

**Royal Hospital for Women (RHW)**  
**BUSINESS RULE**  
**COVER SHEET**



**Health**  
South Eastern Sydney  
Local Health District

**Ref: T24/72039**

<b>NAME OF DOCUMENT</b>	REACH Recognise, Engage, Act, Call, Help is on the way
<b>TYPE OF DOCUMENT</b>	Clinical Business Rule
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<b>FORMER REFERENCE(S)</b>	Reach – Recognise, Engage, Act, Call, Help is on the way
<b>EXECUTIVE SPONSOR</b>	Director, Medical Services
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<b>SUMMARY</b>	To activate the REACH process whereby a patient, family member and/or carer can escalate concerns about a deteriorating patient
<b>Key Words</b>	REACH, BTF, Patient, Family, Carer, Deteriorating

*This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW*

*Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.*

## 1 BACKGROUND

- To activate the REACH process whereby a patient, family member and/or carer can escalate concerns about a deteriorating patient

## 2 RESPONSIBILITIES

- Medical, nursing and midwifery staff
- Allied Health
- Patient, carer, Family

## 3 PROCEDURE

Register concern about patient by following REACH poster (Appendix A)

- Activate a REACH Call by dialling:
  - o **2222** from bedside telephone or
  - o **02 9382 6188** from a mobile telephone

Once activated, the switch operator will phone the Access and Demand Manager in business hours or After Hours Nurse Manager (AHNM) on 0434 565 264 or pager #44020. The call will then be delegated to a senior member of the team to review the patient in business hours. After hours it is the AHNM responsibility to review the patient.

Page the treating team's registrar in hours or the duty registrar afterhours if the patient, their family members or carers remain worried, or concerns are not met. The treating team's registrar must review the patient within 30 minutes.

- Discuss assessment findings, treatment plan and actions with the patient, their family member or carer in addition to documentation in the medical record

### 3.1 DOCUMENTATION

- RHW Switchboard Emergency Incident Notification Form
- eMR Medical Record
- eRIC (if patient is in NCC)

### 3.2 EDUCATIONAL NOTES

- REACH is a program where patients, family members and/or carers are encouraged to:
  - **Recognise** changes of concern
  - **Engage** with the Primary Care Team
  - and **Act** by requesting a clinical review

### 3.3 IMPLEMENTATION, EDUCATION AND COMMUNICATION PLAN

The revised CBR will be distributed to all medical, nursing and midwifery staff via hospital email. The CBR will be discussed at standard 6 and standard 8 committee meetings, ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet.

### 3.4 RELATED POLICIES AND PROCEDURES

[RHW Clinical Emergency Response System \(CERS\) – Management of the deteriorating patient](#)

[SESLHD PD2020\\_018 Recognition and management of patients who are deteriorating](#)

[SESLHDPR/697 – Management of the Deteriorating ADULT inpatient \(excluding maternity\)](#)

[SESLHDPR/705 – Management of the Deteriorating MATERNITY woman](#)

[SESLHDPR/340 – Management of the Deteriorating NEONATAL inpatient](#)

### 3.5 REFERENCES

1. [Australian Commission for Safety and Quality in Health Care. National Safety and Quality Health Service Standards \(NSQHS\), 2021](#)
2. Clinical Excellence Commission. (2024). REACH – Patient and Family Escalation <http://www.cec.health.nsw.gov.au/quality-improvement/people-and-culture/reach>

## 4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.

- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

## 5 CULTURAL SUPPORT

- For a woman who is Culturally and Linguistically Diverse (CALD), notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: [NSW Ministry of Health Policy Directive PD2017\\_044-Interpreters Standard Procedures for Working with Health Care Interpreters.](#)

## 6 NATIONAL STANDARDS

Standard 2 – Partnering with Consumers

Standard 5 – Comprehensive Care

Standard 6 – Communicating for Safety

Standard 8 – Recognising and Responding to Acute Deterioration

## 7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
2019	1	Endorsed Maternity Services LOPs
21.10.2024	2	Endorsed at RHW BRGC

Appendix A: REACH Poster



**Are you worried**  
about a recent **change** in your **condition**  
or that of your loved one?  
**If yes... REACH out.**

WHAT IS REACH ABOUT?

- R** You may recognise a worrying change in your condition or in the person you care for.
- E** **1** Engage (talk) with the nurse or doctor. Tell them your concerns.
- A** **2** Ask the nurse in charge for a "Clinical Review". This should occur within 30 minutes.
- C** **3** If you are still worried call REACH. You can use your bedside phone or ask for a ward phone.
- H** Call REACH on Help is on its way.

Speak to your nurse or doctor first.  
They may be able to help with your concerns.



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**R.E.A.C.H out to us**  
Because together we make a great team.

The R.E.A.C.H program was developed by the NSW Clinical Excellence Commission.