Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal

Consumer engagement strategy

Queensland Government

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The Department of Health acknowledges the Traditional Custodians of the lands, waters and seas across the State of Queensland on which we work and live. We also acknowledge First Nations peoples in Queensland are both Aboriginal Peoples and Torres Strait Islander Peoples and pay respect to the Aboriginal and Torres Strait Islander Elders past, present and emerging.

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Document control

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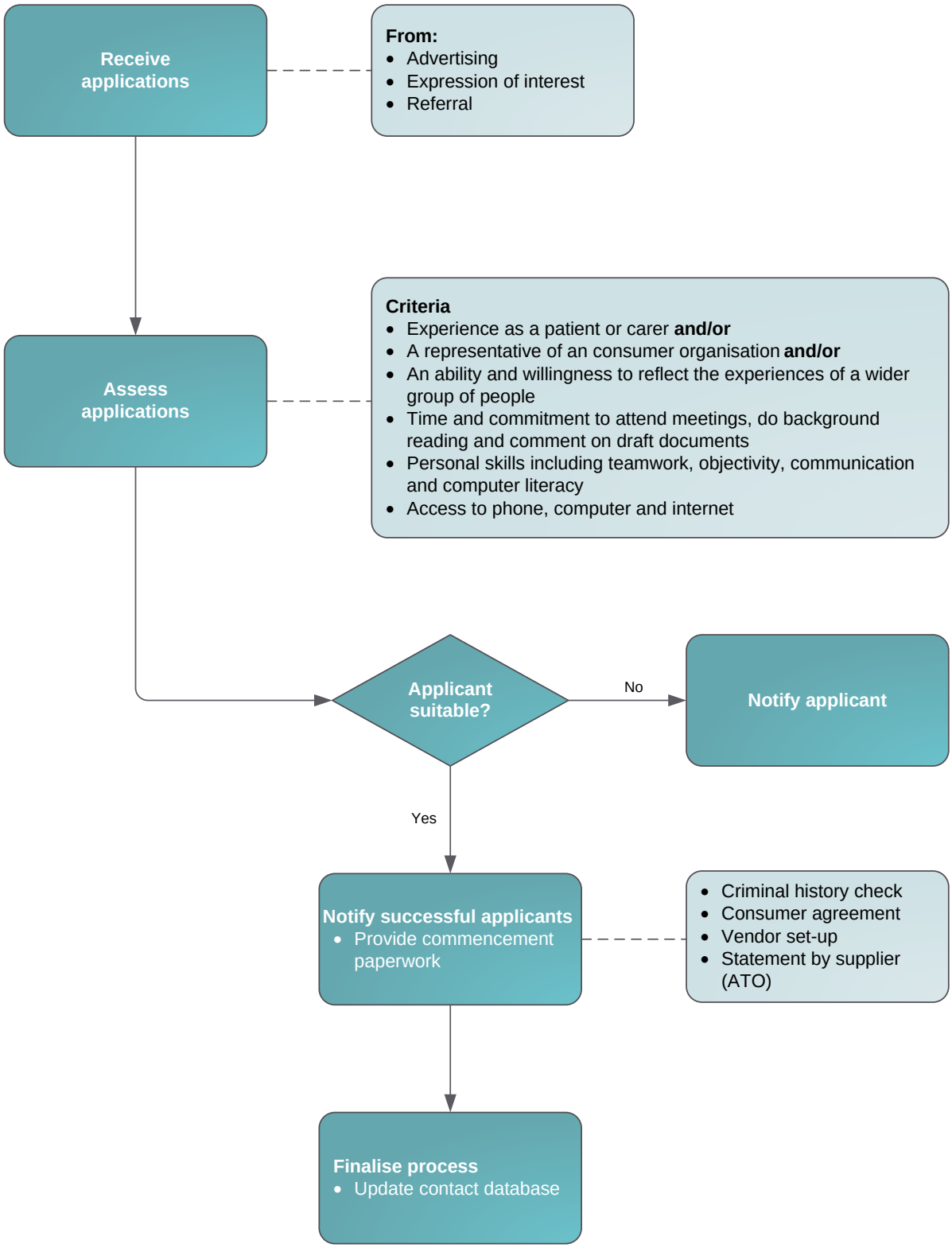
V1.0	October 2015	QCG	First publication.
V2.0	March 2020	QCG	Formatting updated. Flowchart updated. Information reviewed with minor updates.
V3.0	October 2023	QCG	Formatting updated. Flowchart updated. Information regarding consumer representation requirements updated.

Flow Summary: Consumer recruitment and selection



ATO: Australian Tax Office

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Abbreviations

ACSQHC	Australian Council for Safety and Quality in Health Care
HCQ	Health Consumers Queensland
MNHHS	Metro North Hospital and Health Service
NSQHS	National Safety and Quality Healthcare Standards
QCG	Queensland Clinical Guidelines

Definitions

Collaboration	Work together; join forces; act as a team.
Consultation	Discussion aimed at collecting information, ascertaining opinions or reaching an agreement; meeting with an expert in the field.[1]
Consumer	A person who uses, or potentially uses health services, including their family and carers whose participation may be as an individual, consumer representative or organisation of consumers.[2] They may have lived experience of a health issue. They might receive health care or advice, or otherwise use health care services. Consumers can also be people who represent the views and interests of a consumer organisation, a community, or a wider constituency.[3]
Formal engagement	There is a role description/statement which articulates the roles and responsibilities for consumer representation with Queensland Clinical Guidelines (QCG). Expressions of interest are promoted widely. There is a transparent recruitment and selection process for appointment to the role.
Informal engagement	Consumers, carers and community members who provide input into aspects of service planning, delivery or evaluation for which there is no role statement or selection and recruitment process.
Payment of engagement fees	Payment offered for participation in engagement activities.
Reimbursement	Repayment for money already spent (e.g. fuel, parking).
Representative	A consumer representative is person who voices the consumer perspective and takes part in the decision-making process on behalf of consumers. This person may be nominated by, and be accountable to, an organisation of consumers.[4]
Representing	Act or speak for another, act for another officially as advocates or consultants.[4]

1 Purpose

The purpose of this document is to communicate the Queensland Clinical Guidelines (QCG) strategy for engaging consumers in development and review of statewide clinical guidelines and associated resources.

1.1 Background

QCG was established in August 2008 with the mission of translating evidence into best clinical practice. Consumer representatives have been valuable in supporting this mission by participating in the QCG steering committee and guideline development working parties. Participation up to 2015 was only recognised with a formal thank you letter.

In Queensland there has been greater support and recognition of the importance of partnerships between consumers and clinicians. Since 2015, QCG has integrated this important aspect of care into statewide clinical guideline and associated resources by strengthening and formalising engagement with consumers in alignment with accepted best practice. This includes:

- Developing a consumer engagement strategy
- Establishing a network of consumer contacts
- Formalising the recruitment and selection of consumer representatives
- Remunerating consumer participation.

Increased involvement of consumer representatives in development and implementation of clinical guidelines enables better partnerships between clinicians and consumers, and better personalised care.

1.2 Strategic alignment

The valuable and important contribution consumers make to health service planning and delivery is well recognised and accepted both nationally and internationally.[1,2,5-7] The importance of consumer engagement is acknowledged within a variety of strategic documents guiding health services in Queensland including:

- Australian Commission on Safety and Quality in Health Care National Safety & Quality Standards in Health Care Standard 2 Partnering with Consumers[8]
- Code of Conduct for Queensland Public Servants[9]
- National Code of Conduct for Health Care Workers (Queensland)[10]
- Australian Commission on Safety and Quality in Health Care Australian Charter of Healthcare Rights: My healthcare rights[11]
- Department of Health Strategic Plan 2021-2025[12]
- Metro North Hospital and Health Service (MNHHS) *Partnering with consumers–reimbursement and payment* procedure Version 2.0 (Procedure 004369)[13]

1.3 Consumer engagement

There are strong and validated reasons and benefits associated with consumer involvement in guideline development, implementation and review.[2,5]
These include:

- Improving relationships between healthcare providers and the community
- Improving partnership between patient and clinician by ensuring that the wording and presentation of guidelines are respectful, and the recommendations promote compliance by clinical staff
- Enhancing legitimacy and support of the development process, and for receptivity to final guideline uptake and dissemination
- Enhancing creative effort, novel external perspectives and challenges, and adding relevance and appropriateness
- Appropriately accounting for issues that are important to patients and the public
- Potentially improving health outcomes for consumers
- Supplementing gaps in the evidence, or obtaining a wider source of patient/public experiences and views
- Supporting sustainable community interaction and capacity
- Enhancing acceptance and uptake of guidelines in the local context
- Supporting representation of specific groups within the patient population, such as those who are unrepresented or ‘seldom heard’
- Supporting responsible decision making based on public needs and priorities
- Adding value to problem solving issues that arise from the expertise and energy of the experiences of individuals and communities
- Reducing political risk as public confidence is increased with legitimacy and credibility of decisions

2 Methods of consumer engagement

Three major strategies have been described to engage consumers. A mixed approach is possible that includes consultation (while limiting the number of consumers to a manageable and viable size) as well as participation and communication (either directly or through consumer groups).[5,14,15]

Table 1. Strengths and weaknesses of consumer involvement strategies

Strategy	Strengths	Weaknesses
Consultation	• Gathers views of large number of Individuals • Methods add to evidence base • Helps public accept guideline recommendations • Identifies topics important for public • Useful in early stages of development • May be undertaken online	• Tends to seek out individual viewpoints
Participation	• Fosters deliberation and mutual learning • Enables consumers to be present during deliberations • Fosters mutual influence between consumers and professionals • Fosters collective perspective • Supports compromise or consensus	• Allows involvement of small number of people only • May miss perspective of vulnerable groups
Communication	• Useful in dissemination and implementation • Increases public knowledge and awareness of recommendations which may increase uptake	• Decision aids may be required to assist consumers weigh up pros and cons for ‘grey areas’

2.1 Consumer information brochures

Consumer information brochures are integral to the available QCG documents and resources. Consumer representation and engagement ensures these meet pre-determined criteria including (but not limited to) options with benefits and risks, patient centred outcomes, understanding, and accessibility. This:

- Ensures consumer information is understood by consumers
- Supports guideline implementation and improves health care
- Helps consumers make informed decisions that are based on best available evidence
- Helps consumers learn about the current standard of care and how their condition is best treated or managed
- Supports the relationship between consumers and clinicians, as decisions are based on the same body of evidence and standards of care[5,7,15]

3 Barriers and opportunities

Proceeding with a formal process for consumer engagement with appropriate remuneration carries little risk and significant opportunity for benefit. However, a number of challenges have been identified and these along with potential mitigation strategies are outlined in Table 2. Risk Matrix

Table 2. Risk Matrix

Decision option	Negative consequence if action occurs	Risk rating
Proceed with formal consumer strategy[16]	• Less than 2% delay to administrative, workflow or corporate programs—negligible impact on achieving objectives • Cost of remuneration must be incorporated into QCG budget • Resources (human, time and money) must be assigned to manage and support strategy	Low/likely
Do not proceed with formal consumer strategy[16]	• No harm (e.g. a preventable clinical incident classified as SAC3) • Complaints and/or negative local media attention • Potential for damage to Queensland Health reputation • Quality of QCG guidelines and associated resources diminished	Medium/unlikely

3.1 Challenges and mitigation strategies

Formal consumer engagement poses a low level of organisational and operational risk. Mitigation strategies further reduce these risks.

Table 3. Potential challenges and mitigation strategies

Challenge[1,4,5,12,15]	Mitigation
High level of scientific, medical and technical information	• Promote formal consumer training (e.g. from HCQ) • Provide support person to guide and assist, but not influence
Role perceived by professionals as not value adding or by consumer as tokenistic	• Inform clinical lead and members of working party about consumer role • Clinical lead acts as role model • Program officer provides support • Consumer payment so that there is acknowledgement of the consumers' expertise and the value of their input
Engagement in virtual groups	• Link with program officer by phone and email • Include computer literacy as a criterion in role description
Feedback from consumers may not be incorporated into guideline	• Follow usual processes for providing reasons for inclusion or exclusion of feedback
Expectations about confidentiality and conflict of interest	• Information resources made available to clarify

4 Resourcing

The life experiences of consumers are many and varied and may be reflected in their knowledge of systems, experience in change management and ability to evaluate. Their contribution and expertise require a significant investment of time and energy; therefore, it needs to be remunerated. Payment helps legitimise their role by valuing the skills and experience that they bring. It demonstrates their participation is valued and indicates the seriousness with which their contribution is taken. Additionally, consumers are likely to be more productive and supportive of the health service, provide a long-term commitment, and therefore ensure consistency and sustainability if they are remunerated. Payment underpins respect for work done by the consumer and can stimulate performance and accountability.[2,5] Potentially, remuneration broadens the pool of representatives.[17]

Importantly, remuneration and reimbursement puts the consumer representative on an equal footing with others in the group and makes consumer opinion as equally valuable. This mitigates the risk of a 'them and us' issue developing.

Apart from a "sitting fee", consumer representatives are not expected to be out of pocket for any expenses they incur such as travel and car parking.[17] The costs (both human and financial) associated with consumer engagement is identified and built into QCG annual budget and program of work. An efficient process for payment to consumers in line with Metro North Hospital and Health Service (MNHHS) policy is in place.[13]

4.1 Remuneration

New guidelines usually undergo three rounds of consultation and guideline reviews have two. In line with MNHHS procedure[13] consumers are paid a fee for each round of working party participation. The payment schedule is reflective of the heavier workload of the first round of consultation. Consumers are also remunerated for participating in other QCG activities such as steering committee meetings.

4.2 Consumer support

Consumers require support for their participation in working parties.[1,2,17] QCG endeavours to provide the necessary supports to consumers to enhance their participation. This includes an awareness of the need for:

- Consideration of the impact of geographical location/distance
- Language interpreters when required
- Out of session contact to answer questions or discuss matters relating to the QCG work
- Physical accessibility of meeting venues for people with disabilities
- Support workers for people with disabilities
- Cultural considerations
- Planning to address potential barriers to engagement including:
    - Promoting engagement with the working party group
    - Addressing the group if contributions by consumer representatives are not acknowledged appropriately
    - Welcoming and encouraging contributions from consumer representatives
    - Provision of orientation and induction training
    - Timely receipt of papers, minutes, and other reading material
    - Sufficient notice of meetings and other deadlines
    - Printing and hard copy forwarding of large documents if requested
    - Information and explanation of technical terms and acronyms in use

5 Recruitment and selection

A sustainable recruitment process that is equitable, transparent, accountable, and efficient is required to ensure appropriate representation. Consumers endorsed by a relevant consumer organisation or group, or those with lived experience, are accepted as consumer representatives.

5.1 Attributes of the consumer representative

Consumer representatives are expected to[17]:

- Express opinions and contribute their own experiences and those of their family members or as a member of the public
- Represent any relevant consumer organisation they may be involved with, and liaise with members regarding QCG matters
- Share what they consider being the common perspectives of members of their organisation, population group or networks
- Think laterally and strategically about the health system
- Contribute to decision-making
- Be able to challenge assumptions of the providers and “hold their own” with senior professionals

5.2 Roles and responsibilities of the consumer representative

Consumer representatives’ roles and responsibilities[1,13] include:

- Raise issues, provide feedback and prompt the working party to consider issues from a different experience base and range of perspectives
- Assess evidence and consider recommendations in consultation with other relevant healthcare providers
- Be accountable to the nominating organisation if they are a formal representative of that organisation
- Operate within the conditions of their appointment (including any terms of reference)
- Declare any actual or perceived conflicts of interest (COI), undergo a criminal history check and disclose any previous or current employment as a lobbyist
- Adhere to confidentiality requirements, and be held accountable to the committee for maintaining confidentiality and protecting privacy and declaring conflicts of interest in line with Queensland Health policies
- Abide by the Queensland Health code of conduct

5.3 Experience, knowledge and skills of the consumer representative

The consumer representative will have:

- An ability and willingness to reflect the experiences of a wider group of people through consumer organisations, forums or self-help groups
- The time and commitment to attend meetings, do background reading and comment on draft documents
- Personal skills including ability to be objective, teamwork, communication and computer literacy[1]

5.4 Recruitment process

The recruitment process may be by nomination or open recruitment. Open recruitment involves advertising using a role description. Nomination occurs through organisations known to QCG. Table 4. Recruitment process comparison identifies the advantages and disadvantages of both these processes.[17]

Consumers are added to distribution lists and mailing groups and receive notification about QCG activities including guideline working parties and steering committee participation. They may indicate their interest in being a consumer representative by an online expression of interest.

An open selection process demonstrates inclusiveness and transparency. It is usual to recruit at least two consumer representatives to each working party to add different perspectives, as well as for social support.[4]

Table 4. Recruitment process comparison

Process	Advantages	Disadvantages
Open	• Wider range of people • Transparent • Reduces potential for conflict of interest • Avoids biases	• Time consuming • Needs role description to be developed • Requires administrative overhead
Nomination	• Quick • Known background and ability of nominee	• Less transparent • Narrows pool of applicants

5.5 Selection method

Features of the selection method include:

- A clear and legitimate process (nominations or open merit)
- Providing information about the vacancy to consumer organisations
- Advertising timeline sufficient for organisations to reach their members
- Giving consideration to reaching socially disadvantaged groups/organisations who may not have access to the internet, minority cultures, and ethnic groups[18]

6 Quality measures

Quality measures will be considered during the evaluation phase as outlined in Table 5. Suggested quality and audit measures. The QCG *Consumer engagement* strategy complies with the criteria of National Safety and Quality in Healthcare Standards (NSQHS) *Standard 2 Partnering with consumers*[8]:

- Clinical governance and quality improvement systems
- Partnering with patients in their own care
- Health literacy
- Partnering with consumers in organisational design and governance

Table 5. Suggested quality and audit measures

No	Audit criteria	Target	Document Section
1	The percentage of new or reviewed guidelines that have at least two consumers actively participating in working parties	100%	5.4 Recruitment Process
2	The percentage of recruited consumers who actively engage in a working party including timeliness of feedback that is representative of their organisation	80%	1.3 Consumer engagement 2 Methods of consumer engagement

6.1 Safety and quality

Implementation of this strategy provides evidence of compliance with the National Safety and Quality Health Service Standards (NSQHS).[19]

Table 6. NSQHS

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

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 1: Clinical governance		
Patient safety and quality systems Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.	**Policies and procedures** 1.7 The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	☑ QCG has established processes to review and maintain all guidelines and associated resources ☑ Change requests are managed to ensure currency of published guidelines ☑ Implementation tools and checklist are provided to assist with adherence to guidelines ☑ Suggested audit criteria are provided in guideline supplement ☑ The guidelines comply with legislation, regulation and jurisdictional requirements
NSQHS Standard 2: Partnering with Consumers		
Health literacy Health service organisations communicate with consumers in a way that supports effective partnerships.	**Communication that supports effective partnerships** 2.8 The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community 2.9 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review 2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	☑ Consumer consultation was sought and obtained during the development of the guideline. Refer to the acknowledgement section of the guideline for details ☑ Consumer information is developed to align with the guideline and included consumer involvement during development and review ☑ The consumer information was developed using plain English and with attention to literacy and ease of reading needs of the consumer
Partnering with consumers in organisational design and governance Consumers are partners in the design and governance of the organisation.	**Partnerships in healthcare governance planning, design, measurement and evaluation** 2.11 The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community 2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	☑ Consumers are members of guideline working parties ☑ The guideline is based on the best available evidence ☑ The guidelines and consumer information are endorsed by the QCG and Queensland Statewide Maternity and Neonatal Clinical Network Steering Committees which includes consumer membership

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

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 4: Medication safety		
Clinical governance and quality improvement to support medication management Organisation-wide systems are used to support and promote safety for procuring, supplying, storing, compounding, manufacturing, prescribing, dispensing, administering and monitoring the effects of medicines	**Integrating clinical governance** 4.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	☑ The guideline provides current evidence based recommendations about medication
NSQHS Standard 5: Comprehensive care		
Clinical governance and quality improvement to support comprehensive care Systems are in place to support clinicians to deliver comprehensive care	**Integrating clinical governance** 5.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care **Partnering with consumers** 5.3 Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	☑ 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** 6.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication **Partnering with consumers** 6.3 Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making **Organisational processes to support effective communication** 6.4 The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes	☑ Requirements for effective clinical communication by clinicians are identified ☑ The guideline provides evidence-based and best practice recommendations for communication between clinicians ☑ The guideline provides evidence-based and best practice recommendations for communication with patients, carers and families ☑ The guideline provides evidence-based and best practice recommendations for discharge planning and follow –up care
Communication of critical information Systems to effectively communicate critical information and risks when they emerge, or change are used to ensure safe patient care.	**Communicating critical information** 6.9 Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient 6.10 The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians	☑ Requirements for effective clinical communication of critical information are identified ☑ Requirements for escalation of care are identified

NSQHS Criteria	Actions required	☑ Evidence of compliance
NSQHS Standard 6: Communicating for safety (continued)		
Correct identification and procedure matching Systems to maintain the identity of the patient are used to ensure that the patient receives the care intended for them.	**Correct identification and procedure matching** 6.5 The health service organisation: a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated	☑ 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 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** 7.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for blood management b. Managing risks associated with blood management c. Identifying training requirements for blood management	☑ 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** 7.4 Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by: a. Optimising patients' own red cell mass, haemoglobin and iron stores b. Identifying and managing patients with, or at risk of, bleeding c. Determining the clinical need for blood and blood products, and related risks **Prescribing and administering blood and blood products** 7.6 The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria	☑ 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** 8.1 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

7 Conclusion

QCG has a formal consumer engagement strategy that is resourced and implemented. The following strategies are in place:

- A mixed approach of engagement including consultation, participation and communication
- Recruitment open to any applicants that meet the requirements of the role description
- A formal recruitment and selection process
- Resources and supports are developed or sourced for consumers including:
  - Role description
  - Frequently asked questions information sheet
- Clear, transparent and approved process are in place for the purposes of remuneration and reimbursement
- Working parties including the clinical leads are informed with regard to constructive consumer involvement on the working parties
- Consumers are involved with the consultative phases of guideline and other resource development
- Consultation processes are conducted in-line with other working party members, that is a virtual working party communicating by email with occasional need for teleconferencing
- Consumer information is developed for each new guideline and progressively for current ones as they are reviewed and as resources allow
- Opportunities for involvement are made available to consumers in addition to guideline development as they are identified (e.g. implementation activities)

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