



REACH is a staged process of escalation that recognises patients, families and carers may detect deterioration before healthcare staff are aware. It stands for **R**ecognise, **E**ngage, **A**ct, **C**all, **H**elp is on its way.

Delayed escalation of care for deteriorating patients is one of the strongest predictors of mortality. Partnering with people who know the patient best as 'care team members' (i.e. patients, their families and carers) to alert staff to signs of deterioration can help to avoid critical delays in treatment.

REACH empowers patients, and their families and carers, to engage with staff if they notice 'something just isn't right' and to call for help if still concerned. REACH actively promotes partnership and communication between patients/families/carers and the treating team.

Enabling REACH in your service or facility

1. Understand the REACH processes in your facility. Know which team will respond and the follow-up procedures in place.
2. Know the designated phone number for a 'REACH call' (patient/family/carer activated rapid response call) in your service.
3. Check that REACH posters are visible throughout your facility or service.
4. Ensure patients and their family and carers are informed of the REACH process by administration and frontline staff. Provide the information brochures available from your Clinical Governance Unit or the [CEC website](#).
5. Emphasise the importance of partnering in care. Ask patients, families and carers to discuss any concerns with their treating care team first.
 - a. Reassure patients, families and carers that they are valued members of the care team. Activating REACH is not a criticism of staff.
 - b. Ensure patients, families and carers are able to make an independent phone call to the Rapid Response team (a 'REACH call') if needed.
 - c. Ensure the patient, and their family and carer know how to make a REACH call and where to find the phone number.

Every REACH call should be considered an opportunity to learn how to improve care delivery. A local review process should be conducted after each call. This will initiate a staff debrief and identify areas for quality improvement. A summary report should be provided regularly to the relevant local Patient Safety and Quality Committee.

REACH is an important part of the overall deteriorating patient safety net system for NSW Health. This is reflected in the policy directive *Recognition and management of patients who are deteriorating* ([PD2020_018](#)).

Further information about the REACH program and how you can implement this in your service can be found on the CEC website [here](#).

Safety Fundamentals and Accreditation

Implementing this Safety Fundamental for Person Centred Communication will support healthcare organisations to demonstrate they are meeting actions in *National Standards 1: Clinical Governance, 2: Partnering with Consumers, 6: Communicating for Safety and 8: Recognising and Responding to Acute Deterioration*.



<p>R</p> <p>You may recognise a worrying change in your condition or in the person you care for.</p>	<p>Acknowledge that patients, families and carers may RECOGNISE signs of deterioration before healthcare staff are aware.</p>
<p>E 1</p> <p>Engage (talk) with the nurse or doctor. Tell them your concerns.</p>	<p>Encourage patients, families and carers to ENGAGE with the treating team if they are concerned that 'something is not right'.</p>
<p>A 2</p> <p>Ask the nurse in charge for a "Clinical Review". This should occur within 30 minutes.</p>	<p>Enable patients, families and carers to ACT by requesting a 'clinical review'.</p>
<p>C 3</p> <p>If you are still worried call REACH. You can use your bedside phone or ask for a ward phone.</p>	<p>Provide patients, families and carers with an independent way to CALL for a rapid response if still concerned and nothing has happened.</p>
<p>H</p> <p>Call REACH on Help is on its way.</p>	<p>Patients, families and carers should be assured that HELP will be on its way in the form of a rapid response team.</p>

Examples

The story of Kyran Day provides a powerful example of why the REACH program is a priority for our health service. Kyran's story has reinforced our commitment to working with patients, family members and carers to provide quality healthcare in a safe environment. You can hear the story [here](#).

Principles behind this concept

The REACH model builds on the surf life-saving analogy for recognition and appropriate care of deteriorating patients by encouraging patients and family to 'put their hands in the air' to signal they are 'drowning' and reaching out for help.

Want to know more, go deeper?

REACH is a patient, family and carer activated rapid response program developed in 2013 by the Clinical Excellence Commission's (CEC) Directorate of Patient Based Care, in conjunction with the Patient and Family Activated Escalation Working Group.

View the [CEC REACH Toolkit](#)

Acknowledgement and source

The CEC consumer partners for their input and support

<http://cec.health.nsw.gov.au/keep-patients-safe/Deteriorating-patients/reach>