Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal **Clinical Guideline**

Guideline Supplement: Termination of pregnancy

Queensland Government

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1 Introduction

This document is a supplement to the Queensland Clinical Guideline (QCG) Termination of pregnancy. 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. Conflicts of interested were managed in accordance with established QCG processes.

1.3 Development process

This version of the guideline followed the full review development process

1.4 Summary of change

Table 1. Summary of change

Publication date *Endorsed by:*	**Identifier**	**Summary of major change**
February 2013	MN13.21-V1-R18	First publication
February 2018 *Queensland Clinical Guidelines Steering Committee*	MN13.21-V2-R19	Review date extended to December 2019 to align with the work of the Queensland Law Reform Commission on termination of pregnancy Minor updates to branding and formatting
December 2018	MN13.21-V3-R19	Amendments initiated following enactment of the Queensland Termination of Pregnancy Act 2018 • Title amended from *Therapeutic termination of pregnancy* to *Termination of pregnancy* • Sections amended o References to Queensland law aligned with Termination of Pregnancy Act 2018 and Crown Law advice o Appendix B: Mifepristone and misoprostol protocol amended so applicable only after 63 days gestation o TGA approvals updated o Minor formatting and branding updates • Sections deleted o Facility level approvals o Indemnity o Legal test for each case • Section added o Definition of termination healthcare o Local service delivery at Section 3 Clinical standards o Flowchart Medical termination with MS-2 Step o Section 7.5 MS-2 Step (up to and including 63 days gestation)

Publication date *Endorsed by:*	**Identifier**	**Summary of major change**
October 2019 *Statewide Maternity and Neonatal Clinical Network*	MN19.21-V4-R24	**Full review of clinical content** • Medical practitioner responsibilities and gestational age requirements for ToP services added • Amended o Clinical standards updated o Appendices incorporated into text • Added o Performance of a termination definition o Assault and domestic violence o Memory creation and palliative care following live birth o Considerations for late termination o Prophylactic antibiotics for surgical termination o Discharge instructions and follow up o Contraception
August 2020	MN19.21-V5-R24	Amendments initiated by Clinical Lead, and request to include FGM • Added o Section 4.4. Special circumstances Female genital mutilation (FGM) • Amended o Section 7.2.2 removed recommendation for one hour of observation following administration of mifepristone o Added option for outpatient or at home administration following pre-termination assessment
March 2022	MN19.21-V6-R24	Initiated following legislation amendments • Added throughout o Reference to registered student health practitioner involvement in termination healthcare (assisting, conscientious objection, education) • Amended Section 4.3 Suspicion of child abuse o Additional criminal offenses as specified in Criminal Code Act 1899 • Minor formatting and references updated
November 2022	MN19.21-V7-R24	Initiated following Change Request • Amended o Rh D immunoglobulin recommendations for MToP before 10+0 gestation (not recommended) • Amended o Recommendation for prophylactic antibiotics for MtoP changed FROM| Insufficient evidence to recommend the use of antibiotics prior to MtoP TO| Prophylactic antibiotics not recommended for MtoP • Added: Information when counselling women about the potential for live birth

Publication date *Endorsed by:*	**Identifier**	**Summary of major change**
December 2022	MN19.21-V8-R24	Initiated following Change Request: Pretermination assessment for MS-2 Step MtoP • Amended Section 5 and flowcharts o FROM: Undertake routine antenatal serum screening o TO If MtoP with MS-2 Step, routine antenatal serum screening not required; consider based on history/opportunistically with other serum tests. For other MtoP or StoP undertake routine antenatal serum screening (if not already screened)….
October 2023	MN19.21-V9-R24	• Requirements for MS-2 Step prescriber education removed as per Therapeutic Goods Administration amendments o Flowchart: Medical termination with MS-2 Step o Section 6.1 Practitioner requirements • Sections relevant to 'born with signs of life' amended o New section 5.4.3 Born with signs of life inserted o 'Live birth' added to Section 5.3. MToP and SToP risks and complications
September 2024 *Endorsed by Queensland Maternity and Neonatal Clinical Network*	MN24-21-V10-R29	Full review • Updated: legislation relevant to performance of a medical termination • Updated: requirements for MS-2 Step prescribers • Added: decision support flowchart for no-scan USS at or less than 63 days gestation • Added: clinical guidance for MToP at or less than 63 days gestation • Updated: flow, formatting and references

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 Director General of Queensland Health in 2010.
The scope of the guideline was determined using the following framework.

2.2 Scope

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

Table 2. Scope framework

Scope framework	
Population	• Women requesting termination of pregnancy
Purpose	• Identify evidence related to assessment and care of women who request termination of pregnancy • Support Queensland clinicians to practice within the Queensland legal framework
Outcome	• Support appropriate assessment, treatment and care of women requesting termination of pregnancy
Exclusions	• Routine antenatal, intrapartum and postpartum and post-surgical care • Detailed clinical procedures related to: o Feticide o Surgical termination of pregnancy o Management of anaesthesia • Discussion of ethical, religious or spiritual views on termination of pregnancy, including reason for termination. This includes (but is not limited to), rape, abnormalities, anomalies or disability of mother or fetus • Referral pathways of local HHS including management of conscientious objection, impact on service provision and individual management of wait lists • Elements specific to Queensland Clinical Guideline *Standard care*

2.3 Clinical questions

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

- What are the legal considerations for termination of pregnancy in Queensland?
- What clinical assessments of the woman should be undertaken when termination of pregnancy is being considered/has been agreed/requested?
- What information supports a woman's decision-making in relation to termination of pregnancy
- What clinical assessments are recommended prior to termination of pregnancy?
- How is termination of pregnancy achieved safely?
- What care is recommended following a termination of pregnancy?

2.4 Search strategy

A search of the literature was conducted during January to February 2024. The QCG search strategy is an iterative process that is repeated and amended as guideline development occurs (e.g. if additional areas of interest emerge, areas of contention requiring more extensive review are identified or new evidence is identified). All guidelines are developed using a basic search strategy. This involves both a formal and informal approach.

Table 3. Basic search strategy

Step		Consideration
1.	Review clinical guidelines developed by other reputable groups relevant to the clinical speciality	• This may include national and/or international guideline writers, professional organisations, government organisations, state based groups. • This assists the guideline writer to identify: o The scope and breadth of what others have found useful for clinicians and informs the scope and clinical question development o Identify resources commonly found in guidelines such as flowcharts, audit criteria and levels of evidence o Identify common search and key terms o Identify common and key references
2.	Undertake a foundation search using key search terms	• Construct a search using common search and key terms identified during Step 1 above • Search the following databases o PubMed o CINAHL o Medline o Cochrane Central Register of Controlled Trials o EBSCO o Embase • Studies published in English less than or equal to 5 years previous are reviewed in the first instance. Other years may be searched as are relevant to the topic • Save and document the search • Add other databases as relevant to the clinical area
3.	Develop search word list for each clinical question	• This may require the development of clinical sub-questions beyond those identified in the initial scope. • Using the foundation search performed at Step 2 as the baseline search framework, refine the search using the specific terms developed for the clinical question • Save and document the search strategy undertaken for each clinical question
4.	Other search strategies	• Search the reference lists of reports and articles for additional studies • Access other sources for relevant literature o Known resource sites o Internet search engines o Relevant textbooks

2.4.1 Keywords

The following keywords were used in the basic search strategy: termination, abortion, pregnan*, follow-up, feticide, ultrasound, mifepristone, misoprostol, MS-2 Step, surgical termination, medical termination
Other keywords may have been used for specific aspects of the guideline.

2.5 Consultation

Major consultative and development processes occurred between March 2024 and July 2024.

Table 4. Major guideline development processes

Process	Activity
Clinical leads	• The nominated Clinical Leads were approved by QCG Steering Committee
Consumer participation	• Consumer participation was invited from a range of consumer • Two consumers were accepted as paid working party members
Working party	• An EOI for working party membership was distributed via email to Queensland clinicians and stakeholders in March 2024 • The working party was recruited from responses received • Working party members who participated in the working party consultation processes are acknowledged in the guideline • Working party consultation occurred in a virtual group via email
Statewide consultation	• Consultation was invited from Queensland clinicians and stakeholders during May 2024 • 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 August 2024
- Queensland Maternity and Neonatal Clinical Network in August 2024

2.7 Citation

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

> Queensland Clinical Guidelines. [**Insert Guideline Title**]. Guideline No. [**Insert Guideline Number**]. Queensland Health. [**Insert Year of Publication**]. Available from: www.health.qld.gov.au/qcg.
>
> **EXAMPLE:**
> Queensland Clinical Guidelines. Normal birth. Guideline No. MN17.25-V3-R22. Queensland Health 2017. Available from: www.health.qld.gov.au/qcg.

3 Levels of evidence

Summary recommendations were informed by:

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

3.1 Summary recommendations

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

Table 5. Summary recommendations

Recommendations		Grade of evidence
1.	Offer information to women about both surgical and medical methods of termination of pregnancy	Consensus
2.	Provide information about the risks and complications that may be associated with termination of pregnancy	Consensus
3.	Perform a pre-termination assessment individualised to the needs of the woman and her circumstances	Consensus
4.	Discuss contraception during the provision of termination healthcare	Consensus
5.	Routinely offer pain medication, or a prescription for pain medication (if outpatient setting) after both medical and surgical terminations of pregnancy	Consensus
6.	Offer information about post termination care management	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: Summary of termination of pregnancy
- Flowchart: Medical termination at or less than 63 days
- Flowchart: Decision aid for no-scan MToP at or less than 63 days
- Education resource: Termination of pregnancy
- Knowledge assessment: Termination of pregnancy
- Patient information: Termination of 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:

- Identification of local access and referral pathways and processes
- Education for health professionals providing termination of pregnancy services

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

Table 6. NSQHS Standard 1

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

The following clinical quality measures are suggested:

Table 7. Clinical quality measures

No	Audit criteria	Guideline section
1.	What proportion of women had a surgical termination of pregnancy?	Section 5
2.	What proportion of women had a medical termination of pregnancy?	Section 4
3.	What proportion of women who had a surgical termination of pregnancy were prescribed cervical ripening agents?	Section 9.1
4.	What proportion of women who had a surgical termination of pregnancy received prophylactic antibiotics?	Section 9.2
5.	What proportion of women having a termination of pregnancy were offered pain relief?	Section 10
6.	What proportion of women were offered counselling?	Section 6.3

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.

- Comparison of satisfaction levels for women related to surgical and medical termination of pregnancy
- Proportion of healthcare providers who exercise a conscientious objection to termination healthcare
- Criteria and safety for identification of women suitable for no-scan MToP at or less than 63 days

4.6 Safety and quality

In conjunction with the Queensland Clinical Guideline *Standard care*[2], implementation of this guideline provides evidence of compliance with the National Safety and Quality Health Service Standards.[1]

Table 8. NSQHS

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 1: Clinical governance		
Patient safety and quality systems Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.	**Diversity and high risk groups** 1.15 The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care	☑ Assessment and care appropriate to the cohort of patients is identified in the guideline ☑ High risk groups are identified in the guideline ☑ The guideline is based on the best available evidence
Clinical performance and effectiveness The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients.	**Evidence based care** 1.27 The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care	☑ Queensland Clinical Guidelines is funded by Queensland Health to develop clinical guidelines relevant to the service line to guide safe patient care across Queensland ☑ The guideline provides evidence-based and best practice recommendations for care ☑ The guideline is endorsed for use in Queensland Health facilities. ☑ A desktop icon is available on every Queensland Health computer desktop to provide quick and easy access to the guideline
	Performance management 1.22 The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system	☑ The guideline has accompanying educational resources to support ongoing safety and quality education for identified professional and personal development. The resources are freely available on the internet http://www.health.qld.gov.au/qcg

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 1: Clinical governance		
Patient safety and quality systems Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.	**Policies and procedures** 1.07 The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	☑ QCG has established processes to review and maintain all guidelines and associated resources ☑ Change requests are managed to ensure currency of published guidelines ☑ Implementation tools and checklist are provided to assist with adherence to guidelines ☑ Suggested audit criteria are provided in guideline supplement ☑ The guidelines comply with legislation, regulation and jurisdictional requirements
NSQHS Standard 2: Partnering with Consumers		
Health literacy Health service organisations communicate with consumers in a way that supports effective partnerships.	**Communication that supports effective partnerships** 2.08 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 2.09 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review 2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	☑ Consumer consultation was sought and obtained during the development of the guideline. Refer to the acknowledgement section of the guideline for details ☑ Consumer information is developed to align with the guideline and included consumer involvement during development and review ☑ The consumer information was developed using plain English and with attention to literacy and ease of reading needs of the consumer
Partnering with consumers in organisational design and governance Consumers are partners in the design and governance of the organisation.	**Partnerships in healthcare governance planning, design, measurement and evaluation** 2.11 The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community 2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	☑ Consumers are members of guideline working parties ☑ The guideline is based on the best available evidence ☑ The guidelines and consumer information are endorsed by the QCG and Queensland Statewide Maternity and Neonatal Clinical Network Steering Committees which includes consumer membership

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 2: Partnering with Consumers		
Partnering with consumers in their own care Systems that are based on partnering with patients in their own care are used to support the delivery of care. Patients are partners in their own care to the extent that they choose	**Healthcare rights and informed consent** 2.04 The health service organisation ensures that its informed consent processes comply with legislation and best practice 2.05 The health service organisation has processes to identify: a. The capacity of a patient to make decisions about their own care b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	☑ This guideline and consumer information provides information for consumers to make informed decisions ☑ This guideline promotes informed consent
	Shared decisions and planning care 2.06 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 2.07 The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care	☑ Consumer information is available for this guideline ☑ Consumers are members of guideline working parties
NSQHS Standard 3:Preventing and controlling infections		
Clinical governance and quality improvement systems are in place to prevent and control infections, and support antimicrobial stewardship and sustainable use of infection prevention and control resources Systems are in place to support and promote prevention and control of infections, improve antimicrobial stewardship, and support appropriate, safe and sustainable use of infection prevention and control resources in the health service organisation.	**Integrating clinical governance** 3.01The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for infection prevention and control b. Identifying and managing risks associated with infections c. Implementing policies and procedures for antimicrobial stewardship d. Identifying and managing antimicrobial stewardship risks	☑ The guideline provides evidence-based and best practice recommendations for care ☑ Recommendations for use of antimicrobials are evidence based
Infection prevention and control systems Patients, consumers and members of the workforce with suspected or confirmed infection are identified promptly, and appropriate action is taken. This includes persons with risk factors for transmitting or acquiring infection, or colonisation with an organism of local, national or global significance. .	**Standard and transmission-based precautions** 3.06 The health service organisation has processes to apply standard transmission-based precautions that are consistent with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare,* jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws.	☑ The guideline provides evidence-based and best practice recommendations for care ☑ Assessment and care appropriate to the cohort of patients is identified in the guideline ☑ High risk groups are identified in the guideline if applicable

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 3:Preventing and controlling infections		
Antimicrobial stewardship The health service organisation has systems for the safe and appropriate prescribing and use of antimicrobials as part of an antimicrobial stewardship program	**Antimicrobial stewardship** 3.18 The health service organisation has an antimicrobial stewardship program that: a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing	☑ The guideline provides evidence-based and best practice recommendations for care ☑ Recommendations for use of antimicrobials are evidence based ☑ If applicable, Australian therapeutic guidelines and resources were used to develop guideline recommendations
NSQHS 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** 4.01 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 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** 5.01 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** 5.03 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 Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 6: Communicating for safety		
Clinical governance and quality improvement to support effective communication Systems are in place for effective and coordinated communication that supports the delivery of continuous and safe care for patients.	**Integrating clinical governance** 6.01 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** 6.03 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** 6.04 The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes	☑ Requirements for effective clinical communication by clinicians are identified ☑ The guideline provides evidence-based and best practice recommendations for communication between clinicians ☑ The guideline provides evidence-based and best practice recommendations for communication with patients, carers and families ☑ The guideline provides evidence-based and best practice recommendations for discharge planning and follow –up care
Communication of critical information Systems to effectively communicate critical information and risks when they emerge or change are used to ensure safe patient care.	**Communicating critical information** 6.09 Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient 6.10 The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians	☑ Requirements for effective clinical communication of critical information are identified ☑ Requirements for escalation of care are identified

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 6: Communicating for safety (continued)		
Correct identification and procedure matching Systems to maintain the identity of the patient are used to ensure that the patient receives the care intended for them.	**Correct identification and procedure matching** 6.05 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** 6.07 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 6.08 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 Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 7: Blood management		
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.	**Integrating clinical governance** 7.01 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	☑ The guideline provides evidence-based and best practice recommendations for use of blood products
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.	**Optimising and conserving patients' own blood** 7.04 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** 7.06 The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria	☑ The guideline provides evidence-based and best practice recommendations for use of blood products ☑ The guideline is consistent with recommendations of national guidelines

NSQHS 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** 8.01 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** 8.03 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** 8.04 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

1. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. Second edition [Internet]. 2021 [cited 2024 January 08]. Available from: www.safetyandquality.gov.au.
2. Queensland Clinical Guidelines. Standard care. Guideline No. MN22.50-V2-R27. [Internet]. Queensland Health. 2022. [cited 2024 January 08]. Available from: https://www.health.qld.gov.au/qcg.