

CRITERIA LED DISCHARGE – Frequently Asked Questions

The optimal time for patient discharge is when a patient is medically stable to leave the hospital and any social and functional issues have been addressed. This is usually when both:

1. the ongoing medical care needs can be provided at home, and
2. when the patient or their carer is confident in their abilities to provide this care.

WHAT IS CRITERIA LED DISCHARGE?

Under Criteria Led Discharge (CLD) the decisions for discharge are made and documented by a Consultant. For appropriate patients CLD competent staff (e.g. nursing, allied health, junior medical staff) can then facilitate the discharge of a patient according to documented criteria. The CLD competent staff member is responsible for monitoring that the CLD criteria have been met.

Criteria Led Discharge is not:

- a substitute for clinical decision making. A patient should still be seen every day by the medical team.
- The nursing (or other staff) independently discharging patients. The CLD competent staff is monitoring that the patient has met the set criteria.

WHAT IS THE PROCESS FOR CRITERIA LED DISCHARGE?

The Consultant identifies eligible patients on PART A of the CLD form and documents a set of criteria on PART B of the CLD form. Identification of patients may occur at any point following discussion between the health care team, led by the Consultant. Other team members may add criteria to those set by the senior medical clinician (PART B).

The CLD competent staff member monitors that the patient has met all the criteria and completes PART C of the CLD form.

WHAT IS A CRITERIA LED DISCHARGE COMPETENT STAFF MEMBER?

The local team will decide on a process for identifying CLD competent staff. The team should maintain a list of such staff; this list should be reviewed at least annually. Some teams identify this staff member with a badge. A competency set has been developed to guide this process.

WHAT IS BEST PRACTICE FOR CRITERIA LED DISCHARGE?

- A patient should be identified as eligible for CLD on admission, or as early as possible.
- The patient must be reviewed every day by the medical team and the set criteria should be updated, if required.
- The criteria and subsequent plan for discharge should be decided in partnership with the entire health care team, including the patient and/or their carer.
- The CLD competent staff member must monitor and record if the patient has met the criteria. **This does not substitute for clinical judgement** and if a patient does not meet the criteria a medical review is necessary.
- A discharge checklist should be completed

WHAT ARE THE POTENTIAL BENEFITS OF CRITERIA LED DISCHARGE?

- **Improve patient experience:** patients are able to get home sooner and patients are able to be admitted from ED quicker. Elective patients experience fewer last minute cancellations.
- **Enhance patient safety:** criteria led discharge through a checklist
- **Improve staff satisfaction:** not pressured to transfer patients in the “last minute” or being asked to push discharges after the weekend
- **Reduce unnecessary length of stay:** not being in hospital when patients can actually be discharged
- **Reduce bed days wasted:** elimination of unnecessary days in hospital
- **Minimise waste:** best use of time for medical staff; reduction of costs as a result of eliminating unnecessary lengths of stay in hospital.

WHERE CAN I FIND MORE INFORMATION ON CRITERIA LED DISCHARGE?

A set of resources is available at: nww.bsuh.nhs.uk these include;

- *CLD form with guidance*
- *suggested transfer of care checklist*
- *protocol/policy for local adaptation*
- *competency set*
- *implementation checklist*
- *guidance for collecting patient and staff experience*

The BSUH contact for Criteria Led Discharge is Matt Hutchinson Head of Nursing – Quality Improvement,
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