

APPROPRIATE AND VALUE-BASED CARE CONFERENCE 2025

Maximising Value for All

16-17 OCTOBER 2025 AVBC
Appropriate and Value-Based Care

Patient Free from Physical Restraint at Subacute Wards

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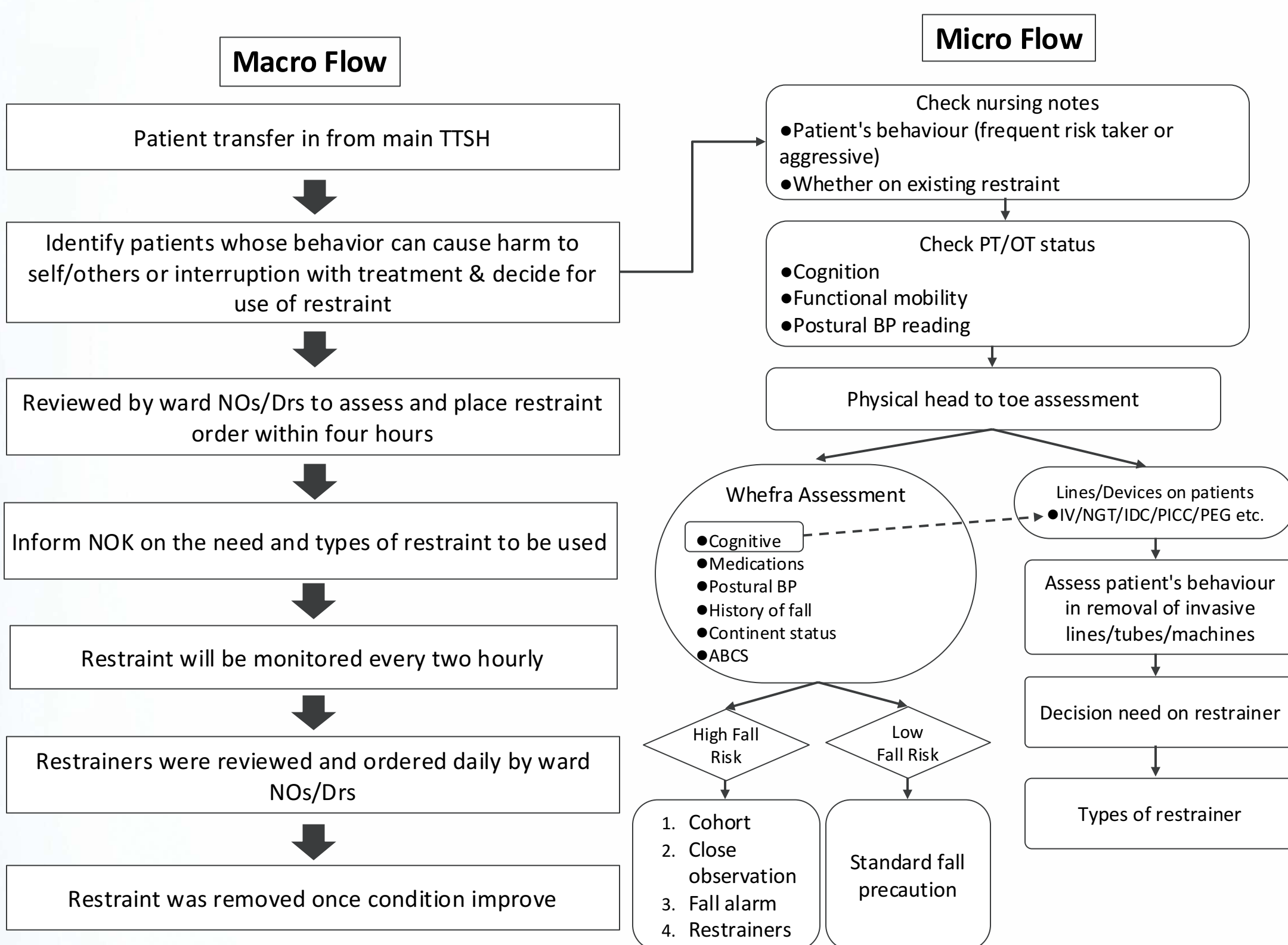
MISSION STATEMENT

To Reduce Percentage Of Physical Restraint Usage By 10% (From 29% to 19%) In TTSH Ward 6 & 10 @ Renci Within 6 Months

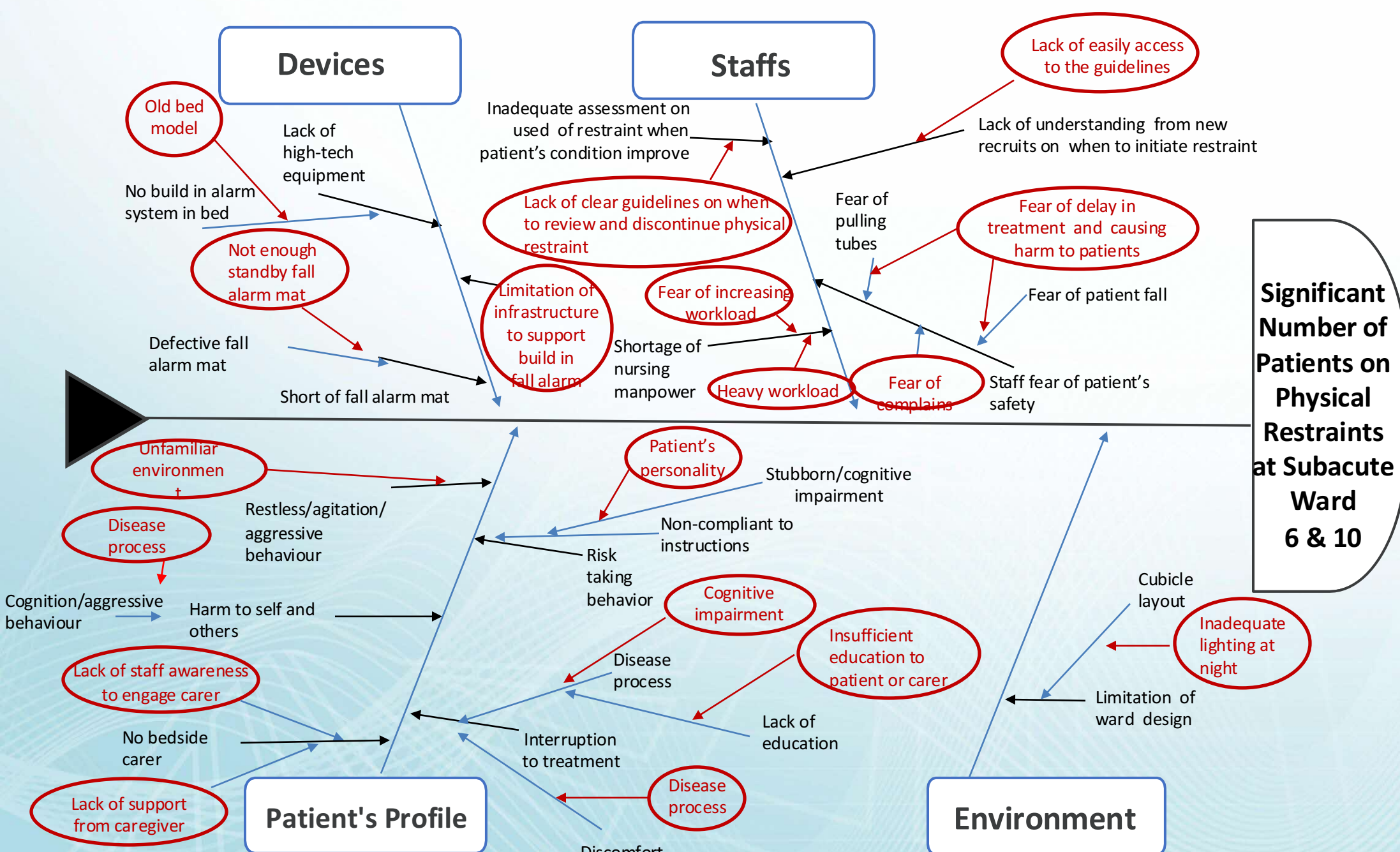
EVIDENCE FOR A PROBLEM WORTH SOLVING

- Local study showed 25% to 30% of patients are placed on physical restraints in subacute settings.
- Physical restraint has been associated with harm in elder adults and increase LOS.
- Studies show that inappropriate use of physical restraint can endanger patient safety and cause serious physical and mental consequences. Its physical consequences include pressure ulcer, fracture, cardiac dysrhythmia, neuromuscular injuries, urinary and faecal incontinence, asphyxia, and strangulation-induced death.

FLOW CHART OF PROCESS



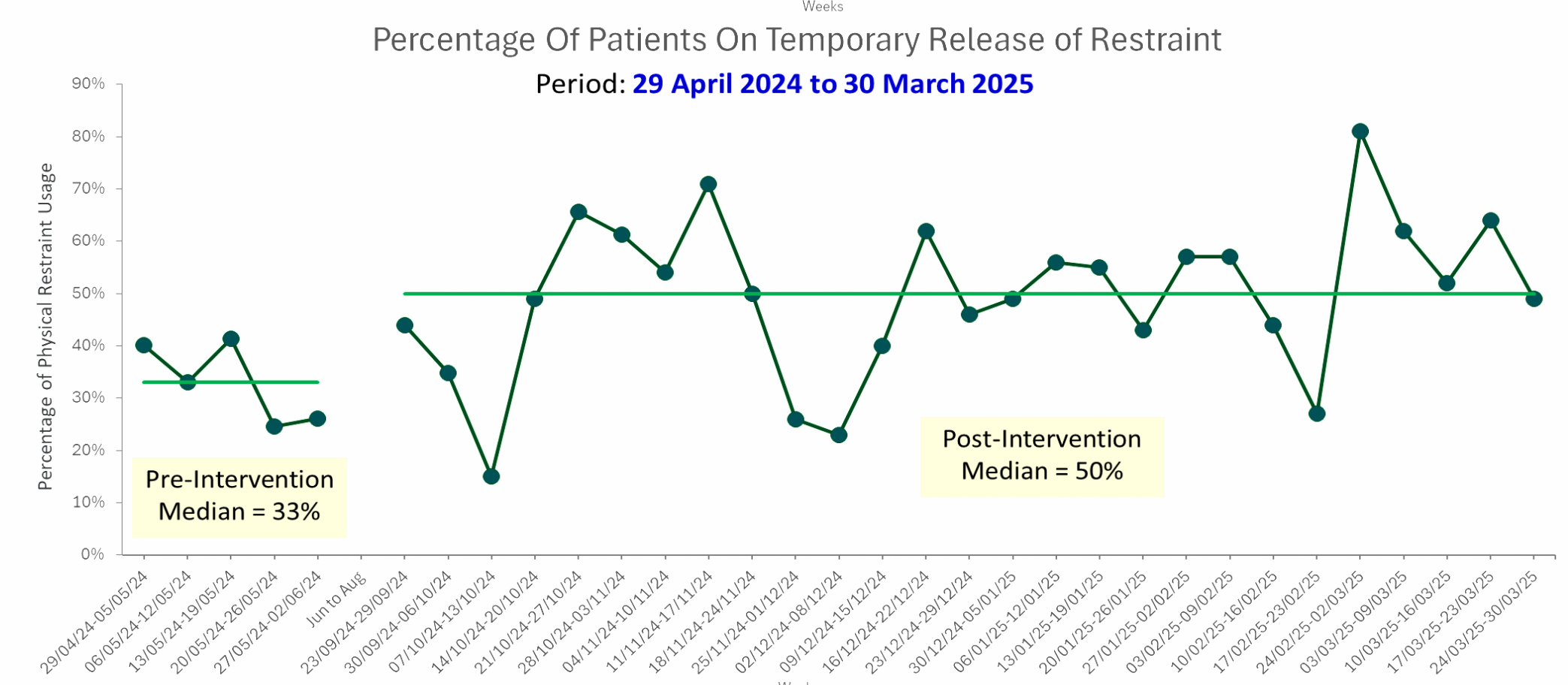
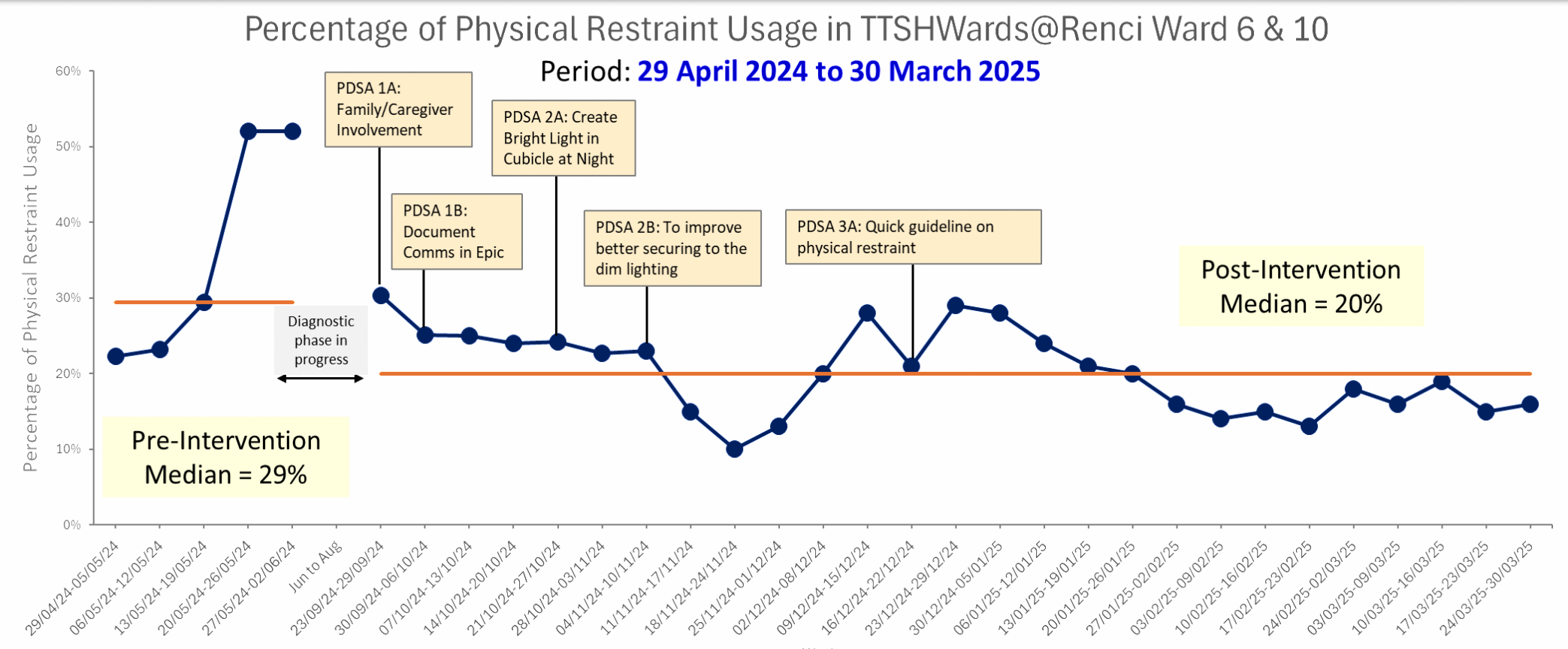
CAUSE AND EFFECT DIAGRAM



INTERVENTIONS

CAUSE / PROBLEM (refer to Pareto Chart)	INTERVENTION	DATE OF IMPLEMENTATION
Cause D: Lack of support from caregiver	Intervention 1: Family/Caregiver involvement in care of patients who need restraint	23 September 2024
Cause E: Inadequate lighting at night	Intervention 2: Create dim light in cubicle at night	21 October 2024
Cause A & B: Lack of clear guidelines on when to review and discontinue physical restraint & Lack of easily access to the guideline	Intervention 3: Implement a quick guide on physical restraint	19 December 2024

RESULTS



COST SAVINGS

- Cost saving on restraint free time (in 1 year): \$565,440
- Intangible benefits:
 - Less harm to patient, e.g. no skin breakdown, increased patient ROM, less agitation etc.
 - Increased nurses' satisfaction - patient more comfortable, no need to review every 2 hourly and do documentation
 - Patient & family are more satisfied without needs to be restrained

PROBLEMS ENCOUNTERED

- Commitment from team members. E.g. shift duty & various departments
- Data collection: when to start & continuous data collection
- Spent time on cause & effect diagram

STRATEGIES TO SUSTAIN

- Will spread the practices to the rest of subacute wards
- Standardization of documentation
- Clear & easily accessible guidelines
- Incorporate to standard nursing practice & to teach new nurses during UBO
- Regular audit on project compliant rate
- Regular meetings to discuss project related issues
- Create patient education pamphlet on restraint

LESSONS LEARNT

- Members learn on CPIP tools on problem solving
- Challenges encountered on implementing the interventions one at a time
- Importance of continuing data collection to sustain and spread the improvements