership styles from task focused leadership styles. Relational leadership styles focused on people and relationships were associated with key outcomes such as significantly higher nurse job satisfaction, organizational commitment, staff satisfaction with work, role and pay, staff relationships with work, staff health and wellbeing, work environment factors, and productivity and effectiveness.

Task focused leadership styles focused on job completion, deadlines and directives, were associated with significantly lower values of all these outcomes. Other studies have shown that relational leadership styles of hospital nursing administrators also influence important patient outcomes including rates of hospital acquired infections, adverse events and patient mortality. Leadership styles focused on task completion alone are clearly insufficient to achieve optimum outcomes in the health system. Dr Cummings will review approaches to leadership in clinical nursing practice, focusing on differential outcomes of various leadership style and practical steps to developing your leadership style to positively influence patient outcomes.

## Ambassadors for community nurses



**J.A.M. Lambregts**

*Bureau Lambregts, Rotterdam, the Netherlands*

**M. de Bont<sup>1</sup>, M. Wiegman<sup>2</sup>, I. Voordouw<sup>3</sup>**

1. Dutch Nurses Association V&VN, Utrecht, the Netherlands
2. Wiegman Opleiding en Advies, Muiderberg, the Netherlands
3. ZonMw, Netherlands Organisation for Health Research and Development, the Hague, the Netherlands

**Background:** After a period of decline (1975-2000) from the start of the new millennium community nursing in the Netherlands has been gradually working, fighting and.. finding its way back. Nowadays, very much is expected from the community nurse, given the aging society, the shift from intramural to extramural care. Prevention in community healthcare is finally recognized as an important basic task for community nurses.

The Dutch Nurses' Association has designed a Community Nurse Profile, based on the CanMEDS, that has been broadly greeted by stakeholders. Currently, however, there's a substantial lack of community nurses who meet the requirements of this Profile. Few nursing students favor a career in community care. The Dutch Nurses Association and ZonMw signaled the need for the development of leadership capacities of community nurses, in order to bring about a fundamental change.

**Objective:** To enhance (the image of) community nursing by equipping community nurse ambassadors with leadership capacities. To this end a learning track was designed.

**Innovation:** Action learning targeting such subjects as role and function of community health care, health care financing, influence and politics, strategy, communication and lobbying. Each participant has a personal coach for personal growth, inspiration and self reflection.

**Experiences:** A total of 45 community nurse ambassadors were trained during one year and were given their ambassador-certificate by high profile Dutch health care stakeholders. Their numerous activities (on a national and municipal level, within numerous organisations and universities of applied sciences) have delivered very promising results in terms of better care, staff training, influence within the care organisation and influence on national developments like the financing of community nurses. They also contribute to research and development of the community nurse, a better image and personal growth.

## Leadership Mentoring in Nursing Research: Creating the future cadre of nurse scientists in the Netherlands



**T.B. Hafsteinsdottir**

*University Medical Center Utrecht & University of Applied Sciences Utrecht, Utrecht, the Netherlands*

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**Background:** The Netherlands' Council for Healthcare Research (RGO) concluded some years ago that the Dutch infrastructure for nursing research was both limited and vulnerable. This was informed by the very few permanent senior nursing research positions, including a total of three full professorships, at Dutch universities. The council proposed to the ministry of health to invest in the existing nursing research groups at the University Medical Centers, preferably led by a professor of nursing research. One of the key elements of the council's advice was investing in postdoctoral careers as opportunities for postdoctoral nurses were almost non-existent and the council proposed investing in postdoctoral fellowships for university based nursing research groups. A predefined research and training program for each postdoctoral fellowship, was seen as an important precondition. Since then, although some grant opportunities for nursing research were realized, the postdoctoral fellowships never came into being. In the last years, the professors of nursing at the university nursing science departments in the Netherlands collaborate with national and international partners in setting up and developing the Leadership Mentoring in Nursing Research for postdoctoral nurses in the Netherlands.

**Aims:** This program focuses on mentoring postdoctoral nurse researchers to generate the future generation of strong leaders in nursing research in the Netherlands.



**The method:** The Leadership Mentoring in Nursing Research was developed based on the review of the literature on leadership and mentoring, as well as successful postdoctoral leadership and nursing research programs.

During the development a panel of national and international expert leaders in nursing and health care research took part in the various steps of the development.

**Results:** The Leadership Mentoring in Nursing Research offers a two-year program leadership and mentoring program with workshops, meetings and mentorship, through which post-doctoral fellows extend knowledge in their research areas, conduct successful interdisciplinary research projects, enhance their leadership skills and establish new national and international research networks. In this lecture an insight will be given in various steps in the program development and important elements of the program.

## Pop-up Platform Nursing Leadership: Towards a blended nationwide nursing leadership undergraduate elective



**P.C.B. Lalleman**

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**Background:** The undergraduate (bachelor) nursing curricula is under constant change. In 2015 a new bachelor nursing profile, based on the CanMEDS, was launched. In 2016 all 17 universities of applied sciences start training these 'new' nurses. Nursing leadership is one of the key components of the CanMEDS model. However, it is under constant debate if nursing leadership should be taught in the regular curricula or as a 30 ECTS elective for those undergraduates who have special interest in this topic. We wish to contribute to this debate with a 'hands-on' initiative: a Pop-up Platform Nursing Leadership. This platform gives voice to those with interest in the topic such as: academics, healthcare institutions, teacher, trainers, researchers, E-learning developers, branch / professional organizations etc.

**Objective:** To design a nationwide blended nursing leadership elective of 30 ECTS.

**The method:** Organize several action learning inspired meetings between April 2016 and 2017 in which those interested in this initiative together develop a new curricula for a nationwide blended nursing leadership elective.

**Preliminarily results:** In April 2016 a first meeting took place with approximately 80 participants from all the above mentioned fields and from all over the country. Both the large amount of participants and the issues raised by the four invited speakers made it clear that the time is ripe for a nationwide elective on nursing leaderships. However there were some concerns as well. During an interactive session with the participants these were transformed in action points for the following meetings (e.g., how do we make sure that: ...there is room for individual development as a leader;... the university closely cooperate;... the course focuses on both hierarchal and non-hierarchical leadership; etc.). The summaries of the findings will be published. These publications will guide the future project. In April 2017 a closing session is held of the Pop-up Platform in which the outlines of a new elective in nursing leadership will be presented.

## Sponsored symposium Quality of care and patient safety

see page 22

Category: Home care (Science)

### A4-S230 At Home with meaning. Addressing existential questions in homecare

M Goumans, University of Applied Sciences Rotterdam, Rotterdam, The Netherlands



**Introduction:** Although many aged persons experience their life as meaningful, the later years can be challenging due to functional and personal losses. Especially those with a deteriorating health condition, living alone, with a low socio-economic status, in social isolation, or non-religious persons report lower levels of meaning in life. A support network of professional spiritual counsellors is lacking in homecare in the Netherlands.

Parishes often are focussed on their own group and fail to have access to aged persons at home. A report of the municipality of Rotterdam suggests that several groups of aged persons in Rotterdam may need support in meaning in life issues, (Van Dijk, Hoekstra, Klaus, 2010).

In Rotterdam Laurens Home Care started an innovation project titled At Home With Meaning (2015-2018). In this project nurses together with spiritual counsellors explore the way to make nurses competent in addressing existential questions during regular care. They also learn when and how to hand over to an experienced spiritual counsellor.

**Aim:** The aim of the symposium is to demonstrate how nurses can play a role in addressing meaning in life issues in every day home care as part of their role in prevention, maintaining health and well-being.

### Meaning in life in daily care: how is meaning in life involved in the work of homecare nurses?

S Hupkens<sup>2</sup>, M Goumans<sup>1,2</sup>, A Machielse<sup>3</sup>, P Derkx<sup>3</sup>

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3. University of Humanistic Studies, Utrecht, the Netherlands

**Background:** Meaning in life during the later years is important, as in all stages in life. It is associated with well-being and with quality of life. Meaning in life can involve the 'big questions in life', as well as daily meaning-finding. Although spiritual counselling is scarcely provided at home, homecare nurses often have access to aged persons. In their daily work they may encounter situations that relate to meaning in life issues of their patients. Which situations are these? Knowing these situations is a starting point for coaching and education regarding the role of nurses related to meaning in life of patients.

**Aim/research question:** To give insight in the multiple situation in which a nurse encounters meaning in life of aged patients during her daily work. This research is part of a larger PhD project about the nursing role with regard to meaning in life of aged homecare clients. The study starts with exploration in the field of homecare. Research question that is discussed in this presentation: What are situations in daily work of (assistant) homecare nurses in which (lack of) meaning in life of aged clients is involved?

**Materials and methods:** To explore everyday work of (assistant-)nurses participatory observations are performed in four homecare teams. Researchers join the professionals in their rounds. Thick descriptions are made in observation reports. Furthermore qualitative interviews are performed with aged persons and (assistant) nurses. Qualitative analysis: Although a basic analytical framework will be used as background, data will be interpreted from the perspective of the participants (aged persons and (assistant) nurses) and in context.

**Results:** Multiple descriptions of lifeworld situations in daily work of (assistant) homecare nurses in which (lack of) meaning in life of aged clients is involved (based on data of first year of the project September 2015- June 2016).

### Attention for meaning in life issues:

#### An essential part of home care

A Guyt, A Arias Mesa

Laurens, Rotterdam, the Netherlands

**Background:** Meaningfulness questions are included in the core set of patient problems in the new professional profile of the nurse (Schuurmans, Lambregts, & Grotendorst 2012). In the Quality Standard Existential Questions (Begemann & Cuijpers, 2015) it is addressed that nurses and carers are important in the lives of the elderly. Nurses sometimes think too quickly that they understand the other as they unwittingly are trapped in their own, or professional framework. A daily accessible contact is obligatory to discuss these larger issues.

In home care there is, due to the ever-increasing workload, little time to spare for action-oriented care and little room for personal attention. Nurses understand the importance of meaningfulness, but do not always have the necessary knowledge, space and tools to detect this and to support the client and his or her surroundings. The importance of identifying philosophical issues is that it can contribute to the provision of nursing care that focuses on strengthening and supporting the quality of life of the client. But also to raise awareness of one's own reactions and their consequences while interacting with the client and also the personal satisfaction this can bring.

**Objective:** To find within daily home care a way to explore the other in a good connection; their life-stories, meaning and problems. To provide nurses with tools and competences to address meaning in life issues in a proper way.

**Innovation:** Laurens simulates home care nurses and assistant home care nurses to address meaning in life issues. There is a twofold assistance by spiritual counsellors. First they aid nurses to be aware of their own needs and to become competent to care for him/herself. Secondly, they coach nurses to have attention for the spiritual dimension of care, to recognize meaning in life issues of the client, and to cope and react to these issues. This comes along with demarcating their own work field and to decide when to get support of or an intervention by a spiritual counsellor.

**Experiences:** Home care nurses discover themselves that within their own there are many cases in which they would have liked to address meaning of life issues. Sometimes they have to start with their own meaning in life issues in order to open up for the issues of their clients.

### The role of spiritual counsellors and coaching on the job to support nurses in addressing meaning of life issues in home care situations

T Schutter, R Jacobs

*Laurens, Rotterdam, the Netherlands*

**Background:** In the Netherlands the role of spiritual counsellors in home care and primary health care settings is increasing. They provide spiritual care to clients and support care workers to address meaning in life issue during their care delivery.

**Objective:** To experience how spiritual counsellors can assist nurses in home care situations in feeling competent in addressing meaning in life issues in regular home care settings in order to provide good care and improve the quality of life of the clients. A second objective is to give an important contribution towards humanising health care in order to - as a care worker and policymaker - stay focused on the human person as a unique individual with its own history, culture and context that deserves to be honoured and respected in time and value.

**Innovation:** Laurens provides assistance by spiritual counsellors to (assistant) home care nurses to address meaning in life issues. This assistance is twofold. Firstly, they aid nurses to be aware of their own needs and to become competent to care for him/herself. Secondly, they coach nurses to have attention for the spiritual dimension of care, to recognize meaning in life issues of the client, and to respond to these issues. This comes along with demarcating their own work field and to decide when to get support of or an intervention by a spiritual counsellor.

**Experiences:** The experiences of the first half year of coaching in the pilot-teams are positive. (Assistant)nurses recognize the importance of having attention for meaning in life issues and are open to receive coaching on the subject. Serious life events, such as end of life issues, are often easy to identify. Day to day meaning in life for the client is more difficult to identify, coping with these items of meaning is often spontaneous and is little stood still by. For example, awareness of how one enters a client's home, how one reacts on expressions of loneliness and awareness of possible differences in beliefs between the client and oneself. If one can identify meaning in life issues of the client, it might still be difficult to cope with them.

### The role of nurses in addressing meaning of life issues related to end of life care

F Baar<sup>1,2</sup>, A Arias Mesa<sup>1</sup>

1. *Laurens, Rotterdam, the Netherlands*

2. *Leerhuizen Palliatieve Zorg, Rotterdam, the Netherlands*

**Background:** A nurse often has to deal with the care for people in the last stage of their lives. Within palliative care it is a difficult task to signalize patient problems because of the complex character of the problems and due to emotions which play a role when a person is dying. This concerns both the relatives, the nurse as the other involved caregivers as the general practitioner. Spiritual and meaning in life issues are suppressed by the chaos of the other more apparent problems and the fact of impending mortality. This may cause a discomfortable situation with doubts, conflicts and confusion for the patient, the relatives and the involved care-givers.

Laurens Home Care started in 2015 a project to support (assistant)nurses to signalize meaning in life issues during the palliative phase of a disease. Having attention for the feelings of a patient and what concerns the patient while dying is important. It is not about the nurse knowing all the answers, but it is about the nurse being alert to signalize the issues at stake and making sure that they are addressed by someone who is able to deal with them.

**Objective:** To support nurses to signalize meaning in life issues by patients in the palliative phase of their disease. Attention for meaning in life issues intertwined in palliative care may relieve the suffering and may result in a smooth care process. The problems as indicated by the nurse can be used in an objective way in the communication with the General Practitioner and to adapt the careplan.

**Innovation:** Laurens stimulates nurses to make use of tools which improve the quality of palliative care and which assist them in improving the communication with other caregivers. Nurses use the "Utrechts Symptomen Dagboek Rotterdam-version (USD-R)" with some additional questions aimed at signaling meaning in life issues.

**Experiences:** Nurses discuss the signaled problems with the general practitioner

during a common homevisit or during the Palliative HomeCare (PaTz) discussions. During PaTz palliative patients are discussed in a systematic way in a multidisciplinary team of general practitioners, home care nurses and consultants palliative care and spiritual counsellors. The use of the USD-R stimulates them to systematically address meaning in life issues and the PaTz guides all involved in finding the proper answers to these issues.

## Sponsored symposium Quality of care and patient safety

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Category: Long-term care intramural (Innovation)

### B8-S279 Towards renewed supervision on nursing home care in the Netherlands: focus on patient safety and personalized care

AMM Jonkers, Netherlands Health Care Inspectorate, Utrecht, the Netherlands



Ministerie van Volksgezondheid,  
Welzijn en Sport

**Introduction:** Healthcare in the Netherlands is undergoing a comprehensive transformation, which also includes elderly care. Healthcare is growing in complexity and personalized care is becoming increasingly common. While conventional forms of care are centred around safety and a care provider's professionalism,

personalized care is causing the focus to shift more and more to clients' quality of life. The question the Health Care Inspectorate therefore needs to ask itself is 'how do we bring our supervisory tasks in line with the changes in elderly care, combining the basic principles of safety and professionalism with a more people-centric and more 'caring' approach?'. To answer this question – and to ensure a timely response to the impending changes and encourage the learning capacity of care providers – the Inspectorate has initiated new forms of supervision. At the end of June 2016 the Inspectorate will publish its vision for the coming years for supervision on nursing home care. This symposium will focus on existing and renewed supervision and will discuss the following topics.

- Using the Short Observational Framework for Inspection (SOFI);
- Using observations of 'mystery guests' to supplement inspections;
- The development of the Good Governance Inspection Framework.

**Aim of the symposium:** In an interactive manner to give insight into the way the Netherlands Health Care Inspectorate supervise the nursing home care in the Netherlands.

## Using the Short Observational Framework for Inspection (SOFI).

CJ Geertse, Netherlands Health Care Inspectorate, Utrecht, the Netherlands

**Background:** Ensuring effective care for psychogeriatric patients is a matter of great social and societal importance. The target group comprises vulnerable, mostly elderly individuals, as well as people with dementia, which is associated with challenging behaviour. Care provision is complex, demanding significant knowledge and skill on the part of all concerned. The Health Care Inspectorate has prioritized this target group and is keen to involve patients in its supervisory regime. In 2014, the Inspectorate initiated a more specific/client-centred approach to dementia care by conducting twenty inspection visits in which the 'Short Observational Framework for Inspection' was applied.

**Innovation:** In 2014, the Inspectorate acquired the rights to an innovative observation method from its British counterpart, the Care Quality Commission: the 'Short Observational Framework for Inspection' (SOFI), which focuses on institutional dementia care. The inspector spends some time sitting unobtrusively in a general area of a residential care home, observing clients and assessing their mood, engagement with their surroundings and interaction with staff, according to a validated method. The observation findings then form the basis of the subsequent inspection activities, such as scrutiny of patient records and interviews with staff members.

The SOFI method is particularly useful when inspecting care provision for patients with dementia, since the patients themselves may not be able to articulate whether the care they receive is in keeping with their requirements. Observation allows inspectors to give the clients' perspective more weight within their overall assessment of the quality and safety of care.

**Experiences:** Observation is particularly useful where the patients themselves are unable to communicate effectively with inspectors. The SOFI method enables the Health Care Inspectorate to arrive at a more rounded picture of the quality of care provision and ensure appropriate client focus. The response of the field itself has been positive. According to the care staff, inspectors are now seen to be taking time to assess their work properly and are showing an objective interest.

**Findings:** An aggregated report of the outcomes of the pilot project was published in June 2015. Among its conclusions is that greater weight should be given to the vision of care providers themselves, and that clients' personal networks should be given a greater role in helping to understand them. Based on both inspection results and incident reports, the Inspectorate notes that failure to respond effectively to challenging behaviour can lead to high risks related to care provision, and that those risks affect clients, informal carers and care workers alike.



## Using observations of 'mystery guests' to supplement inspections.

A Baars, Netherlands Health Care Inspectorate, Utrecht, the Netherlands

**Background:** Providing effective residential care for vulnerable seniors is becoming increasingly complex. However, the knowledge and skills of care staff have not always kept pace with the requirements associated with this development. This regularly results in complaints about the quality of care, and sometimes also to potential care-related risks and public concern. The Health Care Inspectorate therefore decided to intensify its supervision of residential care services as of 2011, introducing measures including a broadening of its repertoire of inspection methods. One of the new approaches was the use of "mystery guests".

**Objective:** In 2011 and 2012, the Inspectorate began to deploy mystery guests as part of its supervision of care services for seniors. A follow-up project was implemented in late 2014, the purpose of which was to assess the nature of information that trained mystery guests can provide, and whether the information derived from their unannounced and presumably unnoticed visits enables inspectors to arrive at a more accurate impression of the situation in which clients and informal carers find themselves.

**Innovation:** The Inspectorate is keen to apply a supervisory approach in which the experiences of the client are given due weight. Doing so enables us to assess not only the crucial aspects of safety but also the quality of life for clients. One way in which this can be assessed is through the use of mystery guests. A total of twenty visits were conducted by our mystery guests. They were not required to work to a detailed predetermined 'inspection framework' but were asked to assess the situation at each location under four broad headings (general atmosphere, staff, occupational activities and risks), allowing them to take a fully impartial stance, assessing what they themselves considered to be important.

**Experiences:** Our inspectors conclude that the findings of the mystery guests do provide added value, particularly in terms of those aspects of care which the general public consider most important. The reports submitted by the mystery guests supplemented the findings of the inspection visits that followed. An account given from the client's perspective helps to clarify the inspectors' empirical observations, enabling the use of detailed information to support inspection findings and to include examples in inspection reports.

In addition, we have found that:

- mystery guests are more likely to view matters from the perspective of the general public than from that of a client;

- mystery guests adopt a different focus to that of the inspectors; they consider different aspects and have different priorities;
- the findings of mystery guests serve to nuance those of the inspectors, placing them into a broader perspective;
- the mystery guests gain an understanding of the work and responsibilities of the Inspectorate;
- the anonymous nature of the mystery guests' visits demands careful consideration of the ethical aspects by the Inspectorate.

## The development of the Good Governance Inspection Framework

R Vos-Ceelen, Netherlands Health Care Inspectorate, Utrecht, the Netherlands

**Background:** Reports of incidents within the private, public and semi-public sectors have caused many to question whether the people in charge –directors, administrators or management boards – always act in accordance with their social responsibility. It is sometimes alleged that they prioritize their own personal interests to the detriment of the common good. When things go wrong, public indignation is great. There are often calls for new legislation to prevent further incidents. However, according to the report *Een Lastig Gesprek* ('A difficult discussion'), produced by the Committee on Good Governance, rules and regulations are rarely the answer. In response to social developments and in close consultation with the field, the Health Care Inspectorate and the Dutch Healthcare Authority (NZa) are working to produce a 'Good Governance Inspection Framework', scheduled for publication in the first half of 2016.

**Objectives:** The framework is intended to:

- promote good governance within the healthcare sector to ensure that care provision is of high quality, safe, accessible and affordable;
- promote appropriate conduct and professionalism on the part of managers and regulators;
- increase consistency of action on the part of external regulators;
- clarify the relationship between internal administrators and external regulators;
- promote the debate about good governance to arrive at field norms which are in keeping with social expectations.

**Innovation:** The objectives are to be pursued by means of supervision in three key areas: culture and conduct, systems, and results. The 'culture and conduct' component is a new addition. Reckless conduct is clearly at odds with the remit of healthcare administrators, as is any unwillingness to listen to alternative, possibly dissenting points of view. They are expected to create an open culture in which they



are approachable and accountable. A climate of safety is essential to an improvement-driven culture and will increase an organization's 'self-cleansing' ability. The basis of all supervision activities is the assumption that good governance will result in good and affordable care provision.

**Experiences:** Administrators are responsible for the quality and safety of the services and products provided by their organizations. Research, both internal and external, has shown that not all administrators in the healthcare and medical product manufacturing sectors are adequately aware of the risks that exist. As a result, their management procedures do not include the necessary checks and balances. Effective definition of administrative responsibilities therefore demands professional internal supervision. The Health Care Inspectorate wishes to facilitate the development of good governance practice by the field itself. Based on its statutory role as regulator, however, it will not hesitate to take enforcement action should the risks become too great.

## Sponsored symposium Leadership

see page 33

Category: Transitional care (Science)

### B10-S280 Nursing leadership in clinical practice: what does it mean for elderly care?

BM Buurman<sup>1,2</sup>, JBM de Vos<sup>3,4</sup>, JEM Bakker<sup>5</sup>, ML Luiking<sup>6</sup>

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2. University of Applied Sciences, Amsterdam, the Netherlands
3. Amphia Ziekenhuis, Breda, the Netherlands
4. Rotterdam University of Applied Science, Rotterdam, the Netherlands
5. Stichting Wetenschap Balans, Rotterdam, the Netherlands
6. Rho Chi at Large Chapter of Sigma Theta Tau International



**Introduction:** With the aging population there is an increase in the demand for care for the elderly. This higher demand for care not only demands specific care for illnesses and disabilities associated with older age, but it also demands more leadership and management by nurses. The elderly patients often require help to clarify their care problems, to find the right kind of health problem solutions and to maintain their quality of life.

**Aim:** This symposium aims to highlight the leadership which is increasingly necessary for nurses to have. Dr Annemarie Vos will present her study aimed at preventing and reducing functional decline in the elderly patient by means of the multidisciplinary Transmural Elderly Care Zeeland (TECZ) methodology. Her presentation is titled: "Optimal care for elderly in transition". Dr Bianca Buurman will present several acute care models which aim to provide the right care at the right place for elderly patients. Her presentation is titled: "Lost in transition".

## Lost in transition?

BM Buurman, Academic Medical Center, University of Amsterdam, the Netherlands  
University of Applied Sciences, Amsterdam, the Netherlands

An acute hospitalization is a hazardous event for older persons. Within 30-days post-discharge 15% is readmitted and three months post-discharge 30% experiences new disabilities in activities of daily living and another 20% has died.

An important question is how we can provide the right care at the right place by the right professionals for this group. If an older person is hospitalized, good guidance by a geriatric team and support during the transition from hospital to home is crucial and can prevent readmissions and mortality. Many older persons feel overwhelmed by a hospitalization and in the first month post-discharge they experience difficulties with recovery, feel fatigued and insecure.

But the question is whether a stay in the hospital is always necessary. If 20% of patients die within three months, how could advance care planning in the home situation help to prevent a hospital stay and maximize quality of life? Or what if we replace hospital care to a care centre in the community where we focus on the medical problem, the underlying cause of acute care needs, support of informal caregivers and maintenance of functioning.

In this lecture several acute care models, their importance and their effects will be presented. Nurse leadership, research, patient participation and education are crucial to establish the right care at the right place for this group.

## Optimal care for elderly in transition

JBM de Vos<sup>1,2</sup>, JEM Bakker<sup>3</sup>

1. Amphia Ziekenhuis, Breda, the Netherlands
2. Rotterdam University of Applied Science, Rotterdam, the Netherlands
3. Stichting Wetenschap Balans, Rotterdam, the Netherlands

**Background:** In the province of Zeeland (in the south of the Netherlands), elderly care is under pressure, due to the ageing population in combination with the associated complex nursing care in the local island-setting. The Stichting Ketenzorg Midden- en Noord Zeeland (SKMNZ) has developed the multidisciplinary Transmural Elderly Care Zeeland (TECZ) methodology, which supports nurses in the chain care for frail elderly (at home and in the hospital) aimed at preventing and reducing functional decline. The proposed research focuses on optimising the intervention fidelity of two core elements of this methodology:

1. Timely identification of the frail elderly;
2. Multidisciplinary meeting.

The acquired knowledge will be integrated in the Bachelor of Nursing (BN) curricula at

the Rotterdam University of Applied Sciences (HR) and Zeeland University of Applied Sciences (HZ).

**Materials and methods:** Action research using a cyclic approach will be performed by lecturers and students at three levels: 1) elderly care practice; 2) BN curricula; and 3) at patient and informal carer level. The data collection incorporates mixed methods, i.e. quantitative methods (e.g. percentage of executed intervention elements), qualitative methods (e.g. description of care practices), and implementation methods (e.g. fidelity and adoption measures). Baseline findings (T0) will be fed back to both the nursing professionals (focus groups) and BN lecturers (project groups), in order to develop SMART-plans to improve the care practice and the curricula simultaneously.

T0 → XSMART plan care practice → T1 → Modification care practice

T0 → XSMART plan BN → T1 → Modification BN curricula

Both the focus group and project groups will be supported by expert advisors and receive tailor-made education.

**Results:** The anticipated result is > 80% intervention fidelity of the two core elements of the TECZ methodology, and two 'elderly proof' BN curricula at the involved Universities.

**Conclusion:** It is expected that the anticipated results will lead to the prevention and reduction of functional decline and improvement of quality of life of the Zeeland frail elderly in transition.

## Sponsored roundtable discussion Education and learning

see page 37

Category: Prevention-societal care (Science)

### C9-273 Educating and learning for care for older adults within healthcare practice

BM Janssen<sup>1</sup>, TJH Niessen<sup>1</sup>, JS Jukema<sup>2</sup>, CJM van der Cingel<sup>2</sup>

1. Fontys University of Applied Sciences, Eindhoven, The Netherlands

2. Windesheim University of Applied Sciences, Zwolle, the Netherlands

**Introduction:** Higher education is an important deliverer of a variety of qualified professionals in the care sector. Given the current changes in this sector it is of the utmost impor-

tance that educational organisations monitor what happens in the work field and constantly reflect on what these changes mean for the expertise and competencies of the professionals they educate. Within the Netherlands a number of different professionals are working within the field of care for older adults, including nurses and applied professional gerontologists. The educational programmes of the Bachelor of Nursing and the Bachelor of Applied Gerontology have been transformed recently to meet current requirements within Dutch society, healthcare and the health- and social care for older adults more specifically. Within the nursing field this has led to a national nursing framework (BaNursing 2020) against which all bachelor nursing faculties develop their specific nursing curricula. For the same reason, major amendments have been made to the curricula of the Bachelor of Applied Gerontology as well.

**Aim:** The aim of this round table discussion is twofold:

- To give an impression of how two different bachelor programmes (bachelor nurse and the applied gerontologist) give substance to their curricula with respect to care for older adults given societal tendencies and the wishes and preferences of older adults themselves.
- To discuss these societal tendencies with the participants with respect to the foreseen consequences to the role of the bachelor nurse and the professional gerontologist and the care for older adults in general (what kind of professional does the care for older adults need given the identified changes and tendencies in Dutch healthcare society).

### Design of the roundtable:

- Presentation of societal and healthcare changes and requirements and the transformations made within the curricula of Bachelor of Nursing & Bachelor of Applied Gerontology in order to meet these changes and requirements
- Dialogue about the following propositions:
  - Do the curricula of the bachelor of nursing & the bachelor of applied gerontology equip these professionals to meet the changes and requirements in the care for older adults?
  - What kind of faculty and learning environment are necessary for training these future professionals?
  - How should bachelor courses relate to each other to add value to the care for older adults?
  - How could the bachelor of nursing & the bachelor of applied gerontology collaborate in order to train professionals as change agents?
- Round-up – lessons learned

**Sponsored symposium Leadership**

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Category: Hospital care (Science)

**D7-S259 Nursing leadership and quality of care**

AM van Dishoeck, SM Maassen, MMC van Mol

Erasmus MC University Medical Center Rotterdam, the Netherlands



**Introduction:** Outcome measurements assess the quality of nursing care, but what do they tell us about improvement of our care processes? Professional and competent nurses are needed to provide person-centered qualified care from new born babies to the aging people. Particularly fragile elderly benefit from nurses who take personal leadership in their line of work. Not only the patient, but also the team, organizational and system outcomes profit when nurses in all domains of practice exploit their leadership possibilities. A professional nursing work environment is an important influencing factor for nurses to develop and grow in their personal leadership role. Among other factors, a nurse vision and policy on quality of care characterize this stimulating setting. Moreover, nursing leadership can contribute to work pleasure and engaged daily practice of caring.

**Aim:** The aim of this session is to address three different approaches to influence the quality of nursing care.

**The blind spot of quality indicators in nursing care**

AM van Dishoeck, EW Steyerberg, JP Mackenbach

Erasmus MC University Medical Center Rotterdam, the Netherlands

**Background:** The use of performance indicators has become popular in the last decades based on the belief that achieving good health outcomes for patients is the fundamental purpose of healthcare. "Hospital Statistics", as Florence Nightingale called performance measures in the nineteenth century, enables us to ascertain quality aspects in different hospitals, as well as from different diseases and in different districts of the same country. This goal has now largely been met, thanks to extensive efforts of data collection. However, we are still far from her ideal that performance indicators will "improve the treatment and management of the sick and maimed poor".

**Materials and methods:** A combination of research in national databases comparing hospital performance and research in a university hospital aiming on projects improving quality of care.

**Results:** We found considerable influence of random variation when we compared hospitals using the outcome indicators of the Dutch Health Care Inspectorate. None of the tested indicators could be used for the ranking of hospitals. Funnel plots provided

the most valuable insight in the magnitude of random variation. For surgical site infections, we found that the apparent differences between Dutch hospitals were predominantly attributable to random variation and case-mix. Exploring the process-outcome relation, we found that the outcome indicator 'pressure ulcer occurrence' reflected differences in the quality of the bundle of preventive care processes provided by nurses. This significant relation supports the usefulness of this indicator in assessing the quality of nursing care. In a process measure of acute stroke care, we found a significant improvement in "door-to-needle time" measured over several consecutive years. We could not attribute this trend to one or more specific interventions. In a quality project that aimed at decreasing pressure ulcer occurrence, we found a significant improvement in a process measure but no statistically significant decrease in the outcome.

**Conclusion:** The measurement of quality of care is a multidimensional and complex process. We must be aware that a performance indicator may offer a signal on quality and is by no means an absolute measure. Nursing leadership is crucial in translating this signal to improving quality of care.

**The professional nursing work environment: the experience of Dutch nurses in a university hospital**SM Maassen<sup>1</sup>, MMC van Mol<sup>1</sup>, CM Dekker-van Doorn<sup>2</sup>

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2. Erasmus University Rotterdam, Rotterdam, the Netherlands

**Introduction:** The professional nursing work environment is associated with the quality of care and patient safety delivered in a hospital. Registered nurses are qualified and responsible for delivering specialized care to elderly patients admitted to the hospital. Professional nurses, defined as trained, skilled and certified, can provide this dedicated care. Working in a professional environment is an important influencing factor for nurses to become a competent professional. The aim of this study is to explore the nurses' perception of their professional nursing work environment.

**Methods and materials:** The design was a cross-sectional survey among Dutch hospital nurses working at a large university hospital. The experience of their professional nursing work environment was measured with the Practice Environment Scale of the Nursing Work Index (PES-NWI) comprising five domains: nurse participation, quality of care, nurse leadership, staff and resources, and nurse-physician relationship. This 31 item questionnaire was translated into the Dutch language, using the forward-backward translation method. This Dutch version of the PES-NWI proved to be reliable with a Cronbach's alpha of .87. A link to the questionnaire was e-mailed 2,254 nurses, followed by reminders after the second and fourth week.

**Results:** A total of 632 nurses completed the questionnaire (response rate 28%), with 87.8% females. The mean age was 41.7 years, the mean work experience rated 18.5 years. Descriptive statistics of the PES-NWI showed mean scores between 2.3 and 2.9 (nurse participation 2.62 ( $\pm$ .33); quality of care 2.69 ( $\pm$ .33); nurse leadership 2.77 ( $\pm$ .49); staff & resources 2.34 ( $\pm$ .53); nurse-physician relationship 2.93 ( $\pm$ .43)). ANOVA analysis was performed to establish differences between nurses working in the different divisions that are part of the university center. Nurses working in oncology and general medical-surgical divisions experienced less staff and resources than nurses working at the intensive care division ( $p=.001$ ). However, oncology nurses experienced better quality of care than nurses working in ICU or thoracic-cardiology division. The experience of staff and resources was rated significantly lower by licensed practical nurses than nurses with a bachelor degree or nurses with an in-service education.

**Conclusion:** The Dutch version of the PES-NWI has proven to be a reliable instrument. Significant differences were found between divisions as well as educational level of nurses. With the knowledge gained in this study it is possible to explore the relationship between the nursing work environment and patient reported outcomes measures and design and implement interventions for improvement.

### The influence of empathic ability and autonomy on sustaining work engagement among intensive care nurses

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2. Open University of the Netherlands, Heerlen, the Netherlands

**Introduction:** Personal leadership of nurses can contribute in delivering person-centered care, patient safety, teamwork, and clear communication, thus optimizing the quality of care for patients. Especially in the intensive care unit (ICU), nurses should present personal leadership in the complex care to frail elderly and their relatives. Work engagement, operationalized as a positive work-related state of mind and characterized by vigor, dedication, and absorption, is important for an inspiring work environment and development of personal leadership. The aim of the study is to explore the influence of personal resources, e.g. empathic ability and autonomy, on work engagement among ICU nurses.

**Methods and Materials:** A cross-sectional survey study design was used among ICU nurses of Erasmus MC, a university hospital in the Netherlands. Work engagement was measured by the Utrecht Work Engagement Scale, which included items about opinions related to the own work environment. Additionally, 14 items based on the Jefferson Scale of Physician Empathy were included to measure empathic ability. A digital link to

the questionnaire and two reminders were sent in October 2015 to 262 ICU nurses.

**Results:** The overall response rate was 56%, with a male-female ratio of 28/72. The mean age of respondents was 44.6 years, mean working hours rated 30.7 per week. ICU nurses scored the same on vigor, higher on dedication ( $p<.05$ ), and lower on absorption ( $p<.05$ ) in comparison to the average Dutch employee. Mean cognitive empathy in ICU nurses was positively correlated with vigor ( $r=.21$ ,  $p<.001$ ), however, both cognitive and emotional empathy did not correlate with total work engagement. Nursing autonomy was positively correlated with total work engagement ( $r=.28$ ,  $p<.001$ ).

**Conclusion:** The results of this study suggest no influence of empathic ability on work engagement, while nursing autonomy and work engagement were positively associated. Empowerment of the nursing profession, which is accompanied by a larger sense of autonomy, can lead to an enhanced management of daily practice. Therefore, personal leadership will shape the role of nursing and may increase sustaining work engagement.

### Sponsored symposium Quality of care and patient safety

see page 43

Category: Science

#### D8-S281 Excellent nursing care for older people

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2. KU Leuven, Leuven, Belgium

3. Radboud university medical center, Nijmegen, the Netherlands

4. Martin Luther University Halle-Wittenberg, Halle (Saale), Germany



**Introduction:** The patient population is ageing and frequently has several (chronic) diseases. As a result the care intensity increases but the number and quality of nurses does not increase in the same proportion. Therefore, now more than ever, it is important to efficiently and effectively deploy the nursing workforce to achieve the best patient outcomes. This symposium starts with the foundation: which patient problems are most frequently encountered by nurses, and how much influence nurses report to have on these problems? Secondly, the nursing work environment has to be healthy and enable them to deliver the best patient care possible. Finally, it will be discussed whether some of these patient outcomes might act as meaningful quality indicators and pars pro toto for quality delivered by nursing homes.

**Aim of the symposium:** Setting the stage for excellent nursing care for older people.



## What patient problems nurses encounter, and which of these can they influence? A nation-wide questionnaire survey

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3. VU University Medical Center Amsterdam, Amsterdam, the Netherlands

4. Tilburg University, Tilburg, the Netherlands

**Background:** In order to enhance the nursing profession and its scientific foundation, nurses need to demonstrate how they contribute to quality of care and good outcomes in their patients. This requires systematic, standardized data collection about patient problems, nursing interventions and patient outcomes. However, currently little is known about which patient problems nurses encounter in daily practice, how they help their patients in dealing with these problems, and with which result. As a first step towards systematic and standardized data collection, the objective of this study is to identify which patient problems are most frequently encountered by nurses, and how much influence nurses report to have on these problems.

**Materials and method:** Data were collected through an online questionnaire. Descriptive statistics were used for the data analysis.

**Results:** A total of 440 nurses, active in various health care settings, completed the questionnaire. The majority of patient problems fall into the following categories: mental functions, self-care, functions of the cardiovascular, haematological, immunological and respiratory systems, sensory functions and pain and mobility. Nurses report having the most influence on patient problems in respect of self-care, mobility, functions of the skin and related structures, functions of the digestive, metabolic and endocrine systems and general tasks and demands. In general, nurses report having little influence on problems related to mental functions, even though such problems are relatively common.

**Conclusion:** This study identifies the most common patient problems in daily nursing practice. The extent to which nurses feel they contribute to the prevention or minimization of patient problems was also determined. It has provided a valuable insight into the daily nursing practice. The patient problems identified in this study can serve as a foundation to establish a standardized core set of patient problems. A standardized core set of patient problems is necessary to collect uniform data, in order to facilitate research into the actual influence of nurses on quality of care and the health and quality of life of their patients.

## Essential elements of the nursing practice environment and the relation with quality of care

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4. Dutch Healthcare Authority, Utrecht, the Netherlands

5. University of Southampton, Southampton, United Kingdom

**Background:** In recent years, hospital length of stay has reduced and the number of inpatient beds has decreased, resulting in an increase of care intensity for inpatients. Also, the patient population is aging and older patients frequently have multi-morbidity. At the same time, nurse staffing levels and educational levels in hospitals do not match this increase in care intensity, resulting in a strain on quality of care and patient safety. A possible answer to the existing concerns may be the creation of a productive and healthy practice environment, as this impacts the quality of care. The aims of this study: (i) to define how the practice work environment is best measured by valid and reliable measures and (ii) to assess elements of the nursing practice environment that are related to quality of care and that require improvement.

**Material and methods:** A two phased cross-sectional, correlational study design was used. In the first phase, we determined construct validity using hypotheses testing, relating the Dutch Practice Environment Scale of the Nursing Work Index (PES-NWI) to the Dutch Essentials of Magnetism II (D-EOM II). We formulated fifteen hypotheses prior to data-analysis. Data were collected from qualified nurses (N=259) between March and April 2012 on nine randomly selected hospital units. In the second phase, the essentials of magnetism were used to define elements of the nursing practice environment. Correlation between the essentials of magnetism and perceived quality of care was determined in a sample of N=1113.

**Results:** Response rate was 47% (n=121). Total scores of both instruments are strongly correlated ( $r=.88$ ). Twelve out of fifteen hypotheses (80%) were confirmed and three were rejected. Correlation between the essentials of magnetism and quality of care were all significant and varied from  $r=.17$  (nurse-physician relationships) to  $r=.52$  (adequacy of staffing).

**Conclusion:** The D-EOM II has satisfactory construct validity for measuring the nursing practice environment in hospitals and can be used by nurses, managers, health policy makers, hospitals and even governments to assess nursing practice environments and to identify processes and relationships that are in need of improvement to safeguard quality of care for all patients, including older patients.



## High quality nursing home care: The contribution of nursing science

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2. Witten/Herdecke University, Witten, Germany

**Background:** Nursing science is a relatively young research discipline with a strong clinical focus aiming to reduce uncertainty of nursing practices through evidence base knowledge. By now, the long-term care setting of nursing homes is frequently investigated and much is known about residents' vulnerability and needs, residents' outcomes and variation of outcomes across nursing homes.

**Material and Methods:** For this presentation own empirical data from recent epidemiological and intervention studies conducted in Germany and Europe will be used for illustration of domains of nursing outcomes sensitive to center effects and contextual influence like policy making. Outcomes highlighted will be among others physical restraints, antipsychotic medication, falls, pressure sores, joint contractures, and quality of life. It will be discussed whether some of these outcomes might act as meaningful quality indicators and pars pro toto for quality delivered by nursing homes.

**Discussion:** Epidemiological data on nursing sensitive outcomes are the starting point of center comparison, intervention development and surveillance. The overall aim of quality measurement must be the reduction of center variation towards a generally low number of adverse outcomes affecting the wellbeing, integrity and autonomy of nursing home residents.

## Sponsored roundtable discussion Management see page 52

Category: Hospital care (Science)

### E8-268 Should nurse manager restrain from caring? A Bourdieusian analysis of 'caring work' vs. 'organising work'

P Lalleman, University of Applied Sciences Utrecht, the Netherlands



**Background:** Although nurse managers play an important role in initiating, guiding and sustaining patient safety practices in hospitals, the influence of their professional background (i.e. dispositions of habitus) on their clinical leadership behavior remains unclear. Research has demonstrated that Bourdieu's tools of dispositions of habitus, capital and field help to describe the influence of professional background of nurse middle managers in various configurations of dispositions of the habitus in which a caring disposition plays a crucial role.

**Objectives:** We explored how the caring disposition of nurse middle managers' habitus influenced their clinical leadership behavior in patient safety practices.

**Design:** Our paper reports the findings of a Bourdieusian, multi-site, ethnographic case study.

**Settings:** Two Dutch and two American acute care, mid-sized, non-profit hospitals.

**Participants:** A total of 16 nurse middle managers of adult care units.

**Methods:** Observations were made over 560 hours of shadowing nurse middle managers, semi-structured interviews and member check meetings with the participants.

**Results:** We observed three distinct configurations of dispositions of the habitus in the work of nurse middle managers, that all included a caring disposition, which influenced their clinical leadership in patient safety practices:

1. a configuration with a dominant caring disposition that was helpful (via solving urgent matters) and hindering (via ad hoc and reactive actions, leading to quick fixes and 'compensatory modes');
2. a configuration with an interaction of caring and collegial dispositions that led to an absence of clinical involvement and discouraged patient safety practices; and
3. a configuration with a dominant scientific disposition showing an investigative, non-judging, analytic stance, a focus on evidence-based practice that curbs the ad hoc repertoire of the caring disposition.

**Conclusions:** The dispositions of the nurse middle managers' habitus influenced their clinical leadership in patient safety practices. A dominance of the caring disposition, which meant 'always' answering calls for help and reactive and ad hoc reactions, did not support the clinical leadership role of nurse middle managers. By perceiving the team of staff nurses as pseudo-patients, patient safety practice was jeopardized because of erosion of the clinical disposition. The nurse middle managers' clinical leadership was enhanced by leadership behavior based on the clinical and scientific dispositions that was manifested through an investigative, non-judging, analytic stance, a focus on evidence-based practice and a curbed caring disposition.

## Sponsored symposium Essentials or fundamentals of care

see page 62

Category: Rehabilitation (Innovation)

### G9-S272 Research on nurse supported self-management of elderly and chronically ill

D Abels, ZonMw, Netherlands Organisation for Health Research and Development, the Hague, the Netherlands



**Introduction:** The increase in the number of elderly and chronically ill patients puts Dutch healthcare system under pressure. Nurses play increasingly important roles in the provision of high-quality and affordable healthcare. This requires skilled nurses, provided with up to date, evidence based knowledge. For this reason the Dutch Ministry of Health, Welfare and Sports and ZonMw set up a dedicated nursing research grant program 'From knowledge to action'. The goal of this program is promoting the quality of nursing and care by: supporting research; developing and testing innovations; facilitating research infrastructure; and accelerating implementation and innovation to improve daily practice. One of the main topics in this research program is how to support nurses in their aim to encourage patient's self-management. Considering the group of elderly and chronically ill patients, better self-management is a necessity for long term health care sustainability. It belongs to the basic tasks of nurses to support patients in their self-management.

**Aim:** The aim of this symposium, organized by ZonMw, is a presentation of 'self-management' projects in which impressions will be given of the research results. The symposium will end with an 'Ethical Dilemma Game' around self-management support.

### Self-management strategies of family caregivers faced with relatives with dementia

AL Francke<sup>1,2</sup>, J Huis in het Veld<sup>1</sup>, R Verkaik<sup>2</sup>, B van Meijel<sup>1,3,4</sup>, P-J Verkade<sup>5</sup>, W Werkman<sup>6</sup>, C Hertogh<sup>1</sup>

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3. Inholland University of Applied Sciences, Amsterdam, the Netherlands
4. Parnassia Psychiatric Institute, the Hague, the Netherlands
5. The Geriant Foundation, Region North of Amsterdam, The Netherlands
6. Dutch Alzheimer's society, Amersfoort, the Netherlands

**Background:** Self-management is not only important for patients, but also for family caregivers. The aim of this presentation is to give insight into what makes dealing with behavior and mood changes stressful for family caregivers, and which self-management strategies they use in such situations.

**Material & methods:** Four qualitative online focus groups with 32 family caregivers of people with dementia were conducted. Transcripts of the focus group discussions were analyzed using thematic analysis.

**Results:** Managing behavior and mood changes – such as depression, agitation and apathy – is a challenge for family caregivers. They must keep the person with dementia continuously occupied, and it is also challenging for them that they often see a different side to the relative than others in their network do. Moreover, in theory they know what to do, but they are often not able to put this into practice. Family caregivers use calming down and stimulation as strategies for managing the changes in the behavior and mood of their relative. Furthermore, family caregivers describe three strategies for self-management of their own caregiver stress: looking for distractions, getting rest, and discussing their feelings and experiences.

**Conclusion:** Behavior and mood changes of a person with dementia are challenging for family caregivers. They use several strategies to manage the mood and behavior changes, and also to manage their own caregiver stress. Nurses can support family caregivers, e.g. by emotional support and by giving them information about effective self-management strategies.

### Cardiac Care Bridge trial: The role of the community-care nurse in the transition from hospital to home

BM Buurman<sup>1,2</sup>, L Verweij<sup>1,2</sup>, P Jepma<sup>1,2</sup>, RJG Peters<sup>2</sup>, G ter Riet<sup>2</sup>, WJM Scholte op Reimer<sup>1,2</sup>

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2. Academic Medical Centre, Amsterdam, The Netherlands

**Background:** Older patients acutely admitted with cardiac events are at high risk for readmission, mortality and functional decline. These patients need support during hospitalization and in the period post-discharge.

**Aim:** The aim of the Cardiac Care Bridge (CCB) trial is to study if a nurse-coordinated intervention consisting of transitional care, home-based rehabilitation and disease management reduces readmission and mortality six-months post-discharge.

**Materials and methods:** In this randomized clinical trial five hospitals and affiliated care organisations will participate. Patients are eligible if they are 70 years or older, are at risk for readmission, acutely admitted for at least 48 hours to the department of cardiology and are discharged home. The CCB program is first carried out by the hospital-based team and before discharge a community-care nurse and physical therapist, will take over. They collaborate with the hospital-based team and the general

practitioner after discharge. At admission, the hospital-based team performs a geriatric assessment and follows patients until discharge; before discharge the community-based registered nurse visits the hospital and in the first month post-discharge three home visits will be performed. One visit is performed by the nurse and physical therapist together. The community-care registered nurse will enhance self-management of the older persons and informal care giver. She receives a 7-day training focused on transitional care, management of geriatric conditions, cardiovascular risk management and promoting self-care and management.

**Results/conclusion:** In total 500 patients will be randomized in the intervention or control group. The study will run until 2018 and will provide with new evidence on the guidance of older cardiac patients during and after acute hospitalization.

### Ethical dilemmas in self-management support: how research leads to action and reflection

A van Staa<sup>1,2</sup>, J Been-Dahmen<sup>1,3</sup>, S van Hooft<sup>1,2</sup>, H van den Bovenkamp<sup>1,2</sup>, J Dwarswaard<sup>1,2</sup>

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2. Erasmus University Rotterdam, Rotterdam, the Netherlands
3. Erasmus MC University Medical Center, Rotterdam, the Netherlands

**Background:** Three sub-studies from the Dutch NURSE-CC program will be presented as part of the Intervention Mapping Approach: 1) interview study into nurses' attitudes and views about self-management support; 2) questionnaire study into factors influencing nurses' self-management support behavior; and 3) focus group study into the support needs of patients with rheumatoid arthritis, renal transplantation, and head and neck cancer. These resulted in the development of a new conversational tool for use during outpatient nursing consultations: the Self-Management Web, which will be evaluated in a mixed-methods pretest-posttest study. In a related research project, several ethical dilemmas nurses encounter while providing self-management support were unraveled.

**Materials and methods:** The aims of the workshop are to:

1. present a comprehensive overview of empirical studies conducted within the NURSE-CC program and introduce the Self-Management Web and discuss its usefulness in the context of elderly patients;
2. involve the participants in the Ethical Dilemma Game that invites the attendants to reflect on ethical dilemmas nurses encounter in their daily practice, in order to encourage both action and reflection.

**Results:** Three divergent views on self-management support among nurses were revealed in the interviews: adhering to a medical regimen; monitoring symptoms; and integrating illness into daily life. Social and emotional tasks of living with a chronic condition were overlooked in two of these views. The questionnaire study demonstrated a significant gap between self-efficacy and performance of self-management support. Nurses themselves perceive lack of time and patients' lack of knowledge as important barriers for self-management support but this did not influence their behaviour. Nurse behaviour was influenced by perceived lack of own knowledge, the perception that patients do not need self-management support, and nurses' self-efficacy. In contrast, patients saw self-management as the patient's own task and they preferred an active role. They notably needed support in developing skills for active self-management. In the development of the new intervention, this was taken into account. Several ethical dilemmas surround the provision of self-management support, highlighting the possible clash of different values such as patient autonomy, striving for optimal health outcomes; stimulating patient involvement; and respecting professional boundaries.

**Conclusions:** Nurses seem to lack sufficient training and practical interventions to provide self-management support that meets the integral needs of patients with a chronic condition. Since many nurses did not report a need for additional training on self-management support, programs should also aim to improve reflective skills and raising awareness.

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During the conference three authors will be awarded for their contribution:

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#### Judging criteria:

- Quality of abstract
- Effect of the innovation for caring for older people
- Potential for broad implementation
- Public and patient involvement

### Early-stage Researcher Award

Early-stage Researcher are researchers in the first four years (full-time equivalent) of their research activity, including the period of research training. (Definition: Euraxess Researchers in motion)

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- Public and patient involvement

### Best Poster Presentation Award

#### Judging criteria:

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The registration desk will be open at the following times:

- **Tuesday 4 October:** 11.30-17.00 hours
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- **Thursday 6 October:** 08.00-18.00 hours
- **Friday 7 October:** 08.00-15.00 hours

## Please note: ID mandatory

On your arrival, please pick up your badge and congress material at the registration desk. We kindly request you to wear your badge on all conference occasions (also during the opening reception at the City Hall). Only participants wearing a badge will be admitted.

No access cards will be sent out prior to the congress. On arrival at the registration desk, please give your last name and you will receive your badge and personal congress material.

Please be advised that you are required to carry a valid ID at all times in the Netherlands. This also applies while you are attending the congress. Intensive checks may be carried out.

## Meeting rooms

Please do not bring any drinks or food into the meeting rooms.

## Programme changes

Any programme changes will be posted at the white board next to the registration desk at the entrance. The organizers cannot assume liability for any changes in the programme due to external or unforeseen circumstances.

## Speaker service center

The speaker service is located at the registration desk.

## Fees

The congress fee includes admittance to all sessions, welcome reception and site visits if booked in advance, coffee and tea during breaks, lunch and abstract book.

## Liability and complaints

In registering for the congress participants agree that neither the European Nursing Congress Foundation, nor the congress secretariat assumes any liability.  
Complaints please check: [www.rotterdam2016.eu/complaints/](http://www.rotterdam2016.eu/complaints/)

## Rotterdam Tourist Information

Coolsingel 114 (in the garden of the Schielandshuis, entrance Coolsingel)  
3011 AG Rotterdam  
Opening hours: 09:30 - 18:00

## Public transportation to Congrescentrum De Doelen

Kruisplein 40, Rotterdam  
Train: Rotterdam CS at 5 minutes' walking distance.  
Metro: Centraal Station (starting point and terminus).  
Tram: Kruisplein 4, 7, 8, 20, 21, 23 and 25.  
Bus: Centraal Station, bus numbers 33, 38, 44, 48 and 49.

## Local public transportation

RET provides public transport by bus, tram, metro and ferry in the Rotterdam area. Use RET travel planner to plan your journey. To travel by bus, tram or metro in the Rotterdam area you need a ticket. There are different kind of tickets (OV-chipcard) available.

## Available at the City promotion center or VVV

With the Rotterdam Welcome Card you get an OV-chipcard for unlimited use of public transportation (for 1, 2 or 3 days) and save over € 250 on the best attractions, museums, restaurants theatres and clubs in Rotterdam!



## Project management

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## Contact

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