



香港老年學會

Hong Kong Association of Gerontology

院舍邁向減少約束的實踐

Residential Care Homes for the Elderly (RCHEs)
Moving Towards The Practice of Reducing Restraints"



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When we get old, we all deserve to live at least in a **Restraint-Free Environment**.

Definition:

- Care settings minimizing/eliminating physical & chemical restraints
- Through person-centered care approaches (Gasior, 2021)

X Physical Restraints

- Belts, vests, deep chairs
- Restrict freedom of movement

X Chemical Restraints

- Psychotropic medications
- Administered to control behavior



Restraint-Free Environment Principles

X Avoid restrictive measures when possible

✓ Nurturing solutions preserve:

- Resident autonomy

"I would like to..."!

- Dignity

"I deserve to have..."!

- Rights

"I have the right to..."! (Parker & Pilling, 2022)



The prevalence rates of restraint use in residential care homes for the elderly (RCHEs) across Western and Asian countries/regions

Western Countries:

United States:

- 5.7% prevalence of physical restraint use in RCHEs (Aleccia, 2023)

Canada:

- 9.2% prevalence of physical restraints in RCHEs (CIHI, 2023)

Europe:

- 12-28% prevalence range of physical restraints across European RCHEs (Hofmann et al., 2024)



Asian Countries/Regions:

Hong Kong:

- 22.7% prevalence of physical restraints in RCHEs (Chau et al., 2023)
- 25.6% prevalence of chemical restraints in RCHEs (Liu et al., 2022)

Singapore:

- 19% prevalence of physical restraints in RCHEs (Kua et al., 2022)

China:

- 36.5% prevalence of physical restraints in Chinese RCHEs (Xu & Cheng, 2024)

Japan:

- 14.6% prevalence of physical restraints in Japanese RCHEs (Kurata et al., 2023)

- Restraint Usage in Accredited RACAS in 2023

Total Numbers of Accredited RACAS	Total Numbers of Aged Residents	Using Physical Restraints in the Past Six Months Vest restraints (背心約束衣), Mittens (手套), Seat Belts座位安全帶
189	15,438	5560 (36%)



Potential Areas for Restraint Reduction Development in RCHEs

Macro (System/Policy) Level:

1. Policy Development

- Example: Regional guidelines on person-centered dementia care led to a 15% decrease in restraint use (Social Welfare Department, 2021)
- ✓ Guidelines emphasized **individualized care plans, non-pharmacological interventions, and restraint minimization**
- ✓ Promoted understanding of responsive behaviors as expressions of unmet needs rather than problematic behaviors
- ✓ Encouraged staff to explore underlying causes and provide person-centered approaches (e.g., **validation therapy**, reminiscence therapy)
- ✓ Facilitated **environmental modifications** and use of assistive technologies to reduce need for **restraints**
- ✓ Organized annual forums and workshops to promote continuous learning and innovation



By validating patients' lived experiences, the therapy aims to improve communication, provide comfort, and meet psychological needs **like feeling included and understood**. It has shown benefits in reducing use of psychotropic medications and physical/chemical restraints.

2. Collaboration and Partnerships

- Example: Regional coalition launched a 3-year **initiative resulting in 20% reduction in restraint prevalence across 50 facilities** (Wong & Chan, 2023)
 - ✓ Coalition involved aged care providers, universities, government agencies, and advocacy groups
 - ✓ Facilitated **knowledge exchange** and sharing of best practices across organizations
 - ✓ Provided **training and resources on restraint reduction strategies and person-centered care**
 - ✓ Conducted regular audits and monitoring to track progress and identify areas for improvement
 - ✓ Established a **centralized data repository to collect and analyze restraint use data**
 - ✓ Organized annual forums and workshops to promote continuous learning and innovation

Meso (Organizational) Level:

3. Research and Evidence

Example: **Multi-sensory environments** reduced agitation and need for restraints by 27% (Chau & Lau, 2022)

4. Quality Improvement Initiatives

Example: Under a pilot Restraint Reduction Initiative, 8 participating RCHes achieved an average 22% decrease in physical restraint use over 1 year (Social Welfare Department, 2019).

- ✓ Staff training on person-centered care, fall prevention, and restraint alternatives.
- ✓ Environmental risk assessments and modifications to reduce restraint needs.
- ✓ **Multidisciplinary teams regularly reviewing cases and revising care plans.**
- ✓ **Enhanced documentation and monitoring of restraint use indications/durations.**
- ✓ **Resident and family education emphasizing involvement in restraint-free care planning.**
- ✓ Experience-sharing and dissemination of best practices across participating homes.

5. Hardware and Environmental Development

Example: **Sensor monitoring systems** detected 85% of high-risk resident movements, allowing timely intervention without restraints (Choy et al., 2020)



Micro (Individual) Level:

6. Education and Training

Example: Staff training on **validation therapy techniques** reduced responsive behaviors by 22%, **minimizing restraint need** (Lam et al., 2023) *"I understand that it maybe a difficult time for you. But we wait for you and take your time to handle it !"*

7. Family and Community Engagement

Example: **Family education** programs increased **knowledge of non-pharmacological interventions** by 40% and **reduced consent for restraint use by 18%** (Cheng et al., 2021)

"I know more options and alternative ways to calm down my father like letting him listen to his favorite songs and to do more exercise as he likes at the RCHE!"

Example: Involving community volunteers to provide **socialization activities** reduced resident agitation by 27%, minimizing restraint need (Lam & Ng, 2022)



Actions: Advancing Restraint Reduction in Aged Care by HKAG

Key Programme for Advancing Restraint Reduction

- Residential Aged Care Accreditation Scheme (RACAS)
- Service Assessment of Elderly Homes (SAEHs)
- HKJC Home Manager Caring Leadership Training Scheme 香港賽馬會院舍主管關愛領袖培訓計劃



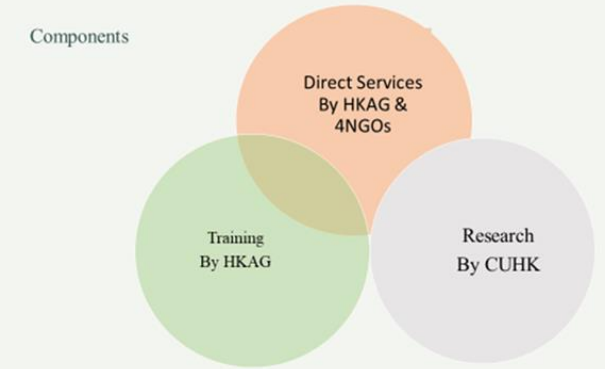
***Restraint Reduction Programme by HKAG 2024 September to 2027 August**

Pilot Project To Improve Quality of Care for Frail Elders in Private Residential Care Homes
Funded by The Hong Kong Jockey Club Charities Trust

Key benefits for each project's RCHEs under this restraint reduction programme:

- 1) Comprehensive training for all levels of staff to build capacity for restraint reduction.
- 2) Hands-on support and monitoring to implement personalized care plans and modify environments for restraint reduction.
- 3) Opportunity to receive certifications on Restraint Reduction and Service Assessment of Elderly Homes (SAEHs) from HKAG for recognition and sustainability of changes implemented.
- 4) Project evaluation and assessment offered by The Chinese University of Hong Kong.
- 5) Financial subsidies to support facilities and equipment for:
 - 6) a. HK\$200,000 subsidy for home modifications and implementing individualized care plans under the "Proactive intervention".
 - 7) b. HK\$100,000 subsidy for home modifications under the "Active intervention".
- 8) Free Specialized and Medical Consultations.

Remarks: subsidies will not be directly provided to the RCHEs, but rather utilized to fund the necessary facilities, equipment, home modifications, and resources required for implementing the individualized care plans as part of the interventions



By working collaboratively with staff, families, and community partners on implementing person-centered, evidence-based alternatives, we can create a culture of dignified care that fosters independence and minimizes the reliance on physical and chemical restraints across our RCHEs."

Thank you!



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