

Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal **Clinical Guideline**

Guideline Supplement: Stillbirth care

Table of Contents

1	Introduction	3
1.1	Funding	3
1.2	Conflict of interest	3
1.3	Guideline review	3
2	Methodology	5
2.1	Topic identification	5
2.2	Scope	5
2.3	Clinical questions	5
2.4	Search strategy.....	6
2.4.1	Keywords	6
2.5	Consultation	7
2.6	Endorsement	7
2.7	Publication	7
3	Levels of evidence.....	8
3.1	Summary recommendations.....	9
4	Implementation	10
4.1	Guideline resources.....	10
4.2	Suggested resources.....	10
4.3	Implementation measures	10
4.3.1	QCG measures.....	10
4.3.2	Hospital and Health Service measures	10
4.4	Quality measures.....	11
4.5	Areas for future research.....	11
4.6	Safety and quality	12
	References	18

List of Tables

Table 1.	Summary of change	3
Table 2.	Scope framework.....	5
Table 3.	Basic search strategy	6
Table 4.	Major guideline development processes	7
Table 5.	Levels of evidence (NHMRC)	8
Table 6.	Levels of evidence (GRADE).....	8
Table 7.	Summary recommendations.....	9
Table 8.	NSQHS Standard 1	11
Table 9.	Clinical quality measures.....	11
Table 10.	NSQHS/EQuIPNational Criteria	12

© State of Queensland (Queensland Health) 2019



This work is licensed under a Creative Commons Attribution Non-Commercial No Derivatives 4.0 Australia licence. In essence, you are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute Queensland Clinical Guidelines, Queensland Health and abide by the licence terms. You may not alter or adapt the work in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/deed.en>

For further information contact Queensland Clinical Guidelines, RBWH Post Office, Herston Qld 4029, email Guidelines@health.qld.gov.au, phone (07) 3131 6777. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, GPO Box 48, Brisbane Qld 4001, email ip_officer@health.qld.gov.au, phone (07) 3234 1479.

1 Introduction

This document is a supplement to the Queensland Clinical Guideline (QCG) *Stillbirth 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. No conflict of interest was identified.

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
May 2011	MN1105.24-V1-R14	First publication
May 2011	MN1105.24-V2-R14	Amendment to flowchart: Perinatal reporting
August 2011	MN11.24-V3-R16	Review date extended. Identifier updated. Program name changed.
November 2012	MN11.24-V4-R16	<ol style="list-style-type: none"> 1. Flowchart Perinatal Reporting–Left hand blue box: From: In-utero death AND birth occurs at < 20 weeks and/or birth weight <400 g To: In-utero death and birth occurs at < 20 weeks AND birth weight < 400 g 2. Flowchart Perinatal Reporting - Stillbirth box: From: In-utero death and birth occurs at > 20 weeks OR birth weight > 400 g To: In-utero death and birth occurs at ≥ 20 weeks OR birth weight ≥ 400 g 3. Flowchart Perinatal Reporting (Middle yellow box) Addition: Footnote “Although registration with RBDM is not required, parents may choose to register the birth. Refer to Section 3.1” 4. Definition of stillbirth (page 6): “where gestation is not known” deleted from definition 5. 3.1 Breaking the news: Addition regarding options for registration
July 2016	MN11.24-V5-R17	Review date extended until December 2017

Publication date <i>Endorsed by:</i>	Identifier	Summary of major change
March 2018 QCG Steering Committee, Statewide Maternity and Neonatal Clinical Network (QLD)	MN18.24-V6-R23	Full review 1. Additional information and guidance about communication with parents 2. Information about RCA and clinical incident review added 3. IOL section updated 4. Core and selective investigations based on maternal history and circumstances of baby's death. 5. Reporting requirements updated
March 2019	MN19.24-V7-R23	Updated reporting tool from National Perinatal Death Audit Clinical Tool (NPDCAT) to Australian Perinatal Mortality Clinical Audit Tool (APMCAT) <ul style="list-style-type: none"> • Removed NPDCAT and added APMCAT to list of definitions on page 6. • Table 7 Reporting and documentation–amended • Reference list updated
October 2019	MN18.24-V8-R23	Change initiated to align induction of labour regimens between <i>Termination of pregnancy</i> and <i>Stillbirth care</i> guidelines <ul style="list-style-type: none"> • Section 4.2.2 Induction of labour <ul style="list-style-type: none"> ○ Renamed to section 4.3 Induction of labour ○ Deleted misoprostol and mifepristone regimens from Table 13 IOL medications • Added Sections: <ul style="list-style-type: none"> ○ 4.3.1 Care during induction of labour ○ 4.3.2 Induction regimen for women at risk of uterine rupture ○ 4.3.3 Induction regimen for women not known to be at risk of uterine rupture • Minor formatting. References updated

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 and families with stillbirth
Purpose	Identify relevant evidence related to: <ul style="list-style-type: none"> • Care and management of the woman and family who have experienced stillbirth
Outcome	<ul style="list-style-type: none"> • Diagnosis of stillbirth is performed correctly • Clinical investigations are offered when a stillbirth is diagnosed • Bereavement care is provided to the woman and family • Clinicians comply with relevant clinical standards and legislation • Operational investigations into stillbirth are made • Women receive counselling and feedback of results and investigations
Exclusions	<ul style="list-style-type: none"> • Early pregnancy loss • Termination of pregnancy

2.3 Clinical questions

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

- What are the legislative and reporting requirements in Queensland?
- What are the clinical standards required for the care of a woman with a stillbirth?
- What is best practice with regard to psycho-social care of the women and family?
- How is clinical care and management provided to the woman and family?
- When should a stillbirth be investigated?
- How should a stillbirth be investigated?
- What is best practice regarding the care offered to the woman and family following a stillbirth?
- Following a stillbirth, how is clinical management altered in subsequent pregnancies?

2.4 Search strategy

A search of the literature was conducted during March–May 2016 and April–August 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	<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 keywords were used in the basic search strategy: stillbirth, fetal/foetal, death, demise, pregnancy loss, perinatal death, autopsy, postmortem.

Other keywords may have been used for specific aspects of the guideline.

2.5 Consultation

Major consultative and development processes occurred between October 2017 and January 2018 year here]. 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 in September 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	<ul style="list-style-type: none"> Consultation was invited from Queensland clinicians and stakeholders during October 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

2.6 Endorsement

The guideline was endorsed by the:

- Queensland Clinical Guidelines Steering Committee in February 2018
- Statewide Maternity and Neonatal Clinical Network [Queensland] in February 2018

2.7 Publication

The guideline and guideline supplement were published on the QCG website in March 2019

The guideline can be cited as:

Queensland Clinical Guidelines Stillbirth care. Guideline No. MN18.24-V8-R23.
Queensland Health. 2019. Available from: <http://www.health.qld.gov.au/qcg>

The guideline supplement can be cited as:

Queensland Clinical Guidelines. Supplement: Stillbirth care. Guideline No. MN18.24-V8-R23. Queensland Health.2019. 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) or the GRADE system were used to inform the summary recommendations. Levels of evidence are outlined in Table 5. Levels of evidence (NHMRC) and Table 6. Levels of evidence (GRADE).

Note that the 'consensus' definition* in Table 5. Levels of evidence (NHMRC) 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.

Summary recommendations are outlined in Table 7.

Table 5. Levels of evidence (NHMRC)

NHMRC 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.

Table 6. Levels of evidence (GRADE)

GRADE Levels of evidence	
1++	Evidence obtained from high quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias.
1+	Evidence obtained from well conducted meta-analyses, systematic reviews of RCTs, or RCTs with a low risk of bias.
1	Evidence obtained from meta-analyses, systematic reviews or RCTs, or RCTs with a high risk of bias.
2++	Evidence obtained from 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+	Evidence obtained from 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.
2-	Evidence obtained from case-control or cohort studies with a high risk of confounding, bias, or chance and a significant risk that the relationship is not causal.
3	Evidence obtained from non-analytic studies, e.g. case reports, case series.
4	Expert opinion.

3.1 Summary recommendations

Summary recommendations are outlined in Table 7. Summary recommendations.

Table 7. Summary recommendations

Recommendation		Grading of evidence
1	Suggest vaginal birth unless a caesarean is clinically indicated	Consensus/4
2	Provide women and families with support group information	Consensus/4
3	Offer investigations based on the obstetric history and circumstances of the baby's death	Consensus/4
4	Offer autopsy of baby to parents	Consensus/4
5	Offer external examination to all parents who decline an autopsy	Consensus/4
6	Undertake placental and cord pathology including microarray	Consensus/4
7	Undertake clinical photography (with consent) of all stillborn babies	Consensus/4
8	Offer postnatal review and follow up to all women	Consensus/4
9	Classify stillbirths according to PSANZ criteria	Consensus/4
10	Discuss all stillbirths including history, management and outcomes with multidisciplinary team at perinatal mortality case review	Consensus/4

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: Stillbirth care: Stillbirth care
- Flowchart: Stillbirth care: Stillbirth investigations
- Flowchart: Stillbirth care: Perinatal death reporting in Queensland
- Flowchart: Stillbirth care: Stillbirth care
- Flowchart: Stillbirth care: Stillbirth care
- Flowchart: Stillbirth care: Scenario based reporting aid
- Education resource: Stillbirth care
- Knowledge assessment: Stillbirth care
- Parent information: Stillbirth

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:

- Perinatal bereavement pack for memorabilia (e.g. photographs, footprint, locks of hair)
- Local government compliant guideline for parents taking a deceased baby home including any documentation required

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 ¹ [Refer to Table 8]. Suggested audit and quality measures are identified in Table 9. Clinical quality measures.

Table 8. 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 9. Clinical quality measures

No	Audit criteria	Guideline Section
1.	Stillbirths classified and reported according to legislation, recommended criteria and standards	2 Reporting requirements
2.	All stillborn babies have a clinical examination	6.2 Fetal and baby investigations
3.	All parents are offered an autopsy of their baby where indicated	5.3 Autopsy
4.	Clinical photography is taken of stillborn babies (with consent)	6.2 Fetal and baby investigations
5.	Placental and cord pathology is undertaken for stillbirths including microarray	6.2 Fetal and baby investigations
6.	The history, management and outcomes of women who have had a stillbirth are discussed at a perinatal mortality case review	2 Clinical standards
7.	Women are offered postnatal review and follow-up after a stillbirth	5.2.3 care during labour, birth and post birth
8.	Women are provided with support group information	4.3 Post birth care

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.

- Best practice bereavement care in perinatal setting
- Evidence for the impact of holding the stillborn baby on mental health and well-being on mother and father
- The impact of contact with the stillborn baby on outcomes for partners
- Correlating clinical and sonographic findings with a range of autopsy features
- Maternal sleep related practices as risk factors for stillbirth
- The role of perceived change in fetal behaviour especially increase in fetal movements
- Frequency and significance of maternal premonition of adverse outcome in women who experience stillbirth compared to the pregnant population

4.6 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 (EQulP) National accreditation programs.^{1,2}

Table 10. NSQHS/EQulP National Criteria

NSQHS/EQulP 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	☑ 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>	<p>☑ 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</p>
<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>	<p>☑ 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</p>
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>	<p>☑ The guideline provides current evidence based recommendations about medication</p>

NSQHS/EQUIPNational Criteria	Actions required	☑ 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</p> <p>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>☑ 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>☑ The guideline provides evidence-based and best practice recommendations for care</p> <p>☑ 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</p> <p>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</p> <p>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>☑ Requirements for effective clinical communication by clinicians are identified</p> <p>☑ The guideline provides evidence-based and best practice recommendations for communication between clinicians</p> <p>☑ The guideline provides evidence-based and best practice recommendations for communication with patients, carers and families</p> <p>☑ 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		
<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>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.</p>	<p>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</p>	<p><input checked="" type="checkbox"/> Requirements for safe and for correct patient identification 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 7: Blood management		
<p>Clinical governance and quality improvement to support blood management Organisation-wide governance and quality improvement systems are used to ensure safe and high-quality care of patients' own blood, and to ensure that blood product requirements are met.</p>	<p>Integrating clinical governance 7.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for blood management b. Managing risks associated with blood management c. Identifying training requirements for blood management</p>	<p><input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for use of blood products</p>
<p>Prescribing and clinical use of blood and blood products The clinical use of blood and blood products is appropriate, and strategies are used to reduce the risks associated with transfusion.</p>	<p>Optimising and conserving patients' own blood 7.4 Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by: a. Optimising patients' own red cell mass, haemoglobin and iron stores b. Identifying and managing patients with, or at risk of, bleeding c. Determining the clinical need for blood and blood products, and related risks Prescribing and administering blood and blood products 7.6 The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria</p>	<p><input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for use of blood products <input checked="" type="checkbox"/> The guideline is consistent with recommendations of national guidelines</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</p> <p><input checked="" type="checkbox"/> The guideline recommends use of tools consistent with the principles of recognising and responding to clinical deterioration</p> <p><input checked="" type="checkbox"/> Consumer information is developed for the guideline</p>
EQulP 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</p> <p><input checked="" type="checkbox"/> The guideline is based on the best available evidence</p>

References

1. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards [Internet]. 2017 [cited 2018 January 08]. Available from: <http://www.safetyandquality.gov.au>.
2. The Australian Council on Healthcare Standards. EQUiPNational. [Internet]. 2016; (cited 2018 January 08). Available from: <http://www.achs.org.au>.