



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Physical Restraint Reduction in acute elderly medical care setting: 2 years progress from staff preparation to care delirium patients.**

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**Introduction**

Around 30% hospitalized elders in medical ward meet criteria for delirium. The use of physical restraints remains common to manage delirium patients in acute care setting, although it is well understood physical restraints do not totally eliminate falls instead do cause possible acute functional decline to elderly patients. The decision of staff to restraint patients is derivative of their normative beliefs and subjective norms of being a way of making older patients “safer”. Then a structured program to promote physical restraint reduction is indispensable.

**Objectives**

Development of a structured physical restraint reduction program in Acute Care of Elderly Unit in PWH including staff education, creation of tool for confusion assessment, patient-centered and individualized management approach diminishes unnecessary use of physical restraints for elderly patients with cognitive impairment in acute care setting.

**Methodology**

Physical Restraint Reduction Program has been implemented since June 2011. It started with: 1) Staff training by formation of DVD training material on introduction of alternative methods. 2) Development of specific Confusion Assessment and Management (CAM) for geriatric patient to enhance early delirium identification and appropriate interventions. 3) Create a favorable environment for program implementation by slight ward cubicle layout modification and recruited outfits for cognitive or sensory stimulating activities (such as old films, old song, toy & doll therapy).

**Result**

Program evaluation has illustrated a positive outcome: 1) Improved staff concept after training with increase accuracy in pre & post knowledge questionnaire from 74.5% to 96.6% on nurses and from 66.6% to 88.1% on supporting staff. 2) The restraint rate in monthly total admission from June 2011 to July 2012 was ranged from 6.69% to 16.27%, afterwards it had a significant downward trend to 2.03% in Jan 2013. 3) The

successful release and down grade restraint on patients was 44.88% from June 2011 to July 2012 and increased to 70.53% from Aug 2012 to Jan 2013. 4) The mean restraint day on each patient was 3.44 from June 2011 to July 2012, and down to 1.87 from Aug 2012 to Jan 2013. 5) The average monthly prevalence rate in 2013 is 7.1 which was lower than overall HA Group One hospital (8.77).