Kimberley Aboriginal Health Planning Forum

# Procedure

## Kimberley Clinical Protocols and Guidelines

Endorsed by the Kimberley Aboriginal Health Planning Forum

11 December 2023

Kahpf.org.au

kahpf@kamsc.org.au

# Contents

# 1. Purpose

This procedure provides guidance on the development of Kimberley Aboriginal Health Planning Forum (KAHPF) Kimberley Clinical Protocols and Guidelines. It is relevant to all such documents and communicates the procedure for their development, endorsement, implementation, and monitoring.

# 2. Summary

All Kimberley Clinical Protocols and Guidelines require endorsement by the KAHPF and are maintained on the KAHPF website. Each document must have the backing of a Sub-committee.

The Head Writer and Writing Group are tasked with ensuring that stakeholders have opportunities to contribute to and offer feedback on the development of the protocols and guidelines, and any related documents. All documents should be clear, succinct, and composed in plain English, and they will be published exclusively in KAHPF-approved formats.

When incorporating content that others have developed and published, the Head Writer must secure the appropriate permissions to use such material. Furthermore, the Head Writer is responsible for a comprehensive quality review of the documents prior to their submission for endorsement.

Every Sub-committee is obligated to establish a procedure for the ongoing monitoring and review of the protocols and guidelines, and any associated documents they oversee. Should the content of a document, or its necessity, become outdated, the respective Sub-committee must act promptly to retract it.

# 3. Background

## 3.1 Kimberley Clinical Protocols and Guidelines

The KAHPF is the peak regional primary health care forum for improving health outcomes for Aboriginal people in the Kimberley region of Western Australia (refer Terms of Reference). The KAHPF Strategic Plan outlines the key priorities of the KAHPF, which are implemented through its Members and Sub-committees.

**KAHPF Kimberley Clinical Protocols and Guidelines are published on the KAHPF website.**

Primary health care services are delivered through a range of Aboriginal community-controlled, government and non-government organisations across the Kimberley.

The KAHPF has developed Kimberley Clinical Protocols and Guidelines from a desire to standardise the screening for, and management of, health conditions more prevalent in the region, and in recognition that the management of these conditions differs from standard management. Standardisation is especially important for Kimberley Aboriginal patients and aims to improve their journey through the health system by promoting comprehensive, culturally responsive primary health care. Kimberley Clinical Protocols and Guidelines enable a range of health care professionals to initiate care, working within their scope of practice.

Kimberley Clinical Protocols and Guidelines are developed as a collaborative undertaking of KAHPF Sub-committees and Working Groups, which are multidisciplinary committees comprised of local health care professionals that consult with other subject matter experts as required. Documents are based on local

research and established best practices, adapted to local conditions, and provide an invaluable resource for all health care professionals that deliver primary health care services to Aboriginal people across the region.

The KAHPF provides governance of the protocols and guidelines, including final endorsement and approval to publish, based on the recommendation of the relevant Sub-committee.

### 3.1.1 Limitations

Per the KAHPF Terms of Reference, Sub-committees and the KAHPF do not have decision-making powers as entities, and as such cannot act as authorities above or on behalf of individual health service governance and management bodies. Kimberley Clinical Protocols and Guidelines do not indicate an exclusive course of action or serve as a definitive mode of patient care – variations that consider individual circumstances, clinical judgement, scope of professional practice and patient choice may be appropriate dependent on the health care setting.

For this reason, **it is recommended that most documents are considered as guidelines, not protocols. Whilst historically, most documents have been referred to as 'protocols', they are guidelines**.

## 3.2 Key contributors

Kimberley Clinical Protocols and Guidelines are collaboratively developed by:

| Contributor | Role |
|---|---|
| **Administration** | Per the KAHPF Terms of Reference, all KAHPF members are responsible for contributing, via in-kind support, to the provision of Sub-committee secretariat and administrative support as able. |
| **Head Writer** | Identified by the Sub-committee to lead drafting of documents, generally a subject matter expert. |
| **KAHPF** | Endorses and provides overarching governance of all documents. |
| **KAHPF Secretariat** | The KAHPF Secretariat is hosted by Kimberley Aboriginal Medical Services (KAMS). They oversee the implementation of this procedure. The team includes the Medical Director and Senior Policy Officer:<br>• The Medical Director provides leadership in the development and revision of documents with appropriate input from other KAHPF member organisations including the WA Country Health Service (WACHS).<br>• The Senior Policy Officer processes documents for endorsement by the KAHPF (including final quality review), collates reports on the status of documents, and maintains final documents in the KAMS record management system. |
| **Sub-committee** | Sponsors drafting of documents and are responsible for ongoing monitoring, implementation, and review. Provides endorsement of the final draft before submission to the KAHPF for endorsement. |
| **Writing Group** | Multidisciplinary working group established by the Sub-committee to assist the Head Writer with drafting. |

### 3.3 Key terms

Key terms used in this procedure and their definitions are as follows:

| Term | Definition |
|---|---|
| **Endorsement** | The official statement indicating that a document, and its content, is accepted as correct. This is granted by the Sub-committee and then the KAHPF. |
| **Evidence Used and Rationale** | Background document which accompanies the protocol or guideline and outlines the rationale, stakeholders involved/consulted, discussion points and key considerations, resources, and references. |
| **Guideline** | Principles or criteria that guide or direct clinical practice. |
| **Implementation Issues** | Background document which accompanies the protocol or guideline which identifies any barriers to implementation, and how these can be overcome. |
| **Protocol** | Procedures or processes to be followed in a consistent way and with a consistent outcome. |
| **Rescind** | Cancel and remove a document from publication. |
| **Review** | A formal examination of an existing document. |
| **Review Date** | The date by which a document is to commence review. |
| **Sponsorship** | Position and function of a Sub-committee to develop, monitor, implement and review documents. |
| **Status Tracker** | Spreadsheet which summarises the status of all Kimberley Clinical Protocols and Guidelines, based on input and advice from Sub-committee Chairs. The Status Tracker is maintained in MS Teams and can be accessed by all Sub-committee members (on request) via the KAHPF Senior Policy Officer. |

# 4. Developing a Protocol or Guideline

The process for developing a Kimberley Clinical Protocol or Guideline is explained below. A flowchart summarising this process is attached at Appendix 1.

**Overall, the process to develop a protocol or guideline can take six to 12 months.**

### 4.1 Endorsement to proceed

A new protocol or guideline should only be developed if there is a clear problem or concern, specific to the Kimberley region, that would be redressed if such documents were developed. A proposal to create a new document may arise from various sources including a KAHPF Sub-committee discussion, Clinical Incident Review, or Continuous Quality Improvement initiative.

Any proposal to develop a new protocol or guideline must firstly be endorsed by the KAHPF prior to development. The Sub-committee Chair can facilitate this by sending an email to the KAHPF Senior Policy Officer which briefly outlines the problem or concern, specific to the Kimberley region, that would be redressed if such documents were developed. The Senior Policy Officer will then seek KAHPF endorsement at the next KAHPF meeting.

## 4.2 Sub-committee sponsorship

Prior to drafting a new/revised protocol or guideline, the Sub-committee must agree to sponsor the document. This means that they'll be responsible for development, monitoring, implementation, and review.

## 4.3 Head Writer

The Sub-committee is responsible for identifying a Head Writer (or two). The Head Writer's role is to:

- Establish and coordinate a Writing Group.
- Facilitate writing/review in timely manner with the Writing Group.
- Manage version control throughout the drafting process (and according to their respective employer's records management policy).
- Coordinate Writing Group meetings and provide progress updates to the Sub-committee.
- Coordinate preparation of accompanying documents including 'Evidence Used and Rationale' (Appendix 2) and 'Implementation Issues' (Appendix 3).
- Coordinate responses to clinical questions and engage other subject matter experts as required.
- Where the responsibility for a protocol or guideline is to be reassigned to another Head Writer, it is the responsibility of the current Head Writer to coordinate the handover.

Early in the process, the Head Writer should liaise with the KAHPF Senior Policy Officer to obtain templates and previous documentation (as applicable).

Throughout the process, Head Writers are also encouraged to liaise with the KAMS Medical Director to gain advice and guidance on context and content as required.

Prior to writing or reviewing a document, the Head Writer is encouraged to review this procedure in full to ensure the writing process is as efficient as possible, and that they have factored in all the necessary considerations, consultations, and endorsements.

## 4.4 Writing Group

The Head Writer/Sub-committee should establish a small multidisciplinary writing group (two to 10 members) consisting of relevant representatives. At a minimum, the group is to include representation from both KAMS and WACHS and it is recommended that Aboriginal representation is sought.

The role of the Writing Group is to:

- Clarify the purpose of the protocol or guideline, such as specifying what conditions and clinical problems they will cover and identify the desired outcomes.
- Support the Head Writer by providing timely and constructive feedback.
- Reach a consensus on drafting or review within a specified period (ideally six to 12 months).
- Identify the target audience and draft the document according to the needs of the audience.
- Contribute to reporting on progress to the Sub-committee.
- Ensure consistency with other KAHPF documents, such as Kimberley Clinical Protocols and Guidelines, Kimberley Standard Drug List (KSDL) and Kimberley Standard Dressings List (KSDrl)
    - If listing a medication that is in the KSDL, note 'KSDL' after the medication in brackets, or if the medication is not in the KSDL, request a modification (using this form) for review by the KSDL Working Group.
    - If listing an item that is in the KSDrL, note 'KSDrL' after the dressing in brackets, or if the item is not in the KSDrL, alert the KAHPF Senior Policy Officer so they can bring this to the attention of the KSDrL Working Group for consideration in the next review of the KSDrL.

- Consider implementation of the document and work with the Sub-committee to write/update:
  - 'Evidence Used and Rationale' template (Appendix 2)
  - 'Implementation Issues' template (Appendix 3)
- Develop a plan for disseminating and implementing the documents, and a plan to ensure that the documents are effectively monitored and revised as necessary.

## 4.5 Consultation

The Head Writer and the Writing Group are responsible for ensuring stakeholders can contribute to, and provide feedback on, the development of the protocol or guideline. All documents must be clear and concise and use plain English.

Head Writers, with guidance from the Sub-committee, are responsible for determining the extent of consultation required and ensuring stakeholders, including KAHPF Members and other Sub-committees, can actively contribute to and provide feedback on the development of the document. Stakeholders/groups should be provided with adequate notice for review.

### 4.5.1 Minimum consultation required

Consultation must include, as a minimum:

- ☐ KAMS (via the KAMS Medical Director)
- ☐ WACHS (via the Regional Medical Director)
- ☐ The Environmental Health Sub-committee (EH-SC) (once the clinical content is approved by the sponsoring Sub-committee) (via the KAHPF Senior Policy Officer)

## 4.6 Content and structure

All protocols and guidelines must be clear and concise, use plain English, and be implementable. Writing styles are to be directive and inform the reader of the behaviours, tasks and actions required. Documents will only be published on the most current KAHPF templates, available from the KAHPF Senior Policy Officer.

### 4.6.1 Structure

The documents gather a large amount of information, and as such must be logically structured, clearly labelled, and provide links to other references as relevant. Unless the Writing Group deems it necessary to deviate, follow the standard structure of the KAHPF template (Appendix 4):

| Structure | Purpose |
|---|---|
| **Alert Box** | Critical message that requires reader action. |
| **Case Definitions** | A set of standard criteria for classifying whether a patient has a particular disease, syndrome, or other health condition. |
| **Follow up** | Steps to take after taking earlier related actions. |
| **Principles of Management** | Recommended actions or conduct to be undertaken by the reader. |
| **Refer Discuss** | The process of sending or directing a patient to another practitioner; or discussing a patient's condition with another practitioner. |
| **Resources** | Other materials and references that can be drawn on by the reader. |

| Structure | Purpose |
|---|---|
| **Screening** | Process for identifying patients who are at risk, or already have a disease or injury. |
| **Therapeutic Protocols** | An established set of rules used to complete tasks or a set of tasks. |

### 4.6.2 Tips

- Where available, refer to the existing 'Evidence Used and Rationale' and 'Implementation Issues' documents to see previous changes and areas of priority review.
- Aim for a maximum of three to four pages.
- Use hyperlinks to aid information dissemination *but* consider longevity of these links. When referring to another Kimberley Clinical Protocol/Guideline, use the URL: https://kahpf.org.au/clinical-protocols.
- Keep a note of decisions made that may vary from other documents and/or areas where evidence may be lacking. This should be included in the 'Evidence Used and Rationale' document. Consider including relevant documentation to support this.
- Use position titles, not individual names.
- When considering the audience, note that the documents are frequently used by the ACCHS sector, WACHS, the Royal Flying Doctor Service and other primary health care professionals across the region.
- Be mindful that the document is intended to be unique to the Kimberley.

### 4.6.3 Style

- Keep the audience in mind and assume that they are new to the subject area. Avoid use of jargon and acronyms, use common terminology, and keep sentences short, simple, and precise.
- Note that the documents are designed to be read on the KAHPF website. They are not designed to be printed.
- Too much use of bold type for emphasis can make text tiring to read.
- When including complex tables and diagrams, spreading the image across the page may be a better option than cramming too much information into a smaller space.
- Avoid underlining for emphasis. Underlining is a remnant from the days of the typewriter and is now more often to display hyperlinks.
- Avoid using all capital letters. People read by recognising word shapes, so lower-case letters have greater readability.
- The Australian Government Style Manual can be used as a guide for writing and editing.

### 4.6.4 Use of third-party content

When using or adapting content developed and published by others, it is the responsibility of the Head Writer to ensure they have proper permission to use the material. While it is appropriate to reference from a third party, the use or adaptation of concepts, content, tables, and diagrams must have permission from the owner of the content prior to submitting the document for endorsement.

Failure to seek and receive permission from the content owner to reproduce or adapt content may be in breach of Intellectual Property and Copyright law.

Where third-party content is used this is to be noted in the 'Evidence Used and Rationale' document with confirmation that permission to adapt or reproduce the content has been received from the content owner.

The Australian Government Referencing and Attribution guide can be used for referencing.

# 5. Quality Review and Endorsement

## 5.1 Review, endorsement, and publication

It is the responsibility of the Head Writer to conduct a final quality review of the protocol or guideline, including content accuracy, spelling, grammar, that hyperlinks work, as well as a basic review of formatting before submitting to the Sub-committee for endorsement.

### 5.1.1 Sub-committee endorsement

Before submitting the documents to the Sub-committee and then to the KAHPF, make sure the following has been completed:

- ☐ Stakeholder consultation (Refer minimum requirements section 4.5.1)
- ☐ Evidence Used and Rationale template
- ☐ Implementation Issues template
- ☐ Final quality review

Submit the documents to the sponsoring Sub-committee for endorsement. Make sure that this is done in advance of a meeting so that members have adequate time to review and consider the documents.

Where applicable, seek endorsement from other Sub-Committees.

### 5.1.2 KAHPF endorsement

Contact the KAHPF Senior Policy Officer for the current meeting schedule and deadline for agenda papers. Generally, agenda papers are due no later than three weeks before the scheduled KAHPF meeting.

The Chair of the Sub-committee submits the three documents (the protocol or guideline, evidence used and rationale and implementation issues), and confirms the minimum consultation has occurred, for endorsement via the KAHPF Senior Policy Officer.

Before submitting the documents to the KAHPF, the KAHPF Senior Policy Officer will review these to ensure stylistic compliance, for example, current templates used, font sizes, footers, document formatting, obvious grammatical errors, hyperlinks, use of abbreviations and acronyms. If not already completed, they will also confirm that the minimum consultation has occurred. Documents will be returned to the Sub-committee Chair for amendment and resubmission, if required.

Where the review requires no further changes, the KAHPF Senior Policy Officer will seek permission from the KAHPF Co-Chairs to table the final documents at the next scheduled KAHPF meeting.

Occasionally, the Sub-committee Chair may be invited to present the documents at the KAHPF meeting.

At the KAHPF meeting, KAHPF members will consider all documents, i.e., the protocol or guideline, evidence used and rationale and implementation issues. The decision of the KAHPF will be recorded in the minutes of the meeting.

### 5.1.3 Amending documents following endorsement

Once a protocol or guideline is endorsed, the document cannot be amended or altered without reissue.

If the amendments are spelling corrections, are grammatical in nature, or involve minor changes, and do not impact on any of the requirements of, or guidance within, the document, the change can be briefed for action by the KAHPF Senior Policy Officer.

Where amendments impact on any of the requirements of, or guidance within, the document (no matter how minor the change), a review of the document is to be undertaken following the above processes (Sections 4 to 5).

# 6. Notification and Distribution

## 6.1 Notification and distribution

Once endorsed the KAHPF Senior Policy Officer will firstly:

1. Save the final, endorsed word versions of the endorsed documents to a central repository and archive previous versions.
2. Convert the final documents to pdf.
3. Upload the final documents to the KAHPF website.

The KAHPF Senior Policy Officer will then communicate the KAHPF's decision to the:

1. KAHPF and Sub-committee membership – to ensure notification and distribution within their respective organisation. This includes:
    a. Sub-committee Chair – to support active implementation and ongoing monitoring.
    b. KAMS Medical Director – for distribution to the Lead Clinicians' Forum and to ensure respective MMEx care plans are updated to reflect the protocol/guideline.
    c. WACHS Regional Director – to progress to 'Endorsed for Use in Clinical Practice' per WACHS Policy.
    d. WA Primary Health Alliance – to link to Health Pathways and distribute to private primary health care providers in the Kimberley (via health.pathways@wapha.org.au).
    e. Royal Flying Doctor Service – for use in clinical practice.

### 6.1.1 Support and advice following publication

Each Sub-committee is responsible for providing support and advice regarding the implementation of the respective Clinical Protocol or Guideline.

# 7. Revising and updating Protocols and Guidelines

## 7.1 Requirement to review

Sub-committees must ensure timely review of all Kimberley Clinical Protocols and Guidelines. Reviews are to commence by their review date and may commence earlier if there are changes requiring an amendment or recission. The review date is to be determined by the Sub-committee noting that a maximum review period is five years.

The KAHPF Secretariat maintains a Status Tracker which summarises the status of all Kimberley Clinical Protocols and Guidelines, based on input and advice from Sub-committee Chairs. The Status Tracker is maintained in MS Teams and can be accessed by all Sub-committee members (on request) via the KAHPF Senior Policy Officer.

### 7.1.1 Decision to review or delete

The Sub-committee must establish whether the documents are to be revised or made obsolete.

### 7.1.2 Review schedule

Sub-committees should include 'Kimberley Clinical Protocols and Guidelines' as a standing agenda item at each meeting. Attendance of Writing Group members is not required but an update on progress should be provided by the Head Writer.

Review processes are often iterative, ideally the review schedule will follow the following annual sequence:

1. First meeting

    1. Identifies protocols/guidelines that are due for review (refer Status Tracker).
    2. Reviews the rationale for the protocol/guideline.
    3. Recommends if the document is:
        a. Still needed and relevant to the Kimberley region, and if a new direction or approach is needed, or
        b. Is obsolete and should be deleted.
    4. Where a document is to be revised, the Sub-committee is to follow the steps in this document (Sections 4, 5 and 6).
    5. Where a document is to be made obsolete, the Sub-committee is to seek endorsement to rescind the document from the KAHPF via the KAHPF Senior Policy Officer.

2. Second meeting

    1. Receives a progress report from the Head Writer on the status of each document.
    2. Considers making any recommendations to the Head Writer and Writing Group based on the progress report.
    3. Considers feedback received through the consultation process.

3. Third meeting

    1. Receives a draft of the revised document, or progress report if there are issues with the draft.
    2. Endorses the document or notes revisions to follow.
    3. Receives the Evidence Used and Rationale and Implementation Issues templates and provides feedback or recommendations on the content.
    4. Considers feedback received through the consultation process.

4. Fourth meeting

    1. Receives a final draft of the Protocol/Guideline, Evidence Used and Rationale and Implementation Issues templates for endorsement

After each Sub-committee meeting, the Chair is asked to provide relevant feedback to the KAHPF Senior Policy Officer via email so that the Status Tracker can be updated.

### 7.1.3 Updates to KAHPF

KAHPF Members will be provided an update on the status of current and proposed protocols or guidelines, on an annual basis, by the KAHPF Senior Policy Officer (or sooner if required). This update will be shared with each Sub-committee via the Sub-committee Chair.

The KAMS Medical Director may report to KAHPF on any issues requiring KAHPF attention as applicable.

### 7.1.4 Timeframe for review

Generally, the review of a document will take six to 12 months. In some circumstances it may be appropriate or necessary to extend the review date. This is to be determined by the Sub-committee in collaboration with the Head Writer and Writing Group.

While an existing document is under review, it may be removed from the KAHPF website if content is inaccurate and/or on recommendation by the Sub-committee.

### 7.1.5 Archiving documents

Clinical Protocols and Guidelines may be rescinded or marked as obsolete at any stage. If the content of, or need for, a document becomes obsolete, the Sub-committee should take timely action to rescind it through formal endorsement by the KAHPF. Once endorsed, the document will be removed from the KAHPF website and archived by the KAHPF Senior Policy Officer in accordance with KAMS policy.

# 8. Records Management

It is the responsibility of the KAHPF Senior Policy Officer to ensure all final, endorsed documents are retained and stored on LogiQC, as the KAMS approved records management system. This includes the final Word version of the documents, and minutes of the KAHPF meeting confirming endorsement.

The KAHPF Senior Policy Officer is not responsible for maintaining other documents such as stakeholder feedback and endorsements – this is the responsibility of the Head Writer and Writing Group and in accordance with the respective records management policy of their employer.

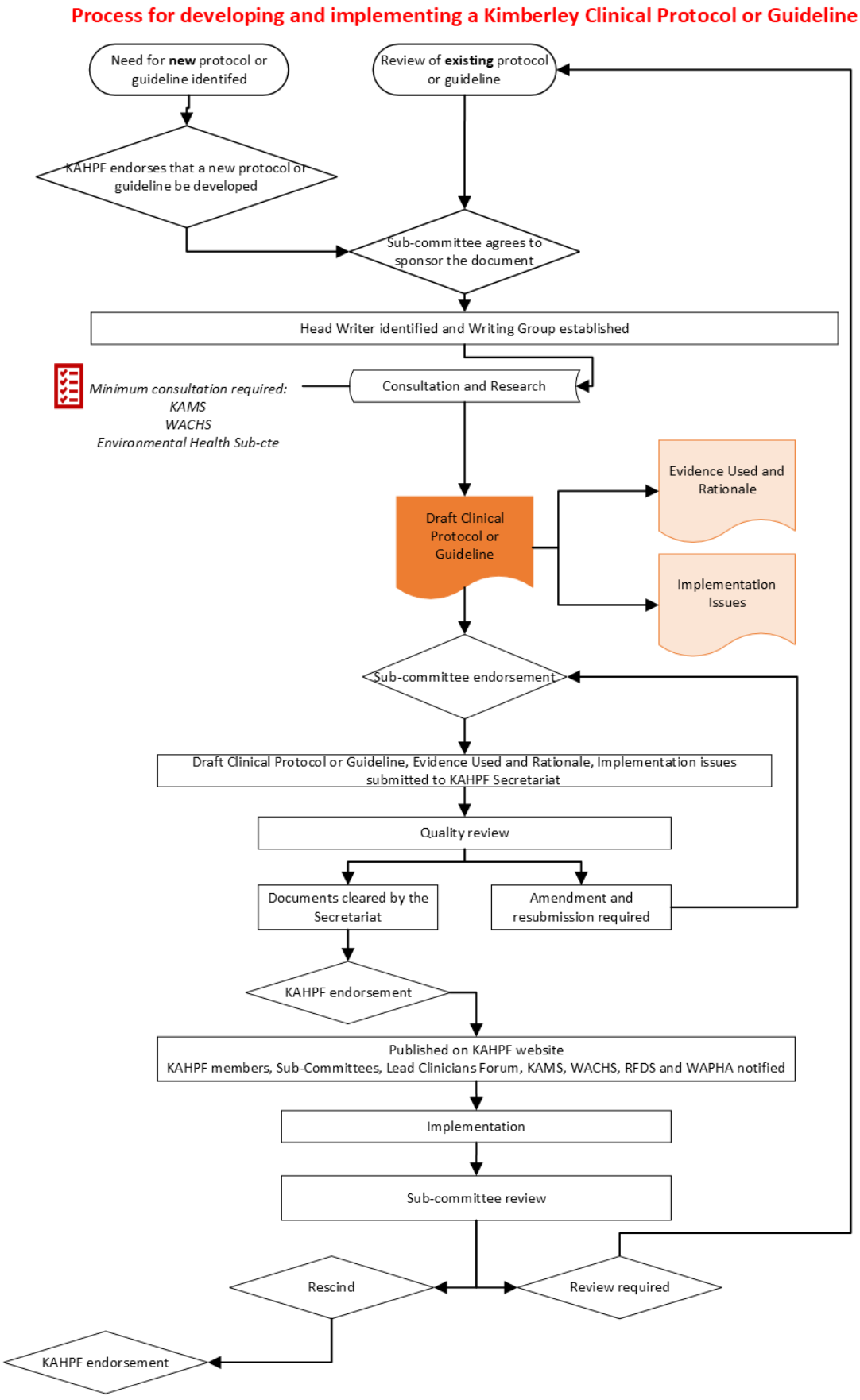
# 9. Acknowledgement

Parts of this procedure have been adapted from NSW Health Policy Directive PD2022_047 which provides information on how to develop and manage policy documents.

# 10. Appendices

1. Process for developing and implementing Kimberley Clinical Protocols and Guidelines
2. Evidence Used and Rationale – template
3. Implementation Issues – template
4. Kimberley Clinical Guideline – template

## Appendix 1: Process for developing and implementing Kimberley Clinical Protocols and Guidelines



## Appendix 2: Evidence Used and Rationale – template

[KAHPF Logo]

**[Name of Protocol or Guideline]**
**Evidence Used and Rationale**

| | |
|---|---|
| **Date** | |
| **Sponsor** | [Name] Sub-committee |
| **Rationale**<br>for completing / renewing protocol/guideline, and for changes | |
| **Head Writer/s**<br>Name, role, organisation | |
| **Writing Group Members**<br>Name, role, organisation | |
| **Consultation**<br>Who else has reviewed/provided input[1] | |
| **Discussion points** | |
| **Revision history**<br>Version control including notation of any relevant changes | |
| **Timeline**<br>Further steps required prior to publishing | |
| **Recommendations**<br>Suggestions and considerations for next review including timing of such | |
| **Resources and References**[2] | |

[KAHPF Senior Policy Officer to note date endorsed by KAHPF]

[1] At a minimum, consultation is required with KAMS, WACHS, and the Environmental Health Sub-committee
[2] Where third-party content is used this is to be noted in this document with confirmation that permission to adapt or reproduce the content has been received from the content owner.

## Appendix 3: Implementation Issues – template

[KAHPF Logo]

**[Name of Protocol or Guideline]**
**Implementation Issues**

<table>
<tr><td>Date</td><td colspan="2"></td></tr>
<tr><td>Sponsor<br>Sub-committee</td><td colspan="2"></td></tr>
<tr><td>Describe any implementation risks and challenges which have been identified while writing/revising the document</td><td colspan="2">☐ No risks / challenges identified</td></tr>
<tr><td>Who is the intended audience of this new/revised document?<br>Tick as many as apply[3]</td><td>☐ Aboriginal Health Worker<br>☐ Aboriginal Health Practitioner<br>☐ Allied Health<br>☐ Medical – District Medical Officer[4]<br>☐ Medical – GP[5]<br>☐ Medical – Intern<br>☐ Medical – Prevocational RMO<br>☐ Medical – Regional Paediatrician<br>☐ Medical – Regional Physician</td><td>☐ Medical – Prevocational RMO<br>☐ Midwife/community midwife<br>☐ Nurse in a community setting[6]<br>☐ Nurse – public health<br>☐ Nurse in a hospital setting<br>☐ Nurse Practitioner<br>☐ Regional and visiting specialists (not otherwise specified)<br>☐ All of the above<br>☐ Other (specify):</td></tr>
<tr><td>What are the three main messages[7] about the document that the audience needs to know?</td><td colspan="2"></td></tr>
<tr><td>Implementation strategies<br>Indicate their value and add any others</td><td colspan="2"><table>
<tr><th>Strategy</th><th>Should this be essential or optional?</th><th>Comments</th></tr>
<tr><td>Proactive dissemination (e.g. orientation or in-service)</td><td></td><td></td></tr>
<tr><td>Clinic audit and feedback</td><td></td><td></td></tr>
<tr><td>Service-wide audit</td><td></td><td></td></tr>
</table></td></tr>
</table>

[3] 'Nurses' includes enrolled and registered nurses
[4] Hospital-based GP/Doctor working in emergency, inpatient care, outpatient general practice, and remote clinics
[5] GP (FACRRM, FRACGP) in ACCHS or other community setting, GP Registrar
[6] Includes ACCHS, community health, remote clinic, school health
[7] These messages may be used by the KAHPF and KAHPF Sub-committees in public announcements and documents. Please ensure they are succinct and understandable to a diverse audience.

| | | | |
|---|---|---|---|
| | Other (please specify) | | |
| **Barriers and enablers**<br>As identified in the literature or during Writing Group discussion | **Barriers** | **Enablers** | |
| | | | |
| | | | |
| | | | |
| | | | |

[KAHPF Senior Policy Officer to note date endorsed by KAHPF]

## Appendix 4: Kimberley Clinical Guideline – template

Kimberley Clinical Guidelines

# (Guideline Name)

### Case Definitions

### Screening

### Principles of Management

Alert Box

**Alert Box Header can be a minor sub**
Content can be set in protocol normal. It's really just a single cell table with a 2pt red border.

### Therapeutic Protocols

### Follow Up

### Refer Discuss

### Resources



Kimberley Aboriginal Health Planning Forum