

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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FUNCTIONAL GROUP(S)	Clinical Governance
KEY TERMS	Raise It, REACH, clinical deterioration, consumer-led care escalation
SUMMARY	This procedure details the structure and processes for the SESLHD Raise It program, which provides patients, carers and family members with graduated escalation options for voicing concerns regarding clinical deterioration. The document additionally outlines workflows and handling for calls routed to SESLHD from the NSW Raise It phone line.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

Raise It (formerly known as REACH) is a NSW Health patient safety initiative that provides pathways for patients, carers and family members to escalate care if they are worried about a patient’s clinical condition and risk of deterioration.

Implementation of a local Raise It (REACH) program for consumer-initiated care escalation is a requirement of the NSW Health Policy Directive [PD2025_014 - Recognition and management of patients who are deteriorating](#).

Compliance with this procedure supports SESLHD in meeting National Safety & Quality Health Service Standards, and in particular Action 8.07 ‘The health service organisation has processes for patients, carers or families to directly escalate care’.

2. BACKGROUND

The program previously known as REACH was rebranded to ‘Raise it’ in March 2026 via the NSW Ministry of Health (MoH) REACH Refresh project. Core principles of the program are unchanged.

The Raise It program provides patients, carers and family members with graduated escalation options for voicing concerns regarding clinical deterioration. The recommended escalation pathway for Raise It is described as:

- 1. Talk** – Start by talking to a nurse or doctor about your concerns
- 2. Ask** – If you are still concerned, ask the nurse/midwife in charge for a Clinical Review
- 3. Call** – If you are still concerned, call the Raise It line and a senior health worker independent to the patient’s usual care team will review the patient

While Raise It (REACH) is frequently discussed in the context of calls and responses to the Raise It (REACH) phone line, as a concept it encompasses all consumer-led care escalation including the earlier steps of speaking to staff or asking for a Clinical Review via local Clinical Emergency Response Systems (CERS). Raise It is additionally strengthened by actions that proactively elicit concerns from patients, carers and family members, such as the “*Worried they are getting worse?*” proactive escalation tool and its integration into standard observations and CERS processes.

Key Definitions

Clinical Emergency Response System (CERS)	Structured facility-specific processes for recognising and escalating care in clinical emergencies or deterioration, using standardised calling criteria and tiered response pathways.
Raise It	A program of structure and process providing patients, carers and family members with graduated escalation options for voicing concerns regarding clinical deterioration.
Raise It call	A call made to the statewide Raise It line (1800 777 333) by a patient, carer or family member seeking to escalate clinical deterioration concerns

Raise It call receiver	The senior health worker who receives a Raise It call via warm transfer from the POWH switchboard and is considered the 'end-point' for the call workflow. The <i>Raise It call receiver</i> will collect call details and assume the role of <i>Raise It responder</i> OR provide a full handover to another <i>senior health worker</i> that accepts the role <i>Raise It responder</i> .
Raise It responder	The senior health worker who receives a Raise It call or handover of a Raise It call and provides a Raise It response within 30 minutes that includes an independent review of the patient.
REACH	The previous name and form for the Raise It program (relaunched as Raise It in March 2026).
Senior Health Worker	In the context of this procedure, a senior health worker is a health professional possessing sufficient experience and relevant scope of practice to enact an independent review of a potentially deteriorating patient, address consumer concerns and initiate escalation processes if required. Examples of appropriate staff would include a medical officer at registrar level or above, a nurse manager or other appropriate senior nursing staff (e.g. CNC, CNS, CNE or Nurse Practitioner with relevant scope of practice).

3. RESPONSIBILITIES

3.1 All clinical and patient-facing non-clinical staff will:

- Ensure they receive orientation to the Raise It program and maintain working knowledge of its key principles
- Support patients, carers and family members with using Raise It graduated escalation steps if they have concerns regarding clinical deterioration

3.2 POWH switchboard staff will:

- Receive Raise It calls on a dedicated priority line, collect required caller details, transfer calls according to facility-specific workflows and remain on the line until handover to a Raise It call receiver end-point
- Follow agreed call answering protocols for specific call scenarios (per [Appendix F](#))
- Maintain a log of Raise It call activity

3.3 Deteriorating Patient facility leads will:

- Support staff awareness and implementation of Raise It processes within their facility
- Incorporate Raise It principles into broader staff education regarding management of deteriorating patients
- Monitor Raise It call and response data and report this data to relevant facility and district teams and committees

- Identify and escalate systemic risks or workflow issues to relevant facility and district managers or committees

3.4 Senior health workers in *Raise It call receiver* or *Raise It responder* role will:

- Receive Raise It calls, collect key information and reassure callers regarding next steps
- Assume or hand over the *Raise It responder* role, ensuring a patient review occurs within 30 minutes
- Work collaboratively with other relevant staff to coordinate a Raise It response while still providing a review that is independent of the patient's usual care team
- Maintain patient privacy and confidentiality, and seek appropriate consent from the patient or person responsible for their care
- Activate CERS pathways whenever trigger criteria or serious concern is identified, including activating a Clinical Review at their discretion
- Document Raise It call and response details in the patient's medical record using the eMR Raise It (REACH) Escalation Record (one form per call)

3.5 Nurse/Midwifery Unit Managers will:

- Ensure local staff understand and follow Raise It processes, and embed this into local orientation
- Help facilitate timely review of patients when concerns are voiced by patients, carers or family members
- Receive handover of cases where a Raise It call has been made that is not related to clinical condition, immediate care plan or risk of deterioration

3.6 SESLHD Clinical Governance Unit will:

- Oversee district-wide governance, reporting and quality improvement relating to Raise It, with support from the SESLHD Deteriorating Patient Clinical Advisory Committee
- Analyse Raise It trends in aggregate data and escalate system issues as needed
- Support alignment of the SESLHD Raise It program with current or changing statewide requirements

3.7 Medical staff will:

- Respond when patients, carers or family members raise concerns about patient deterioration
- Initiate (or where relevant, respond to) CERS escalation if clinical concern or CERS criteria are met
- Document clinical assessments and plans in the patient record and communicate findings to the broader care team

4. PROCEDURE

4.1 Scope of SESLHD Raise It Program and procedure

Patients who are on-premises and receiving or awaiting care within the following SESLHD facilities are considered in-scope for the SESLHD Raise It program and this procedure:

- Prince of Wales Hospital (POWH)
- The Royal Hospital for Women (RHW)
- Sydney & Sydney Eye Hospital (SSEH)
- St George Hospital (SGH)
- The Sutherland Hospital (TSH)
- Garrawarra Centre*
- Calvary Health Care Kogarah (CHCK)
- Uniting War Memorial Hospital (WMH)

*Garrawarra Centre is a residential aged care home operated by SESLHD. While it is not a hospital, Garrawarra residents are managed as in-scope for Raise It due to similar requirements for consumer concern care escalation pathways.

SESLHD inpatients are in-scope for the Raise It program, except for Hospital in the Home and Virtual Care inpatients (due to their unique service arrangement). Patients, carers and family members associated with Hospital in the Home or Virtual Care are to be encouraged and supported to escalate deterioration or care concerns via their provided contacts for the service.

SESLHD outpatients are out-of-scope for the Raise It program, however Raise It principles will apply whilst an outpatient is actively receiving care on-site within any of the hospitals listed above. Escalation of care in response to consumer concern regarding clinical deterioration in these on-site patients is to be managed per local procedures for the hospital or unit (which may include code blue activation and transfer to the Emergency Department).

SESLHD community patients are out-of-scope for the Raise It program, and consumer concern escalation pathways should be provided and managed per relevant service or program procedures.

Handling of Raise It calls received for SESLHD patients that are out-of-scope

Raise It calls received regarding out-of-scope SESLHD patients are to be advised of alternative pathways for their concerns, which may include:

- contacting their specific health service/team (noting after-hours or emergency numbers may have been provided to them when oriented to that service)
- in an emergency, dialling triple zero or attending an Emergency Department
- for non-emergency advice, calling HealthDirect on 1800 022 222.
- If the patient is a SESLHD Community Mental Health patient, concerns regarding mental health can be directed to the State Mental Health Telephone Access Line (SMHTAL) on 1800 011 511.

4.2 Patients, carer and family member orientation to Raise It

Patients, carers and family members must be orientated to the Raise It program on presentation to the Emergency Department and admission to an inpatient location. Key messages should thereafter be reinforced at appropriate opportunities throughout the admission.

If a facility utilises direct-to-consumer SMS information sharing services (e.g. Go Share Bundle on Emergency Department presentation), information on Raise It processes is to be included.

Proactive questioning of family and carers (“*Are you worried they are getting worse?*”) is to be actioned when performing standard vital sign observations and at other appropriate times such as ward rounds or bedside handover.

A variety of Raise It resources are accessible (posters, flyers, digital displays, banners) and need to be visible in clinical wards/units.

Translated resources are to be easily accessible for Culturally and Linguistic Diverse (CALD) populations. Where required, interpreter services should be used to communicate and confirm understanding of key Raise It concepts. Resources are also available specifically for Aboriginal and Torres Strait Islander people, and staff should consider early referral, with the patient’s consent, to Aboriginal Hospital Liaison Officers (AHLO) to support advocacy needs including early escalation of clinical deterioration concerns.

4.3 Receiving and responding to Raise It calls for SESLHD facilities

NOTE: [Appendix B](#) provides a summary flowchart of the information below.

Call to statewide Raise It phone line (1800 777 333)

Any call to the statewide Raise It phone number that is determined to be related to a patient within a SESLHD facility will be routed to the POWH switchboard Raise It line. The POWH switchboard will answer the Raise It line as a priority, (second only to the emergency 2222 line).



Receipt of the Raise It call at POWH switchboard

The POWH switchboard operator will verbally confirm with the caller that they are intending to make a Raise It call and which SESLHD facility the patient is located in. The operator will collect the caller’s name, contact phone number and the patient’s name and location details (ward and bed number).

The POWH switchboard will then transfer the call to the designated facility Raise It line listed in [Appendix A](#). When the call is picked up, the operator will announce it as a Raise It call for the relevant facility and must await acknowledgement from the receiving party before leaving the call.

If the facility Raise It response line is not answered after two attempts, the operator will enact contingencies listed in [Appendix A](#).



Receipt of Raise It call at facility-level

The Raise It call receiver will introduce themselves to the caller then collect the following details:

- the caller's name and contact phone number
- whether the caller is the patient or a family member / carer (if the latter, confirm their relationship to the patient)
- the patient's full name, date of birth (if known) and location (ward and bed number)
- the caller's concern(s) about the patient and their reason(s) for calling the Raise It line
- other pertinent information, such as whether they are aware of any other care escalation actions that have occurred already (e.g. have they requested a Clinical Review, spoken to the medical team or Nurse/Midwifery Unit Manager etc.)

The caller should then be advised that a *Raise It responder* will attend the patient within 30 minutes.

The *Raise It call receiver* should assume the role of *Raise It responder* and attend to the patient within 30 minutes to conduct an independent review of their immediate clinical condition and care plan. If the *Raise It call receiver* is not in a position to assume the role of *Raise It responder*, they must provide full handover to another *senior health worker* (independent of the patient's immediate care team), who can fulfil this role.

Where the Raise It call receiver identifies that the patient is an inpatient of Mental Health services (MHS) and the concerns expressed are wholly related to mental state (e.g. suicidal ideation) or other mental health specific matters (e.g. Mental Health Act or guardianship concerns), it is recommended that an appropriately experienced senior health worker in Mental Health services either assumes the role of *Raise It responder* or provides support to this process (refer to [Appendix C](#) for MHS contacts).

In some circumstances a *Raise It call receiver* may determine that the reason for the call is not in any way related to clinical deterioration or immediate clinical concern – section 4.4 provides advice for such scenarios.

Care must always be taken to ensure callers are never directly or indirectly provided patient information that they were not already privy to (including the patient's location) without the patient's consent.



Enacting the Raise It response

The Raise It responder is to attend to the patient within 30 minutes to conduct an independent review of their immediate clinical condition and care plan.

Facility-level deteriorating patient procedures (e.g. Clinical Review or Rapid Response) should be activated via local Clinical Emergency Response System (CERS) processes:

- any time relevant trigger criteria are met
- if a Clinical Review is requested by the patient, carer or family member
- at the discretion of the Raise It responder (particularly where it is noted that a Clinical Review had not occurred prior to the Raise It call escalation).

The Raise It responder should proactively liaise with other appropriate staff to inform or otherwise support the Raise It response. Where possible, and with the patient's consent, this should include the Nurse/Midwifery Unit Manager or Nurse/Midwife in-charge.

If CERS processes are activated these should occur in parallel with the Raise It response and do not replace the requirement that a Raise It responder reviews the patient.



Documentation & Handover of Raise It response

The *Raise It responder* is to document the Raise It call and response details using the eMR Raise It (REACH) Escalation Record form in the patients' health care record.

If appropriate, more extensive information regarding clinical examination, scenario interpretation and care planning is to be documented in a progress note.

The *Raise It responder* should provide a summary handover to a Nurse/Midwifery Unit Manager directly if they were not otherwise involved in the bedside review. If this person is not available, the handover should be provided to the Registered Nurse/Midwife in charge and an email sent to the Nurse/Midwifery Unit Manager for their awareness and follow-up.

If a CERS process has been activated, medical handover to the attending medical team is to occur in accordance with local procedures.

4.4 Handling of Raise It calls that are not related to clinical condition, immediate care plan or risk of deterioration

If the *Raise It call receiver* has determined that a caller's concerns are wholly unrelated to the patient's current clinical condition, immediate care plan or risk of deterioration, they can be advised that engagement with a feedback pathway may be a more appropriate next step than enacting a Raise It response.

If the caller consents, the *Raise It call receiver* is to provide direct handover of the call details to an appropriate person such as the Nurse/Midwifery Unit Manager or delegate, treating team or After Hours Nurse Manager. This person should then initiate timely and direct contact with the patient to discuss their concerns. The caller should be reassured that all feedback is taken seriously, and that in line with the Australian Charter of Healthcare rights their feedback will not affect the way they are treated. If the caller is unhappy with the option described above (i.e. handling the complaint at the point-of-care), details of how to contact the facility Consumer Feedback Manager should be provided (see quick reference list in [Appendix D](#)).

If a Raise It call has been directed down this pathway, the *Raise It call receiver* should document their handling of the call in the medical record using the eMR Raise It (REACH) Escalation Record form. The person who attends to the patient's complaint or concern should document their subsequent interaction with the patient separately in the progress notes.

4.5 Handling of Raise It calls that are anonymous or involve difficult interactions with a caller

In some circumstances a Raise It caller may not wish to provide their name and/or contact number to the POWH switchboard operator or *Raise It call receiver*. A Raise It response can still be activated in these circumstances, however staff should be considerate of potential reasons for callers wanting anonymity such as complex family dynamics, fears regarding how hospital staff may thereafter treat the caller/patient, or a Raise It call being made against the wishes of the patient. A *Raise It call receiver* must take care to ensure callers are never directly or indirectly provided patient information that they were not already privy to (including the patient's location) without the patient's consent. Similarly, a *Raise It responder* should always ensure that consent for bedside review is discussed with the patient and/or person responsible for a patient's care decisions.

Callers to the Raise It line may feel quite frustrated or distressed and this may affect the nature of their interactions with switchboard staff or Raise It call receivers. SESLHD staff are expected to be professional and empathetic, but are not expected to tolerate abusive caller behaviour. Irrespective of whether a call was completed or terminated early, SESLHD has a duty of care to review and respond to patient feedback, particularly where it contains reports or suggestions of negligence, mistreatment, or potentially entails legal liability.

If inappropriate repeat or 'nuisance' calls are received for the same patient, this should be escalated to the Nurse/Midwifery Unit Manager or After Hours Nurse Manager in the first instance.

4.6 Raise It data management and reporting requirements

The POWH switchboard will maintain a log of Raise It calls received, with this information to be made accessible to SESLHD CGU and deteriorating patient program facility leads (e.g. CERS CNC) as required.

Each deteriorating patient program facility lead is to report the number of Raise It calls received to SESLHD CGU on a monthly basis. Aggregate data regarding reasons for and outcomes of Raise It calls will also be requested (exact requirements will be per advice from the Clinical Excellence Commission (CEC) and/or MoH REACH Refresh program team). The same information should also be reported at relevant facility-level committees, including those relating to Standard 8 and Standard 2.

The SESLHD Deteriorating Patient Clinical Advisory Committee and relevant facility-level committees should receive reports of Raise It call information at appropriate intervals. Expected measures include:

- Number/Proportion of CERS (Clinical Review or Rapid Response) calls with concern or serious concern by the patient, carer or family member as a primary or secondary reason for the call
- Documented reason(s) for the Raise It call
- Outcome(s) of the call

IMS+ notifications should be submitted for occasions where this procedure has not been followed or was unable to be followed, so that these incidents can be reviewed. This includes incidents relating to call workflows (e.g. failure of both standard and contingency call workflows for a given facility) or circumstances where a patient, carer or family concerns were not acted upon correctly in accordance with Raise It principles.

4.7 Staff education

Staff commencing in positions that fulfil roles of POWH switchboard operator, *Raise It call receiver* and/or *Raise It responder* are to receive orientation to this procedure and facility workflows.

Raise It education is to be embedded in orientation programs and deteriorating patient education for all clinical staff and non-clinical staff working in consumer-facing roles.

Methods and frequency of staff education should be reviewed at appropriate intervals and in the context of audit findings regarding staff and consumer awareness. Staff education should also be informed by insights gleaned from local Raise It call reviews and identified opportunities to better identify and address concerns before a Raise It call is made.

5. DOCUMENTATION

The eMR Raise It (REACH) Escalation Record form referenced in sections 4.3 and 4.4 are available in Cerner eMR as an Ad Hoc form under the Inpatients folder. A screenshot of this form is provided in [Appendix E](#).

6. AUDIT

In addition to data processes outlined in section 4.6, SESLHD facilities in scope for Raise It are to conduct regular audits of both staff and consumers (patients, carers and family members) to capture their awareness and understanding of Raise It processes, as well as experiences of their use. Updates to consumer surveys or other audit tools, and any state-level frequency or reporting requirements are expected to be provided by the CEC.

7. APPENDICES & REFERENCES

Links to Appendices (internally hosted):

- [APPENDIX A: Raise It \(REACH\) call routing from POWH switchboard to Raise It call receiver](#)
- [APPENDIX B: Flowchart of Raise It call workflows for SESLHD facilities](#)
- [APPENDIX C: Mental Health Service contacts to support Raise It call response in MH inpatients at POWH, SGH and TSH](#)
- [APPENDIX D: Facility-level contacts re Patient Experience / Feedback pathways](#)
- [APPENDIX E: eMR REACH Escalation Record form screenshot](#)

- [APPENDIX F: Raise It Call Answering Protocol for POWH Switchboard](#)

References and Related Documents:

- [NSW Health Policy Directive PD2025_014 - 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](#)
- [SESLHDPR/284 - Management of the Deteriorating PAEDIATRIC Inpatient](#)

8. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
16 March 2026	1.0	New procedure to implement Raise It program. Approved at SESLHD Patient Safety and Quality Committee and by Chief Executive.
17 March 2026	1.1	Amendment made to Raise It phone number.