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Six core strategies and staff sick time due to patient-related injuries

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It has been unclear if sick leaves due to patient-related injuries in psychiatric care units can be reduced by any currently available measure. We compared the prevalence of patient-associated staff sick time and the prevalence of seclusion/restraint time with Poisson's regression models between three two-year periods (3083 staff years, 1641 patient years), i.e. before, during and after an effective coercion reduction project. The project consisted of a year of general information and another year when the first randomized controlled intervention study of a coercion reduction took place on 2 of 2 wards. Systematic use of the 6 core strategies for seclusion/restraint reduction (6CS) was temporarily discontinued at the end of the project. The data was obtained from the detailed, official statistics of Niuvanniemi Hospital, the national university center for research and treatment of persons having psychotic disorders with violent behavior in Finland (n=286 beds). Pharmacologic practices remained unchanged during the study. Significantly, less patient-related sick time was reported during the project, compared with both the baseline ($p<0.001$) and with the post-project period ($p<0.001$). This preventive effect was not related with S/R rates. It was, however, present only during continuous supervised use of the 6CS. The results indicated that continuous supervised use of the six core strategies may significantly reduce staff sick time from patient-associated injuries, independently of coercion rates.

Biography

Anu Putkonen is a Specialist in Psychiatry and Forensic Psychiatry. She has worked in Clinical, Administrative and Research Tasks at the Niuvanniemi Hospital, University of Eastern Finland, Department of Forensic Psychiatry, since 1981. She is a Member of European Violence in Psychiatry Research Group since 2004. She has published over 25 articles on epidemiology, psychopharmacology, genetics and prevention of violence and restrictive interventions. During 2008-2009, she led the Niuvanniemi Hospital Project for reduction of restrictive interventions, and the first randomized controlled study of the coercion reduction methodology.

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