

Mission Statement

To reduce the average hours per day agitated patients with Dementia are placed on physical restraints in an acute inpatient male geriatric psychiatry ward (Ward 60A) by 50% within 6 months

Team Members

	Name	Designation	Department
Team Leader	Dr Damien Lai	Consultant	Dept of Geriatric Psychiatry
Team Member	Dr Chris Tan Ze Jia	Consultant	Dept of Geriatric Psychiatry
	Dr Mable Quek	Senior Resident	Dept of Geriatric Psychiatry
	Lu Chunjuan	Nurse Clinician	Nursing
	Roy Ter	Assistant Nurse Clinician	Nursing
	Johnson Teh Chong Sern	Senior Staff Nurse	Nursing
	Shi Kui	Senior Staff Nurse	Nursing
	Min Kyaw Htet Mario	Senior Staff Nurse	Nursing
	Yong Xiang Yi	Senior Clinical Psychologist	Psychology
	Vivian Teo	Senior Pharmacist	Pharmacy
	Gee Swee Yeap	Senior Medical Social Worker	Medical Social Work
Sponsor	Dr Yao Fengyuan	Chief/ Senior Consultant	Dept of Geriatric Psychiatry

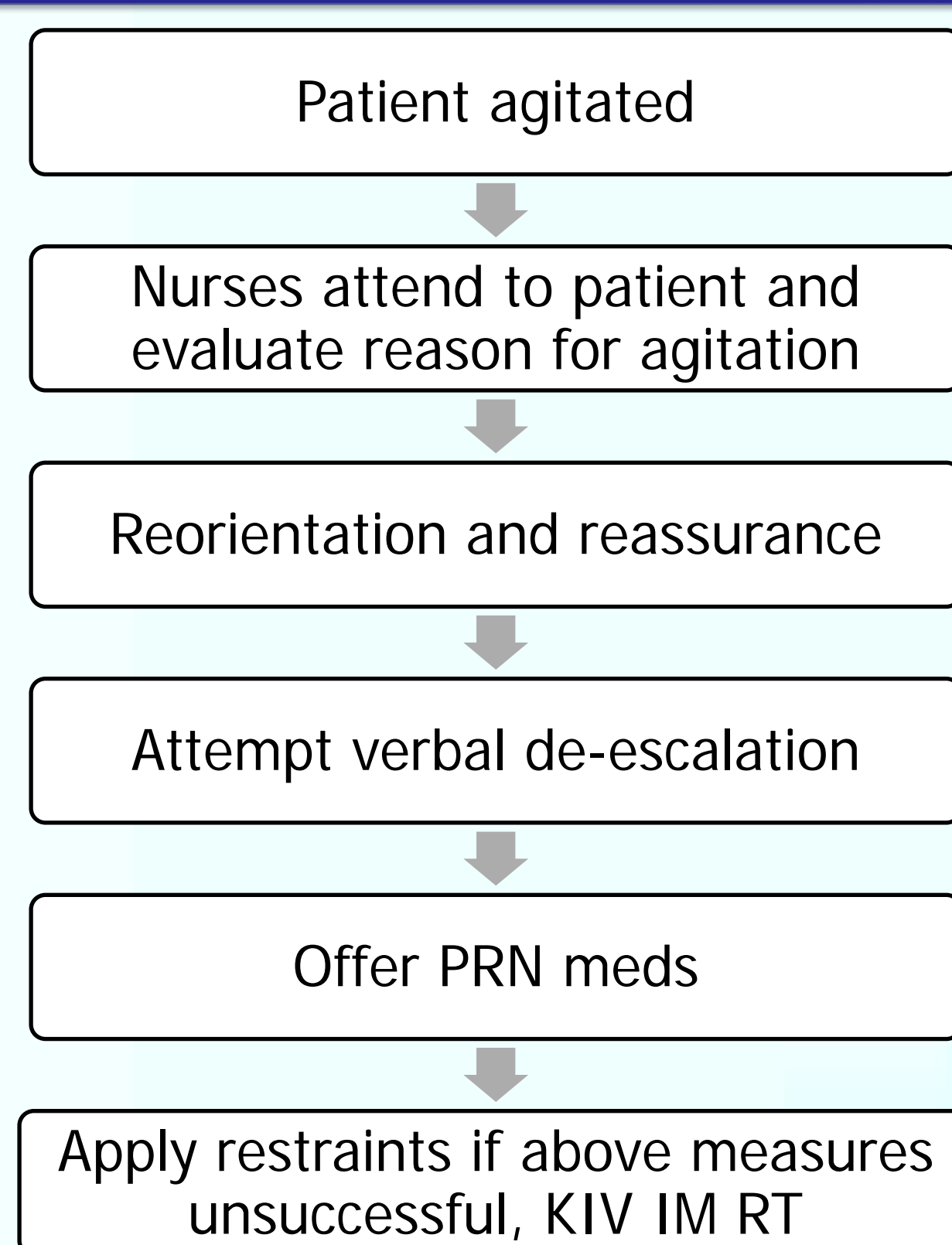
Evidence for a Problem Worth Solving

- There are numerous studies that demonstrate the ill effects of prolonged use of physical restraints in elderly patients. (Miller M. J Am Geriatr Soc 1975;23:360-9)
- There are also physical health risks associated with prolonged restraints such as risk of falls due to decreased muscle tone, developing pneumonia, deep vein thrombosis, pressure ulcers etc. Emotional trauma e.g. feeling of anger, despair, humiliation is also reported in these patients
- Baseline data collected from Ward 60A showed that the average number of hours agitated patients with Dementia were placed on physical restraints was 4.16 hours per day from January to May 2021
- Given the adverse effects of prolonged use of physical restraints especially in the elderly, the team aimed to reduce the average number of hours that agitated patients with Dementia were placed on physical restraints

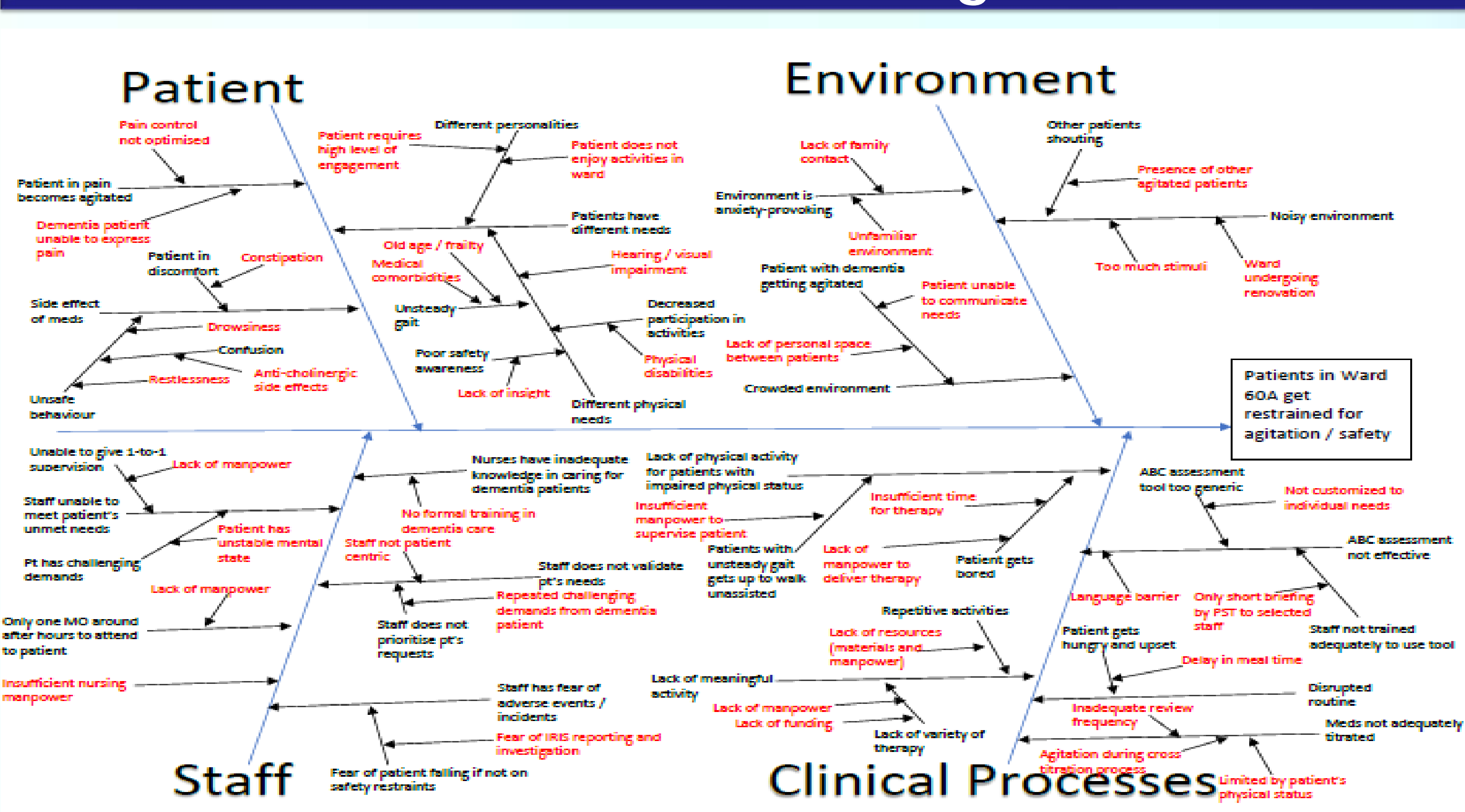
Current Performance of a Process

Month (2021)	Monthly average duration patient is placed on physical restraints per day
January	91.2 hours/ 31days = 2.94hours per day
February	63.1 hours / 28 days = 2.3 hours per day
March	114.9 hours / 31days = 3.706 hours per day
April	121.4 hours/30days = 4.046 hours per day
May	113.4 hours/31days = 3.658 hours per day

Flow Chart of Process

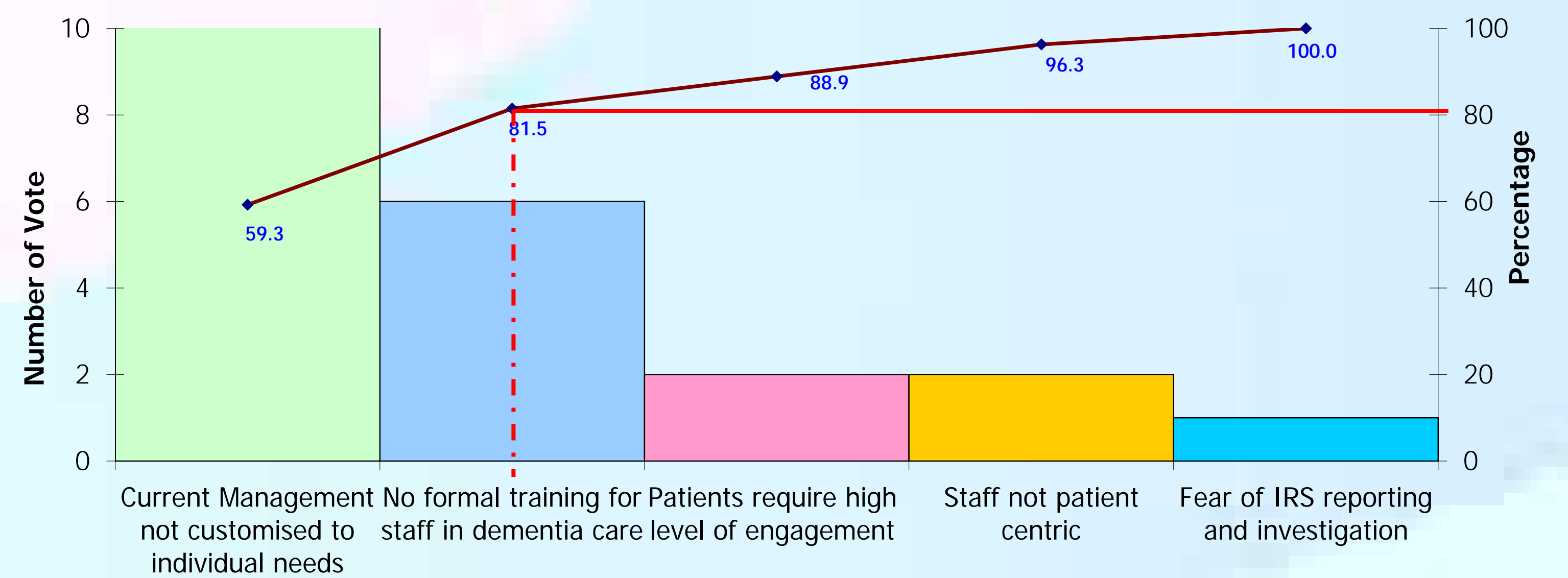


Cause and Effect Diagram



Pareto Chart

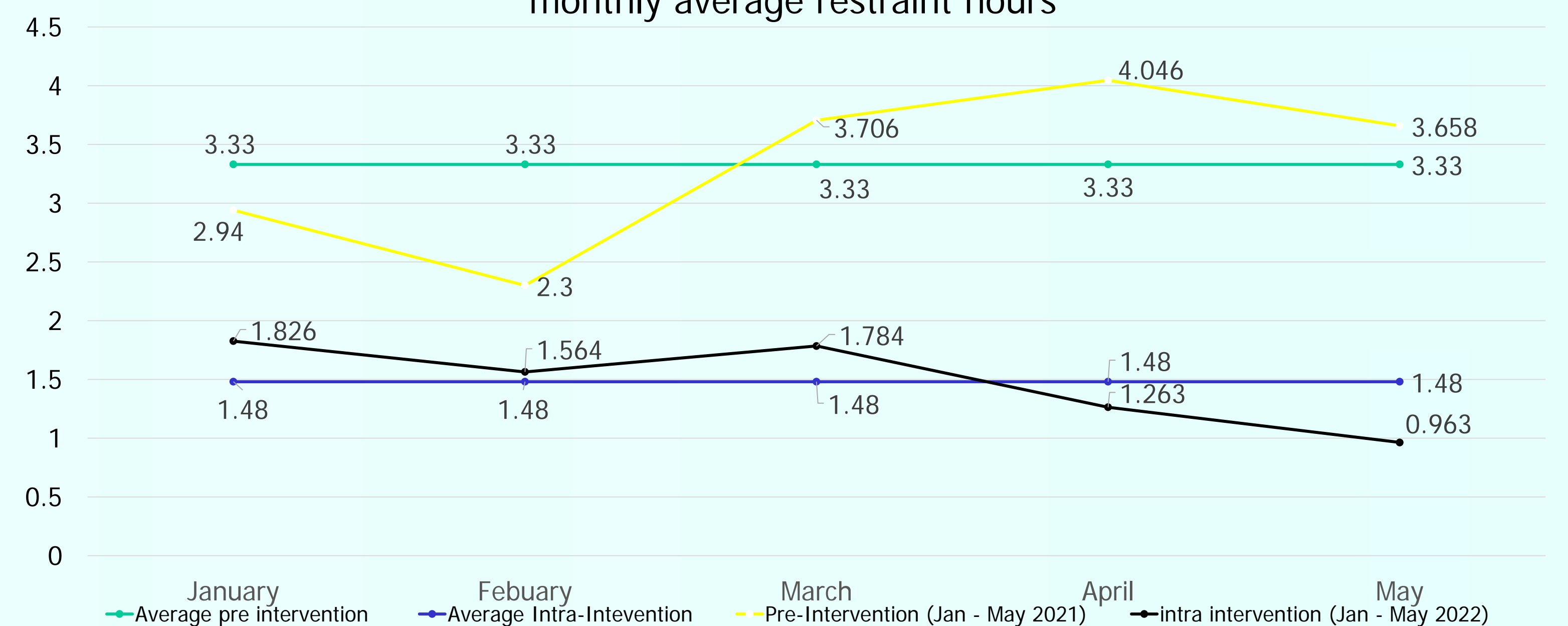
Prolonged Use Of Physical Restraint In Agitated Patients with Dementia



Implementation

CAUSE / PROBLEM (refer to Pareto chart)	INTERVENTION	DATE OF IMPLEMENTATION
Current Management not customised to individual needs	Adopting the Enriched Model of Care in the team's approach to patients with Dementia: <ul style="list-style-type: none"> • Valuing people • Individualized care • Understanding & Acknowledging personal perspectives • Providing a social environment to meet needs 	21 December- 30 May 2022
No formal training for staff in dementia care	A training program on Dementia care was conducted by the psychologist on a weekly basis for 6 sessions for the inpatient ward MDT members and the nursing staff	

Comparison of pre (average of the 5months) and intra intervention monthly average restraint hours



- There was a 55% reduction in the average number of hours agitated patients with Dementia were placed on physical restraints in Ward 60A compared to the baseline
- All nurses and members of the Ward 60A MDT completed the training in Ward 60A. Questionnaires administered demonstrated significantly greater confidence and were better preparedness in managing patients with Dementia.

Problems Encountered

- Had to work cohesively and creatively to overcome manpower constraints
- MDT and nursing team needed to work closely and complementarily to ensure the adoption of a new model of care was applied evenly and consistently
- Needed to gain buy-in from the MDT and nursing team to adopt a change in their approach to patients with Dementia
- Significant time invested for staff to be familiar with the new model of care
- Needed to train new staff due to staff turnover
- Appointed champions to have an oversight of progress and obtaining feedback on the ground
- Regular meetings were held to refine interventions and data collection process

Strategies to Sustain

- Creation of a workflow for implementing the new model of care for it to be adopted evenly and consistently in other inpatient ward settings
- Refresher training for MDT and nursing team to ensure model of care continues to be applied evenly and consistently
- Training of new staff in adopting the new model of care
- Continued data collection albeit at a reduced frequency (e.g., quarterly basis) seeking to maintain progress and strive for improvement
- Rolling out interventions to adjacent acute inpatient female geriatric psychiatry ward (Ward 60B)
- Sharing within the department and gradually across the hospital