Purpose

The purpose of this study is to reduce the rate of continuous restraint in the ICU and to improve patient safety and nursing quality. This is achieved by adopting the shared decision making approach for patients and the medical staff to collaborate in the restraint care program through mutual respect and effective communication in combination with use of innovative alternatives to replace traditional physical restraints.

Methods

This study focused on a total of 19 beds in a medical ICU in a medical center in southern Taiwan as its research subjects. An evidence-based patient decision aid tool was established for studying physical restraints, and a cross-sectional study was used to collect individual cases of using innovative restraint alternatives during the period from April 1, 2018 to December 31, 2018. On-the-job training was provided to improve effective communication between the nursing staff and patients, and to enhance patient recognition towards medical tube retentions and restraints. The study also monitored the rate of continuous physical restraint, the incidence rate of medical device-related injuries as well as the incidence rate of unplanned self-extubation.

Results

The results of this study (n=615) showed that (1) patient and family towards employing restraints reached 100%; (2) the rate of continuous physical restraint was reduced from 2.73% to 2.01%; (3) the incidence rate of unplanned self-extubation was 3%; (4) the number of incidents of medical device-related injuries was 0.

Conclusion

In addition to improving the collaborative relationship between the medical staff and patients through effective physician-patient communication, establishing patient decision aid tools and providing on-the-job training for medical staff in combination with use of innovative restraint alternatives can also improve patient adherence and comfort levels, thereby reducing the rate of continuous physical restraint and risks of self-extubation. We advise medical institutions not to overlook the effects that restraint issues may have on nursing care quality.

References