Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal **Clinical Guideline**

Guideline Supplement: Perineal care

Queensland Government

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1 Introduction

This document is a supplement to the Queensland Clinical Guideline (QCG) *Perineal care.* 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 *Endorsed by:*	**Identifier**	**Summary of major change**
May 2012	MN12.30-V1-R17	First publication
March 2015	MN12.30-V2-R17	Minor formatting, brand and name updates Added to Section 7.1 Table 15 (page 20): *Avoid Codeine Phosphate or Codeine containing preparations in breastfeeding women (Codeine Phosphate is a category L4 in lactation i.e. possibly hazardous).* Removed example of Codeine as pain relief. Amendment Section 3.3 Perineal stretching device (page 10). Technique amended to more closely reflect written device instructions as provided by manufacturer.
June 2018 *Statewide Maternity and Neonatal Clinical Network*	MN18.30-V3-R23	Full review
September 2020	MN18.30-V4-R23	Updated • Minor formatting updates • Section 1.1 Australian context o IHPA financial penalties o WHA collaborative information • Section 8.2 Antibiotics o Updated to align with Therapeutic Guidelines Added • Section 5.7 Instrumental birth o Reference to QCG *Instrumental vaginal birth* for prophylactic antibiotics

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

The topic was identified as a priority by the Statewide Maternity and Neonatal Clinical Network at a forum in 2009.

2.2 Scope

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

Table 2. Scope framework

Scope framework	
Population	Women during the antenatal, intrapartum and postnatal period
Purpose	Provide evidence based guidance related to: • Risk factors for perineal injury • Reducing risk of severe perineal injury • Assessment, classification and diagnosis of perineal injury • Perineal repair and management • Possible complications related to perineal injuries • Perineal care for women who have experienced FGM (female genital mutilation) • Postpartum perineal care • Planning the next birth following OASIS
Outcome	Support: • Identification of women at risk of perineal injury • Promotion of evidence-based strategies to minimise risk of perineal injury • Standardised classification of perineal injuries • Accurate assessment and correct diagnosis of perineal injury • Best practice for perineal repair and management • Early recognition and reduction in postnatal perineal complications • Optimal follow-up care resulting in timely healing, reduced perineal pain, and timely return to normal function • Timely notification of the woman's General Practitioner or other primary care provider • Informed decision making regarding the next birth after OASIS
Exclusions	• Routine antenatal, intrapartum and postpartum care • Management of anaesthesia • Women having an elective caesarean section • Reproductive tract trauma and repair including o Cervical tears o Lower uterine segment tears • Procedural instructions on perineal infiltration, episiotomy and perineal repair • Long term management of complications from perineal injury (e.g. dyspareunia, incontinence)

2.3 Clinical questions

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

- Who is at risk of perineal injury?
- What measures reduce the risk of perineal injury?
- When and how should episiotomies be used?
- What are the specific care needs of women with infibulated genital mutilation?
- How are perineal injuries defined, classified and assessed?
- What is best practice for perineal repair?
- What is best practice care postnatally following a perineal injury?
- Following OASIS, what factors impact on the decision about future mode of birth?
- What are the major complications of perineal injury, and how are they detected and managed?

2.4 Search strategy

A search of the literature was conducted during April–June 2017. 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	• This may include national and/or international guideline writers, professional organisations, government organisations, state based groups. • This assists the guideline writer to identify: o The scope and breadth of what others have found useful for clinicians and informs the scope and clinical question development o Identify resources commonly found in guidelines such as flowcharts, audit criteria and levels of evidence o Identify common search and key terms o Identify common and key references
2.	Undertake a foundation search using key search terms	• Construct a search using common search and key terms identified during Step 1 above • Search the following databases o PubMed o CINAHL o Medline o Cochrane Central Register of Controlled Trials o EBSCO o 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.	• 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	• Search the reference lists of reports and articles for additional studies • Access other sources for relevant literature o Known resource sites o Internet search engines o Relevant text books

2.5 Keywords

The following keywords were used in the basic search strategy: perineal care, Obstetric Anal Sphincter Injury, OASI, OASIS, Severe Perineal Trauma, first degree, second degree, third degree, fourth degree, instrumental birth, perineal assessment, perineal repair, FGM, female genital mutilation, risk factors, risk reduction, labo*r, hands on, hands off, hands poised, perineal massage, episiotomy, mediolateral episiotomy, puerperal genital h*ematoma, c*esarean section, decision making, pelvic floor muscle training, second stage, guideline, follow up, prevention, risk reduction Other keywords may have been used for specific aspects of the guideline.

2.5.1 MeSH terms

Australia, Birth, Delivery, Humans, Labo*r, Perineum

2.6 Consultation

Major consultative and development processes occurred between July 2017 and December 2017. These are outlined in Table 4.

Table 4. Major guideline development processes

Process	Activity
Clinical lead	• The nominated Clinical Lead was approved by QCG Steering Committee
Consumer participation	• 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	• An EOI for working party membership was distributed via email to Queensland clinicians and stakeholders in October 2017. • 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	• Consultation was invited from Queensland clinicians and stakeholders during November 2017–December 2017 • Feedback was received primarily via email • All feedback was compiled and provided to the clinical lead and working party members for review and comment

2.7 Endorsement

The guideline was endorsed by the:

- Queensland Clinical Guidelines Steering Committee in May 2018
- Statewide Maternity and Neonatal Clinical Network (Queensland) in May 2018

2.8 Publication

The guideline and guideline supplement were published on the QCG website in June 2018.

The guideline can be cited as:

Queensland Clinical Guidelines. Perineal care. Guideline No. MN18.30-V4-R23. Queensland Health. 2018. Available from: http://www.health.qld.gov.au/qcg.

The guideline supplement can be cited as:

Queensland Clinical Guidelines. Supplement: Perineal care. Guideline No. MN18.30-V4-R23. Queensland Health. 2018. Available from: http://www.health.qld.gov.au/qcg.

3 Levels of evidence

The levels of evidence identified by the Royal College of Obstetricians (RCOG) in Table 5 and the Society of Obstetricians and Gynaecologists in Canada (SOGC) were used to inform the summary recommendations. In addition, some consensus recommendations are opinions based on respected authorities, descriptive studies, reports of expert committees or the clinical experience of the working party.

Table 5 RCOG levels of evidence and grades for recommendation

Classification of evidence levels		Grades of recommendations	
1++	High-quality meta-analyses, systematic reviews of randomised controlled trials or randomised controlled trials with a very low risk of bias	A	At least one meta-analysis, systematic review or randomised controlled trial rated as 1++, and directly applicable to the target populations; or A systematic review of randomised controlled trials or a body of evidence consisting principally of studies rated as 1+, directly applicable to the target population and demonstrating overall consistency of results
1+	Well-conducted meta-analyses, systematic reviews of randomised controlled trials or randomised controlled trials with a low risk of bias		
1-	Meta-analyses, systematic reviews of randomised controlled trials or randomised controlled trials with a high risk of bias	B	A body of evidence including studies rated as 2++ directly applicable to the target population, and demonstrating overall consistence of results; or Extrapolated evidence from studies rated as 1++ or 1+
2++	High-quality systematic reviews of case-control or cohort studies or high-quality case-control or cohort studies with a very low risk of confounding, bias or chance and a high probability that the relationship is causal		
2+	Well-conducted case-control or cohort studies with a low risk of confounding, bias or chance and a moderate probability that the relationship is causal	C	A body of evidence including studies rated as 2+ directly applicable to the target population, and demonstrating overall consistency of results; or Extrapolated evidence from studies rated as 2++
2-	Case-control or cohort studies with a high risk of confounding, bias or chance and a significant risk that the relationship is not causal	D	Evidence level 3 or 4; or Extrapolated evidence from studies rated as 2+
3	Non-analytical studies, e.g. case reports, case series		
4	Expert opinion	☑	Recommended best practice based on the clinical experience of the guideline development group

Table 6 SOGC levels of evidence and grades for recommendation

Quality of evidence assessment		Classification of recommendations	
I	Evidence obtained from at least one properly randomized controlled trial	**A**	There is good evidence to recommend the clinical preventive action
II-1	Evidence from well-designed controlled trials without randomization	**B**	There is fair evidence to recommend the clinical preventive action
II-2	Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group	**C**	The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making
II-3	Evidence obtained from comparisons between times or places with or without intervention. Dramatic results in uncontrolled experiments could also be included in this category	**D**	There is fair evidence to recommend against the clinical preventive action
III	Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees	**E**	There is good evidence to recommend against the clinical preventive action
		L	There is insufficient evidence (in quantity or quality) to make a recommendation; however, other factors may influence decision-making

3.1 Summary recommendations

Summary recommendations and levels of evidence are outlined in Table 7.

Table 7. Summary recommendations

Recommendation		Grading of evidence
1	Use classifications outlined in the guideline to describe any obstetric anal sphincter injury[1]	**D**
2	Follow a policy of restricted episiotomy rather than routine episiotomy for prevention of OASIS[2]	**I-A**
3	Repair can be delayed for 8 to 12 hours with no detrimental effect until a more experienced provider is available for repair[2]	**I-A**
4	Consider mediolateral episiotomy in instrumental births[1]	**D**
5	Warm compression during second stage of labour reduces risk of OASISs[1]	**A**
6	Examine all women carefully for perineal or vaginal tears. For women with tear more than superficial in depth, recommend systematic rectal examination for OASIS prior to repair[2]	**II-2B**
7	Ensure OASI repair is performed by an appropriately trained clinician[1]	**D**
8	Repair OASIs in an operating theatre under regional or general anaesthetic, with good lighting and appropriate instruments[1]	☑
9	Use broad-spectrum antibiotics following repair of OASIS to reduce risk of postoperative infection and wound dehiscence[1]	**B**
10	Prescribe laxatives following primary repair of OASIS as they are associated with earlier and less painful first bowel motions and earlier discharge. Constipating agents and bulking agents are not recommended[2]	**I-A**
11	Review women who have undergone OASIS repair at a convenient time (usually 6—12 weeks postpartum). Where possible, review by clinicians with special interest in OASIS[1]	☑
12	Counsel women who have sustained OASIs in a previous pregnancy about mode of birth and clearly document discussion in record[1]	☑
13	Non-steroidal anti-inflammatories and paracetamol are the first-line analgesics. Use opioids with caution. Avoid constipation by using a laxative or stool softener[2]	**I-A**
14	Ask all women about history of FGM at their booking in visit irrespective of country of origin so that FGM can be identified early in pregnancy. Document this in maternity record[3]	☑
15	De-infibulation may be performed antenatally, in the first stage of labour, or at the time of birth and can usually be performed under local anaesthetic in a birthing room. It can also be performed perioperatively after caesarean section[3]	☑

4 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

4.1 Guideline resources

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

- Flowchart: Perineal care: Antenatal and intrapartum perineal care
- Flowchart: Perineal care: Perineal assessment and repair
- Education resource: Perineal care
- Knowledge assessment: Perineal care
- Auditing resources: Perineal care
- Parent information:

4.2 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:

- Parent information
- Establish clear local protocols for management of OASIS1
- Information about OASIS, recommended care following OASIS and implications for future birth

4.3 Implementation measures

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

4.3.1 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 2023

4.3.2 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

4.4 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) Standards[4] [refer to Table 8. NSQHS Standard 1]. Suggested audit and quality measures are identified in Table 9. Clinical quality measures.

Table 8. NSQHS Standard 1

NSQHS Standard 1: Governance for Safety and Quality in Health Service Organisations	
Clinical Practice: Care provided by the clinical workforce is guided by current best practice	
Criterion 1.7:	**Actions required:**
Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence	1.7.1 Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce
	1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored

The following clinical quality measures are suggested:

Table 9. Clinical quality measures

No	Audit criteria	Guideline Section
1.	Proportion of women informed of antenatal and intrapartum strategies to reduce risk of obstetric anal sphincter injury	3 and 4
2.	Proportion of staff trained in detection and repair of perineal injury	5
3.	Documentation of systematic examination and assessment of vagina, perineum and rectum prior to perineal repair	5
4.	Time interval between birth and perineal repair	5
5.	Women's satisfaction with pain relief during perineal repair	5
6.	Proportion of women who sustain obstetric anal sphincter injury	2
7.	Proportion of women with complications from perineal injury and/or repair	6 and 7
8.	Proportion of episiotomies cut at optimal angle	4.6
9.	Proportion of women who sustained obstetric anal sphincter injury and • Had the injury repaired in theatre • Were offered postnatal follow up appointments • Were referred to physiotherapist • Were referred to continence nurse • Were offered postnatal debriefing and counselling regarding future births	2, 5 and 7

4.5 Areas for future research

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

- High quality randomised controlled trials comparing hands on and hands off (or poised) on the risk of OASIS and women's satisfaction with birth experience
- The relationship between episiotomy and OASIS
- Perineal indications for episiotomy
- Episiotomy and instrumental birth

4.6 Safety and quality

In conjunction with the Queensland Clinical Guideline *Standard care*[2], 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.[4,5]

Table 10. NSQHS/EQuIPNational Criteria

NSQHS/EQuIPNational Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 1: Clinical governance		
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.	**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	☑ 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
Clinical performance and effectiveness The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients.	**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	☑ 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
	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	☑ 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
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.	**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	☑ 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	☑ Evidence of compliance
NSQHS Standard 2: Partnering with Consumers		
Health literacy Health service organisations communicate with consumers in a way that supports effective partnerships.	**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	☑ Consumer consultation was sought and obtained during the development of the guideline. Refer to the acknowledgement section of the guideline for details ☑ Consumer information is developed to align with the guideline and included consumer involvement during development and review ☑ The consumer information was developed using plain English and with attention to literacy and ease of reading needs of the consumer
Partnering with consumers in organisational design and governance Consumers are partners in the design and governance of the organisation.	**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	☑ Consumers are members of guideline working parties ☑ The guideline is based on the best available evidence ☑ 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		
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	**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	☑ The guideline provides current evidence based recommendations about medication

NSQHS/EQuIPNational Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 5: Comprehensive care		
Clinical governance and quality improvement to support comprehensive care Systems are in place to support clinicians to deliver comprehensive care	**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	☑ 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 ☑ The guideline provides evidence-based and best practice recommendations for care ☑ Consumer information is developed for the guideline
NSQHS Standard 6: Communicating for safety		
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.	**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	☑ Requirements for effective clinical communication by clinicians are identified ☑ The guideline provides evidence-based and best practice recommendations for communication between clinicians ☑ The guideline provides evidence-based and best practice recommendations for communication with patients, carers and families ☑ The guideline provides evidence-based and best practice recommendations for discharge planning and follow –up care

NSQHS/EQuIPNational Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 6: Communicating for safety (continued)		
Communication of critical information Systems to effectively communicate critical information and risks when they emerge or change are used to ensure safe patient care.	**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	☑ Requirements for effective clinical communication of critical information are identified ☑ Requirements for escalation of care are identified
Correct identification and procedure matching Systems to maintain the identity of the patient are used to ensure that the patient receives the care intended for them.	**Correct identification and procedure matching** 6.5 The health service organisation: a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated	☑ Requirements for safe and for correct patient identification are identified
Communicating at clinical handover Processes for structured clinical handover are used to effectively communicate about the health care of patients.	**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	☑ The guideline acknowledges the need for local protocols to support transfer of information, professional responsibility and accountability for some or all aspects of care

NSQHS/EQuIPNational Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 8: Recognising and responding to acute deterioration		
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.	**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 **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 **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	☑ The guideline is consistent with National Consensus statements recommendations ☑ The guideline recommends use of tools consistent with the principles of recognising and responding to clinical deterioration ☑ Consumer information is developed for the guideline
EQuIP Standard 12 Provision of care		
Criterion 1: Assessment and care planning 12.1 Ensuring assessment is comprehensive and based upon current professional standards and evidence based practice	12.1.1 Guidelines are available and accessible by staff to assess physical, spiritual, cultural, physiological and social health promotion needs	☑ Assessment and care appropriate to the cohort of patients is identified in the guideline ☑ The guideline is based on the best available evidence

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