

	<b>TITLE: The Deteriorating Patient: Escalation of Care - Speaking up for Safety &amp; REACH Out for Help</b>		
<b>Document Type:</b>	Procedure	<b>Approved by:</b>	Clinical Director Anaesthetics
<b>Standard 8:</b>	Recognising + Responding to Acute Deterioration	<b>Section:</b>	The Deteriorating Patient
<b>Author/Prepared by:</b>	Tanya Kuiper	<b>Position:</b>	Quality Manager

**DEFINITION:**

A safety culture in health care is defined as the shared commitment of board, executive, managers and frontline staff to display behaviours and attitudes that create a safe environment. Establishing a safety culture enables GV Health to continuously seek ways at every level to minimise patient harm. Patient safety is the focus at the forefront, and is supported by systems and structures that reinforce patient safety (Etchegaray et al 2012).

GV Health recognises that patient safety is a fundamental driver for great health services. This aim is to create a culture that continuously works towards reducing harm or risks to the patient. The role all GV Health staff is to create, implement, adhere to and maintain systems, resources, and education/training to deliver safe and effective health services.

A safety culture and escalation processes aim to improve patient outcomes with the early identification of safety concerns and a collaborative approach to care planning accompanied by obtaining progressively more senior support.

**OBJECTIVE:**

‘Speak up for Safety’ is an escalation process for all members of the organisation to identify, raise and escalate concerns about situations that threaten patient safety. The objective of the program is to provide a systematic framework to support and enable all staff of our organisation to raise concerns in a structured manner.

‘REACH Out for Help’ is an escalation process for all patients, family, friends, carers, guardians and visitors to the organisation to use to raise and escalate any concern or worry for their own health or the health of others. The objective of the program is to provide a systematic framework to support and enable all of the above to raise concerns in a structured manner and promote patient safety.

**AIM:**

The overall aim of the program is to create an organisation committed and focused on *delivering safe care to every patient, every time and everywhere.*

**PRINCIPLES:**

- Integration:
  - Integrate safety culture throughout the entire organisation from clinical care, support services to executive management.
- Patient Centred:
  - All care must be committed to the wellbeing/wishes of the patient/family. Safety is an intrinsic part of the patient experience.
- Supportive environment:
  - Support staff and consumers through the provision of a progressively more senior opinion and or review for patient care and safety concerns.
- Supportive Processes:
  - Speak up for Safety is designed for use in conjunction with:
    - The Deteriorating Patient: Clinical Review and MET call response;
    - The Deteriorating Patient: Code Blue Response.

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**NOTE:** This process clarifies and compliments, but does not replace, normal communication pathways (line management) between staff members in the provision of patient care.

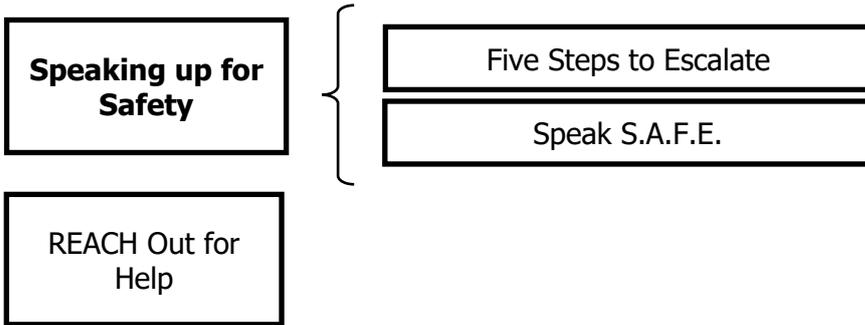
**METHOD:**

There are two complimentary programs to support a patient safety culture. Each program has a number of steps:

**1.1 SPEAK UP FOR SAFETY**

The 'Speaking up for Safety' Program is the systematic approach in addressing ways members of GV Health can raise safety concerns. Speaking up for Safety represents a suite of safety initiatives that address the complex issues of safety culture. This includes:

- 1.1.1 Five Steps to Escalate Flow Chart;
- 1.1.2 Speak S.A.F.E.



**1.1.1 Five Steps to Escalate**

**BACKGROUND:**

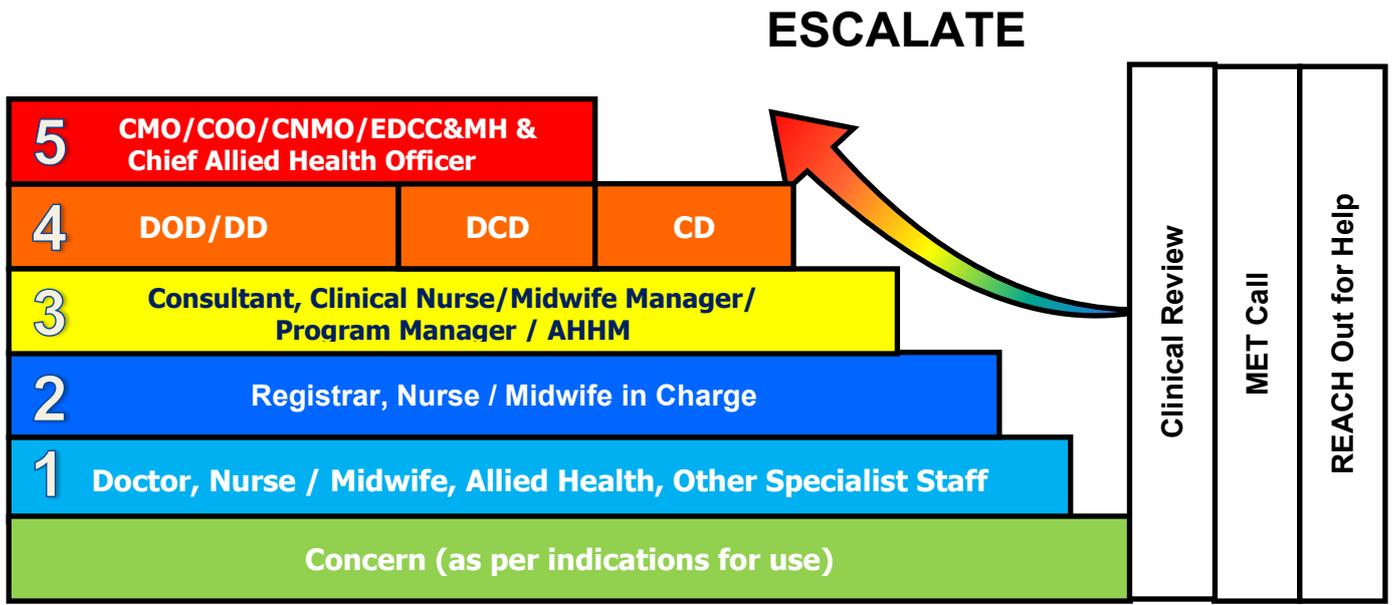
If an individual clinician has concerns regarding a patient’s treatment plan and these concerns remain after discussion with their appropriate line manager, it is appropriate for the staff member to escalate their concerns as per the [Five Steps to Escalation Flowchart](#).

**INDICATIONS FOR USE:**

- Deterioration of patient where Clinical Review and or Medical Emergency Team (MET) call criteria are not breached and or the patient does not require a Code Blue response;
- Concerns about the ability of individual staff members, clinical teams or the organisation to deliver care to specific patients;
- Inadequate / inappropriate care plan;
- Concerns expressed by patients, visitors, family members;
- Concerns about the adequacy of clinical supervisory arrangements;
- Customer service, ethical and legal concerns;
- An attempt has been made at a local level to resolve the issue.

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**Figure One: Five Steps to Escalation Flowchart**



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**Table One: Five Steps to Escalate Key Contacts**

<b>CMO/EDMS:</b>	<b>Chief Medical Officer / Executive Director Medical Services</b>
<b>COO:</b>	<b>Chief Operating Officer</b>
<b>CNMO:</b>	<b>Chief Nursing and Midwifery Officer</b>
<b>EDCCMH/CAHO:</b>	<b>Executive Director Community Care and Mental Health / Chief Allied Health Officer</b>
<b>DOD - Divisional Operations Director</b>	Medical & Critical Care, Sub Acute DOD
	Sub-Acute & Ambulatory Care DOD
	Women's & Children's and Surgical DOD
	Goulburn Valley Area Mental Health Service DOD
<b>DD – Divisional Director</b>	Primary Care (DD)
	Ambulatory Care (DD)
	Community Care (DD)
<b>DCD - Divisional Clinical Director</b>	Medical
	Critical Care
	Mental Health
<b>CD - Clinical Director</b>	Cardiology
	Critical Care Unit
	Emergency
	Medical
	Oncology
	Rehabilitation
	Child and Adolescent Health
	Obstetrics and Gynaecology
	Anaesthetics
	Orthopaedics
	Adult Mental Health
	Aged Mental Health
	Child Adolescent Mental Health Service (CAMHS)
	Headspace
	Primary Mental Health and Triage
Medical Imaging	
Pathology	
Dental	
<b>AHHM - After Hours Hospital Manager</b>	

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### **1.1.2 Speak S.A.F.E.**

#### **BACKGROUND:**

Speak S.A.F.E. is a graded assertiveness model developed by GV Health based on similar models, as a communication tool to address the organisations capacity to be safe by the bedside. GV Health recognises the various social barriers that impede an individual’s ability to “Stand Up for Patient Safety”. It is a model that individuals can use to advocate for patient safety. It is designed to empower staff to raise safety concerns as they happen. It is also a practical model that complements the *Five Steps of Escalation Model*.

#### **PROCESS:**

If an individual identifies a safety concern they are obliged to act on it. The following escalation framework and communication tool uses the pneumonic S.A.F.E and should be utilised to address any safety issue.

#### **DESIGN:**

Step		Domain	Principle
1.	<b>S</b>	Safe or Stop (SOS)	Develop an awareness of the safety status of a given situation. Stopping allows individuals to gain situational awareness by reflecting objectively on the situation without being distracted by the act/situation itself.
2.	<b>A</b>	Assess	Collect information about the situation. Develop a shared understanding about the facts of the situation to inform an assessment of level of safety of a particular issue.
3.	<b>F</b>	Fix	Develop shared solutions to mitigate the risk of a safety concern. This encourages individuals to seek further clarification through to Clinical Practice Guidelines or other/senior staff to further clarification.
4.	<b>E</b>	Escalate	If a solution cannot be resolved, it is expected that individuals use the “5 Steps to Escalation” process to help address any safety issue.

<b>Domain</b>	<b>Phrasing</b>
<b>S</b> SAFE OR STOP	S.O.S! Hey, is what we are doing <b>SAFE?</b> No? Then let’s <b>STOP!</b>
<b>A</b> ASSESS	Can we stop and <b>ASSESS</b> the situation?
<b>F</b> FIX	Can we <b>FIX</b> the issue?
<b>E</b> ESCALATE	<b>ESCALATE</b> the issue using the 5 Steps to Escalate Flow Chart.

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## 1.2 REACH Out for HELP

### BACKGROUND:

GV Health recognises the important role of patients, family, friends, carers, guardians and visitors play in maintaining a safe environment. It is important all consumers are confident and supported in raising any concerns about care, particularly patient safety concerns. All of the above are uniquely positioned to recognise early signs of deterioration in those close to them. This is an opportunity for us to partner together.

### INDICATIONS:

Individuals can raise concerns about care provided at any time. Specific indications to seek help may include but are not limited to;

- When an individual is worried they themselves are getting worse or are worried about a recognised change in their condition.
- Recognition of a worrying change in health, condition or “look” that concerns the patient, family / friend, carer, guardian or visitor.
- The patient displays any unexplained or unusual behaviours that are not normal for the patient.

#### 1.2.1 WHO CAN CALL?

Anyone concerned about the deteriorating physical or mental health of, or care provided to, any patient can initiate the REACH Out for help framework. This includes:

- Patients;
- Families
- Friends;
- Carers;
- Visitors;
- Volunteers;
- Contractors.

#### 1.2.2 PROCESS:

##### Step 1 – Recognise when to use REACH

Patients, family, friends, carers, guardians and visitors may recognise a worrying change in physical or mental health of a patient or be concerned about care that is being given.

##### Step 2 - Engage (talk) with the nurse or doctor. Tell them your concerns

Patients, family, friends, carers, guardians and visitors can request for help by pressing the call bell, or approaching any staff member regarding concerns. If there is an immediate and critical emergency, consumers are encouraged to press the emergency buzzer.

The emergency buzzers are located throughout the ward/unit/departments. They are routinely red in colour and located on the wall behind the bed and/or on the patient call bell handset.

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**Step 3 - Ask for a “Clinical Review”**

Ask to speak to the nurse in charge/midwife of the ward at the time and request a clinical review. This should occur within 30 minutes:

- Business Hours: Nurse Unit Manager;
- Out of Hours: Associate Nurse Unit Manager / Nurse in Charge.

**Step 4 – Call for Help**

Use the bedside phone, your mobile phone or ask for a ward phone and call the After Hours Hospital Manager (AHHM) to address the issue in person if possible.

**NOTE:** It does not matter what time of day it is, the AHHM is on duty 24 hours a day, seven days a week.

- After Hours Hospital Manager (AHHM) on duty – 5832 3417

**Step 5 – Help is on the Way**

The AHHM will respond within 30 minutes. If you need urgent help press the nurse call button repeatedly OR call out to any hospital employee. The response may include escalation to the appropriate clinical team and advocating for the patient. The response may also include the initiation of an urgent medical review, a MET call, a clarification of processes or assisting communication.

**ADDITIONAL CAMPUS CONTACT DETAILS:**

- Tatura Campus 5824 8400
- Waranga Campus 5851 8000

**DOCUMENTATION OF REACH**

In the event step three or four of the REACH program has been activated, it should be recorded. “REACH call made” documentation should include:

1. All REACH calls recorded in the clinical medical record;
2. REACH Call included in ISBAR handover process to inform and update all staff of the event and the associated outcomes;
3. Discussion of REACH calls as part of daily tier 1 staff huddles;
4. AHHM to include all REACH calls into the AHHM shift report.

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**KEY ALIGNED DOCUMENTS:**

**GV Health Clinical Practice Guidelines:**

- [The Deteriorating Patient: Clinical Review and MET Call Response](#)
- [The Deteriorating Patient: Code Blue Response](#)

**KEY LEGISLATION, ACTS & STANDARDS:**

[Charter of Health Care Rights](#)

[National Safety and Quality Health Service](#) (NSQHS) Standards:

- Standard 8: Recognising & Responding to Acute Deterioration

**REFERENCES:**

Brady, P. W., Zix, J., Brilli, R., Wheeler, D. S., Griffith, K., Giaccone, M. J. & Tegtmeyer, K. (2014). Developing and evaluating the success of a family activated medical emergency team: a quality improvement report. *BMJ Quality and Safety*. 24 (1), 203-211. doi:10.1136/bmjqs-2014-003001

Escalation Process Guideline, Western District Health Service, 2010 Escalating Clinical Concerns, Peninsula Health, 2015

[National Safety and Quality Health Service](#): Guide for Hospitals, Clinical Governance, Partnering with Consumer and Recognising and Responding to Acute Deterioration chapters, 2017

R.E.A.C.H out to us. The R.E.A.C.H program, NSW Clinical Excellence Committee

Ryan's Rule, Queensland Health, Clinical Excellence, clinical.excellence.qld.gov.au

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