Guideline Supplement: Stabilisation for retrieval—neonatal
Table of Contents

1 Introduction ........................................................................................................................................ 3
  1.1 Funding ......................................................................................................................................... 3
  1.2 Conflict of interest ....................................................................................................................... 3
  1.3 Development process .................................................................................................................. 3
  1.4 Summary of changes ..................................................................................................................... 4

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 Citation ....................................................................................................................................... 7

3 Levels of evidence .......................................................................................................................... 8
  3.1 Summary recommendations ........................................................................................................ 8

4 Implementation ................................................................................................................................ 9
  4.1 Guideline resources .................................................................................................................... 9
  4.2 Suggested resources .................................................................................................................. 9
  4.3 Implementation measures .......................................................................................................... 9
    4.3.1 QCG measures ........................................................................................................................ 9
    4.3.2 Hospital and Health Service measures .................................................................................. 9
    4.3.3 Implications for implementation ............................................................................................ 9
  4.4 Quality measures ....................................................................................................................... 10
  4.5 Safety and quality ....................................................................................................................... 11

References ......................................................................................................................................... 20

List of Tables

Table 1. Summary of change ................................................................................................................ 4
Table 2. Scope framework .................................................................................................................. 5
Table 3. Basic search strategy .......................................................................................................... 6
Table 4. Major guideline development processes ........................................................................... 7
Table 5. Summary recommendations ............................................................................................... 8
Table 6. NSQHS Standard 1 ............................................................................................................ 10
Table 7. Clinical quality measures .................................................................................................. 10
Table 8. NSQHS .................................................................................................................................. 11
1 Introduction
This document is a supplement to the Queensland Clinical Guideline (QCG) *Stabilisation for retrieval–neonatal*. 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 Development process
This version of the guideline followed the *peer 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 guidelines since original publication.

### Table 1. Summary of change

<table>
<thead>
<tr>
<th>Publication date</th>
<th>Identifier</th>
<th>Summary of major change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>October 2011</strong></td>
<td>MN11.18-V1-R16</td>
<td>First publication</td>
</tr>
<tr>
<td><strong>April 2017</strong></td>
<td>MN11.18-V2-R17</td>
<td>Review date extended. Identifier updated. Branding updated. Queensland Emergency Medical Coordination Centre (QCC) renamed to Retrieval Services Queensland (RSQ)</td>
</tr>
</tbody>
</table>
| **March 2018**   | MN18.18-V3-R23 | Full review:  
|                  |             | • Flow chart: Respiratory distress added  
|                  |             | • Appendix removed—Peripheral intravenous insertion sites  
|                  |             | • Appendix removed—UAC and UVC insertion distances  
|                  |             | • Appendix removed—ETT length and size by corrected gestation  
|                  |             | • Amendments to Checklist: Preparation for retrieval  
|                  |             | • Specific conditions information expanded |
| **July 2018**    | MN18.18-V4-R23 | Oxygen saturation target ranges updated to align with QNSAG recommendations  
|                  |             | **From:** Target oxygen saturation Term baby is 94%–99%; Preterm baby 91%–95%  
|                  |             | **To:** In the absence of good quality evidence, Queensland Neonatal Services Advisory Group (QNSAG) endorse the following consensus recommendation for oxygen saturation targets after 10 minutes of age: Term baby 92–98%; Preterm baby 90–95%  
|                  |             | Supplement: Section 4: Safety and Quality Standards updated |
| **November 2023**| MN23.18-V5-R28 | Peer Review:  
|                  |             | • Formatting updated  
|                  |             | • References updated  
|                  |             | • Flow amended  
|                  |             | • Flowcharts aligned with text  
|                  |             | • Elements of Queensland Clinical Guideline Standard care removed  
|                  |             | • Elements of guidance in other QCG guidelines and neonatal medication monographs removed, and hyperlinks inserted  
|                  |             | • Added section: 12.5 Other—bone fractures and skin conditions |
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 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>
<thead>
<tr>
<th>Scope framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
</tr>
<tr>
<td>Purpose</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Outcome</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Exclusions</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

2.3 Clinical questions
The following clinical questions were generated to inform the guideline scope and purpose:
- What factors influence the need for transfer or retrieval?
- How are the immediate and ongoing clinical care needs met?
- How are specific conditions best identified and stabilised?
- How are the baby’s parents and family best cared for and supported?
2.4 Search strategy

A search of the literature was conducted during August 2022–April 2023. A further search was conducted in May and August 2023. 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

<table>
<thead>
<tr>
<th>Step</th>
<th>Consideration</th>
</tr>
</thead>
</table>
| 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:  
- 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  
Construct a search using common search and key terms identified during Step 1 above  
Search the following databases  
- 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  
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  
- Known resource sites  
- Internet search engines  
- Relevant textbooks |

2.4.1 Keywords

The following keywords were used in the basic search strategy: hypoxic ischaemic encephalopathy, encephalopathy, respiratory distress syndrome, respiratory distress, hyaline membrane disease, seizures, neonatal retrieval, neonatal interhospital transfer, neonatal stabilisation, resuscitation, jaundice, preterm, premature, prematurity, breathing difficulties, intubation, ventilation, continuous positive airway pressure, hypotension, diaphragmatic hernia, pneumothorax, neural tube defects, spina bifida, choanal atresia, tracheo-oesophageal atresia. oesophageal atresia, tracheoesophageal fistula, Pierre Robin sequence, exomphalos, gastrochisis, congenital heart disease, cardiac arrhythmias, bowel obstruction, duodenal atresia, malrotation, volvulus, Hirschsprung’s disease, infection, sepsis, hypoglycaemia, bradycardia, apnoea, hypovolemia, anaemia, thermoregulation, meconium aspiration, persistent pulmonary hypertension of the newborn. Other keywords may have been used for specific aspects of the guideline.
2.5 Consultation
Major consultative and development processes occurred between January 2023 and June 2023.

Table 4. Major guideline development processes

<table>
<thead>
<tr>
<th>Process</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original development</td>
<td>• Original consultative and development processes occurred between September 2017 and January 2018</td>
</tr>
<tr>
<td></td>
<td>• This included formation of a working party and statewide consultation as per usual QCG process</td>
</tr>
<tr>
<td></td>
<td>• A survey of clinician opinion was also conducted</td>
</tr>
<tr>
<td>Decision for peer review</td>
<td>• A review of the guideline scope, clinical questions and current literature was undertaken in August 2022. Areas of clinical practice change were identified</td>
</tr>
<tr>
<td></td>
<td>• Clinical leads</td>
</tr>
<tr>
<td></td>
<td>o Reviewed the previous scope and version of the guideline</td>
</tr>
<tr>
<td></td>
<td>o Reviewed identified areas of clinical practice change</td>
</tr>
<tr>
<td></td>
<td>o Confirmed aspects of the guideline for update and new inclusions</td>
</tr>
<tr>
<td></td>
<td>o Reached consensus agreement that a peer review process was appropriate</td>
</tr>
<tr>
<td>Consultation</td>
<td>• Expert clinicians and consumer representatives were identified by the clinical leads and invited to peer review the updated guideline in June 2023</td>
</tr>
</tbody>
</table>

2.6 Endorsement
The guideline was endorsed by the:

- Queensland Clinical Guidelines Steering Committee in November 2023
- Statewide Maternity and Neonatal Clinical Network (Queensland) in November 2023

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


EXAMPLE:
3 Levels of evidence
Summary recommendations were informed by:

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

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

Table 5. Summary recommendations

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Strength of recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Local senior clinician consulted urgently prior to discussion with neonatologist at RSQ</td>
<td>Consensus</td>
</tr>
<tr>
<td>2. Care for newborn babies within the CSCF of the birthing hospital unless otherwise agreed</td>
<td>Consensus</td>
</tr>
<tr>
<td>3. Risk assess all woman antenatally for the need to transfer before birth to a higher level service</td>
<td>Consensus</td>
</tr>
<tr>
<td>4. Provide parents with information about the plan of care for their baby</td>
<td>Consensus</td>
</tr>
<tr>
<td>5. Provide parents with support and information about the receiving hospital</td>
<td>Consensus</td>
</tr>
</tbody>
</table>
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: Antenatal transfer or retrieval
- Flowchart: Postnatal stabilisation and transfer
- Flowchart: Respiratory distress
- Education resource: Stabilisation for retrieval-neonatal
- Knowledge assessment: Stabilisation for retrieval-neonatal
- Parent information: Baby needing transfer

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:

- Protocol for debriefing local staff after stabilisation and retrieval of a baby
- Guideline audit tools

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) Standards [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

<table>
<thead>
<tr>
<th>NSQHS Standard 1: Clinical governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical performance and effectiveness</td>
</tr>
<tr>
<td>Criterion 1.27: Actions required:</td>
</tr>
<tr>
<td>Evidence based care:</td>
</tr>
<tr>
<td>a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice</td>
</tr>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

The following clinical quality measures are suggested:

Table 7. Clinical quality measures

<table>
<thead>
<tr>
<th>No</th>
<th>Audit criteria</th>
<th>Guideline section</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Proportion of babies with known antenatal risk factors requiring tertiary level care retrieved or transferred after birth</td>
<td>Section 1.2</td>
</tr>
<tr>
<td>2.</td>
<td>Proportion of babies requiring retrieval or transfer identified early in the postnatal period</td>
<td>Section 1.2.2 Section 2</td>
</tr>
<tr>
<td>3.</td>
<td>Proportion of babies that have clinical progression or deterioration recognised and managed at the appropriate decision points</td>
<td>Sections 1.1, 1.2, 1.7, 8, 10</td>
</tr>
<tr>
<td>4.</td>
<td>Percentage of parents satisfied with information and support offered if their baby was retrieved or transferred</td>
<td>Section 11</td>
</tr>
</tbody>
</table>

4.5 Areas for future research

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

- The effect on the baby’s long term outcome when the retrieval team attends the birth in the local facility
### 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

<table>
<thead>
<tr>
<th>NSQHS Criteria</th>
<th>Actions required</th>
<th>☑ Evidence of compliance</th>
</tr>
</thead>
</table>
| **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. Incorporates 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](http://www.health.qld.gov.au/qcg) |
<table>
<thead>
<tr>
<th>NSQHS Criteria</th>
<th>Actions required</th>
<th>Evidence of compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NSQHS Standard 1: Clinical governance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient safety and quality systems</strong></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>Diversity and high risk groups</strong></td>
<td>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</td>
<td>☑ 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</td>
</tr>
<tr>
<td><strong>Evidence based care</strong></td>
<td>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</td>
<td>☑ 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</td>
</tr>
<tr>
<td><strong>Clinical performance and effectiveness</strong></td>
<td>The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients.</td>
<td></td>
</tr>
<tr>
<td><strong>Performance management</strong></td>
<td>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</td>
<td>☑ 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 <a href="http://www.health.qld.gov.au/qcg">http://www.health.qld.gov.au/qcg</a></td>
</tr>
<tr>
<td>NSQHS Criteria</td>
<td>Actions required</td>
<td>Evidence of compliance</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>NSQHS Standard 1: Clinical governance</strong></td>
<td>Policies and procedures</td>
<td>✓ QCG has established processes to review and maintain all guidelines and associated resources</td>
</tr>
</tbody>
</table>

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.

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.

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.

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 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

**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.

- [x] This guideline and consumer information provides information for consumers to make informed decisions
- [x] This guideline promotes informed consent

### 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

- [x] The guideline provides evidence-based and best practice recommendations for care
- [x] 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.

- [x] The guideline provides evidence-based and best practice recommendations for care
- [x] Assessment and care appropriate to the cohort of patients is identified in the guideline
- [x] 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

- [x] The guideline provides evidence-based and best practice recommendations for care
- [x] Recommendations for use of antimicrobials are evidence based
- [x] If applicable, Australian therapeutic guidelines and resources were used to develop guideline recommendations
<table>
<thead>
<tr>
<th>NSQHS Criteria</th>
<th>Actions required</th>
<th>✓ Evidence of compliance</th>
</tr>
</thead>
</table>
| NSQHS Standard 4: Medication safety | 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 |
| 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 |  |
| NSQHS Standard 5: 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](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 |
<table>
<thead>
<tr>
<th>NSQHS Criteria</th>
<th>Actions required</th>
<th>Evidence of compliance</th>
</tr>
</thead>
</table>
| NSQHS Standard 6: Communicating for safety | 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 | 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 |
<table>
<thead>
<tr>
<th>NSQHS Criteria</th>
<th>Actions required</th>
<th>Evidence of compliance</th>
</tr>
</thead>
</table>
| Correct identification and procedure matching | 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 | 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 |
<table>
<thead>
<tr>
<th>NSQHS Criteria</th>
<th>Actions required</th>
<th>☑️ Evidence of compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NSQHS Standard 7: Blood management</strong></td>
<td><strong>Integrating clinical governance</strong>&lt;br&gt;7.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:&lt;br&gt;a. Implementing policies and procedures for blood management&lt;br&gt;b. Managing risks associated with blood management&lt;br&gt;c. Identifying training requirements for blood management</td>
<td>☑️ The guideline provides evidence-based and best practice recommendations for use of blood products</td>
</tr>
<tr>
<td><strong>Clinical governance and quality improvement to support blood management</strong></td>
<td><strong>Optimising and conserving patients’ own blood</strong>&lt;br&gt;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:&lt;br&gt;a. Optimising patients’ own red cell mass, haemoglobin and iron stores&lt;br&gt;b. Identifying and managing patients with, or at risk of, bleeding&lt;br&gt;c. Determining the clinical need for blood and blood products, and related risks</td>
<td>☑️ The guideline provides evidence-based and best practice recommendations for use of blood products&lt;br&gt;☑️ The guideline is consistent with recommendations of national guidelines</td>
</tr>
<tr>
<td><strong>Prescribing and clinical use of blood and blood products</strong></td>
<td><strong>Prescribing and administering blood and blood products</strong>&lt;br&gt;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</td>
<td></td>
</tr>
</tbody>
</table>

The clinical use of blood and blood products is appropriate, and strategies are used to reduce the risks associated with transfusion.
<table>
<thead>
<tr>
<th>NSQHS Criteria</th>
<th>Actions required</th>
<th>Evidence of compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NSQHS Standard 8: Recognising and responding to acute deterioration</strong></td>
<td></td>
<td>☑️</td>
</tr>
</tbody>
</table>
| **Clinical governance and quality improvement to support recognition and response systems** | 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 |
References
