

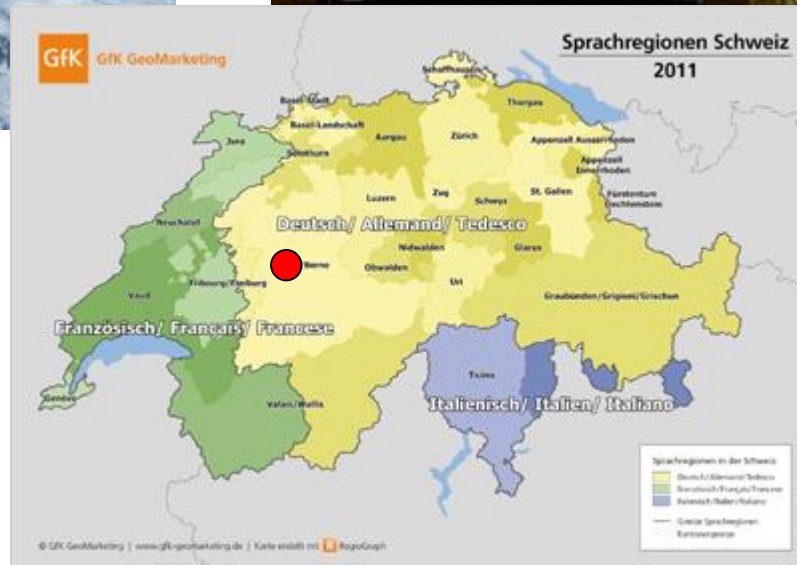
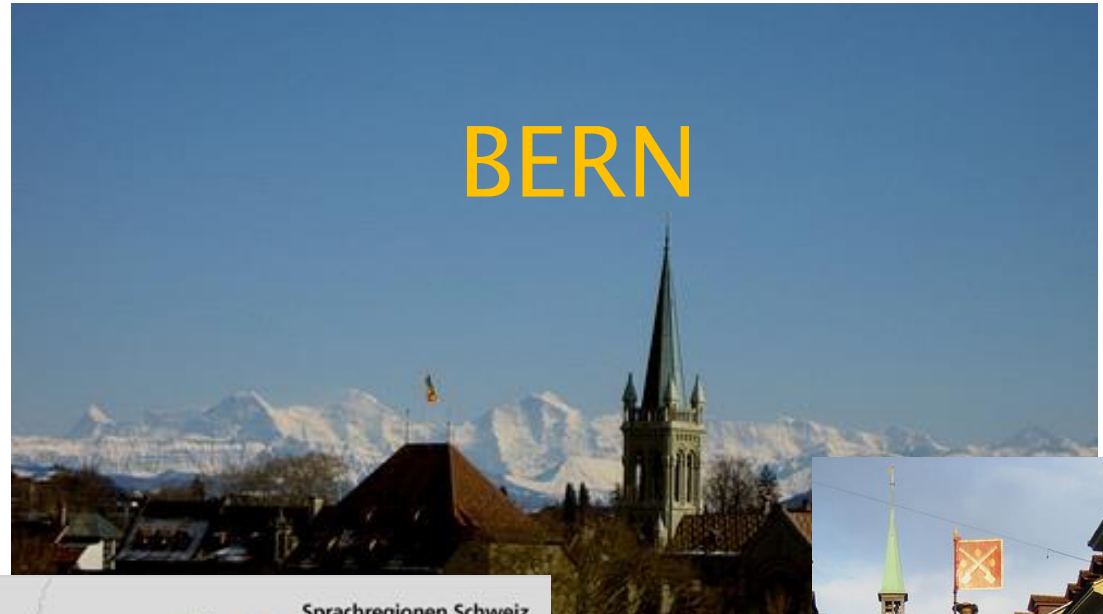


Berner Fachhochschule  
Haute école spécialisée bernoise  
Bern University of Applied Sciences

# Freedom of movement and safety in the general hospital setting in Switzerland

Prof. Sabine Hahn, Head of Nursing Discipline, Division Head,  
Applied Research & Development in Nursing

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# CONTENT



- BACKGROUND
- CURRENT PRACTICE
  - Prevalence
  - Legislation
  - Ethical problems
- FURTHER DEVELOPMENTS

# BACKGROUND

## General hospital setting

- ▶ The application of physical and chemical restraints, was and is, highly controversial in psychiatric care
- ▶ In the general hospital setting restriction of freedom of movement (physical or chemical) was seldom discussed and is seen as:
  - ▶ a safe intervention
  - ▶ a safety measure for the good of the patient
  - ▶ an effective intervention
  - ▶ there is no other intervention possible/no opinion
- ▶ In general, restrictions of freedom of movement:
  - ▶ reflect a paternalistic view «the health expert knows best»
  - ▶ are named “coercive measures” when associated with aggressive incidents, confusion or agitation.

# CURRENT PRACTICE

## Prevalence of restrictions on free patient movement

- ▶ First annual National Point Prevalence Measurement in Swiss acute care hospitals started 1<sup>st</sup> of November 2011. Focuses on falls and pressure ulcers and includes data on interventions which restrict free patient movement.

	<b>Total</b> n (%)
<b>Hospitals</b>	112 (100)
<b>Patients</b>	15'566 (100)
<b>Participants</b>	10'606 (68.1)

Vangelooven et al. 2012

# CURRENT PRACTICE

Prevalence of restrictions of freedom in the past 7 days:

- ▶ Total: **19.4%** of the participating patients
- ▶ 90% initiated by nurses/med. doctors
- ▶ 96% are recorded in the nursing documentation
- ▶ 70% are discussed in the multidisciplinary team

<b>Method</b>	<b>n</b>	<b>%</b>
Bed rails	863	8.1
Medication	306	2.9
Alarm / monitoring	161	1.5
Alarm mat	147	1.4
Tabletop	140	1.3
Individual monitoring	136	1.3
Others	135	1.3
Special blankets / sheets	63	0.6
Swedish belt in bed	51	0.5
Lap restraint chair	43	0.4
Isolation / separation	35	0.3
Deep chair	8	0.1
<b>Total</b>	<b>2088</b>	<b>19.4</b>

Vangelooven et al. 2012

# CURRENT PRACTICE

## Reasons for restrictions of free movement



<b>Reason</b>	<b>n</b>	<b>%</b>
prevent falls	684	32.8
make medical treatment possible	92	4.4
other	76	3.6
sleep (fall prevention)	72	3.4
wandering behaviour	61	2.9
agressive behaviour	31	1.5
unknown	6	0.3
<b>Total</b>	<b>1022</b>	<b>48.4</b>

Vangelooven et al. 2012

# CURRENT PRACTICE

Legalization: No orientation, New law

- ▶ Many different:
  - ▶ interventions
  - ▶ attitudes
  - ▶ descriptions
- ▶ 2013 – new Adult Protection Law
  - ▶ aim – to give as much self-determination as possible
  - ▶ higher level of co-determination
  - ▶ description of restriction of freedom of movement (last resort)
  - ▶ right to information (patient / relatives)
  - ▶ mandatory documentation
  - ▶ right to appeal



# CURRENT PRACTICE

## Ethical Problems

- ▶ *"And so, I called the doctor again and said, "Listen, it cannot go on like this, we cannot work and the patient is increasingly uncomfortable with the situation. It just does not work this way and we need some injection to calm him down, so that he will be able to sleep. Only one night nursing professional will be on duty later. He then consulted the head physician to see if we were allowed to inject anything. Four of us had to physically restrain the patient, so that we were able to inject him."(14.2).*
- ▶ *"Then I thought to myself, dear God almighty – could this ultimately also once happen to me?" (12.1.3.)*
- ▶ *"Well, although not good, it somehow made me, if I may say so, "pissed off". In such a situation one has much to do, and then to have been so long at the emergency with the patient so out of control. Then one has to resort to a syringe injection. So, I was not in any way satisfied"(12.1.2.).*

Hahn et al. 2009, 2010

# FURTHER DEVELOPMENT



- ▶ Training

- ▶ Skills and resources re. how to manage situations without use of restrictions
- ▶ Development of competencies in preventing aggressive situations, falls etc., in a professional manner

- ▶ Research

- ▶ Comparable data are necessary to describe a problem, compare data and improve quality management.
- ▶ Awareness of the problem
  - ▶ There is no evidence that restriction of freedom makes patients more secure and prevents falls
- ▶ New legislation supports quality improvement processes
  - ▶ Evidence based standards – show the effect of an intervention and provide guidance

# Thank-you for your attention

Sabine Hahn, University of Applied Sciences Bern,  
Switzerland

[Sabine.hahn@bfh.ch](mailto:Sabine.hahn@bfh.ch)

# LITERATURE

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- ▶ Hahn, S. & Metzenthin, P. (2010) Patient Violence in the General Hospital Setting; a Challenge for Prevention and De-escalation Techniques. (Oral presentation). In *Conference of the European Network for Training in the Management of Aggression. 22.-26. March 2010 Amsterdam.*
- ▶ Hahn, S., Afzali, M., Richter, D., Metzenthin, P., Marguet, H. & Scheuermann, A. (2009) Aggression management in general hospitals: A joint nursing science – design research project. In *6th European Congress on Violence in Clinical Psychiatry (Needham, I., et al. ed. Kavanah, Stockholm, pp. 147-150.*