



Service Priorities and Programmes
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**Level I Restraint Minimization in the male psychogeriatric clinical setting:
alternatives to restraint to enhance patients' safety and quality of life**

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Introduction

Physical Restraint on psychogeriatric patient brings physical and psychosocial traumas like nosocomial infections, pressure injuries, contracture, entrapment injuries, agitation, stress and loneliness. There were incidents that the restraint device using safety vest had strangulated patients causing death. The survey on the level one restraint (restraint(I)) in male psychogeriatric ward in the year 2014 showed very high prevalence. Restraint(I) minimization program were hence started and have been implementing since 2015.

Objectives

- Optimally decrease patients' number on restraint, the number and duration of restraint; - Develop interventions and alternatives other than restraint - Promote patients' quality of life

Methodology

Point prevalence was conducted in February, May, August and November in the year 2015 and 2016 to monitored the trend of restraint(I) in the male psychogeriatric ward. A case study of an elderly patient using the parameters of hours/day and episodes/day for the 84-days period was conducted to obtain the pre/post scores, and to test the outcome restraint(I) minimization program. Intervention included nurses' two hourly review patients' restraint, communication to patients, relatives, staff on the restraint(I) alternatives, staff participating the restraint minimization working group with meetings, sharing sessions on successful and unsuccessful case of restraint(I), manual assisted and hoist assisted walking exercises, reinforcing posting for observation, therapeutic activities

and using bed side rails and alarm pads.

Result

Prevalence on restraint(l) in the male psychogeriatric ward in 2014 was 77% (n=27). After the implementation of restraint minimization, Point prevalence at 1200hr in 2015 were 14.8% (n=4) on 10-Feb-15, 16.0% (n=4) on 20-May-15, 25.0% (n=5) on 19-Aug-15 and 14.2% (n=3) in 24-Nov-15.

Point prevalence at 1200hr in 2016 were 29.4% (n=5) on 24-Feb-16, 17.9% (n=5) on 25-May-16 and 10 % (n=3) on 10-Aug-16.

For the case study of the designated patient on restraint minimization program, the pre scores were 3.9 hours/day and 2.1 episodes/day. The post score were 2.5 hours/day and 1.4 episodes/day.