



CLINICAL PRACTICE GUIDELINE

Guidelines development, implementation, evaluation and review processes

This document should be read in conjunction with the [Disclaimer](#)

Aim

To provide a clear, accessible guide for the identification, development, implementation and review of the Obstetrics, Gynaecology and Imaging Evidence-based Clinical Guidelines.

Key points

Evidence-based Clinical Guidelines:

1. Are based on the best available scientific evidence, if not available they are based on current best clinical practice.
2. Identify and list the literature used in their development and review.
3. Are **guides to appropriate care at the Tertiary level of health service.**
4. Are developed following the WNHS Policy Manual on [Policy Introduction, Review and Dissolution](#)

	PROCEDURE	ADDITIONAL INFORMATION
1.	Identify an issue/topic for guideline construction. Identify Key stakeholders; Form Project team as required; Each guideline to have an owner who is determined by the Medical Director or the Director of Nursing/Midwifery.	Does the issue/topic require a guideline? List champions and Clinical Experts;
2.	Formulate a draft guideline document through: <ul style="list-style-type: none"> • a review of the scientific literature • consultation with experts • an assessment of current practice • develop the DRAFT 	Clinical guidelines based on the findings of rigorous research increases the likelihood of providing the best possible care for women and infants. Ongoing assessment of the literature, expert opinion and review of current practice ensures this.
3.	Distribute the DRAFT to Key	Ensures key clinical experts can review

	PROCEDURE	ADDITIONAL INFORMATION
	stakeholders and project team members for review and critical appraisal	the literature and current best clinical practice and make consensus decisions
4.	Receive feedback and complete the FINAL DRAFT	The author is to collate all feedback and produces the final draft. A final review and ratification process ensures clinical consensus.
5.	FINAL DRAFT to Clinical Guidelines co-ordinator.	No reply from clinicians is deemed to confirm the party has no comment.
6	Final guideline added to the next relevant subcommittee meeting agenda for ratification, with a cover sheet (as displayed on page 4) to identify history, issues and feedback.	The cover sheet is to be used for information of WNHS staff only and should be removed prior to uploading on the internet.
7.	Documentation signed off by Directors of OGID	
8.	Disseminate the new/reviewed guideline via <ul style="list-style-type: none"> • Distribution of a 'New and Updated Guidelines' form to all clinical areas- nursing/midwifery & medical staff including state-wide contacts via email. • Publishing of the new/reviewed guideline on the intranet/internet. • Completion of the updates page on the intranet/internet. • Insert hardcopy of the new / reviewed guideline in the relevant clinical practice manuals in the Hospital Clinical Manager's office. 	Active dissemination of guidelines to all relevant areas and to clinicians is a prerequisite for effective implementation ¹ . Hard copies are essential in case of loss of power or malfunction of computer network/website.
8.	Implement the new/reviewed guideline through: <ul style="list-style-type: none"> • Involving users in the implementation plan. • Providing education for stakeholders. • Providing feedback on compliance and health outcomes. • Recruiting respected peers to 	Various implementation strategies encourage the successful uptake of guidelines and changes in clinical practice.

	PROCEDURE	ADDITIONAL INFORMATION
	promote change.	
10	Review the guideline: <ul style="list-style-type: none"> • Three years from implementation date or • In response to new evidence. 	In order for guidelines to remain current they must undergo regular review and updating.
11	Processes to be coordinated by the Clinical Nurse /Midwife Specialist for Guidelines and Quality.	Ensures Clinical Guidelines are reviewed and/or developed adhering to the processes of the Health Service Policy.
12	Guidelines that are determined 'High Risk/ high volume' by the Obstetric Gynaecology and imaging Directorate (OGID) are to be regularly audited for compliance, with an audit tool to be attached as an appendix to the relevant guideline.	As per NSQHS Standard 1.7

References and resources


Related policies

Related WNHS policies, procedures and guidelines

[Policy Introduction, Review and Dissolution](#)

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