



# FoNS Improvement Insights

## The Quiet Room: Improving the Acute Care Psychiatric Environment

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**Duration of project:** January 2011 – December 2011

**Keywords:** Acute psychiatric environment, quiet room, mental health, pro re nata medication

### Project background

Although the central focus of acute psychiatric units is to treat mental illness, meet basic care needs and provide physical health care needs, patients have described acute psychiatric wards as 'therapeutically superficial'. Pro re nata (PRN) or 'as required' medication is a commonly used intervention for nursing staff when they are concerned about patients' safety and their levels of distress. However, studies have shown that nurses tend to resort to PRN medication as a first resort, rather than a last resort. It has been suggested that encouraging behavioural approaches as an alternative to medication can avoid a reliance on psychotropic PRN medication.

### Aim and objectives of the project

The aim of this project was to build and enable the use of a quiet room for patients within an acute psychiatric ward. To achieve this, the objectives of the project were to:

- Develop a new room that was comfortable and therapeutic
- Involve staff and patients in the planning, design and use of the room
- Develop guidelines to assist nursing staff to manage and maintain the room in a therapeutic manner
- Understand patients' experience of the room
- Implement a staff learning and development programme to enable nurses to reflect and discuss current practice
- Utilise the Context Assessment Index (CAI) to broaden staff understanding of the ward culture
- Evaluate changes in practice and culture

### Key activities and outcomes of the project

The project group used a broad range of methods and tools to enable the participation of stakeholders and to collect information that would inform the development and evaluation of the project. The team believed that no one approach would be adequate to meet the aspirations of the project and by adopting mixed methods, a more in-depth understanding of what was happening could be achieved, whilst enabling a rich explanation of the results. These methods included: claims, concerns and issues exercises; staff learning and development programmes; and data collection of PRN medication and feelings of safety. Additionally, the proposal for developing the quiet room was discussed at the existing patients' community meetings, which were held weekly in the ward sitting room. Suggestions for the design and decor were made by patients, carers and staff. These included; colours

of paint, design of curtains, style of pictures for the walls, types of furniture, brightness/levels of lighting and layout of furniture. Two suggestion boxes were also placed in both ward sitting rooms to collect suggestions from patients to further develop the room.

The room became operational in May 2011. Guidelines and a monitoring assessment tool were developed and introduced to promote effective use of the room.

Information about the administration of PRN medication was collected and recorded each night by the night nursing staff for ten months (January 2011 – October 2011) to provide five months of data pre and post introduction of the quiet room. This data was analysed by the project leaders for trends in type of medication, dose and time administered. The results collected identified a 41% reduction in the combination of Haloperidol 5mg and Lorazepam (either 1 or 2mg) administered at the same time, either orally or via the intramuscular injection route, from the time the room was introduced.

A total of 31 patients have used the quiet room since it was implemented and of these, 15 patients reported feeling safer, 4 reported no change and 11 patients wanted to use the room to rehearse coping strategies, although not in distress. This has led nursing staff to request that the room is also available for patients who wish to continue their recovery journey, even in the absence of psychological distress. This combined with concerns that the room is still under used by certain staff members is being explored further by the whole ward team.

### Implications for practice:

- The claims, concerns and issues exercises allowed staff to express their concerns about the project and to use these in a structured way to action plan
- Ensuring the managers were part of the project team enabled high level support and troubleshooting with resource issues
- Changes in the ward environment and implementing a structured risk assessment can promote patient safety, and help shift practice away from a culture with an overemphasis on PRN medication
- The use of alternative strategies to medication when working with patients who are in a mental health crisis should continue to be developed and used

A full project report including references can be accessed from: <http://fons.org/library/report-details.aspx?nstd=34968>

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