Minimization on use of physical restraint in psychiatric inpatient unit
Lo KC(1), Shek WS(1), Lee CHC(1), Wu WKW(1), Chang KY(1), Man TSD(1), Hui TPB(1), Chan TK(1), Dunn LWE(1)
Department of Psychiatry, PYNEH

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Introduction
The department of psychiatry is committed to further reduce the use of physical restraint in management of violence and behavioral disturbances as a result of mental illness or conditions in the view of quality patient care, safety and satisfaction of patient and staff. Fine balance between patient safety and patient rights is addressed. International guidelines and restraint minimization projects find the collective efforts of the following strategies, i.e. (1) involvement of leadership, (2) staff training, (3) identification of risk and creation of management plans,(4) formal / informal engagement of staff, (5) creation of committee, (6)establishing review and communication of utilization rates. The department has already adopted some strategies over the years and yet found areas of improvement, such as further involvement of leadership, formal engagement of staff, creation of committee and further communication of utilization rate. A restraint minimization project group was form in June 2012.

Objectives
The three objectives of the evidence based project are to (1) decrease the number of restraint episode, (2) decrease the duration of restraint and (3) optimize the use of sedation / chemical restraint during restraint

Methodology
Preliminary survey on the profile of physical restraint was conducted in September to November 2012. 8 sessions of experience sharing workshops were conducted for sharing of data, use of alternatives, clinical experience of restraint minimization and leadership commitment in September to October 2013. Post-workshop survey was
conducted in November 2013 to January 2014

**Result**

Comparing the two surveys, there was a 48% decrease in number of restraint episodes, 7% in decrease in mean duration of restraint and considerable increase in use of sedation together with restraint. The correlation between the number of restraint and number of violence leading to staff injury on duty is low ($r=0.23$). The correlation between the number of restraint and the number of AIRS report is low ($r=0.21$). The persisting effect is demonstrated by low number of restraint throughout the 4 quarters of 2014 in the department. Reducing the use of physical restraint in psychiatric setting is a demonstration of quality patient care, staff competence and strong leadership.