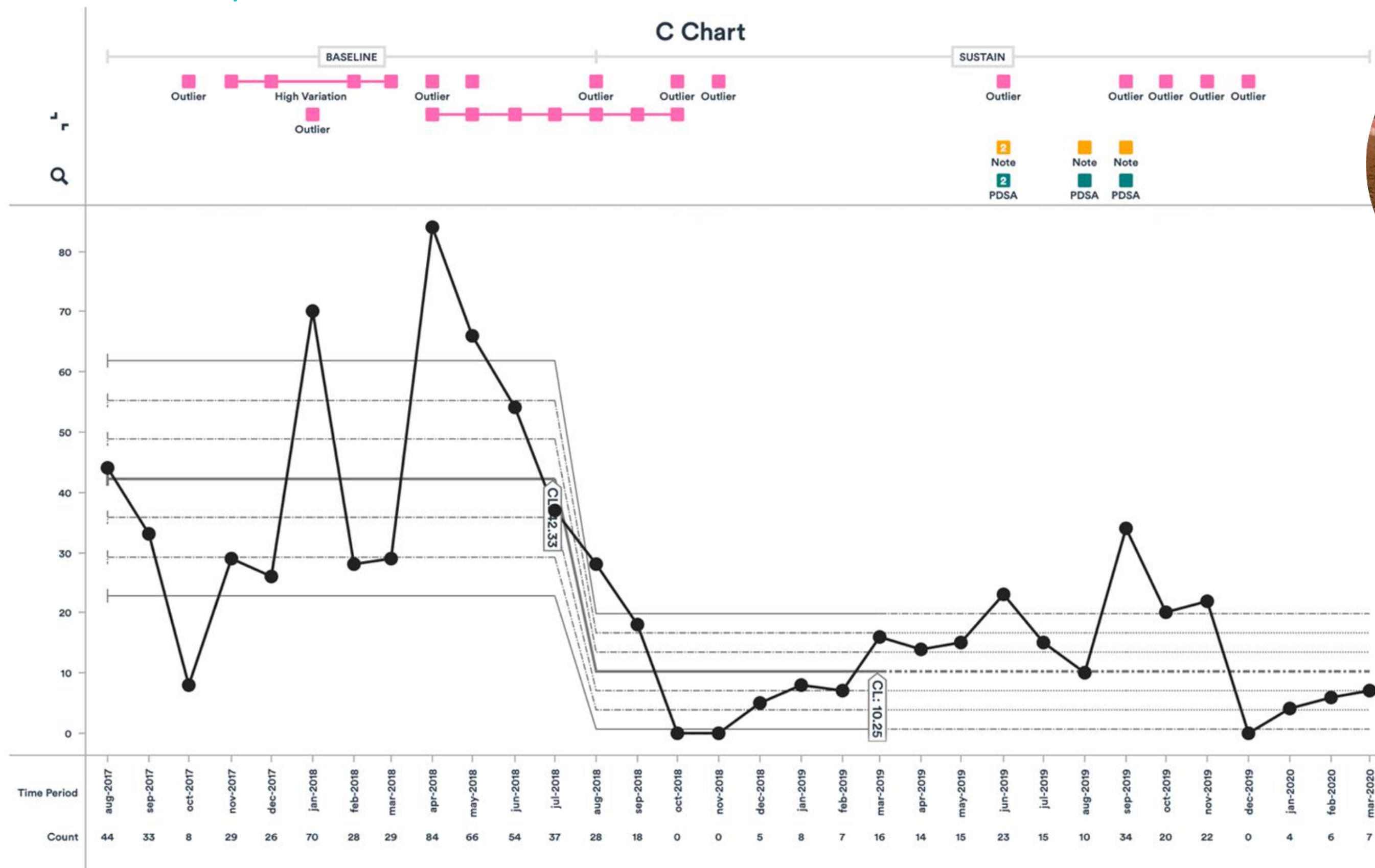


Reducing Restrictive Practice QI Collaborative

Reflecting on our project

Waveney - Overall Data



Change ideas we have tested include:

- Person-centred care plans
- Increased ward activities
- Safety huddles
- Mutual Help Meetings
- Complex case discussions
- Regular away days
- Welcome boxes
- Patient preference sheets

Changes we have seen on the ward

Aim: To reduce restrictive practice (measured by number of restraints, seclusions and rapid tranquilisations) on Waveney ward by 30% by April 2020

Results:

- 76% reduction in restrictive interventions overall
- 71% reduction in restraints
- Seclusion continued to be rarely used
- 54% reduction in rapid tranquilisation

-Less staff sickness and burnout

-Waveney ward is “generally a happier place to work”

-Staff and patients more able to suggest changes to the ward via staff meetings and mutual help meetings

What our patients, staff and carers say

People on the ward have commented that the activities “give me a time to unwind a little” and have thanked staff for “making my time here be as good as it can be”

Some of the learning points that we’ve found for successful quality improvement is:

- Having enthusiastic team members working on a project
- Support from the organisation, including being supported to meet regularly, test changes and progress the project
- Having an engaged senior sponsor who can encourage and remove barriers for the team
- Taking part in a Collaborative so the team feel part of something bigger, hearing that challenges you are facing are also experienced on other wards, having the opportunity to share your progress and network
- Next time we would include medical staff from the beginning

Looking to the future

-In house Trust collaborative commenced January 2020 using quality improvement methodology with teaching and coaching from the quality improvement team

-Staff on Waveney ward have continued to embed change ideas following the completion of the project and sustained a reduction in restrictive intervention during COVID-19 and when project leads not on the ward

-Reducing Restrictive Intervention Lead roles introduced to focus on the diffusion of innovations across the acute wards

-Service user and carer involvement will continue to form a key component of future improvement programmes