GUIDELINE

Clinical Guidelines: Development and Review Process

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

Aim

Outlines the review, development and endorsement process for clinical guidelines in the Neonatology Unit.

Risk

Inaccurate or ineffective reviews can result in processes that do not align with best practice which may result in poor patient outcomes.

Background

Clinical Guidelines are developed to guide staff on practice and standards of care in the neonatology unit. The clinical guidelines are utilised by Nursing, Medical and Allied health staff across the Neonatology Unit, Postnatal Wards at KEMH and the Newborn Emergency Transport Team.

Key points

- There are four policy sets that fall under Neonatology.
    1. Neonatology Clinical Guidelines
    2. Newborn Emergency Transport Service (NETS) WA Guidelines
    3. Neonatal Postnatal Ward Guidelines (KEMH)
    4. Nutrition Room Guidelines
- Clinical Guidelines are reviewed every three years at a minimum. If overdue each guideline will be risk assessed for priority of review and be assessed by

NCG for accuracy and currency of practice. Metadata (document and database) will reflect and record this for compliance reporting purposes.

- Review processes and changes to content can be initiated through evidence-based practice
  - Clinical Audits
  - New Evidence from research or literature reviews
  - Recommendations from clinical incidents or Root Cause Analysis
  - Change in equipment availability or new equipment
- Clinical Guideline reviews, endorsement process and communications are coordinated by the Clinical Nurse Specialists – Quality and Safety.
- All clinical guidelines complete a robust review where medical and nursing staff are given the opportunity to review the content before it is endorsed and published.

Document Development

- Refer to Appendix 1 for Guideline Review/Development Workflow.
- Guideline submission form accompanies all reviews (appendix 2) and must be completed by reviewer.
- All clinical guidelines are presented on the approved CAHS Guideline/Policy Templates.
- Associated guidelines are hyperlinked for ease of access.
- Medication monographs landing page to be hyperlinked were staff can search the medication required – medication dosages are not to be added to guidelines.
- Stakeholder review must be completed with each guideline review where appropriate.
- FiCare Principles incorporated where appropriate.
- Aboriginal health Impact Statement and Declaration Process to be considered. See CAHS Aboriginal Health Impact Statement and Declaration Process and Aboriginal Impact Statement
- Place card developed/updated for HealthPoint.

Document Distribution

Once endorsed, the following is to occur:

- Previous guideline archived and new document saved in policy set.
- Clinical Guideline uploaded to CAHS internet site via Sitecore

- Place card uploaded to Healthpoint with CAHS.NEO. as naming configuration
- Hard copies printed, 1 per site
    - PCH resource cupboard
    - KEMH SCN3 nurses' station
- List of reviewed guidelines circulated to the following
    - Emailed to all neonatology staff with key changes
    - Add to CAHS Monthly Policy Summary (CAHS Policy Update Page)
    - Posted on Neonatology Staff Portal
    - Notification of endorsement to key stakeholders

Implementation

Some clinical guideline reviews may result in change of practice. Several practices may follow to ensure staff are aware of the changes and to evaluate the effectiveness of the change.

- Change of Practice Notification
- Take 5 and education presentations (in-service)
- Nursing Updates
- Quality Improvement Activity following new implementation
- Simulations
- Feedback forms

Related CAHS internal policies, procedures and guidelines
CAHS Abbreviations for Clinical Documentation CAHS Policy Management CAHS Aboriginal Health Impact Statement and Declaration Process

This document can be made available in alternative formats on request.

Document Owner:	Neonatology		
Reviewer / Team:	Neonatology Coordinating Group		
Date First Issued:	August 2014	Last Reviewed:	May 2025
Amendment Dates:		Next Review Date:	27th May 2028
Approved by:	Neonatology Coordinating Group	Date:	27th May 2025
Endorsed by:	Neonatology Coordinating Group	Date:	
Standards Applicable:	NSQHS Standards: Child Safe Standards: 1,10		

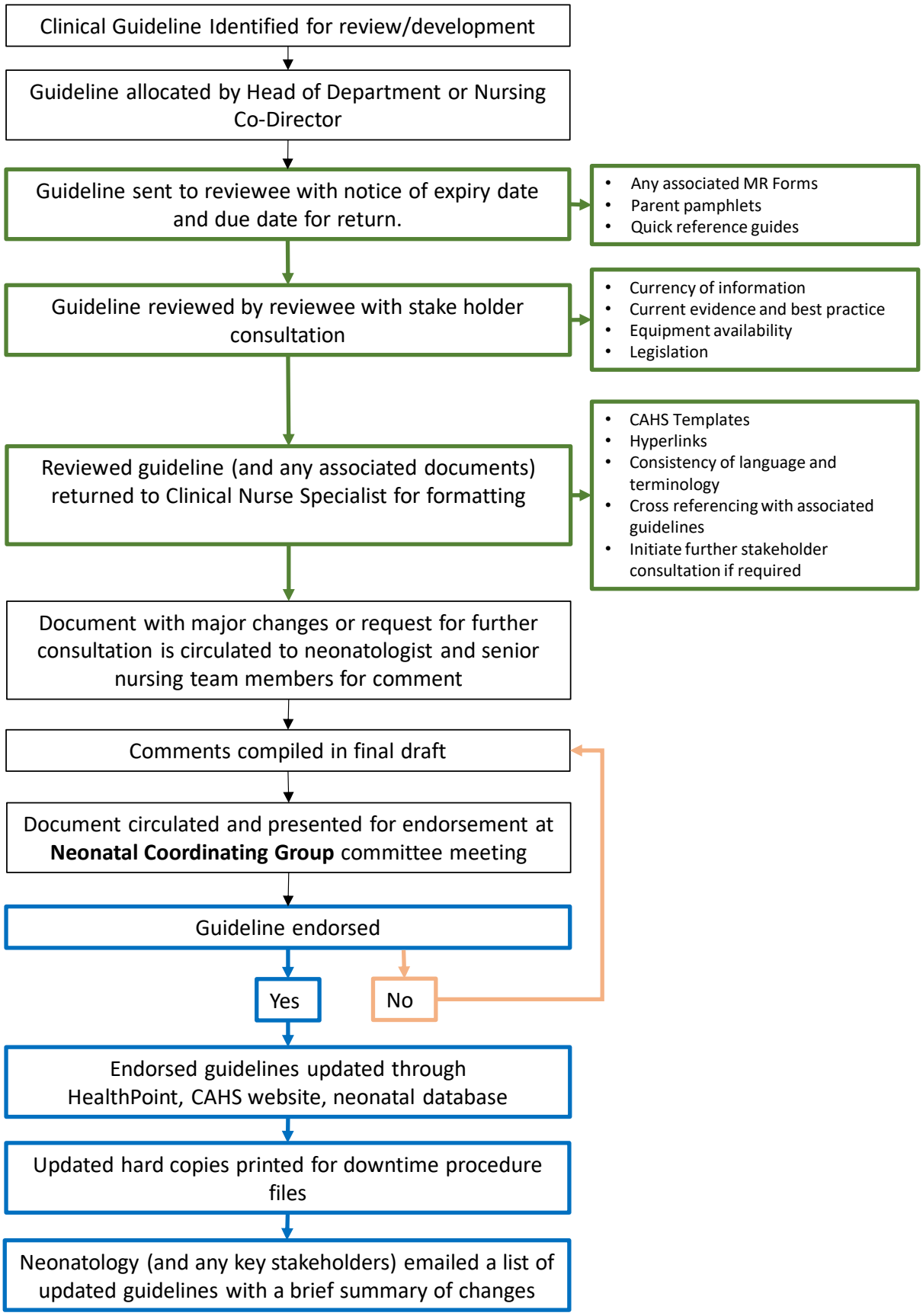
Printed or personally saved electronic copies of this document are considered uncontrolled

Healthy kids, healthy communities

Compassion | Excellence | Collaboration | Accountability | Equity | Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

Appendix 1: Clinical Guideline Review / Development



Appendix 2: Guideline Submission Form

Document Title		
Key Contact Person:	Reviewer Name	Reviewer Position.
Due for Return: Date	**Document Expiry (if applicable):** Date	

1. Minimum requirements for guideline review

☐ Reference list reviewed and updated ☐ **AIM** and **RISK** for the guideline included

2. Associated Documents to be reviewed in conjunction

3. Summary of Key Changes

- Click or tap here to enter text.

4. Consultation and Communication

Please circulate this document for initial stakeholder review prior to returning to the CNS Guidelines and Safety. This is ensures a robust review before wider NCG endorsement

Neonatology Staff (Ensure cross site medical review and nursing input)	**External Stakeholder Review** (Specialty, Infection Prevention, Consumer, Allied Health)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

5. National Safety and Quality Health Care (NSQHS) Standards (check all that apply)

☐ 1 Clinical Governance	☐ 2 Partnering with Consumers	☐ 3 Infection Prevention
☐ 4 Medication Safety	☐ 5 Comprehensive Care	☐ 6 Communicating for Safety
☐ 7 Blood Management	☐ 8 Recognising and Responding to Acute Deterioration	

6. Other comments

Is an implementation plan / education required for change of practice?

- Click or tap here to enter text.