

Oral presentation

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Coercive measures in six Swiss geronto-psychiatric hospitals: a benchmarking project

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Background

A benchmarking project was conducted in 26 wards in six hospitals aiming to reduce coercive measures towards geronto-psychiatric patients whilst maintaining patients' physical security and autonomy and staff integrity. The intention was to discover and to learn from best practice.

Methods

To discover best practice we measured the duration of coercive measures (seclusion, mechanical restraint to beds or chairs, restraint in wheelchairs, the application of bed-railings, and involuntary medication) and the frequency of falls and aggressive behavior. Base-line measurement was conducted during three months in 2004 and evaluation was carried out in 2005 after introducing improvements to practice.

Results

A first effect was a greater awareness to the issue with reductions being probably attributable to enhanced reflective practice. Statistical comparisons between the hospitals or between the wards was not possible due to the low number of cases and differing patient or ward variables across the study sites which distorted the results in both study periods. However, there was enough information to detect wards or hospitals appearing to demonstrate best practice. These institutions were taken as the benchmark to generate ideas for improvements for the other study sites.

Conclusion

In spite of the incapacity to conduct statistical testing the benchmarking project produced numerous benefits. A major benefit was the development of the awareness regarding coercive measures in gerontopsychiatric hospital settings and the exchange of knowledge between wards and hospitals. Furthermore, various practical projects accrued such as the development of recommendations regarding environment and management, prevention, alternatives and nursing care during intervention, mental health and autonomy of the aged and aspects of security. The benchmarking exercise also produced a knowledge base for hospitals' individual development of guidelines or changes to practice.