

# Reducing restrictive practice on Jade PICU Ward

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**NHS**  
East London  
NHS Foundation Trust

An 80% reduction in the use of IM PRN medication was achieved through the use of a daily meeting with patients to plan their day

## Aim

To reduce restrictive practices on Jade PICU ward by reducing the use of IM PRN medication by 20% in six weeks

## Why is this important to service users and carers?

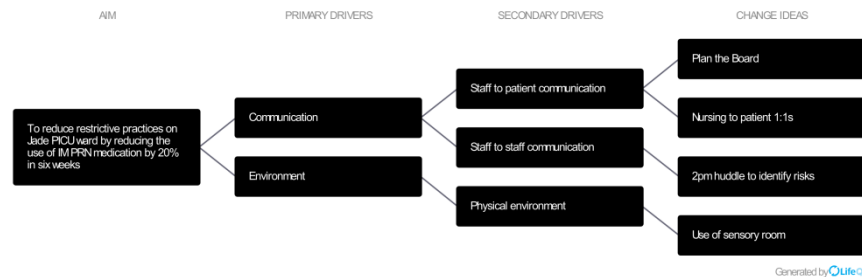
*Two discharged service users were involved in regular meetings and contributed their ideas. Receiving IM medication is viewed as restrictive and an unpleasant, and effects therapeutic relationships and recovery.*

## Tests of Change

### Plan the Board

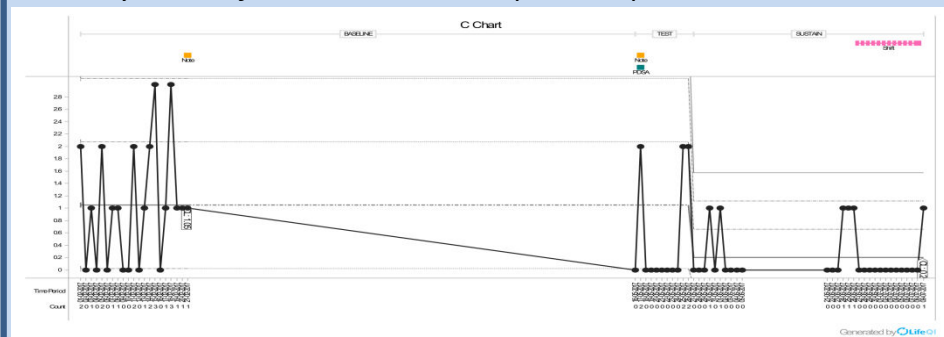
To see if a group meeting with patients to offer and plan the range of activities for the day would help bring stability and structure to their day, to reduce aggression and violence, and improve symptoms. It aimed to support enablement (agency, opportunity and hope) for their recovery.

## Driver diagram



## Data

### Daily doses of IM PRN medication pre- and post- Plan the Board



## Learning and what next?

*The importance of social activities in reducing the need for restrictive practice. A significant improvement was seen. This has facilitated greater patient choice, better patient experience and satisfactory clinical outcomes for patients. Narrowing the focus and simplifying the key questions was helpful. Ways forward may include staff daily risk huddles and daily nursing and patient individual protected time.*

## Reducing restrictive practice on Jade ward PICU by reducing IM PRN medication

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The aim of the project was to reduce restrictive practice on Jade ward PICU by reducing the use of IM PRN medication. As a team we achieved an 80% reduction in the use of IM PRN medication was observed from an average of 1.05 doses per day of IM PRN medication on the ward to 0.21 doses per day over a time period of 16/5/17 to 9/07/17, following the implementation of the “plan the board” change idea (a half hour daily weekday morning meeting for all patients on the ward, delivered by the Psychology (plus wider MDT).

A broad range of activities were offered which all disciplines could contribute to (understanding mental illness group, occupational therapy activity groups, and use of the sensory room). Each patient was supported to select activities of interest, which aimed to provide a sense of focus and achievement for the day. Baseline data on the use of IM PRN medication had been collated for 1/2/17 - 21/2/17, which may have been influenced by the seclusion room being out of use due to refurbishment and the possible subsequent admission of patients with less acuity and morbidity due to this.

Patients and staff reported a greater sense of containment and the ward felt calmer, fostering a more therapeutic environment. The team and I have gained a better understanding of collaborative working with service users and gained a greater awareness that a group meeting with patients to offer and plan the range of activities for the day helps bring stability and structure to their day, and to improve symptoms.

We were able to support patient enablement (agency, opportunity and hope) in order to progress patients forward in their recovery pathway. Narrowing the focus and simplifying the key questions in this project was helpful. Ways forward may include staff daily risk huddles, and daily nursing and patient individual protected time.