

Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal **Clinical Guideline**

Guideline Supplement: Induction of labour

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1 Introduction

This document is a supplement to the Queensland Clinical Guideline (QCG) *Induction of labour*. 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. Declared conflicts of interest were managed according to the Queensland Clinical Guidelines *Conflict of interest* statement.

1.3 Development process

This version of the guideline followed the [QCG Full review process](#).

1.4 Summary of changes

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 guideline since original publication.

Table 1. Summary of change

Publication date <i>Endorsed by:</i>	Identifier	Summary of major change
August 2010	MN11.22-V1-R16	First publication Endorsed by: <ul style="list-style-type: none"> • <i>QCG Steering Committee</i> • <i>Statewide Maternity and Neonatal Clinical Network</i> • <i>Patient Safety and Quality Executive Committee</i>
October 2011	MN11.22-V2-R16	Minor formatting corrections Table 18: Oxytocin considerations – Frequency of temperature monitoring amended from 4 hourly to 2 hourly
January 2014	MN11.22-V3-R16	Added: Section 1.5 Care if induction postponed Added to Table 17 Indications for removal: re use of dinoprostone gel following insufficient cervical ripening Added to Table 19 Administration: re use of secondary IV access Added to Table 21. Monitoring: Additional assessments before ARM Added to Table 23 Uterine hypercontractility: Use of off-licence sublingual GTN
April 2014	MN11.22-V4-R16	Flowchart: Oxytocin row: shaded blue; frequency of observations amended Table 4 Term prelabour rupture of membranes, Recommendations Deleted Recommend expedited IOL as contradicts Early onset Group B streptococcal disease guideline Table 5 Previous caesarean section, Risk/Benefit deleted content and added 'Refer to guideline: Vaginal birth after caesarean section (VBAC)' Table 17: Maximum dose and Indications for removal rows: the timing for Dinoprostone gel administration amended to be based on the woman's individual circumstances and the obstetrician's discretion Table 18: Cautions Amended wording from 'Oxytocin should be used with caution.' to 'Oxytocin is contraindicated in women with a previous uterine scar or high parity ..'
March 2017	MN17.22-V5-R22	<ul style="list-style-type: none"> • First complete guideline review Endorsed by: <ul style="list-style-type: none"> • <i>QCG Steering Committee</i> <i>Statewide Maternity and Neonatal Clinical Network</i>

Publication date <i>Endorsed by:</i>	Identifier	Summary of major change
June 2017	MN17.22-V6-R22	<ul style="list-style-type: none"> Amendment to Table 17 Post balloon catheter insertion. Added to first row of table-monitoring: “engagement of the fetal head” and “medical review required if malpresentation or fetal head 5/5 palpable after insertion” <p>Amendment to Flowchart Balloon catheter as above</p>
July 2018	MN17.22-V7-R22	<ul style="list-style-type: none"> Change to TGA approvals for cervidil (dinoprostone) Table 19: Indications for removal of dinoprostone pessary amended <ul style="list-style-type: none"> <i>From:</i> Insufficient cervical ripening after 12 hours <i>To:</i> Insufficient cervical ripening after 24 hours Table 16: Balloon (transcervical) catheter insertion amended at ‘Equipment’ <ul style="list-style-type: none"> <i>From:</i> 26 French gauge Foley catheter <i>To:</i> Foley catheter with balloon capacity of at least 30 mL Section 2.2 Concern for fetal wellbeing amended to align with intrapartum fetal surveillance terminology <ul style="list-style-type: none"> <i>From:</i> ...decreased fetal movements, oligohydramnios, non-reassuring fetal surveillance test, fetal abnormality.... <i>To:</i> ...decreased fetal movements, oligohydramnios, abnormal fetal surveillance, fetal abnormality Minor updates to reference list Guideline Supplement: Section 4.6 National Safety and Quality Health Service Standards (NSQHS) updated to align with 2017 publication of NSQHS standards
December 2022 <i>Queensland Maternity and Neonatal Clinical Network</i>	MN22.22-V8-R27	<p>Full review</p> <ul style="list-style-type: none"> Expanded guidance on: <ul style="list-style-type: none"> Communication and decision making Setting for cervical ripening Timing of birth Risks and benefits of IOL compared with expectant management Updated guidance and recommendations on: <ul style="list-style-type: none"> Prolonged pregnancy Suspected fetal macrosomia Intrahepatic cholestasis of pregnancy (obstetric cholestasis) Advanced maternal age Transcervical balloon catheter Updated references and formatting
June 2023	MN22.22-V9-R27	<ul style="list-style-type: none"> Statistics in Table 5, Table 6, Table 13 and Table 23 updated Addition to Flowchart: Oxytocin and Appendix D: Oxytocin regimen administration <ul style="list-style-type: none"> Caution note and suggested maximum oxytocin dosage for use in women with previous uterine surgery added

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 literature, 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 Queensland 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	<ul style="list-style-type: none"> • Pregnant women
Purpose	Identify relevant evidence related to IOL: <ul style="list-style-type: none"> • Indications • Decision making • Risks and benefits • Assessment for and management
Outcome	Support evidence informed: <ul style="list-style-type: none"> • Recommendations and indications for IOL • Decision making and IOL • Assessment of suitability for IOL • Management during IOL
Exclusions	<ul style="list-style-type: none"> • Care considered standard or usual as specified in the Queensland Clinical Guideline Standard care • Recommendations specified in other guidelines (e.g. IOL for IUFD, early pregnancy loss or termination of pregnancy, following PPROM and PROM and routine antenatal, intrapartum and postpartum care) • Augmentation of labour • Management of potential complications of IOL including uterine rupture, cord prolapse, and postpartum haemorrhage • Other methods of IOL including acupuncture, hypnosis, homeopathy, castor oil, enemas, sexual intercourse, breast stimulation, nitrates

2.3 Clinical questions

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

- What are the clinical indications for IOL?
- What are the communication and decision making considerations for IOL?
- What clinical care is recommended for pregnant women when IOL is planned?
- What methods of IOL are recommended?
- For each method of IOL, what are the considerations?

2.4 Search strategy

A search of the literature was conducted during March 2022–April 2022. A further search was conducted in July 2022. 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 textbooks

2.4.1 Keywords

The following keywords were used in the basic search strategy: Key words: Induc* of labo*r, labo*r induc*, IOL, membran*, sweep*, strip*, guideline*, fetal macrosomia, post-term, postdates, prolonged, pregnancy, fetal growth restriction, FGR, IUGR, intrahepatic cholestasis of pregnancy, obstetric cholestasis, maternal age, maternal request, guideline, prostaglandin, dinoprostone, oxytocin, twin* pregnanc*, balloon, transcervical, catheter, amniotomy, artificial rupture of membranes, ARM, fetal growth restriction, FGR, IUGR, timing of birth, stillbirth risks. Other keywords may have been used for specific aspects of the guideline.

2.5 Consultation

Major consultative and development processes occurred between March 2022 and November 2022.

Table 4. Major guideline development processes

Process	Activity
Clinical lead	<ul style="list-style-type: none"> The nominated Clinical Leads were 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 in July 2022 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 August 2022–November 2022 Feedback was received primarily via email All feedback was compiled and provided to the clinical lead and working party members for review and comment
Review	<ul style="list-style-type: none"> A literature review and consultation with the clinical lead was undertaken in June 2022

2.6 Endorsement

The guideline was endorsed by the:

- Queensland Clinical Guidelines Steering Committee in December 2022
- Queensland Maternity and Neonatal Clinical Network (Queensland) in December 2022

2.7 Citation

The recommended citation of Queensland Clinical Guidelines is in the following format:

Queensland Clinical Guidelines. [Insert Guideline Title]. Guideline No. [Insert Guideline Number]. Queensland Health. [Insert Year of Publication]. Available from: www.health.qld.gov.au/qcg.

EXAMPLE:

Queensland Clinical Guidelines. Normal birth. Guideline No. MN17.25-V3-R22. Queensland Health 2017. Available from: www.health.qld.gov.au/qcg.

3 Levels of evidence

Summary recommendations were informed by:

- Review of literature
- Expertise and experience of clinical leads and working party
- Statewide consultation
- Established Queensland Clinical Guidelines development process

3.1 Summary recommendations

Summary recommendations are outlined in Table 5.

Table 5. Summary recommendations

Recommendations		Strength of recommendation
1.	Establish an accurate estimated due date early in pregnancy to inform induction of labour (IOL) management at term.	Consensus
2.	Recommend intrapartum continuous electronic cardiotocography for IOL with oxytocin and/or prostaglandin.	Consensus
3.	Avoid IOL prior to 39+0 weeks gestation unless clinically indicated and communicate the benefits of waiting until at least 39+0 weeks to clinicians, women and families.	Consensus
4.	If spontaneous labour has not occurred by 41+0 weeks, recommend IOL.	Consensus
5.	Discuss women's preferences for mode of birth early in pregnancy. Options include expectant management, IOL, and planned caesarean birth.	Consensus
6.	Provide clear, balanced, unbiased, in depth and individualised information about IOL and other choices.	Consensus
7.	Use the Modified Bishop score (MBS) to assess the cervix and inform the choice of IOL method.	Consensus
8.	Recommend IOL when the risk of continuing the pregnancy (for the woman or fetus) clearly outweighs the risk associated with IOL and birth.	Consensus
9.	Discuss the benefits of membrane sweeping in the antenatal period and consider from 39+0 weeks.	Consensus
10.	Offer additional membrane sweeps if spontaneous labour does not occur after the first sweep.	Consensus
11.	Use cervical ripening agents (via transcervical balloon catheter or dinoprostone preparation) prior to IOL when MBS 6 or less.	Consensus
12.	Following initial dose of dinoprostone or removal of balloon catheter, recommend artificial rupture of membranes if technically possible	Consensus
13.	Use standard oxytocin regimen in all Queensland facilities. If required, the same infusion solution can be continued for postpartum haemorrhage (PPH) management and as PPH prophylaxis following caesarean section.	Consensus

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: Method of induction of labour
- Flowchart: Balloon catheter
- Flowchart: Prostaglandin E₂ (dinoprostone)
- Flowchart: Artificial rupture of membranes
- Flowchart: Oxytocin
- Education resource: Induction of labour
- Knowledge assessment: Induction of labour
- Parent information: Induction of labour

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:

- Local protocols regarding use of water immersion if telemetry monitoring is available
- Local protocols for oxytocin dilution preparations where close fluid monitoring is required (e.g. cardiac conditions)
- Resources to support use of standard oxytocin regimen
- Local protocols for outpatient management of cervical ripening (where available) including:
 - Inclusion/exclusion criteria
 - Information for women
 - Monitoring requirements
 - Indications for return to hospital
 - Clinical governance
 - Monitoring of service outcomes
- Local protocol for induction of labour booking process

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

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

4.3.3 Implications for implementation

The following areas may have implications for local implementation of the guideline recommendations. It is suggested they be considered for successful guideline implementation.

- Economic considerations including opportunity costs
- Human resource requirements including clinician skill mix and scope of practice
- Clinician education and training
- Equipment and consumables purchase and maintenance
- Consumer acceptance
- Model of care and service delivery

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) Standards¹ [Refer to Table 6. NSQHS Standard 1]. Suggested audit and quality measures are identified in Table 7. Clinical quality measures.

Table 6. 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 7. Clinical quality measures

No	Audit criteria	Guideline section
1.	Proportion of women who gave birth beyond 42+0 weeks gestation	4.1 Prolonged pregnancy
2.	Proportion of women who had an IOL at less than 39+0 weeks gestation without medical or obstetric indication (low proportion expected)	1.2 Timing of birth
3.	Proportion of women who have a documented modified Bishop score (MBS) in their health record before IOL commences	5.1 Cervical assessment
4.	Proportion of women who had a cardiotocograph prior to commencement of IOL	5 Pre IOL Assessment
5.	Proportion of women with intact membranes and unfavourable cervix (MBS six or less), where an artificial rupture of membranes was attempted/performed as the primary method of IOL (low proportion expected)	6 Methods of IOL
6.	Proportion of women who had ARM as primary method of IOL, and commenced oxytocin within four hours	6 Methods of IOL

4.5 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.

- Audit research to assess prevalence of maternal request for IOL and the reasons for such requests
- Audit of local IOL rates and benchmarking across hospital and health services
- Development of individualised risk assessments to help guide women's decision making around IOL
- Maternal satisfaction around informed decision making and IOL in Queensland
- Defining and then using patient reported outcome measures to improve the quality of care for women undergoing IOL
- Determining the optimal timing for removal of balloon catheter for IOL
- Effectiveness, maternal satisfaction, and acceptability of:
 - Multiple versus once only membrane sweeping
 - Cervical massage when membrane sweeping is not possible
- Long term potential risks of induction of labour
- Long term potential risks of synthetic oxytocin

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.¹

Table 8. NSQHS

NSQHS 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

NSQHS 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.	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 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 Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 2: Partnering with Consumers		
Partnering with consumers in their own care Patients are partners in their own care to the extent that they choose	Healthcare rights and informed consent 2.4 The health service organisation ensures that its informed consent processes comply with legislation and best practice 2.5 The health service organisation has processes to identify: a. The capacity of a patient to make decisions about their own care b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	☑ This guideline and consumer information provides information for consumers to make informed decisions ☑ This guideline promotes informed consent
	Shared decisions and planning care 2.6 The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care 2.7 The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care	☑ Consumer information is available for this guideline ☑ Consumers are members of guideline working parties
NSQHS Standard 3: Infection prevention and control systems		
Clinical governance and quality improvement to prevent and control healthcare-associated infections, and support antimicrobial stewardship Systems are in place to support and promote prevention and control of healthcare-associated infections, and improve antimicrobial stewardship.	Integrating clinical governance 3.1 The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for healthcare-associated infections and antimicrobial stewardship b. Managing risks associated with healthcare-associated infections and antimicrobial stewardship	☑ The guideline provides evidence-based and best practice recommendations for care ☑ Recommendations for use of antimicrobials are evidence based
Infection prevention and control systems Patients presenting with, or with risk factors for, infection or colonisation with an organism of local, national or global significance are identified promptly, and receive the necessary management and treatment.	Standard and transmission-based precautions 3.6 Clinicians assess infection risks and use transmission-based precautions based on the risk of transmission of infectious agents, and consider: a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated when clinically required during care	☑ The guideline provides evidence-based and best practice recommendations for care ☑ Assessment and care appropriate to the cohort of patients is identified in the guideline ☑ High risk groups are identified in the guideline if applicable
Antimicrobial stewardship Systems are implemented for safe and appropriate prescribing and use of antimicrobials as part of an antimicrobial stewardship program	Antimicrobial stewardship 3.15 The health service organisation has an antimicrobial stewardship program that: a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing	☑ The guideline provides evidence-based and best practice recommendations for care ☑ Recommendations for use of antimicrobials are evidence based ☑ If applicable, Australian therapeutic guidelines and resources were used to develop guideline recommendations

NSQHS Criteria	Actions required	<input checked="" type="checkbox"/> Evidence of compliance
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	<input checked="" type="checkbox"/> The guideline provides current evidence based recommendations about medication
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	<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 <input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for care <input checked="" type="checkbox"/> Consumer information is developed for the guideline

NSQHS Criteria	Actions required	☑ Evidence of compliance
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
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

NSQHS Criteria	Actions required	<input checked="" type="checkbox"/> Evidence of compliance
NSQHS Standard 6: Communicating for safety (continued)		
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	<input checked="" type="checkbox"/> 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	<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

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 8: Recognising and responding to acute deterioration		
<p>Clinical governance and quality improvement to support recognition and response systems</p> <p>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</p> <p>8.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> 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>Partnering with consumers</p> <p>8.3 Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to:</p> <ul style="list-style-type: none"> a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making <p>Recognising acute deterioration</p> <p>8.4 The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to:</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> ☑ 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

References

1. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. [Internet]. 2017 [cited 2022 Aug 11]. Available from: www.safetyandquality.gov.au.
2. Queensland Clinical Guidelines. Standard care. Guideline No. MN18.50-V1-R23. [Internet]. Queensland Health. 2018. [cited 2022 Nov 11]. Available from: <https://www.health.qld.gov.au/qcg>.