Brighton and Sussex University Hospitals NHS Trust

Criteria Led Discharge (CLD)

Implementation Guide

Criteria Led Discharge

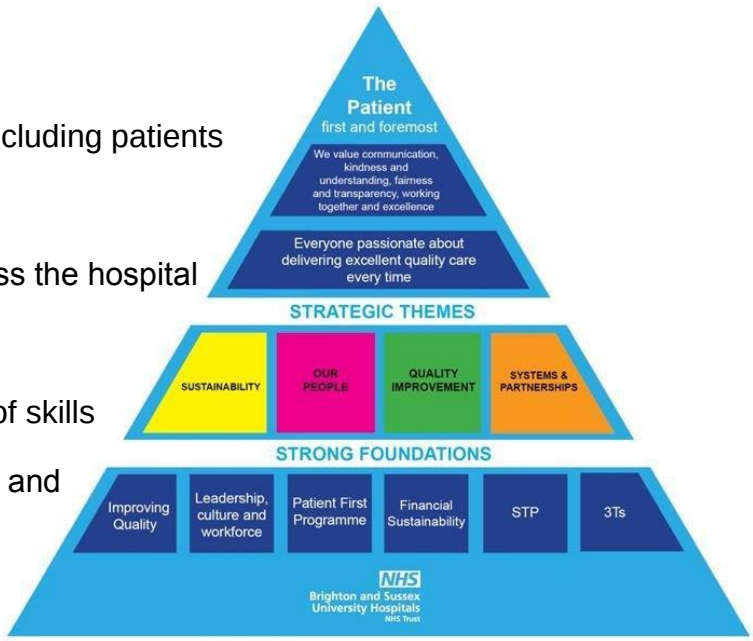
Criteria Led Discharge (CLD) is one approach to improve communication within the team regarding discharge planning. It is a tool to ensure the entire team, including the patient, is aware of what needs to happen before a patient can leave the hospital. As one of the important aspects in the coordination of the inpatient journey, CLD streamlines the transfer of care from the beginning of their inpatient journey. The approach involves the multidisciplinary team and ensures the discharge process is not solely reliant on the final review by the responsible or on-call medical teams. CLD plays an important role in ensuring patients are appropriately and safely discharged 7 days a week.

CLD incorporates the patient and carer/family in planning for discharge and in identifying milestones to make this happen.

CLD aims to deliver increased capacity in our hospitals by providing benefits for patients and staff and contributing to safe and effective patient flow

CLD is based on Patient First principles and has the ability to improve:

- The coordination of patient care
- Communication across the team, including patients and carers
- Patient flow within a ward and across the hospital
- Patient experience and outcomes
- Staff experience and effective use of skills
- Reduce unnecessary length of stay and bed days
- Time and efficiency.



Contents

Background

Health care professionals and nurses in particular, spend a disproportionate amount of time managing the mismatch between when a bed is needed (patient admitted) and when it is available (patient discharged). This detracts from time that could be spent on meeting the range of health and social care needs of all patients.
This leads to frustration for the whole team and poor quality care for patients and carers. (DoH 2004)
Whilst much focus has been placed on minimising waits in Emergency Departments, the front end process is wholly dependent on the discharge process working effectively to create flow through the organisation (NHS Improvement 2018)

The Context for BSUH

Increasing demand on BSUH
In BSUH, the number of patient ED attendances and admissions continues to increase each year. Table 1 indicates that in the last year alone, there was a 6.5%increase in emergency (unplanned) admissions. With an ageing population and increasing numbers of people with advanced chronic disease who have multiple comorbidities, it is beyond doubt that the number of hospital admissions will continue to rise.

Patient Discharges
Patient transfers of care from hospital occur unevenly through the week, with reduced numbers during the weekend (Figure 3). In addition, most of our discharges occur late in the day. Figure 2 illustrates that under a third of all discharges occur before midday which in turns causes significant strain on our Emergency Departments, Assessment units and planned operations who need capacity early to maintain effective patient flow. This in turn contributes to a poor patient experience
due to prolonged waits for admission and cancelled surgery.
The specific problem of peaks and troughs in patient transfers of care are connected with peaks and troughs in staff availability, as well as the peaks and troughs in patient demand. The focus of short to medium term efforts should be on improving the decision making capability of the multidisciplinary healthcare team, particularly regarding patient care and transfer of care planning.

Figure 2: BSUH Pre-midday Discharges

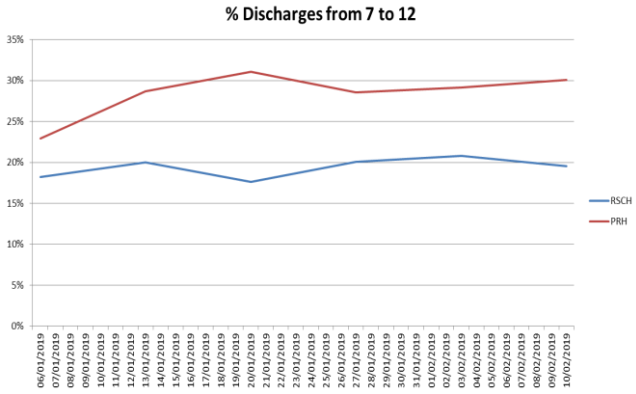
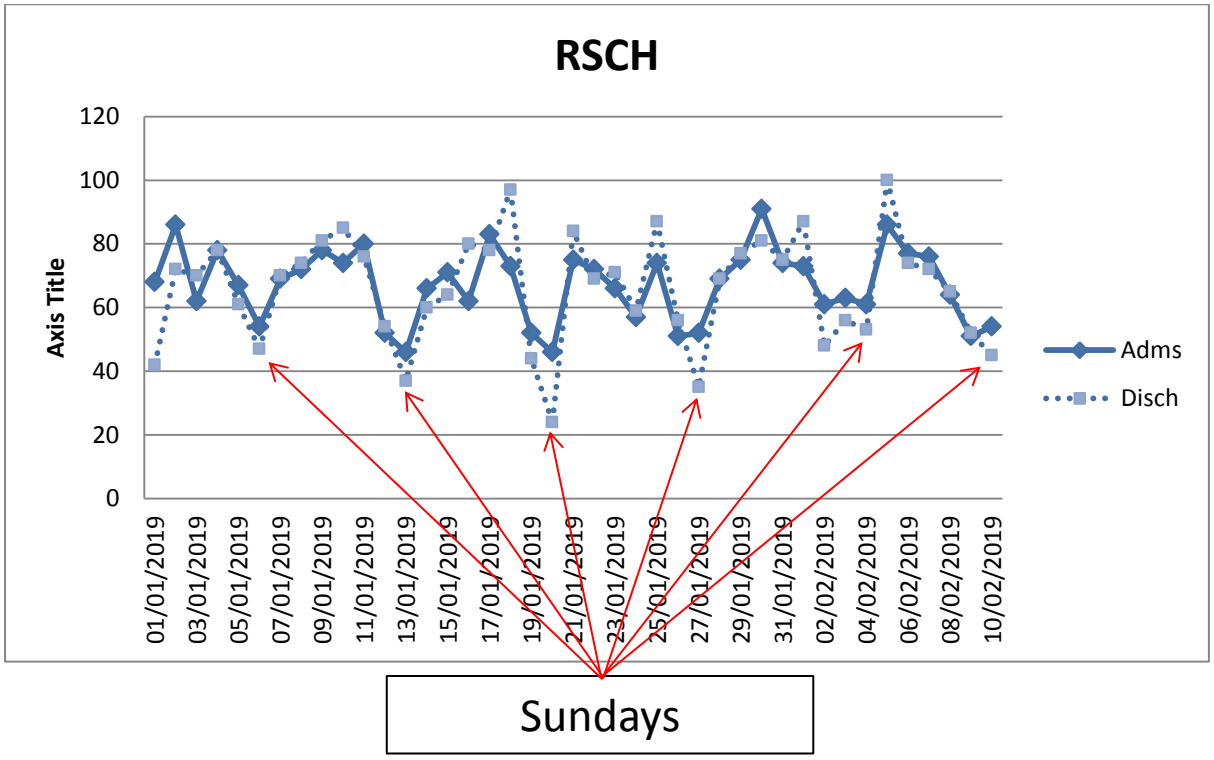


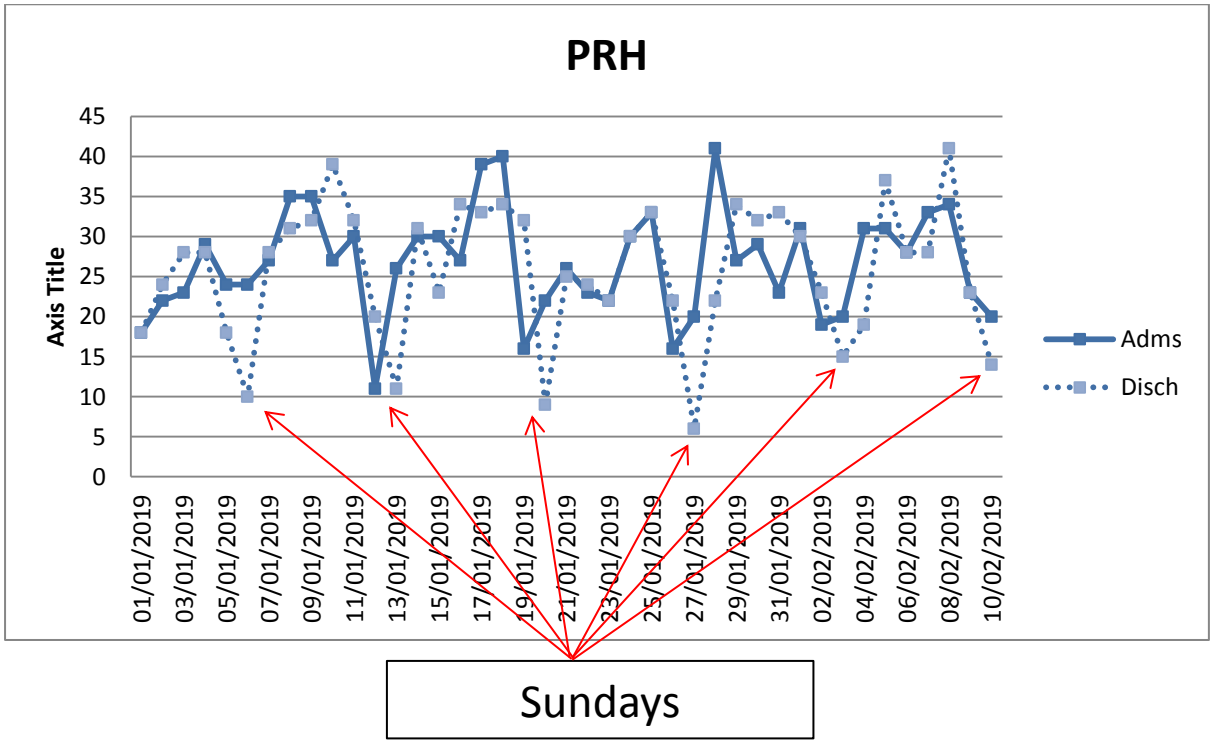
Table 1 BSUH Unplanned admissions

Site	2017-18	2018-19	Variance	% Variance
RSCH	69852	75098	5246	7.5%
PRH	31831	34021	2190	6.9%
SEH	10586	11257	671	6.3%
RAH	22982	23604	622	2.7%
TRUST	**135251**	**143980**	**8729**	**6.5%**

The reduced number of discharges at a weekend (especially Sunday) (figure 3) causes immense pressure within the system when admission demand is greater than the number of discharges. With careful planning and multidisciplinary input, the number of weekend discharges can be increased.

Figure 3: BSUH Admission and discharge profiles 2019





Discharge Planning

Discharge planning is essential to the efficient use of BSUH resources. It is a key part of care planning for patients and should begin at the patients' admission into hospital. Discharge planning should be seen as a key component of good care planning and care delivery.
Table 2 illustrates that we discharge the majority of our patients after midday which as well as preventing effective flow considerably increases the risk of harm for the most vulnerable patients. In addition, Table 3 shows the significant variation in discharges per day (especially at weekends) again, impacting upon flow and capacity.
It is recognised that a number of patients will require a full medical review before discharge however; a large number of patients can be safely discharged without further review if effective discharge planning has taken place, patients and staff are prepared and educated.

A Solution – Criteria Led Discharge

One solution that can assist in addressing the demand on beds is to formalise CLD. CLD will enable the most appropriate healthcare professional (potentially nursing, allied health or junior medical staff) to discharge the patient by providing set criteria for the discharge making process the CLD competent staff member (e.g. nursing, allied health, junior doctor) can then facilitate the discharge of a patient according to the documented criteria. The staff member is then responsible for monitoring that the CLD criteria have been met. If a patient does not meet the agreed criteria they should not be discharged using CLD. The reason should be documented on the CLD form and a medical review will be necessary.

CLD is not:

- A substitute for clinical decision making. A patient should still be seen every day by the medical team.

How it works
Under CLD (on a patient's admission) a number of clinical criteria for their discharge are set by the senior medical clinician/s in collaboration with the multidisciplinary team.
The setting of criteria occurs as part of team's initial review of the patient and occurs simultaneously with the setting of the patient's estimated date of discharge (EDD).

Although the setting of criteria occurs on admission, the process is flexible to allow for criteria to be amended during the patient journey, as appropriate to their condition.

Whilst the patient remains under the clinical management of the medical staff, the process of discharge itself can be undertaken by a CLD-trained junior doctor and nursing or allied health staff. CLD-trained staff have the necessary skills and knowledge to review patients and facilitate their discharge once the patient has met their individualised predetermined clinical criteria, as well as to escalate issues or concerns if the criteria are not met.

During their regular review of the patient, the multidisciplinary team is able to plan care and monitor the patient's progress against their clinical criteria which may also include some social needs for discharge.

If a patient does not meet any of the criteria by their EDD they are unable to be discharged using CLD and will require a senior medical review. All patients are potentially suitable for CLD, as there is flexibility to set criteria appropriate to the complexity and individual needs of every patient.

A formalised CLD process has the potential to:

- **Improve patient experience:**

  Patients are more involved in their own care decisions, have a clearer understanding of discharge decisions and are able to get home sooner, ensure patients are not stranded in the Emergency department waiting for a bed.

- **Enhance patient safety:**

  A structured approach to discharge by using a criteria defined checklist and results in better compliance with discharge instructions and reduces harm to vulnerable patients with early discharges.

- **Reduce unnecessary length of stay:**

  Patients do not stay in in hospital when they can actually be transferred

- **Minimise waste:**

  Reduction of costs as a result of reducing unnecessary lengths of stay in hospital

- **Improve staff experience:**

  Staff are not pressured to transfer patients at the last minute or experience delays on Monday due to transfers not occurring over the weekend

While a patient can be identified for CLD at any point in their inpatient journey the multidisciplinary board round is an ideal time for the team to discuss eligibility. Planning should commence as early as admission.

I was told on the Wednesday that I was ready to go home. Nothing happened over the weekend so it dragged on until the Monday. I was told not a lot happens over the weekend – why not?

It is always me asking about discharge. The staff tell me that they have no idea when I will be discharged…it is patient driven

Healthwatch- Brighton and Hove "Let's Get You Home" 2018

CLD – The Process

CLD can be planned for both elective and non-elective patients.
In some cases, local pathways and protocols will need to be developed to support the successful implementation.
The key steps and elements of the CLD process are detailed below and on the following flow chart.

Pre-admission stage

The patient should be assessed for suitability for CLD during pre-assessment (for planned) or as soon as a full assessment and provisional diagnosis has been undertaken (unplanned).

For the unplanned patient, the consultant should identify the criteria for discharge and document this in Part A of the CLD form which should be retained in the notes.

For unplanned patients the consultant should complete Part A on the CLD form as soon as it is recognised that achievable milestones have been decided (possibly in ED or AAU)

Admission Stage

At board rounds, MDT agree the EDD and milestones and communicate this to the patient and relevant healthcare teams and documents on Part B of the CLD form. Ward teams update the whiteboard.

Discharge and treatment planning begins to ensure milestones are met.

Discharge Planning

Ongoing monitoring of milestones and timeframes documented in Part B

24 hours before Discharge

If patient remains eligible for CLD ensure all medications/TTOs have been ordered, follow up appointments made and patient informed and educated as necessary.

Order transport planning for early am discharge.

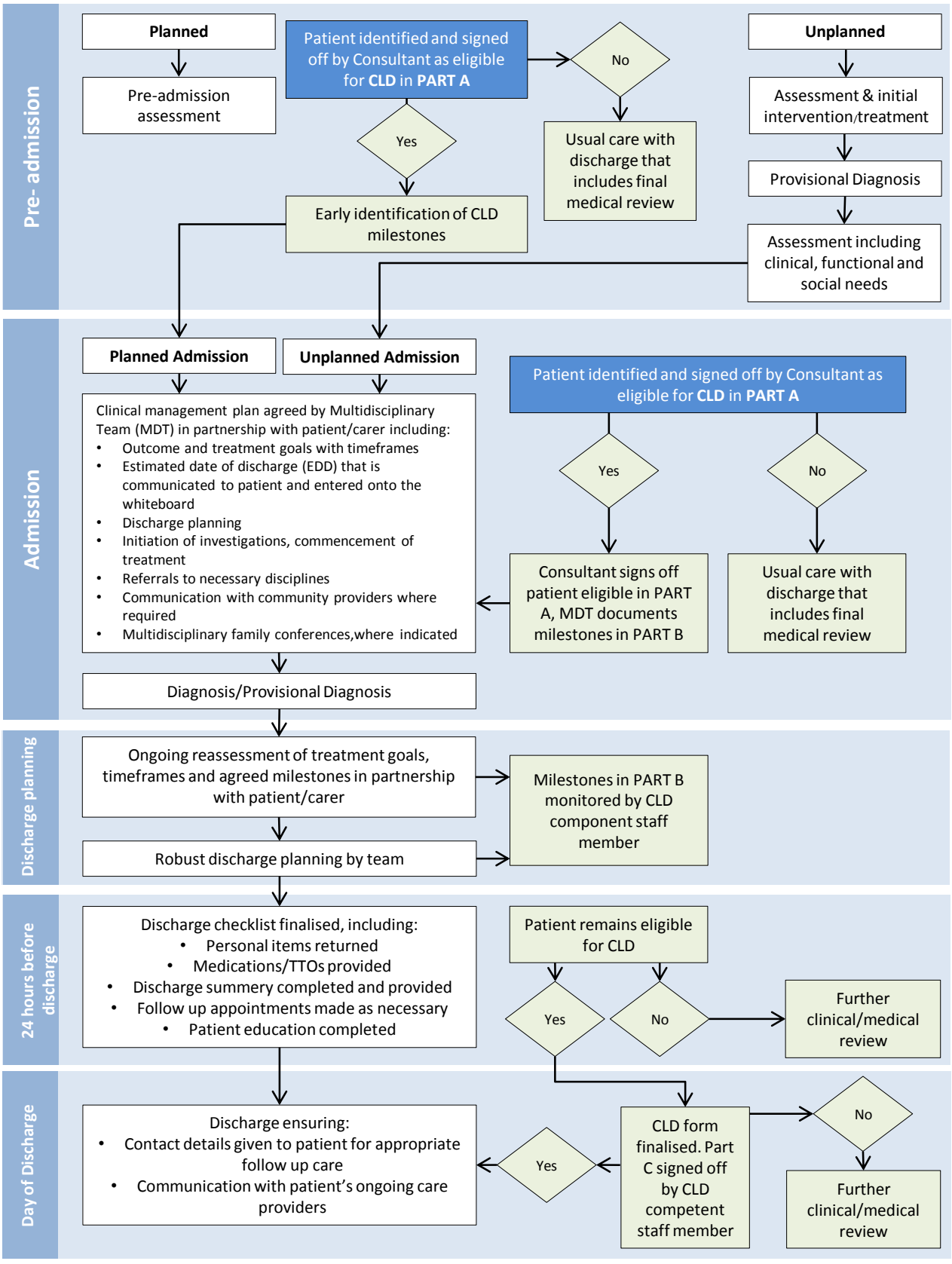
Day of Discharge

Relevant information given to patient, communication with on-going care providers

CLD form finalised and Part C signed and retained in the patient notes.

Process Flowchart

Process for criteria led discharge



Implementing Criteria Led Discharge

To successfully implement CLD you will need, at a minimum:

1. A joint leadership approach between nursing and medical and AHP clinicians, with senior staff from all groups leading the implementation
2. A process for communicating the change
3. An effective multidisciplinary team approach

In addition the key considerations to implementing CLD are:

- Ensure Divisional and Directorate support
- Analyse data to determine relevant patient groups and determine driver metrics
- Use PFIS Improvement system/ huddles to monitor implementation
- Work with clinicians to gain senior medical buy-in and endorsement
- Clarify roles and responsibilities for multidisciplinary team
- Identify individual skills and training required
- Adopt policy approach, adapting draft protocol for local needs
- Measure baseline patient and staff experience using feedback tools and audit

Refine the process in response to:

- Feedback from patients and carers
- Feedback from staff
- Incident reports
- Audit

Capture impact on:

- Patient experience
- Staff experience
- Patterns of admissions and discharges by time of day and week
- Comparison with estimated date of discharge
- Key quality and safety metrics e.g. Length of stay, readmissions

References

1. Department of Health, Achieving timely ‘simple’ discharge from hospital - a toolkit for the multi- disciplinary team. 2004, Department of Health London

2. NHS Improvement 2017 Discharge Planning available at https://improvement.nhs.uk/documents/2100/discharge-planning.pdf

3. Agency for Clinical Innovation (2014) Criteria Led Discharge (CLD) Planning for discharge on admission. A resource developed by the aci acute care taskforce to support implementing criteria led discharge. Available at www.aci.health.nsw.gov.au

4. Lees L (2011) Implementing nurse-led discharge. Nursing Times 107(39): 18-20

Criteria Led Discharge Implementation Guide

Authors:
Matt Hutchinson, Head of Nursing –Quality Improvement
Emily Barnard, Quality Assistant

March 2019

Appendix A: Frequently Asked Questions for Implementing CLD

Brighton and Sussex University Hospitals NHS Trust

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
Your local contact for CLD is <insert contact>.

Appendix B: Criteria Led Discharge Form

Affix Patient Label

CRITERIA LED DISCHARGE

Brighton and Sussex University Hospitals NHS Trust

Patient Name

Ward Name

PART A: MEDICAL REVIEW (to be completed by Consultant)

Diagnosis: .....

.....

.....

Estimated Date of Discharge (EDD) on admission

☐ I agree for this patient to be discharged once the milestones in part B and C are met.

☐ Please do not discharge until medical team review for the following reason (s): .....

.....

Name: ..... Signature ..... Time/date: .....

PART B: Specific patient Mulitdisciplinery (MDT) discharge criteria (to be completed by MDT)

MDT agreed specific milestones	Name	Designation	Contact	Tick when met
Responsible person:	*CLD competent staff member*			

PART C: Patient criteria Met	Y/N	Name	Signature
All observations within normal range ***All milestones met***			
	If no, refer to Senior Medical Clinician		
Discharge checklist completed			

Reason patient not discharged using CLD protocol:

.....

I confirm that the criteria I parts B and C have been met and are achieved:

Name ..... Designation: .....

Signature: ..... Date/time: .....

Appendix C: Core Competencies to undertake CLD

1. Locate and read the Criteria Led Discharge Protocol

2. Discuss the benefits of Criteria Led Discharge for:
   a) The patient/carer/family
   b) For the Trust

3. Discuss the expectations of the Health professional within the Criteria Led Discharge Process

4. Discuss the medical review requirements for a patient who will have a Criteria Led Discharge. This should include a discussion of when a patient may not be suitable for CLD or when the estimated date of discharge (EDD) may change

5. Demonstrate discussion with the patient/family/carer explaining the criteria led discharge

6. Highlight some of the issues that might need addressing when discharging a patient via CLD

7. Discuss discharge follow up arrangements and how this is arranged