



Service Priorities and Programmes
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Minimizing Inappropriate Use of Physical Restraint in Acute Geriatric Ward

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Introduction

The use of physical restraint should always be minimized. Its' application is considered as only the last resort to prevent imminent danger of physical harm or protecting the safety of the patients or others when less restrictive options of treatment have failed. To avoid the complications derived from using physical restraints, nurses should follow the standard and guideline when applying physical restraint to patients. This Continuous Quality Improvement (CQI) project was designed to develop a staff training program to minimize the use of physical restraint as well as monitoring the appropriateness in an acute geriatric ward since 2017.

Objectives

1. To identify existing prevalence, patterns and predictors of using physical restraint in B4 ward of RTSKH.
2. To enhance awareness of nursing and supporting staff in the appropriate use physical restraint.
3. To reduce the prevalence of restraint used.

Methodology

1. Problem Statement

1.1 A CQI working group was formed to collect baseline information, common problems and the phenomenon in the area .

2. Analyze

Factors affecting the use of physical restraint were identified and summarized

3. Develop

Possible strategies on the monitoring mechanism and measures to raise staff's awareness were established. Staff training materials were developed to facilitate learning.

4. Execute

4.1 Pre-training prevalence survey and questionnaire were conducted to obtain baseline data.

4.2 Standardized the proper methods in applying different type of physical restraint.

4.3 Training sessions and several individual coaching were designed and conducted for all ward staff.

4.4 Post-training prevalence survey were conducted to evaluate the effectiveness of staff's understanding compliance to the standardized methods in applying physical

restraint.

Result

The project was implemented from November 2017 to January 2018. . A total 23 staff attended the training section. After conducting staff training, prevalence rate of using physical restraint was decreased from 46.3% (n=19) to 12.5% (n=5); all physical restraint were being applied properly.

Conclusion:

1. Staff's misunderstanding or lack of knowledge contributes the high prevalence rate of using physical restraint.
2. Improper way to apply physical restraint may harm to patient.
3. Staff training section is necessary to reinforce the minimal restraint principle and proper way to applying physical restraint.
4. Staff training section may therefore contribute to decrease prevalence rate and promote patient safety in using physical restraint.
5. Regular training should be provided for all ward staff including nursing staff and supporting staff.
6. Regular audit should be conducted to monitor staffs' compliance to the guideline and promote the sustainability of this project.