

Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal **Clinical Guideline**

Guideline Supplement: Early pregnancy loss

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1 Introduction

This document is a supplement to the Queensland Clinical Guideline (QCG) *Early pregnancy loss*. It provides supplementary information regarding guideline development, makes summary recommendations, suggests measures to assist implementation and quality activities and summarises changes (if any) to the guideline since original publication. Refer to the guideline for abbreviations, acronyms, flow charts and acknowledgements.

1.1 Funding

The development of this guideline was funded by Healthcare Improvement Unit, Queensland Health. Consumer representatives were paid a standard fee. Other working party members participated on a voluntary basis.

1.2 Conflict of interest

Declarations of conflict of interest were sought from working party members as per the Queensland Clinical Guidelines [Conflict of Interest](#) statement. Two conflicts of interest declarations were managed in accordance with the statement.

1.3 Guideline review

Queensland clinical guidelines are reviewed every 5 years or earlier if significant new evidence emerges. Table 1 provides a summary of changes made to the guidelines since original publication.

Table 1. Summary of change

Publication date <i>Endorsed by:</i>	Identifier	Summary of major change
September 2011	MN11.29-V1-R16	First publication
March 2015	MN11.29-V2-R16	<ul style="list-style-type: none"> Updated Section 9: Details of Queensland Trophoblast Centre (QTC) Updated contact details of Appendix C: Support Contacts Formatting updates including name change and branding
July 2015	MN11.29-V3-R16	<ul style="list-style-type: none"> Revised recommendation at Table 10, Row 1 (Prior to commencement): From: <i>Advise loading with Sodium Citrotartrate (as sachets) or IV 8.4% Sodium Bicarbonate in 100mls over 1 hour</i> To: <i>Advise loading with Sodium Citrotartrate (as sachets)</i> Minor formatting updates
May 2017 <i>Statewide Maternity and Neonatal Clinical Network</i>	MN17.29-V4-R22	<ul style="list-style-type: none"> First full review
May 2018	MN17.29-V5-R22	<ul style="list-style-type: none"> Change initiated by clinical lead at Table 11: Row 5 (Ongoing management) From: <i>USS not routinely recommended</i> To: <i>Repeat USS in one week and thereafter as clinically indicated. If fetal heart present on USS, refer urgently to MFM for follow-up—direct injection of potassium chloride may be indicated</i> Minor corrections to reference list NSQH standards updated in supplement

2 Methodology

Queensland Clinical Guidelines (QCG) follows a rigorous process of guideline development. This process was endorsed by the Queensland Health Patient Safety and Quality Executive Committee in December 2009. The guidelines are best described as 'evidence informed consensus guidelines' and draw from the evidence base of existing national and international guidelines and the expert opinion of the working party.

2.1 Topic identification

Development of this guideline was requested by Department of Health, Queensland in 2011.

2.2 Scope

The scope of the guideline was determined using the following framework.

Table 2. Scope framework

Scope framework	
Population	Women experiencing pregnancy loss before 20 weeks gestation
Purpose	Care of women experiencing pregnancy loss before 20 weeks gestation
Outcome	<ul style="list-style-type: none"> • Assessment of women at risk of early pregnancy loss • Diagnosis of type of early pregnancy loss • Investigations to confirm diagnosis • Options for treatment • Psychological support for the mother/family
Exclusions	<ul style="list-style-type: none"> • Pregnancy loss after 20 weeks gestation • Termination of pregnancy • Ongoing management of stable, viable pregnancy

2.3 Clinical questions

The following clinical questions were generated to inform the guideline scope and purpose:

- How is early pregnancy loss diagnosed?
- What are the options for management of early pregnancy loss?
- What are the care considerations for women experiencing early pregnancy loss?
- What follow up care is required following an early pregnancy loss?

2.4 Search strategy

A search of the literature was conducted during September–October 2016. The QCG search strategy is an iterative process that is repeated and amended as guideline development occurs (e.g. if additional areas of interest emerge, areas of contention requiring more extensive review are identified or new evidence is identified). All guidelines are developed using a basic search strategy. This involves both a formal and informal approach.

Table 3. Basic search strategy

Step		Consideration
1.	Review clinical guidelines developed by other reputable groups relevant to the clinical speciality	<ul style="list-style-type: none"> • This may include national and/or international guideline writers, professional organisations, government organisations, state based groups. • This assists the guideline writer to identify: <ul style="list-style-type: none"> ○ The scope and breadth of what others have found useful for clinicians and informs the scope and clinical question development ○ Identify resources commonly found in guidelines such as flowcharts, audit criteria and levels of evidence ○ Identify common search and key terms ○ Identify common and key references
2.	Undertake a foundation search using key search terms	<ul style="list-style-type: none"> • Construct a search using common search and key terms identified during Step 1 above • Search the following databases <ul style="list-style-type: none"> ○ PubMed ○ CINAHL ○ Medline ○ Cochrane Central Register of Controlled Trials ○ EBSCO ○ Embase • Studies published in English less than or equal to 5 years previous are reviewed in the first instance. Other years may be searched as are relevant to the topic • Save and document the search • Add other databases as relevant to the clinical area
3.	Develop search word list for each clinical question.	<ul style="list-style-type: none"> • This may require the development of clinical sub-questions beyond those identified in the initial scope. • Using the foundation search performed at Step 2 as the baseline search framework, refine the search using the specific terms developed for the clinical question • Save and document the search strategy undertaken for each clinical question
4.	Other search strategies	<ul style="list-style-type: none"> • Search the reference lists of reports and articles for additional studies • Access other sources for relevant literature <ul style="list-style-type: none"> ○ Known resource sites ○ Internet search engines ○ Relevant text books

2.4.1 Keywords

The following list of keywords was used in combination in the basic search strategy. Other keywords may have been used for specific aspects of the guideline.

Key word/phrase	Synonyms/Subject heading/Mesh term
Early pregnancy loss	"pregnancy loss" OR miscarriage OR ectopic OR "ectopic pregnancy" OR "threatened abortion" OR "threatened miscarriage" OR "missed abortion" OR "missed miscarriage" OR "incomplete abortion" OR "incomplete miscarriage" OR "complete abortion" OR "complete miscarriage" OR "spontaneous abortion" OR "spontaneous miscarriage" OR "blighted ovum" OR "anembryonic pregnancy" OR "failed intrauterine pregnancy" OR "tubal pregnancy" OR "non-viable" OR "second trimester loss" OR "second trimester pregnancy loss" OR "pregnancy unknown location" OR PUL
Treatment	"medical treatment" OR "medical management" OR "surgical treatment" OR "surgical management" OR "expectant treatment" OR "expectant management" OR therap* OR intervent* OR "anti D" OR "Rh D" OR laproscop* OR salpingo* OR salpingectomy OR methotrexate OR misoprostol OR medic*
Anti-D	"fetomaternal haemorrhage" OR "fetomaternal transfusion" OR ("fetomaternal" AND "transfusion") OR "anti D" OR "Rh D" OR ("rh" AND D) AND "immunoglobulins" AND Ig OR "Anti-D" OR "Rh negative"
Gestational trophoblastic disease	GTD OR "molar pregnancy" OR "partial molar pregnancy" OR "complete hydatidiform mole" OR "partial hydatidiform mole" OR "gestational trophoblastic neoplasia" OR QTC OR "Queensland trophoblast centre"
Psychological support	"psycholog*" OR "grief" OR "support" OR "depressive symptom" OR "grief reaction" OR "women's experience" OR "women's view" OR "anxiety" OR "anger" OR "psychological morbidity" OR "suicide"

2.5 Consultation

Major consultative and development processes occurred between November and December 2016. These are outlined in Table 4.

Table 4. Major guideline development processes

Process	Activity
Clinical lead	<ul style="list-style-type: none"> The nominated Clinical Lead was approved by QCG Steering Committee
Consumer participation	<ul style="list-style-type: none"> Consumer participation was invited from a range of consumer focused organisations who had previously accepted an invitation for on-going involvement with QCG
Working party	<ul style="list-style-type: none"> An EOI for working party membership was distributed via email to Queensland clinicians and stakeholders (~1000) in October 2016 The working party was recruited from responses received Working party members who participated in the working party consultation processes are acknowledged in the guideline Working party consultation occurred in a virtual group via email
Statewide consultation	<ul style="list-style-type: none"> Consultation was invited from Queensland clinicians and stakeholders during November 2016 Feedback was received primarily via email All feedback was compiled and provided to the clinical lead and working party members for review and comment

2.6 Endorsement

The guideline was endorsed by the:

- Queensland Clinical Guidelines Steering Committee in April 2017
- Statewide Maternity and Neonatal Clinical Network (Queensland) in April 2017

2.7 Publication

The guideline and guideline supplement were published on the QCG website in May 2017.

The guideline can be cited as:

Queensland Clinical Guidelines Early pregnancy loss. Guideline No.MN17.29-V5-R22.
Queensland Health. 2018. Available from: <http://www.health.qld.gov.au/qcg>

The guideline supplement can be cited as:

Queensland Clinical Guidelines. Supplement: Early pregnancy loss.
Guideline No. MN17.29-V5-R22. Queensland Health. 2018. Available from:
<http://www.health.qld.gov.au/qcg>

3 Levels of evidence

The levels of evidence identified in the National Health and Medical Research Council (NHMRC), Levels of evidence and grades for recommendations for developers of guidelines (2009) were used to inform the summary recommendations. Levels of evidence are outlined in Table 5.

Note that the 'consensus' definition* in is different from that proposed by the NHMRC. Instead, it relates to forms of evidence that are not identified by the NHMRC and/or that arise from the clinical experience of the guideline's clinical lead and working party.

Table 5. Levels of evidence

Levels of evidence	
I	Evidence obtained from a systematic review of all relevant randomised controlled trials.
II	Evidence obtained from at least one properly designed randomised controlled trial.
III-1	Evidence obtained from well-designed pseudo randomised controlled trials (alternate allocation or some other method).
III-2	Evidence obtained from comparative studies including systematic review of such studies with concurrent controls and allocation not randomised (cohort studies), case control studies or interrupted time series with a control group.
III-3	Evidence obtained from comparative studies with historical control, two or more single arm studies, or interrupted time series without parallel control group.
IV	Evidence obtained from case series, either post-test or pre-test and post-test.
Consensus*	Opinions based on respected authorities, descriptive studies or reports of expert committees or clinical experience of the working party.

4 Summary recommendations

Summary recommendations and levels of evidence are outlined in Table 6.

Table 6. Summary recommendations

Recommendation		Grading of evidence
1.	Offer women experiencing early pregnancy loss, all options for care that are clinically appropriate to their individual circumstances	Consensus
2.	Perform a serum pregnancy test on all women of reproductive age presenting with a history of pain (abdominal, shoulder tip) and/or, PV bleeding	Consensus
3.	Register all women experiencing gestational trophoblastic disease with the Queensland Trophoblast Centre	Consensus
4.	Recommend RhD immunoglobulin to RhD negative women who experience an early pregnancy loss	Consensus
5.	Consistently apply agreed diagnostic criteria to assess viability of an intrauterine pregnancy	Consensus
6.	Offer women experiencing early pregnancy loss psychological support and follow- up	Consensus

5 Implementation

This guideline is applicable to all Queensland public and private maternity facilities. It can be downloaded in Portable Document Format (PDF) from www.health.qld.gov.au/qcg

5.1 Guideline resources

The following guideline components are provided on the website as separate resources:

- Flowchart: assessment of suspected early pregnancy loss
- Education presentation: Early pregnancy loss
- Knowledge assessment: Early pregnancy loss
- Patient information:
 - Ectopic pregnancy
 - Pain and bleeding in early pregnancy
 - RhD negative in pregnancy

5.2 Suggested resources

During the development process stakeholders identified additional resources with potential to complement and enhance guideline implementation and application. The following resources have not been sourced or developed by QCG but are suggested as complimentary to the guideline:

- Standardised form for documentation of results of ultrasound scan
- Local protocols for the timing of repeat/confirmatory USS when diagnosis uncertain
- Local protocols to facilitate sensitive disposal of fetal remains

5.3 Implementation measures

Suggested activities to assist implementation of the guideline are outlined below.

5.3.1 QCG measures

- Notify Chief Executive Officer and relevant stakeholders
- Monitor emerging new evidence to ensure guideline reflects contemporaneous practice
- Capture user feedback
- Record and manage change requests
- Review guideline in 2020

5.3.2 Hospital and Health Service measures

Initiate, promote and support local systems and processes to integrate the guideline into clinical practice, including:

- Hospital and Health Service (HHS) Executive endorse the guidelines and their use in the HHS and communicate this to staff
- Promote the introduction of the guideline to relevant health care professionals
- Support education and training opportunities relevant to the guideline and service capabilities
- Align clinical care with guideline recommendations
- Undertake relevant implementation activities as outlined in the *Guideline implementation checklist* available at www.health.qld.gov.au/qcg

5.4 Quality measures

Auditing of guideline recommendations and content assists with identifying quality of care issues and provides evidence of compliance with the National Safety and Quality Health Service (NSQHS) Standards¹ [Refer to Table 7]. Suggested audit and quality measures are identified in Table 8. Clinical quality measures.

Table 7. NSQHS Standard 1

NSQHS Standard 1: Clinical governance	
Clinical performance and effectiveness	
Criterion 1.27:	Actions required:
Evidence based care	a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice
	b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care

The following clinical quality measures are suggested:

Table 8. Clinical quality measures

No	Audit criteria	Guideline Section
1.	Proportion of women diagnosed with a non-viable intrauterine pregnancy, who meet the diagnostic criteria for non-viable intrauterine pregnancy specified in the guideline	Section 2.2
2.	Proportion of women having surgical management for a non-viable intrauterine pregnancy who have cervical priming	Section 5.4
3.	Proportion of RhD negative women offered RhD immunoglobulin following an early pregnancy loss	Section 7
4.	Proportion of RhD negative women who receive the correct dose of RhD-Ig according to their weeks of gestation at the time of early pregnancy loss	Section 7.1
5.	Proportion of women offered psychological support and follow up (e.g. follow up appointment, information pamphlet)	Section 9

5.5 Areas for future research

During development the following areas were identified as having limited or poor quality evidence to inform clinical decision making. Further research in these areas may be useful.

- Following threatened early pregnancy loss in the first trimester, is RhD immunoglobulin indicated for RhD negative women?
- What interventions improve emotional and psychological outcomes in woman following early pregnancy loss

5.6 Safety and quality

Implementation of this guideline provides evidence of compliance with the National Safety and Quality Health Service Standards and Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQuIP) National accreditation programs.^{1,2}

Table 9. NSQHS/EQuIP National Criteria

NSQHS/EQuIP National Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 1: Clinical governance		
<p>Patient safety and quality systems Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.</p>	<p>Diversity and high risk groups 1.15 The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care</p>	<ul style="list-style-type: none"> ☑ Assessment and care appropriate to the cohort of patients is identified in the guideline ☑ High risk groups are identified in the guideline ☑ The guideline is based on the best available evidence
<p>Clinical performance and effectiveness The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients.</p>	<p>Evidence based care 1.27 The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care</p>	<ul style="list-style-type: none"> ☑ Queensland Clinical Guidelines is funded by Queensland Health to develop clinical guidelines relevant to the service line to guide safe patient care across Queensland ☑ The guideline provides evidence-based and best practice recommendations for care ☑ The guideline is endorsed for use in Queensland Health facilities. ☑ A desktop icon is available on every Queensland Health computer desktop to provide quick and easy access to the guideline
	<p>Performance management 1.22 The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system</p>	<ul style="list-style-type: none"> ☑ The guideline has accompanying educational resources to support ongoing safety and quality education for identified professional and personal development. The resources are freely available on the internet http://www.health.qld.gov.au/qcg
<p>Patient safety and quality systems Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.</p>	<p>Policies and procedures 1.7 The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements</p>	<ul style="list-style-type: none"> ☑ QCG has established processes to review and maintain all guidelines and associated resources ☑ Change requests are managed to ensure currency of published guidelines ☑ Implementation tools and checklist are provided to assist with adherence to guidelines ☑ Suggested audit criteria are provided in guideline supplement ☑ The guidelines comply with legislation, regulation and jurisdictional requirements

NSQHS/EQUIPNational Criteria	Actions required	<input checked="" type="checkbox"/> Evidence of compliance
NSQHS Standard 2: Partnering with Consumers		
<p>Health literacy Health service organisations communicate with consumers in a way that supports effective partnerships.</p>	<p>Communication that supports effective partnerships 2.8 The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community 2.9 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review 2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Consumer consultation was sought and obtained during the development of the guideline. Refer to the acknowledgement section of the guideline for details <input checked="" type="checkbox"/> Consumer information is developed to align with the guideline and included consumer involvement during development and review <input checked="" type="checkbox"/> The consumer information was developed using plain English and with attention to literacy and ease of reading needs of the consumer
<p>Partnering with consumers in organisational design and governance Consumers are partners in the design and governance of the organisation.</p>	<p>Partnerships in healthcare governance planning, design, measurement and evaluation 2.11 The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community 2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Consumers are members of guideline working parties <input checked="" type="checkbox"/> The guideline is based on the best available evidence <input checked="" type="checkbox"/> The guidelines and consumer information are endorsed by the QCG and Queensland Statewide Maternity and Neonatal Clinical Network Steering Committees which includes consumer membership
NSQHS Standard 4: Medication safety		
<p>Clinical governance and quality improvement to support medication management Organisation-wide systems are used to support and promote safety for procuring, supplying, storing, compounding, manufacturing, prescribing, dispensing, administering and monitoring the effects of medicines</p>	<p>Integrating clinical governance 4.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> The guideline provides current evidence based recommendations about medication

NSQHS/EQUIPNational Criteria	Actions required	<input checked="" type="checkbox"/> Evidence of compliance
NSQHS Standard 5: Comprehensive care		
<p>Clinical governance and quality improvement to support comprehensive care Systems are in place to support clinicians to deliver comprehensive care</p>	<p>Integrating clinical governance 5.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care Partnering with consumers 5.3 Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient’s information needs c. Share decision-making</p>	<p><input checked="" type="checkbox"/> The guideline has accompanying educational resources to support ongoing safety and quality education for identified professional and personal development. The resources are freely available on the internet http://www.health.qld.gov.au/qcg</p> <p><input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for care</p> <p><input checked="" type="checkbox"/> Consumer information is developed for the guideline</p>
NSQHS Standard 6: Communicating for safety		
<p>Clinical governance and quality improvement to support effective communication Systems are in place for effective and coordinated communication that supports the delivery of continuous and safe care for patients.</p>	<p>Integrating clinical governance 6.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication Partnering with consumers 6.3 Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient’s information needs c. Share decision-making Organisational processes to support effective communication 6.4 The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient’s care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient’s care, including information on risks, emerges or changes</p>	<p><input checked="" type="checkbox"/> Requirements for effective clinical communication by clinicians are identified</p> <p><input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for communication between clinicians</p> <p><input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for communication with patients, carers and families</p> <p><input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for discharge planning and follow –up care</p>

NSQHS/EQUIPNational Criteria	Actions required	<input checked="" type="checkbox"/> Evidence of compliance
NSQHS Standard 6: Communicating for safety (continued)		
<p>Communication of critical information Systems to effectively communicate critical information and risks when they emerge or change are used to ensure safe patient care.</p>	<p>Communicating critical information 6.9 Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient 6.10 The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians</p>	<p><input checked="" type="checkbox"/> Requirements for effective clinical communication of critical information are identified <input checked="" type="checkbox"/> Requirements for escalation of care are identified</p>
<p>Communicating at clinical handover Processes for structured clinical handover are used to effectively communicate about the health care of patients.</p>	<p>Clinical handover 6.7 The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover 6.8 Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care</p>	<p><input checked="" type="checkbox"/> The guideline acknowledges the need for local protocols to support transfer of information, professional responsibility and accountability for some or all aspects of care</p>

NSQHS/EQUIPNational Criteria	Actions required	<input checked="" type="checkbox"/> Evidence of compliance
NSQHS Standard 8: Recognising and responding to acute deterioration		
<p>Clinical governance and quality improvement to support recognition and response systems Organisation-wide systems are used to support and promote detection and recognition of acute deterioration, and the response to patients whose condition acutely deteriorates.</p>	<p>Integrating clinical governance 8.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for recognising and responding to acute deterioration b. Managing risks associated with recognising and responding to acute deterioration c. Identifying training requirements for recognising and responding to acute deterioration</p> <p>Partnering with consumers 8.3 Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to: a. Actively involve patients in their own care b. Meet the patient’s information needs c. Share decision-making</p> <p>Recognising acute deterioration 8.4 The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient</p>	<p><input checked="" type="checkbox"/> The guideline is consistent with National Consensus statements recommendations <input checked="" type="checkbox"/> The guideline recommends use of tools consistent with the principles of recognising and responding to clinical deterioration <input checked="" type="checkbox"/> Consumer information is developed for the guideline</p>
EQIP Standard 12 Provision of care		
<p>Criterion 1: Assessment and care planning 12.1 Ensuring assessment is comprehensive and based upon current professional standards and evidence based practice</p>	<p>12.1.1 Guidelines are available and accessible by staff to assess physical, spiritual, cultural, physiological and social health promotion needs</p>	<p><input checked="" type="checkbox"/> Assessment and care appropriate to the cohort of patients is identified in the guideline <input checked="" type="checkbox"/> The guideline is based on the best available evidence</p>

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