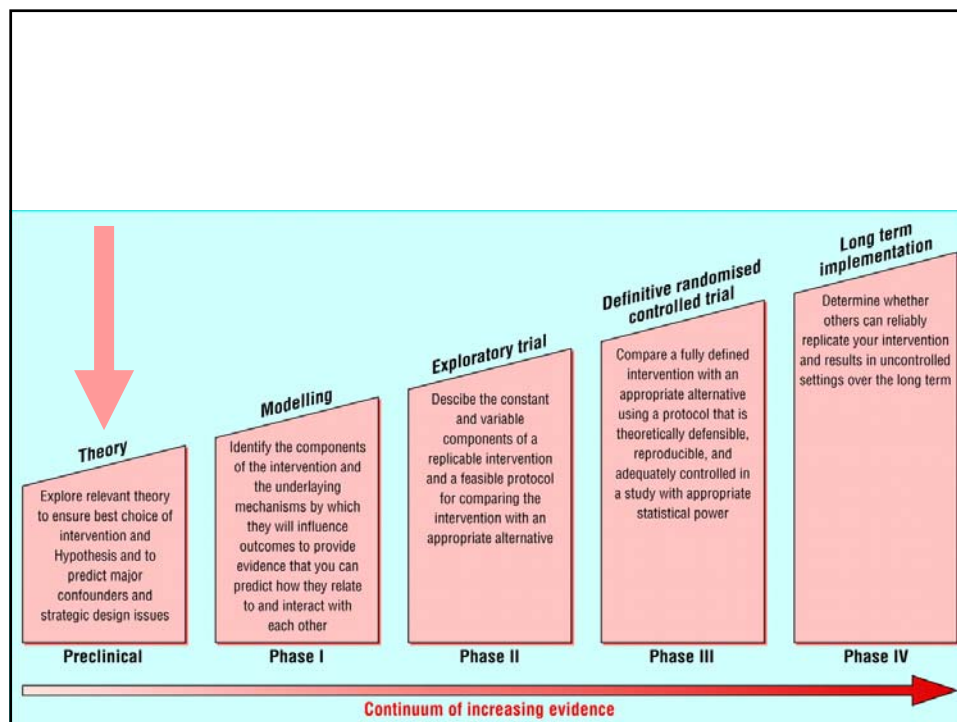


# Beispiel der Entwicklung und Evaluation einer komplexen Intervention zur Reduktion von freiheitsentziehenden Maßnahmen in Alten- und Pflegeheimen

Gabriele Meyer, Sascha Köpke, Ralph Möhler, Anja Gerlach





## Beobachtungsstudie

ORIGINAL ARTICLE

*Journal of*  
**Clinical Nursing**

### Restraint use among nursing home residents: cross-sectional study and prospective cohort study

Gabriele Meyer, Sascha Köpke, Burkhard Haastert and Ingrid Mühlhauser

**Aims and objectives.** To investigate (1) the prevalence of physical restraints and psychoactive medication, (2) newly administered physical restraints, frequency of application of the devices and frequency of psychoactive medication on demand during 12-month follow-up and (3) characteristics associated with restraint use in nursing homes.

**Background.** High quality data on restraint use in German nursing homes are lacking so far. Such information is the basis for interventions to achieve a restraint-free care.

**Design.** Cross-sectional study and prospective cohort study.

**Setting and subjects.** Thirty nursing homes with 2367 residents in Hamburg, Germany.

**Methods.** External investigators obtained prevalence of physical restraints by direct observation on three occasions on one day, psychoactive drugs were extracted from residents' records and prospective data were documented by nurses.

**Results.** Residents' mean age was 86 years, 81% were female. Prevalence of residents with at least one physical restraint was 26.2% [95% confidence interval (CI) 21.3–31.1]. Centre prevalence ranged from 4.4 to 58.9%. Bedrails were most often used (in 24.5% of residents), fixed tables, belts and other restraints were rare. Prevalence of residents with at least one psychoactive drug was 52.4% (95% CI 48.7–56.1). The proportion of residents with at least one physical restraint after the first observation week of 26.3% (21.3–31.3) cumulated to 39.5% (33.3–45.7) at the end of follow-up (10.4 SD 3.3 months). The relative frequency of observation days with at least one device ranged from 4.9–64.8% between centres. No characteristic was found to explain centre differences.

**Conclusions.** The frequency of physical restraints and psychoactive drugs in German nursing homes is substantial. Pronounced centre variation suggests that standard care is possible without restraints.

**Relevance to clinical practice.** Effective restraint minimisation approaches are urgently warranted. An evidence-based guideline may overcome centre differences towards a restraint-free nursing home care.

**Key words:** epidemiology, nurses, nursing, nursing homes, older people, restraint

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STUDIES

[www.elsevier.com/ijns](http://www.elsevier.com/ijns)

## Attitudes of Dutch, German and Swiss nursing staff towards physical restraint use in nursing home residents, a cross-sectional study

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GERONTOLOGIC SERIES

### Attitudes of Relatives of Nursing Home Residents Toward Physical Restraints

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#### Key words

Physical restraints, nursing homes, attitude, questionnaires

#### Correspondence

#### Abstract

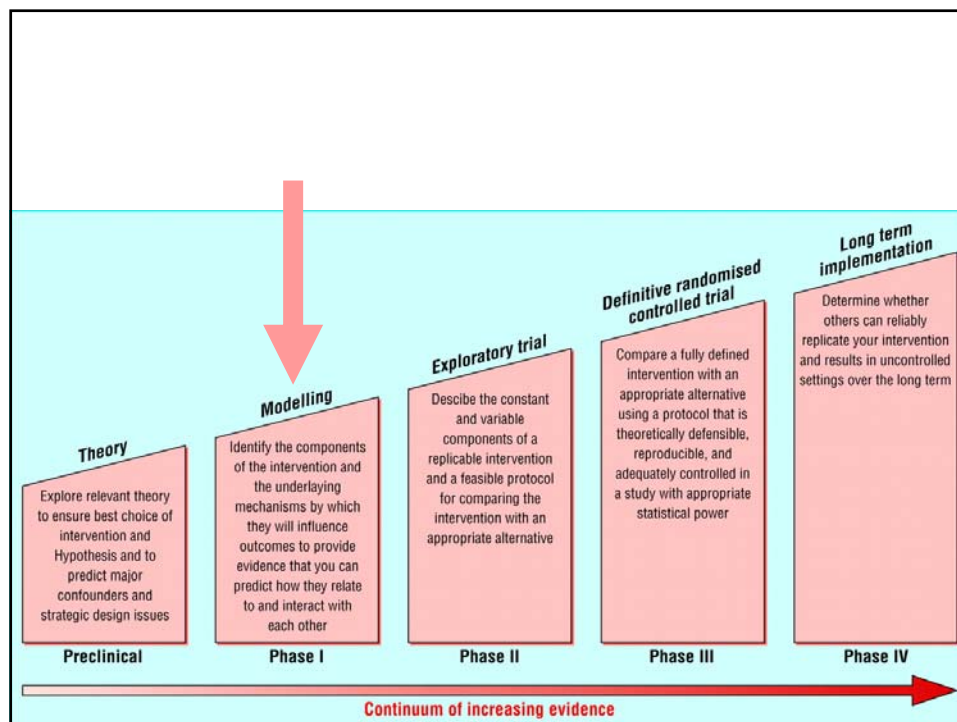
**Purpose:** Attitudes of nursing home staff, residents, and their relatives determine the decision-making process about the use of physical restraints. Knowledge of staffs' attitudes toward physical restraints is sparse; even less is known

## Weitere Vorarbeiten

### Befragung von

- Pflegenden (n=690) aus 57 Pflegezentren (Krankenhaus, Psychiatrie, ambulante Pflege, Pflegeheim) zu Belastungen durch Entscheidungen über und Anwendung von FEM

(Köpke et al. Gerontology 2007; 47: Special Issue 1, 304)



## Interventions for preventing and reducing the use of physical restraints in long-term geriatric care (Review)

Möhler R, Richter T, Köpke S, Meyer G



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## Methoden – Interventionen

- **Entwicklung einer Evidenz-basierten Leitlinie**
  - Methodenpapier (Köpke et al. ZEFQ 2008)
  - Recherche nach verfügbaren Leitlinien (Möhler et al. J Nutr Health Aging 2009; 13: Supplement 1, 469)
  - Einbezug der Betroffenen-Präferenzen: schriftliche Befragung von Bewohnervertreter-Verbänden/Selbsthilfe (n=8), Literaturrecherche
  - Multidisziplinäre Leitlinienentwicklungsgruppe (LEG) + Bewohnervertreterin
  - EBM/N-Training für LEG
  - Externe Begutachtung
- **Entwicklung von Leitlinienkurzversionen**
- **Entwicklung von Schulungsprogrammen**



## Interventionsprogramm

- 90-minütiges Schulungsprogramm für alle Pflegenden
- Schriftliches Material für Pflegende, Angehörige, Betreuer, Ärzte
- FEM-Beauftragten-Schulung (6-stündig)
- Erklärung der Einrichtungen (für das Foyer)
- Bereitstellung von Postern, Tassen, Stiften mit dem Projektemblem
- Beratende Besuche in den ersten 3 Monaten

## Methoden

- Registrierung in Current Controlled Trials [ISRCTN34974819]
- Publikation des Studienprotokolls

BioMed Central

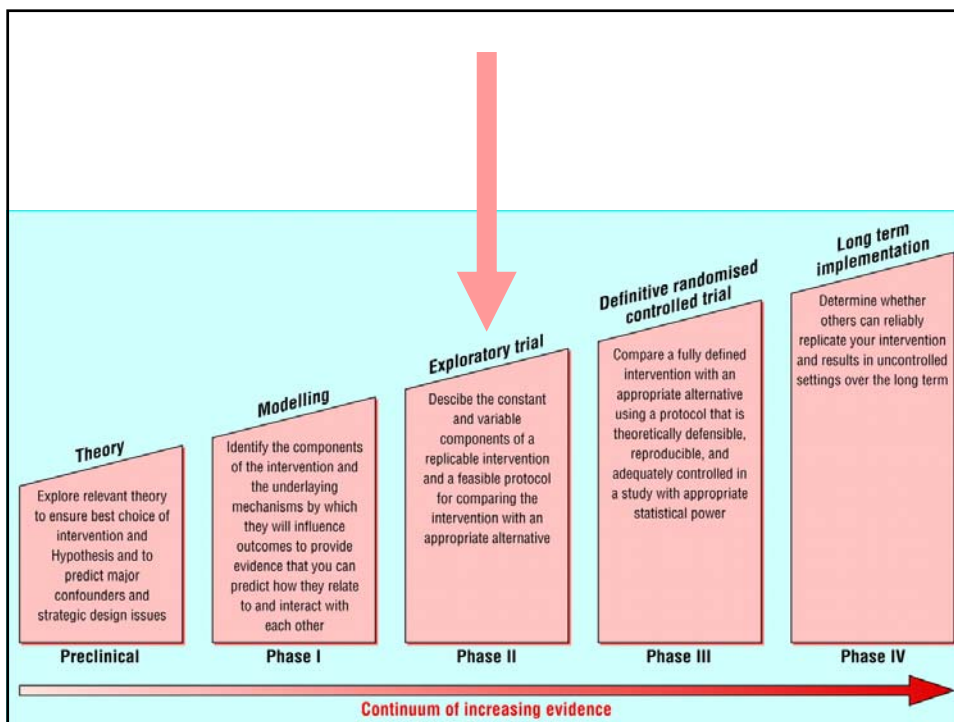
**BMC Geriatrics**

**Open Access**

Study protocol  
**Evaluation of an evidence-based guidance on the reduction of physical restraints in nursing homes: a cluster-randomised controlled trial [ISRCTN34974819]**  
 Antonie Haut<sup>1</sup>, Sascha Köpke<sup>2</sup>, Anja Gerlach<sup>2</sup>, Ingrid Mühlhauser<sup>2</sup>, Burkhard Haastert<sup>3</sup> and Gabriele Meyer<sup>\*1</sup>

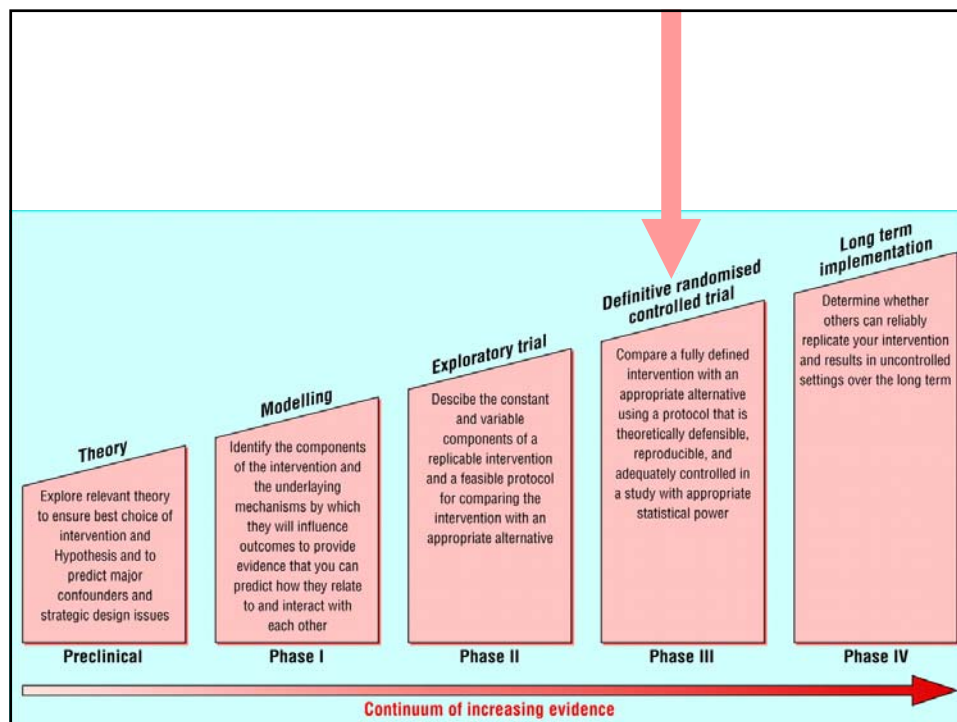
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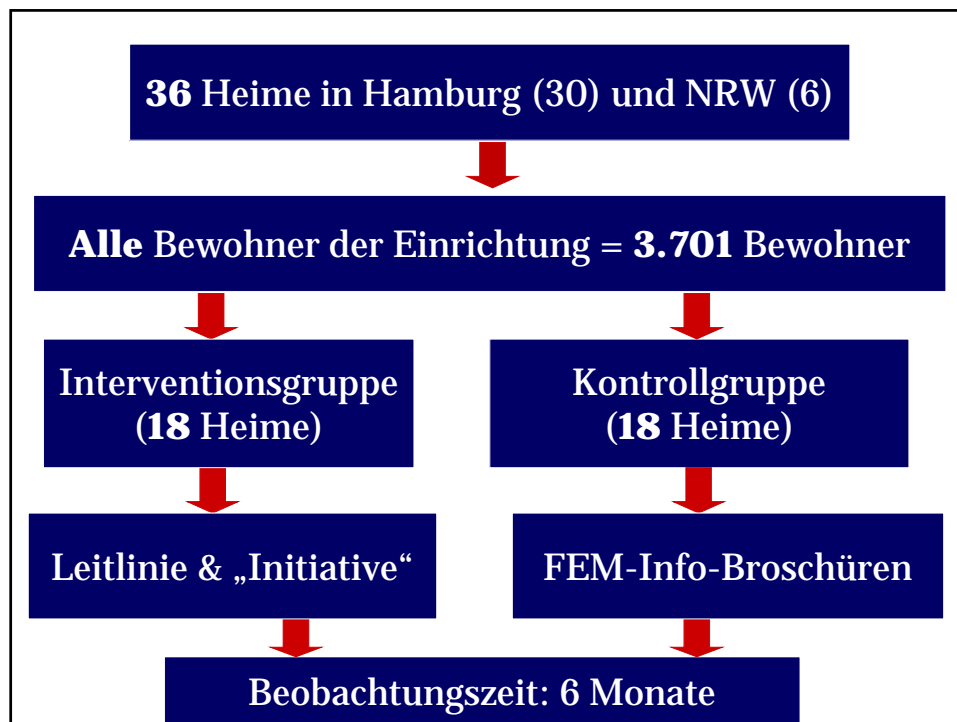


## Pilotierung

- Leitlinienkurzversionen: 3 Fokusgruppen mit 23 Angehörigen und Pflegekräften
- Schulungsprogramm: 4 Schulungen mit 41 Pflegenden
- Cluster-RCT: 4 randomisiert zugeweilte Einrichtungen







## Methoden – Prozess-Evaluation

- Wissen Pfleger und Selbstwirksamkeit nach der strukturierten Schulung (n=58 mit n=569 Pflegenden)
- Nach 6 Monaten: Interviews mit den FEM-Beauftragten in der Interventionsgruppe (n=18), um Barrieren und begünstigende Faktoren zu explorieren, Ausmaß der Implementierung und Nachhaltigkeit

## Ergebnisse – Bewohner mit $\geq 1$ FEM

(Anteil Bewohner in %, 95% KI)

	IG (T1, n=1917; T3, n=1868)	KG (T1, n=1784; T3, n=1802)
Studienbeginn	31,5 (26,1 – 37)	30,6 (25,6 – 35,5)
Nach 6 Monaten	22,6 (18,5 – 26,8)	29,1 (25 – 33,3)

Absolute Risikodifferenz **ARR 6,5% (95% KI 0,6 – 12,4)**  
**OR 0,71 (95% KI 0,52 – 0,98)**  
**p=0,032**

## Ergebnisse

- **Personen mit  $\geq 1$  Sturz**

- IG: n=454 (24,3%)
- KG: n=511 (28,4%)

Differenz 4,1% (95% KI -2,6 bis 10,7)

OR 0,81 (0,58 – 1,14)

p=0,23

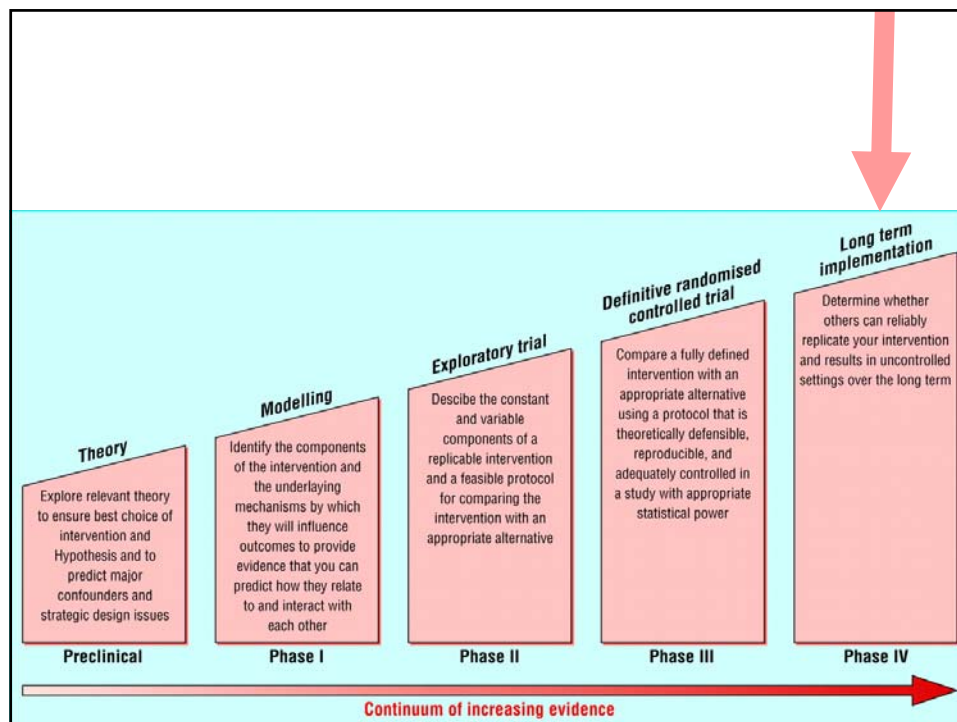
- **Personen mit  $\geq 1$  Fraktur**

- IG: n=23 (1,2%)
- KG: n=36 (2,0%)

Differenz 0,8% (95% KI -0,3 bis 1,8)

OR 0,61 (0,31 – 1,19)

p=0,14



## Dissemination

- Schulung der Pflegeheime der Kontrollgruppe (n=18)
- Bereitstellung der Leitlinie und ihrer Implementierungshilfen im Internet

The screenshot shows the homepage of the 'Leitlinie FEM' project. The main heading is 'Die Initiative zur Vermeidung freiheitseinschränkender Maßnahmen in der beruflichen Altenpflege'. The logo features a blue butterfly and the text 'LEITLINIE FEM Mehr Freiheit wagen!'. The navigation menu includes 'Startseite', 'Aktuelles', 'Materialien', 'Publikationen', 'Über uns', 'Links', and 'Kontakt'. The main content area is titled 'Startseite der Leitlinie FEM' and includes a welcome message: 'Herzlich willkommen auf der Homepage des Projekts "Leitlinie FEM"!'. Below this, it states: 'Hier finden Sie alle Informationen und Materialien zum Projekt'. At the bottom, there is a small text snippet: 'Freiheitseinschränkende Maßnahmen ("Fixierungen") wie Bettgitter oder Bauchgurte finden in Alten- und Pflegeheimbewohnern in Deutschland häufig Anwendung. Zwischen den Heimen gibt es dabei...

## **Implementierung**

- Studie IMPRINT (Implementierung einer Intervention zur Vermeidung von FEM)
- Gefördert durch das Bundesministerium für Bildung und Forschung (BMBF)
- Studienzeitraum: 1.12.2013 – 30.11.2016
- Teilnehmer: 120 Alten- und Pflegeheime
- Orte
  - Schleswig-Holstein
  - Hamburg
  - NRW
  - Sachsen-Anhalt