Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal **Clinical Guideline**

Supplement: Early onset Group B Streptococcal disease

Queensland Government

Table of Contents

List of Tables

List of Figures

1 Introduction

This document is a supplement to the Queensland Clinical Guideline *Early onset Group B Streptococcal disease*. 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[1]. Four working party members declared conflicts of interest and these were managed and recorded as appropriate. None were excluded from participation.

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**
November 2010	MN1011.20-V1-R13	First publication Replaces inherited guideline *Flenady V, 2007 Prevention of neonatal early onset Group B Streptococcus disease (EOGBSD)*
August 2011 *QCG Steering Committee*	MN10.20-V2-R15	Review date extended. Identifier updated. Program name updated
November 2016 *QCG Steering Committee* *Statewide Maternity and Neonatal Clinical Network (QLD)*	MN16.20-V3-R21	Full review. Risk factor approach re-endorsed Additional information added re: penicillin allergy, prelabour rupture of membranes
April 2020	MN16.20-V4-R21	Amendments • Section 5.3 Antibiotic therapy. Updated to align with NeoMedQ monographs penicillin, gentamicin and ampicillin • Section 4.1 Prelabour rupture of membranes. Updated to align with Queensland Clinical Guidelines *Preterm prelabour rupture of membranes* and *Term prelabour rupture of membranes* • Flowchart: Neonatal management of EOGBSD updated to align with content • Supplement: Quality measures updated • Minor formatting updates, reference corrections

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 PICO Framework (Population, Intervention, Comparison, and Outcome) as outlined in Table 2.

Table 2. PICO Framework

PICO	
Population	• Pregnant women • Neonates less than or equal to 7 days of age
Intervention	• Strategies to manage early onset Group B Streptococcal disease
Comparison	n/a
Outcome	• Identify pregnant women for whom IAP is indicated • Administer IAP, when indicated according to recommended dosing regimen and frequency • Neonates receive care for EOGBSD (clinical surveillance, early identification, investigation and treatment) according to risk profile and clinical presentation

2.3 Clinical questions

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

- To whom should IAP be recommended?
- What is the recommended regimen for IAP?
- What is the best practice GBS management with regard to specified pregnancy conditions?
- What is best practice management of neonates who are at risk of EOGBSD or where there is clinical suspicion of sepsis?

2.4 Exclusions

The following exclusions were identified in the guideline scope:

- Late onset Group B Streptococcal disease
- Management of other specific neonatal infections
- Routine antenatal, intrapartum and postpartum care

2.5 Search strategy

A search of the literature was conducted during October and November 2015. The QCG search strategy is an iterative process that is repeated and amended as guideline development evolves and the draft guideline is refined, 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

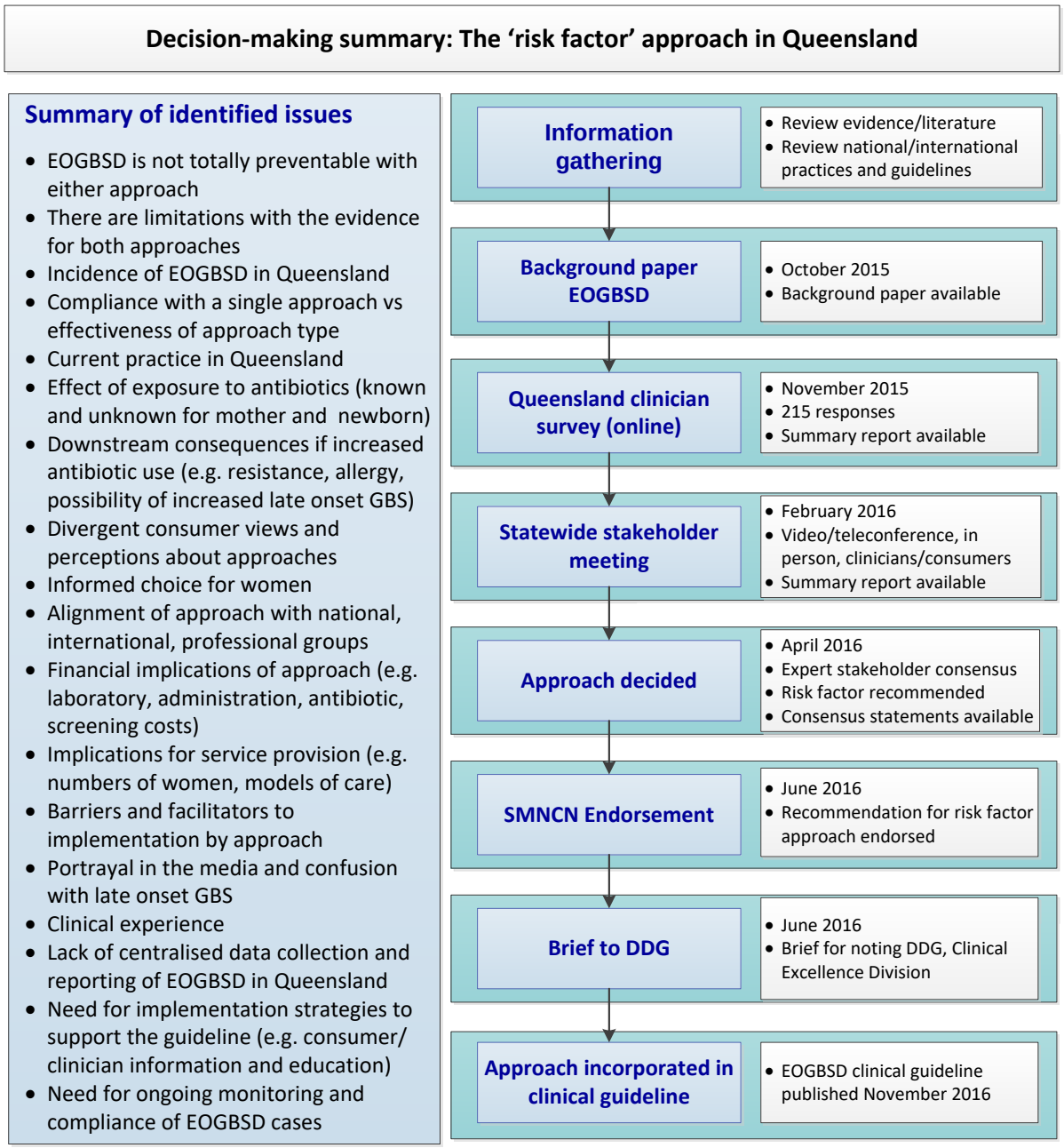
2.5.1 Keywords

The following keywords were used in the basic search strategy.
GBS, EOGBS, early onset Group B Streptococcus, early onset Group B Streptococcal disease, Group B Strep, intrapartum antibiotic prophylaxis, neonatal sepsis, GBS meningitis, Streptococcus *agalactiae*]

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

2.6 Consultation

Significant consultation occurred with Queensland clinicians, consumers and executives prior to development of the draft guideline Figure 1 is a summary of the process undertaken prior to recommending a continuation of the 'risk factor' approach for Queensland.



SMNCN: Statewide Maternity and Neonatal Clinical Network, **DDG:** Deputy Director General, **EOGBSD:** Early onset Group B Streptococcal disease, **GBS:** Group B Streptococcus

Figure 1. Major processes in consultation

2.7 Guideline development

Major consultative and development processes for the guideline occurred between July and September 2016. These are outlined in Table 4.

Table 4. Major guideline development processes

Process	Activity
Clinical lead	• The nominated Clinical Leads were 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 statewide via email to Queensland clinicians and stakeholders in June 2016 • The working party was recruited from responses received • Working party members who participated in the working party consultation processes are acknowledged in the guideline • Working party consultation occurred in a virtual group via email
Statewide consultation	• Consultation was invited statewide from Queensland clinicians and stakeholders during July 2016 • Feedback was received primarily via email • All feedback was compiled and provided to the clinical lead and working party members for review and comment

2.8 Endorsement

The guideline was endorsed by the:

- Queensland Clinical Guidelines Steering Committee in October 2016
- Statewide Maternity and Neonatal Clinical Network [Queensland] in October 2016

2.9 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

The levels of evidence (refer to Table 5. Levels of evidence) are sourced from the *Centre for Disease Control (CDC) and Prevention of Perinatal Group B Streptococcal disease. MMWR 2010;59 No.RR-10.*[2] Summary recommendations are outlined in Table 6.

Note that the 'consensus' definition* in Table 4 is relates to forms of evidence not identified in the CDC's level of evidence. It is based on the clinical experience of the guideline's clinical leads and working party.

Table 5. Levels of evidence

Category	Definition	Recommendation
Strength of recommendation		
A	Strong evidence for efficacy and substantial clinical benefit	Strongly recommended
B	Strong evidence for efficacy and substantial clinical benefit	Generally recommended
C	Insufficient evidence for efficacy or efficacy does not outweigh possible adverse consequences	Optional
D	Insufficient evidence for efficacy or efficacy does not outweigh possible adverse consequences	Generally not recommended
E	Strong evidence against efficacy or for adverse outcome	Never recommended
Quality of evidence supporting recommendation		
I	Evidence from at least one well-executed randomized, controlled trial or one rigorously designed laboratory-based experimental study that has been replicated by an independent investigator	
II	Evidence from at least one well-designed clinical trial without randomization, cohort or case-controlled analytic studies (preferably from more than one centre), multiple time-series studies, dramatic results from uncontrolled studies, or some evidence from laboratory experiments	
III	Evidence from opinions of respected authorities based on clinical or laboratory experience, descriptive studies, or reports of expert committees	
Consensus	Clinical experience of the guideline's clinical leads and/or working party members	

3.1 Summary recommendations

Summary recommendations and levels of evidence are outlined in Table 5.

Table 6. Summary recommendations

Recommendation		Grading of evidence
1.	In Queensland, the 'risk factor' approach is the recommended approach to identify women for whom intrapartum antibiotic prophylaxis is indicated.	Consensus
2.	Risk factors are:	
	• Preterm labour less than 37 weeks	AII
	• Membranes ruptured more than 18 hours	AII
	• Maternal temperature greater than or equal to 38 ^{O}C	AII
	• GBS colonisation in the current pregnancy	AII
	• GBS bacteriuria in the current pregnancy	AII
	• Previous infant with EOGBSD	AII
3.	Recommend intrapartum antibiotic prophylaxis to women with risk factors at the onset of labour.	Consensus
4.	Intrapartum antibiotic prophylaxis is optimal if administered for at least four hours prior to birth, but administration of intrapartum antibiotic prophylaxis at least two hours prior to birth is considered 'adequate' for determining neonatal management.	Consensus
5.	Penicillin is the antibiotic of choice for intrapartum chemoprophylaxis for women without penicillin allergy.	AI
6.	Antibiotics to eradicate GBS genitorectal colonisation before the onset of labour *In the absence of GBS urinary tract infection, antimicrobial agents are not recommended before the intrapartum period to eradicate GBS genitorectal colonisation, because such treatment is not effective in eliminating carriage or preventing neonatal disease and can cause adverse consequences.*	DI
7.	If birth occurs by elective caesarean section (no labour no rupture of membranes), intrapartum antibiotic prophylaxis is not recommended as a routine practice, regardless of the GBS colonization status of the woman or the gestational age of the pregnancy.	CIII
8.	Offer information about early onset Group B Streptococcal disease to all pregnant women	Consensus
9.	If GBS testing is indicated, collect a vaginal and rectal or a vaginal and perianal swab	Consensus
10.	If there are any of the following: • Signs of neonatal sepsis • Suspected chorioamnionitis (temperature greater than or equal to 38 ^{o}C intrapartum or within 24 hours of birth) • Previous baby with EOGBSD Collect a full blood count, and blood cultures as a minimum, and treat the baby with antibiotics within 30 minutes.	Consensus
11.	Where there are maternal or neonatal risk factors for EOGBSD, the recommended *minimum* length of stay after birth for a well term baby is 24 hours. Timing of discharge after 24 hours is based on clinical assessment.	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: Maternal management of early onset Group B Streptococcal disease
- Flowchart: Neonatal management of early onset Group B Streptococcal disease
- Education resource: Early onset Group B Streptococcal disease
- Knowledge assessment: Early onset Group B Streptococcal disease
- Consumer information: Group B Streptococcus (GBS) in pregnancy

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:

- Agreed minimum data set for the reporting of EOGBSD cases,
- Centralised source of data collection to promote accurate capture, investigation and reporting in relation to:
  - The incidence of GBS and EOGBSD in Queensland
  - Maternal GBS and stillbirth
  - Gestation (including post-term labour and birth) and EOGBSD

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 2021

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 7. NSQHS Standard 1]. Suggested audit and quality measures are identified in Table 8. Clinical quality measures.

Table 7. NSQHS Standard 1

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

The following clinical quality measures are suggested:

Table 8. Clinical quality measures

No	Audit criteria	Guideline Section
1.	Incidence of proven EOGBSD per 1000 births	Section 1.2
2.	Is the QCG clinical guideline on EOGBSD the identified source of reference for GBS management in the maternity unit/practice?	Section 1.3 Clinical standards
3.	Proportion of women who receive written consumer information about GBS	Section 2.1 Risk reduction
4.	Proportion of women who receive antenatal treatment for GBS colonisation prior to labour (low expected)	Section 2.1. Risk reduction
5.	Proportion of women tested for GBS who have either a vaginal and rectal swab or a vaginal and perianal swab collected	Section 2.2 Specimen collection
6.	Proportion of women with GBS bacteriuria during pregnancy who receive treatment at the time of infection and during labour	Section 4 Specific condition management
7.	Proportion of women for whom IAP is indicated, who receive IAP	Section 2.1. Risk reduction
8.	Proportion of women for whom IAP is indicated, who receive the recommended IAP regimen	Section 3. Intrapartum antibiotic prophylaxis
9.	Proportion of women who receive IAP prior to birth: • less than 2 hours prior to birth • 2–4 hours prior to birth • more than 4 hours prior to birth	Section 3. Intrapartum antibiotic prophylaxis
10.	Proportion of neonates investigated for sepsis who have minimum investigations (clinical surveillance, full blood count, blood cultures)	Section 5.2 Investigation of sepsis
11.	Proportion of neonates investigated for sepsis, who have IV antibiotics commenced within 30 minutes	Section 5.3 Antibiotic therapy
12.	Proportion of term neonates who received inadequate IAP who had a full blood count collected	Section 5.4 Postnatal care for asymptomatic well baby

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 or focus in these areas may be useful.

- Investigation into the clinical and economic feasibility of introducing point of care rapid intrapartum testing for GBS in the Queensland context
- Optimal lowest penicillin dose for IAP regimen
- Optimal antibiotic regimen for preterm, prelabour rupture of membranes to prolong latency, especially for women close to term
- Optimal gentamicin regimen for neonatal sepsis
- Effectiveness of vaginal-perianal versus vaginal-rectal swabbing for the detection of GBS in pregnancy
- Where birth is not likely by 18 hours after rupture of membranes (ROM), effectiveness (e.g. acceptability to women, reduction in incidence of EOGBSD, reduction in neonatal monitoring and/or length of stay, increase in number of women receiving IAP) of commencing IAP after 14 hours of rupture of membranes versus waiting until 18 hours of rupture of membranes
- Should positive GBS status influence the performance or technique of obstetrical procedures such as membrane stripping, fetal scalp monitoring and amniotomy?
- Validity of determining duration of neonatal observation in hospital for the otherwise well baby based on the presence or absence of risk factors and/or the adequacy of intrapartum antibiotic prophylaxis?

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 (EQuIP) National accreditation programs.[1,2]

Table 9. 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

5 References

1. Queensland Clinical Guidelines. Conflict of interest. 2016 [cited 2016, November 1]. Available from: https://www.health.qld.gov.au/qcg
2. Centers for Diseases Control and Prevention. Prevention of perinatal Group B streptococcal disease; revised guidelines. MMWR 2010;59 (No. RR-10). 2010 [cited 2015 September 14]. Available from: http://www.cdc.gov
3. The Australaian Council on Healthcare Standards. EQuIPNational. 2016 [cited July 21]. Available from: http://www.achs.org.au
4. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2012 [cited 2016 March 09]. Available from: http://www.safetyandquality.gov.au