

# A brief guide to developing criteria-led discharge

December 2017

This guidance supports the development of criteria-led discharge. Evidence suggests this should be led by the consultant with a multi-/inter-disciplinary team and guided by evidence from national clinical guidelines and protocols.

Where no evidence is available, we recommend an audit of current practice to develop pilot criteria and testing, before introduction. In some cases patients have been followed up on discharge by telephone, at least until the service is fully established and all issues have been resolved.

## Definition and terminology

Criteria-led discharge is a generic term that relates to the use of discharge criteria to assist clinical decisions within agreed clinical parameters to support patient discharge from hospital. The criteria can be used in conjunction with existing care pathways to speed up the patient's discharge, as appropriate. The use of criteria supports clinical judgement.

**Note:** Criteria-led discharge incorporates the term 'nurse-led discharge', so criteria-led discharge should attract a broad group of healthcare practitioners able to undertake the discharge of patients within agreed parameters.

## Rationale

Key reasons for introducing criteria-led discharge are to:

- improve patient satisfaction with their discharge
- discharge patients earlier in the day
- enhance staff satisfaction – staff should be empowered to lead patient discharges without undue waits
- reduce unnecessary length of stay in hospital
- enhance patient safety through agreed clinical criteria, safe process and transparency of the criteria.

## Approaches

The approach taken will depend on the type of clinical setting and type of patient discharge: simple, intermediate or complex. Two approaches are generally practised:

- Specific criteria are developed from an existing clinical protocol/guideline for a specific patient condition, such as cellulitis or laparoscopic surgery. This approach usually applies to elective patient admissions. Generally, specific criteria are used for simpler

discharges (where the anticipated end point is known and no changes in circumstances are anticipated on discharge).

- Bespoke criteria are where individual clinical parameters for a patient's discharge are decided, discussed, agreed and documented on a ward round. This approach usually applies to patients admitted as an emergency.

## **Principles underpinning the process of criteria-led discharge**

1. A discharge policy must be in place to guide the implementation and governance of criteria led discharge.
  2. Patients should be identified 'as suitable' for criteria-led discharge on admission (elective patients), or as early as possible in their hospital stay (emergency patients); this will depend on their clinical stability and complexity of their clinical condition.
  3. Patients must be identified as suitable for criteria-led discharge through an agreed clinical process, to be determined locally within a clinical area.
  4. The handover of a patient's criteria-led discharge plan to a designated healthcare practitioner must be documented in the patient's medical records.
  5. A clear hand back process to the medical or surgical team must be agreed if the patient fails to meet the clinical criteria (is unwell) and criteria-led discharge is not possible.
  6. The hand back of patients, if they become medically unstable or unsuitable for criteria-led discharge must be documented in the patient's medical records.
  7. Patients must be provided with information about criteria-led discharge/the care pathway.
  8. The criteria-led discharge process must include all instructions about post-discharge care/advice: to be given to the patient and/or carer with a full and comprehensive explanation.
  9. At all times there should be accurate and full documentation of the discharge process.
  10. An estimated length of stay or estimated date of discharge should be approximated and reviewed daily.
  11. Patient progress against the criteria and discharge plan should be monitored daily.
  12. Supporting documentation should include clear timing, sequence and who is responsible for the patient's discharge.
  13. In accordance with the discharge policy, criteria-led discharges will include as a minimum the discharge checklist, a discharge summary for the GP and tablets to take out.
  14. All staff undertaking criteria-led discharge should undergo appropriate training and a record will be held locally as evidence of training.
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## Studies reviewed (2007 to 2017)

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