

# Intervention Levels and Therapeutic Engagement for Adult Inpatients (Pilot)

**The primary purpose of increased interventions is to maintain patient safety.**

Staff should get to know the patient and what matters to them; this will provide an understanding of the most appropriate interventions such as engaging in an action or activity that may help to calm a stressed/distressed patient and what the stressors are that will create an escalation of the risk and should be avoided. Level of risk should be determined following full assessment of patient using appropriate risk assessments.

Risk	Intervention Level	Definition	Actions	Considerations
<b>Low</b>	<b>General</b>	<p>Patients' needs are met by provision of usual ward care.</p> <p>Allocated member of staff should always have knowledge of the patients' whereabouts, such as whether they are on or off the ward.</p> <p>Access to therapeutic interventions should be available regularly throughout the day.</p>	<ul style="list-style-type: none"> <li>Ask patient 'what matters to you and who matters to you and record in Person-Centred Care Plan on Trak.</li> <li>Evaluate and update care plan daily</li> </ul>	<ul style="list-style-type: none"> <li>Environmental Risk Assessment</li> <li>Therapeutic Intervention boxes</li> </ul>
<b>Medium</b>	<b>Increased</b>	<p>A designated staff member must be aware at all times of the precise whereabouts of the patient through visual observation or hearing.</p> <p>Patient may require regular therapeutic engagement.</p> <p>This level of intervention cannot be reduced or stopped unless discussed with the Senior Charge Nurse or the Nurse in Charge of the ward.</p>	<ul style="list-style-type: none"> <li>Inform SCN/CNM</li> <li>Discuss with patient/family and create personalised plan of care to include most appropriate interventions over a 24-hour period and communicate at handovers.</li> <li>Medication review with Doctor/Pharmacist</li> <li>Review response to interventions and review plan of care regularly.</li> <li>Communicate and escalate at safety huddle</li> <li>Plan of care reviewed minimum every 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>Workforce requirements/experience, skills, and competencies of staff on duty to provide interventions.</li> <li>4AT Assessment/TIME Bundle</li> <li>Adults with Incapacity (AWI) Section 47 with ANNEX 5 Treatment Plan</li> <li>Getting to Know Me Document</li> <li>Relocation of patient to area of high visibility or cohorting of medium risk</li> <li>Patients – e.g. one staff member per bay</li> <li>Additional family/carer support</li> <li>Referral to specialists (Dementia/Mental Health/Falls)</li> <li>Therapeutic Intervention boxes</li> </ul>
<b>High</b>	<b>Continuous</b>	<p>Designated staff member* should be able to see and hear patient at all times and patient should always be within an appropriate level of proximity to carry out required interventions, e.g. arm's length.</p> <p>This level of intervention cannot be reduced or stopped unless discussed with the Senior Charge Nurse or the Nurse in Charge of the ward.</p>	<ul style="list-style-type: none"> <li>Inform SCN/CNM</li> <li>Rule out/ identify and treat potential causes of delirium.</li> <li>Medication review with Doctor/Pharmacist</li> <li>Discuss with patient/family and agree plan of care to include most appropriate interventions over a 24-hour period and communicate at handovers.</li> <li>Environmental Risk Assessment</li> <li>Communicate &amp; escalate at safety huddle.</li> <li>Plan of care reviewed minimum every 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>Workforce requirements/experience, skills, and competencies of staff on duty to provide interventions.</li> <li>Adults with Incapacity (AWI) Section 47 with ANNEX 5 Treatment Plan</li> <li>Relocation of patient to area of high visibility.</li> <li>Additional family/carer support</li> <li>Referral to specialists (Dementia/Mental Health/Falls)</li> <li>Getting to Know Me Document</li> <li>Therapeutic Intervention boxes</li> </ul>

\*Designated staff member should not exceed 2 hours of increased/continuous interventions