

SLHD Policy Compliance Procedure

Recognise, Engage, Act, Call and Help (REACH)	
TRIM Document No	
Policy reference	SLHD_PCP2019_028
Related MOH Policy	Recognition and Management of Patients who are Clinically Deteriorating (PD2013_049)
Keywords	REACH; PFAR;
Applies to	All Clinical Staff
Clinical Stream(s)	All Clinical Streams
Tier 2 Sign-off	Executive Director, Clinical Governance and Risk
Date approved by SLHD Policy Committee	23/05/2019
Author	Program manager – Clinical Governance Unit
Status	Active
Review Date	01/06/2024
Risk Rating (At time of publication)	H.
Replaces	SLHD_PD2015_026

Version History	
Date	V.1 - 23/05/2019 – published V.2 – 30/05/2019 Amend CRGH contact details section 8.6

Recognise, Engage, Act, Call and Help (REACH)

Contents

1. Introduction	3
2. The Aims / Expected Outcome of this PCP	3
3. Risk Statement	3
4. Scope	3
5. Resources	3
6. Implementation	3
7. Key Performance Indicators	4
8. Procedures	4
8.1 Balmain Hospital	5
8.2 Royal Prince Alfred Hospital - Paediatric ward.....	6
8.3 Royal Prince Alfred Hospital - General adult and maternity wards	7
8.4 Canterbury Hospital.....	8
8.5 Concord Repatriation General Hospital – Ward	9
8.6 Concord Repatriation General Hospital - Emergency Department	10
8.7 Mental Health Service	11
8.8 Community Mental Health	12
9. Definitions	13
10. References	13
11. National Standard	13

Recognise, Engage, Act, Call and Help (REACH)

1. Introduction

Patient and family centred care is at the heart of all we do in Sydney Local Health District where we strive to ensure that patient and family-centeredness, excellence, integration and cost-effectiveness are embedded in all clinical care and that outcomes are of the highest quality.

The Australian Commission on Safety and Quality in Health Care - Recognising and Responding to Acute Deterioration Standard requires that all health service organisations have processes for patients, carers or families to directly escalate care.

The NSW Clinical Excellence Commission's REACH program is in place in all facilities in SLHD. REACH stands for Recognise, Engage, Act, Call and Help is on the way. REACH provides a mechanism for patients, carers or family members to independently seek help if they are worried that a patient's condition is deteriorating.

The model aligns with the Between the Flags program and builds on the Surf Life Saving analogy for recognition and appropriate care of deteriorating patients by encouraging patients, carers and families to "put their hands in the air" to signal that they need help. REACH aims to empower patients, carers and families to engage with staff if they notice "something just isn't right" and to call for help if still concerned.

2. The Aims / Expected Outcome of this PCP

To promote increased engagement of patients, families and carers as valued partners in their care team by providing a mechanism to initiate a REACH call if they are worried about a change in their condition.

3. Risk Statement

SLHD Enterprise Risk Management System (ERMS) Risk # 4 – Early recognition of the deteriorating patient and appropriate clinical response will allow timely instigation of the escalation processes for medical (clinical) review and lead to early intervention and management of conditions decreasing the chances of an adverse outcome and patient morbidity and mortality.

4. Scope

- All clinical staff

5. Resources

- SLHD [REACH resources](#): A4 posters, translations, DL flyers, A3 Poster with translations, badge.
- Patient awareness and Staff awareness surveys in [QARS](#)
- SLHD [REACH webpage](#)
- REACH PowerForm
- SLHD REACH as part of PFCC education session
- Program Manager Clinical Governance Unit

6. Implementation

- N/A no change in practice.

7. Key Performance Indicators

- The number of REACH calls received.
- The number of Clinical Reviews initiated through REACH.
- The number of Rapid Responses initiated through REACH.
- The number of complaints relating to deteriorating patients.
- The number of IIMS relating to deteriorating patients.
- Number of RCAs that relate to deteriorating patients.
- Results of QARS REACH Patient and staff surveys at 6 months after implementation and minimum of annually.

8. Procedures

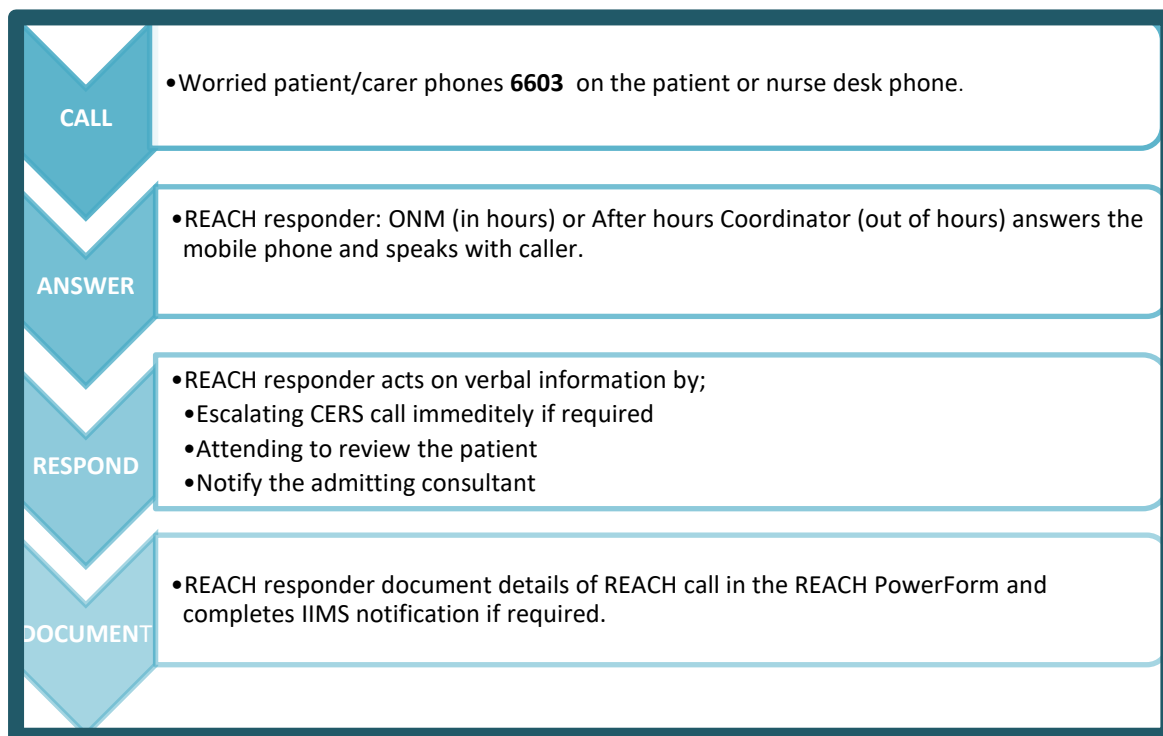
- Agreed and documented processes must be in place in all SLHD facilities for patients, carers or family members to initiate a REACH call.
- A REACH call can be activated by patients, carers or families who believe there is worrying changes in the condition of the patient.
- All facilities will have a designated REACH responder available at all times.
- The designated REACH responder must respond immediately by answering the call and triaging based on the information provided.
- The REACH responder must then coordinate a response that may include; attending the patient in person, activating the local CERS, escalating to the NUM/MUM or manager or delegating to others to attend.
- If a patient, carer and/or family request assistance to make a REACH call, staff must assist them to place the call.
- If the patient, carer or family feels that their concerns about worrying changes are not addressed, they can independently escalate to a Clinical Review or Rapid Response by dialling the REACH number.
- If the staff member is unable to identify the clinical concern, the concerns are to be addressed through other relevant venues, i.e. Patient safety, Patient liaison, NUM or senior clinician.
- The standard observation charts include the additional criteria of “Concern by patient and family member” Yellow zone response and “Serious concern by any patient or family member” for a Red zone response.
- The need for a Clinical Review or Rapid Response Call is assessed against the [Clinical Excellence Commission \(CEC\) Between the Flags](#) review criteria and as per local CERS escalation protocols.
- The REACH responder must complete a REACH PowerForm in Powerchart/FirstNet for every call received, even if the concern expressed does not relate to clinical deterioration.
- All REACH calls must be reviewed following the event. When system issues are identified an IIMS must be completed.
- The performance and effectiveness of the REACH system must be periodically reviewed.
- All SLHD facilities must use the SLHD [REACH resources](#).
- A REACH poster must be visible from each inpatient bed. In addition, a SLHD A2 REACH poster (includes translations) must be visible on each ward/unit.
- SLHD REACH flyers and badges are available for use also.
- The REACH information provided must be discussed with the patient, family or carer on admission and reinforced throughout the admission. It is recommended that notation of these discussions be made within the patient medical record.
- Training regarding REACH must be provided for all hospital staff. All training must be recorded within My Health Learning.

8.1 Balmain Hospital

In addition to the bullet points outlined under [Procedure](#), the following apply:

- The speed dial number at Balmain Hospital is 6603 which connects to a mobile telephone.
- The mobile telephone is carried by the Operational Nurse Manager during business hours and the After Hours Nursing Unit Managers (AHNUM). This person is referred to as the REACH responder.
- REACH information is provided to patients on admission, with posters available in the lifts and inpatient areas.
- Every REACH call is responded to immediately.
- REACH calls and performance indicators will be discussed at the Balmain Morbidity and Mortality Committee.

Figure 1. REACH Call process – Balmain

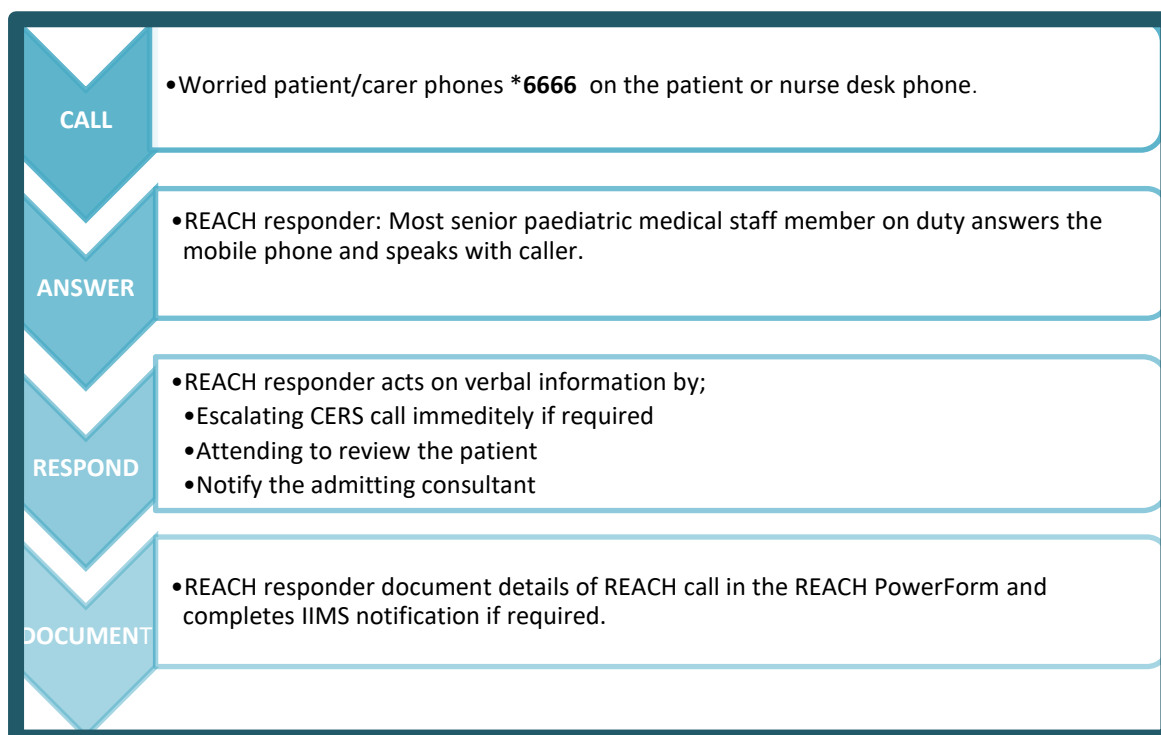


8.2 Royal Prince Alfred Hospital - Paediatric ward

In addition to the bullet points outlined under [Procedure](#), the following apply:

- Parents and carers can make a REACH call using their child's bedside telephone or any other telephone on the children's ward.
- The speed dial number is *6666.
- This speed dial number will be displayed on each bedside telephone.
- *6666 will connect to a mobile phone carried by the most senior paediatric doctor on site. This person is referred to as the REACH responder.
- During business hours the REACH phone will be held by the paediatric registrar; after hours it will be held by the paediatric RMO. All calls to the REACH phone are immediately escalated to the onsite paediatric staff specialist or the on call paediatrician.
- The caller is asked to state:
 - "This is a REACH call"
 - The child's name and bed number
- The receiver of the call must attend the patient in person immediately.
- After assessing the child and instigating appropriate initial management, the REACH responder must:
 - Notify the patient's admitting consultant.
 - Complete a REACH evaluation form.
- All REACH calls will be discussed at the monthly SLHD Paediatric Morbidity and Mortality Meeting.

Figure 2. REACH Call process – RPA Paediatric ward

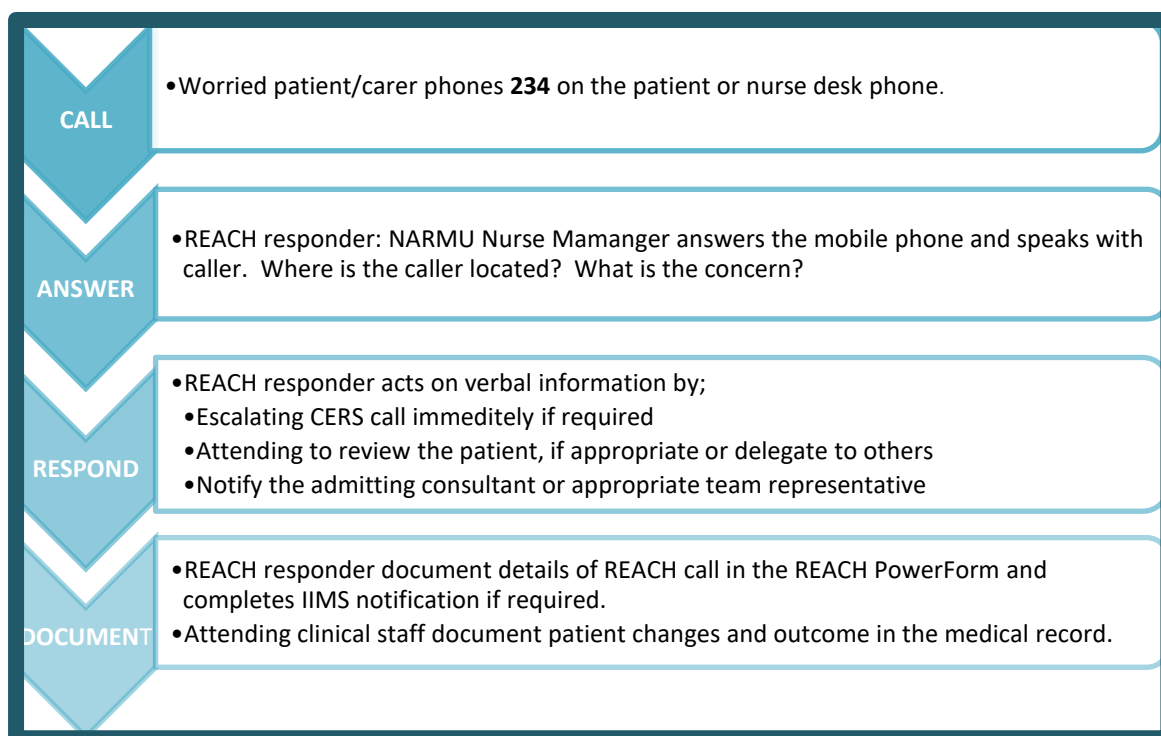


8.3 Royal Prince Alfred Hospital - General adult and maternity wards

In addition to the bullet points outlined under [Procedure](#), the following apply:

- Patients and carers can make a REACH call using their bedside telephone.
- The speed dial number is 234.
- 234 will connect to a mobile phone carried by a NARMU Nurse Manager 24 hours a day, 7 days a week. This person is referred to as the REACH responder.
- SLHD REACH posters and flyers will be displayed in wards and across the facility.
- The caller is asked to state:
 - This is a REACH call
 - Patient name, ward and bed number
- The receiver of the call must attend the patient in person or delegate to relevant others.
- After assessing the patient and instigating appropriate initial management, the REACH responder must complete a REACH PowerForm
- All REACH calls will be discussed at the CERS Meeting quarterly unless indicated to be discussed more frequently
- Any system issues will be escalated to the hospital executive immediately.
- Performance and effectiveness of the REACH system will be evaluated quarterly by the CERS Committee reviewing the following:
 - Number of calls
 - Outcome of call
 - Related IIMS/Issues/Concerns
- REACH working party will be convened to analyse system improvement opportunities when a need arises.

Figure 3 – REACH call process – RPA General Wards and Maternity

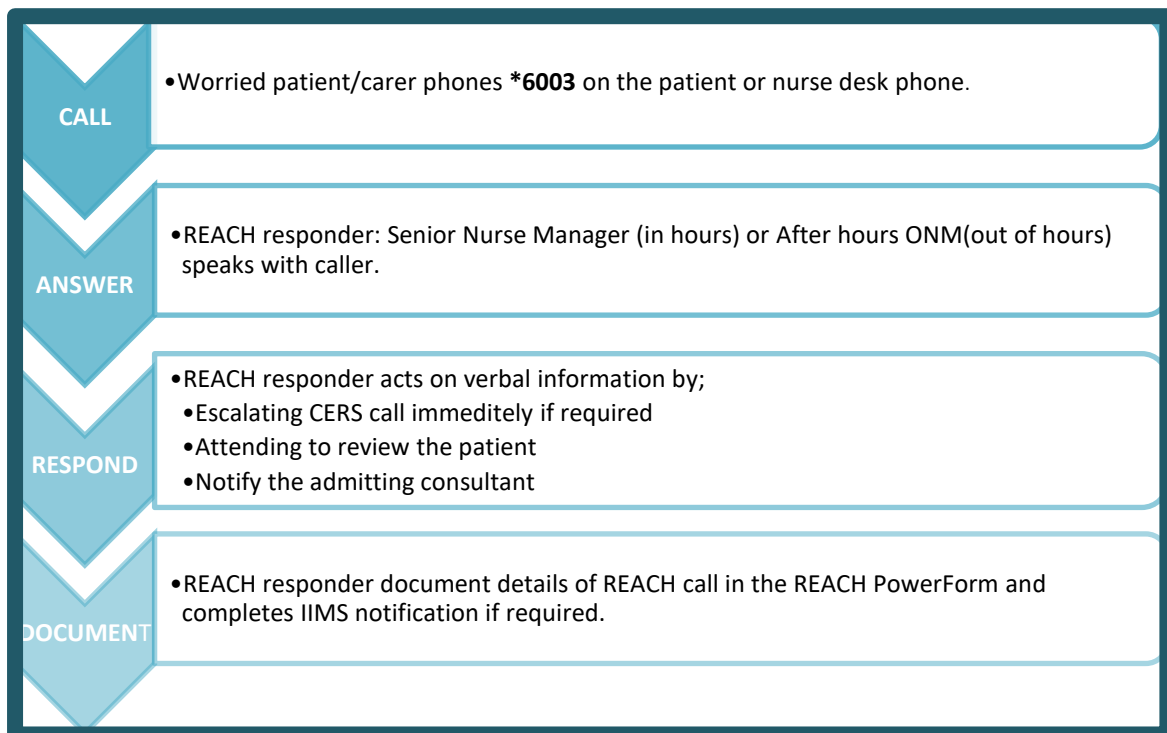


8.4 Canterbury Hospital

In addition to the bullet points outlined under [Procedure](#), the following apply:

- The speed dial number at Canterbury is *6003
- The Patient Flow Manager will respond to REACH calls from 0730hrs to 1500hrs Monday to Friday. After Hours Operational Nurse Manager will respond to REACH calls from 1500hrs to 0730hrs Monday to Friday. Weekends and Public Holidays the After Hours ONM will answer all REACH calls. This person is referred to as the REACH responder.
- SLHD REACH posters and flyers will be clearly displayed in wards and across facility.
- REACH education must be provided on admission, with documentation on the relevant Admission Assessment in eMR and included in the Nursing care plan.
- REACH flyers will be provided to patients/family on admission and to elective surgical patients in the pre-operative clinic.
- Every telephone in each ward/unit and other patient areas will have the yellow *6003 sticker prominently displayed.
- The REACH responder must complete the REACH PowerForm in PowerChart.
- Any system issues will be escalated to the hospital executive immediately.
- All REACH calls will be discussed at the monthly SLHD Paediatric Morbidity and Mortality Meeting.
- REACH calls which resulted in a Medical Emergency Team review and /or transfer of the patient to the High Dependency Unit will be discussed at the monthly MET meeting.
- Performance and effectiveness of REACH system will be audited quarterly.
- REACH calls and quarterly audit results will be discussed at the Deteriorating Patients Committee meeting.

Figure 4. REACH Call process – Canterbury

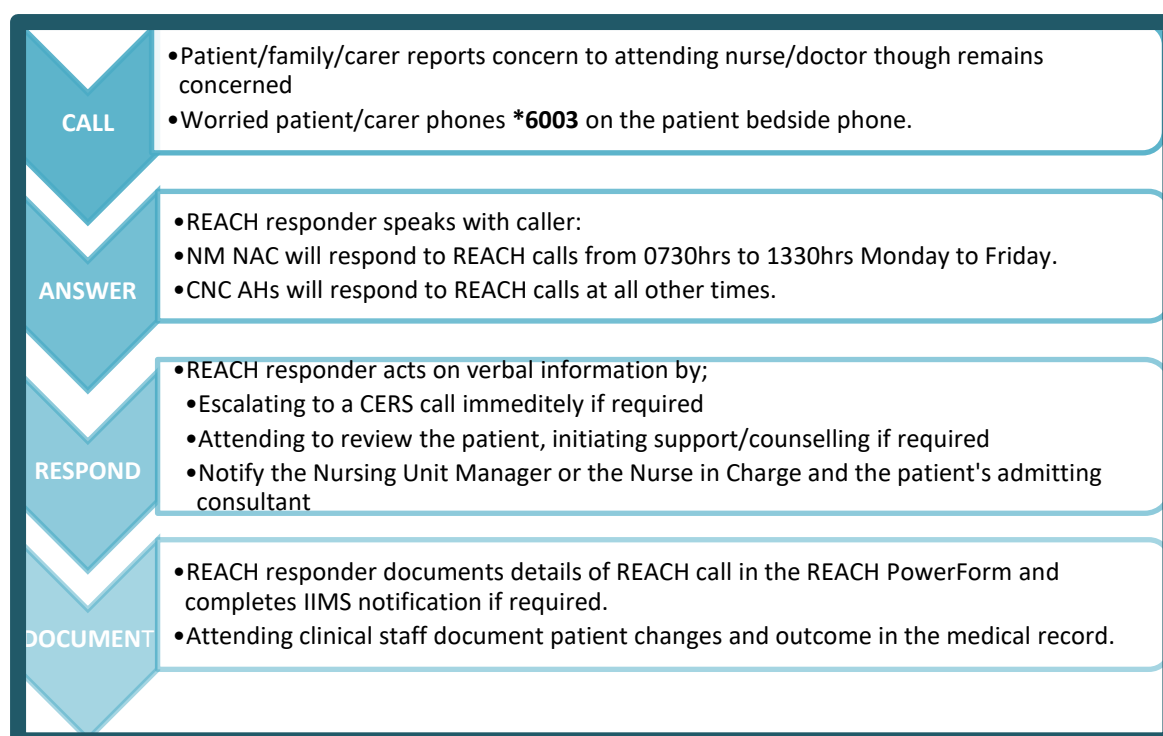


8.5 Concord Repatriation General Hospital – Ward

In addition to the bullet points outlined under [Procedure](#), the following apply:

- The speed dial number at CRGH is *6003
- The Nurse Manager Nursing Administration Concord (NM NAC) will respond to REACH calls from 0730hrs to 1330hrs Monday to Friday.
- The Clinical Nurse Consultant After Hours Clinical Support (CNC AHs) will respond to REACH calls at all other times.
- The NM NAC and the CNCAHs is referred to as the REACH responder.
- SLHD REACH posters and flyers will be available and clearly displayed in wards and across the facility.
- The patient bedside telephone in each of the wards will have a green REACH *6003 sticker prominently displayed.
- SLHD REACH resources and information will be provided to patients/family on admission.
- The responders must complete the REACH PowerForm, and IIMS entry as required.
- Any system issues will be escalated to the hospital executive at the earliest opportunity.
- All REACH calls will be discussed at the monthly CRGH Recognising and Responding to Acute Deterioration Committee meeting.

Figure 5. REACH Call process – Concord Wards

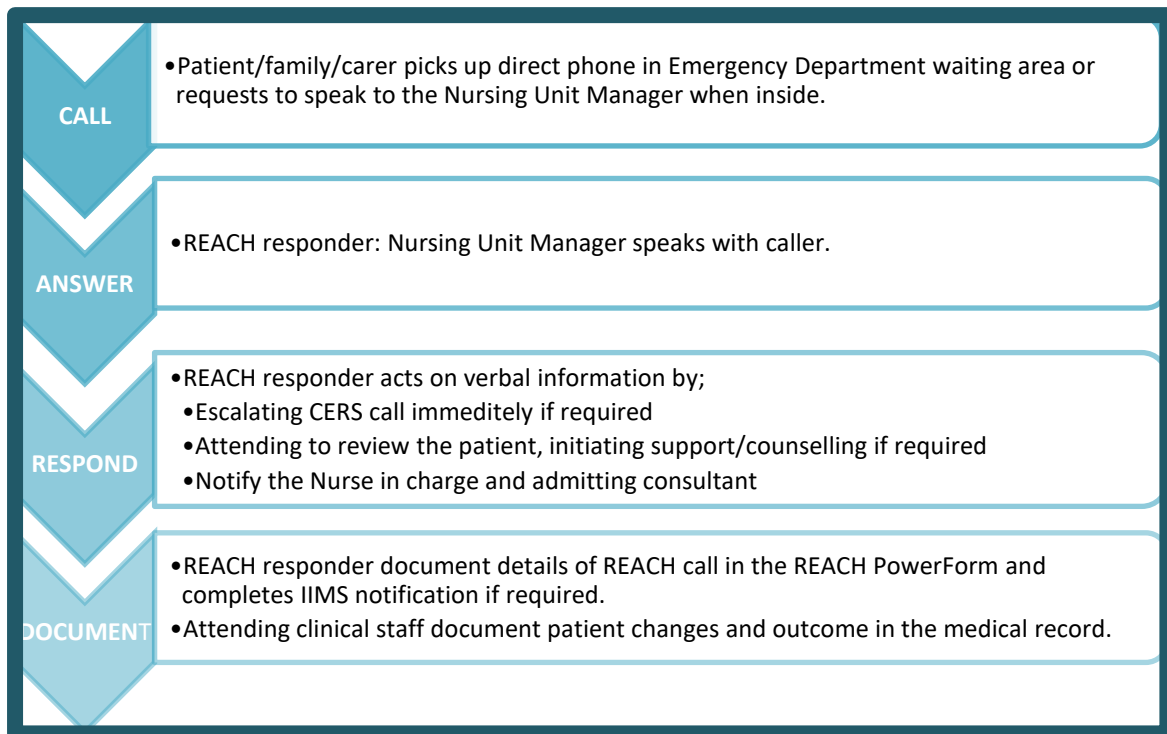


8.6 Concord Repatriation General Hospital - Emergency Department

In addition to the bullet points outlined under [Procedure](#), the following apply:

- Patient/family/carer picks up the direct phone in Emergency Department waiting area or requests to speak to the Nursing Unit Manager when inside.
- The Emergency Department Nursing Unit Manager (NUM) will respond to REACH calls. This person is referred to as the REACH responder.
- SLHD REACH posters and flyers will be available and clearly displayed in the Emergency Department.
- REACH flyers will be provided to patients/family on registration.
- Responding NUMs will complete the REACH evaluation PowerForm and IIMS entry as required.
- Any system issues will be escalated to the hospital executive at the earliest opportunity.
- All REACH calls will be discussed at the monthly CRGH Recognising and Responding to Acute Deterioration Committee meeting.

Figure 6. REACH Call process – Concord Emergency Department

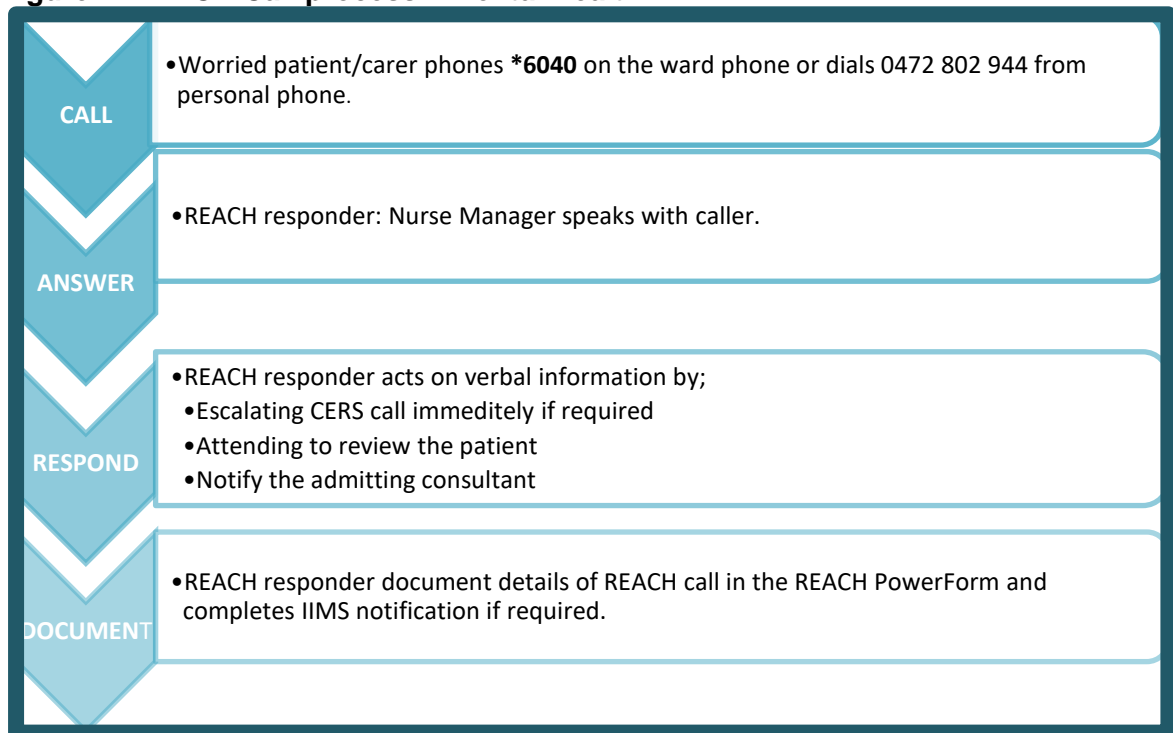


8.7 Mental Health Service

In addition to the bullet points outlined under [Procedures](#), the following apply:

- The speed dial number for Mental Health REACH is *6040.
- The mobile phone is carried by a Nurse Manager 24 hours a day, 7 days a week. This person is referred to as the REACH responder.
- REACH posters and flyers will be clearly displayed and available in wards and across the facility.
- REACH flyers will be provided to patients/family/carers on admission.
- The REACH responder will respond to REACH calls and must complete the REACH PowerForm, and IIMS entry as required.
- Any system issue will be escalated to the hospital executive immediately.
- All REACH calls will be evaluated monthly at the Preventing Complications of Care Committee and the Mental Health CERS Committee.
- Performance and effectiveness of the REACH system will be evaluated by:
 - Number of Calls
 - Outcome of Calls
 - Related IIMS/Issues
 - Mock calls

Figure 7. REACH Call process – Mental Health

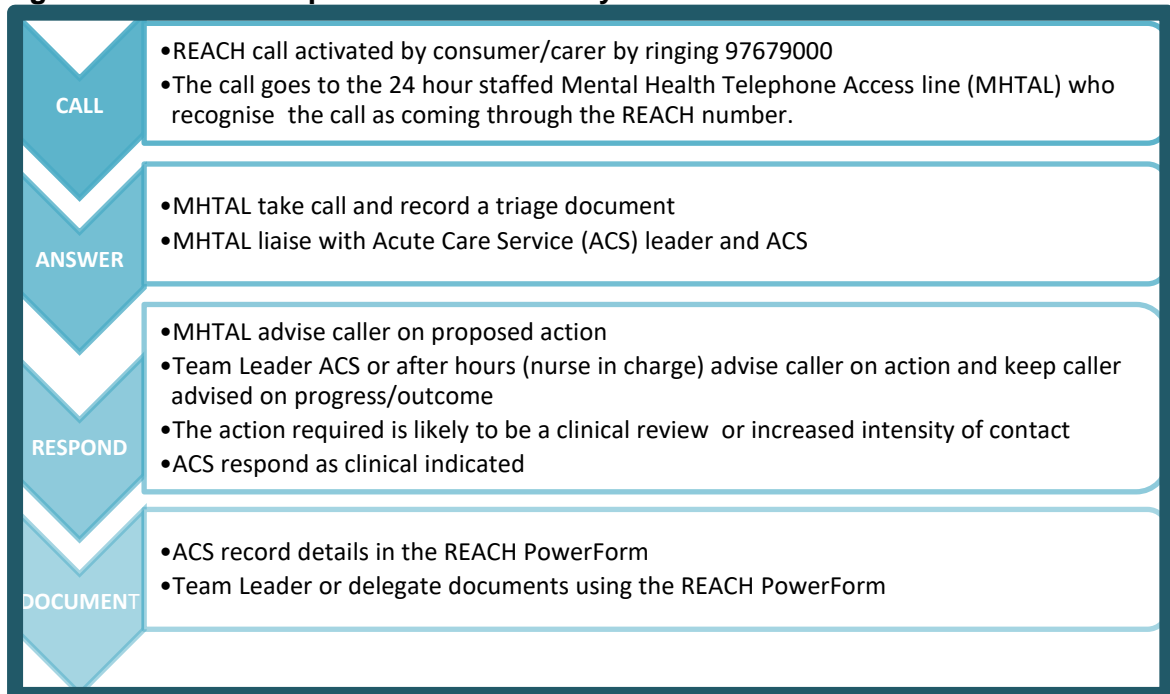


8.8 Community Mental Health

In addition to the bullet points outlined under Procedure, the following apply:

- The number for Community Mental Health REACH is 9767 9000.
- The call goes to the Mental Health Telephone Access Line (a 24 hours staffed number in Sydney LHD).
- Mental Health Telephone Access Line triages the call and liaises with the appropriate Acute Care Service (ACS) and Leader.
- The ACS Team Leader or delegate review and implement the appropriate action and keep the caller informed.
- ACS document as per normal practices in the EMR
- ACS team leader or delegate will complete the REACH escalation PowerForm and if required IIMS entry as required.
- REACH posters and brochures will be clearly displayed and available in community health centres.
- REACH brochures will be provided to consumers/family/carers as appropriate.
- Any system issue will be escalated to the appropriate Manager.
- All REACH calls will be evaluated monthly at the Preventing Complications of Care Committee and the Mental Health CERS Committee.
- Performance and effectiveness of the REACH system will be evaluated by:
 - Number of Calls
 - Outcome of Calls
 - Related IIMS/Issues
 - Mock calls

Figure 6. REACH Call process – Community Mental Health



9. Definitions

REACH	Recognise, Engage, Act, Call, Help is on its way
NUM/MUM	Nursing Unit Manager / Midwifery Unit Manager
IIMS	Incident and Injury Management System

10. References

Partnering with Patients, REACH Toolkit, Engaging patients and families as partners in care, Clinical Excellence Commission, available via:

<http://www.cec.health.nsw.gov.au/programs/partnering-with-patients/REACH>

Balmain Hospital, [REACH Guidelines \(BH_GL2012_N.00\)](#)

Canterbury Hospital, [Detecting and Responding to the Deteriorating Patient \(CANT_PD2015_CP005\)](#)

RPA Hospital, [Clinical Emergency Response System \(CERS\) - The management of the deteriorating adult patient \(RPAH_PD2015_007\)](#)

11. National Standard



Clinical Governance Standard



Partnering with Consumers Standard



Recognising and Responding to Acute Deterioration Standard