Classification: Official

Publication approval reference: PAR928

Improvement guidance for writing a criteria-led discharge policy

Version 2, September 2021

[updates since version 1 (published May 2019) are highlighted in yellow.]

Contents

Introduction

This document provides guidance in addition to our criteria-led discharge (CLD) resources on writing a patient discharge policy for the implementation of CLD. This guidance is generic developed from reviewing existing trust CLD policies. It must be considered in the context of your organisation's discharge policy, clinical procedures, clinical protocols and usual discharge process.

CLD is the use of agreed clinical criteria and their related clinical parameters to guide clinical decisions regarding patient discharge from hospital.[1] It enables a range of registered healthcare practitioners (HCPs) to lead a patient's discharge from hospital,[2] and makes the discharge plan and progress of discharge planning transparent to the entire healthcare team caring for the patient.

Terminology used in this document

- Criteria-led discharge (CLD) incorporates the term nurse-led discharge and therapist-led discharge.
- Registered healthcare practitioner (HCP) refers to all non-medically registered healthcare staff.
- 'Clinical lead' is used instead of 'consultant' to refer to a senior medical decision-maker.

Benefits of CLD

The literature[2] demonstrates that CLD can:

- improve patient experience: evidence suggests patient discharge can be achieved earlier in the day
- reduce a patient's length of stay to what is clinically necessary: through daily monitoring of criteria and parameters
- Empower registered HCPs to expedite a patient's discharge
- enhance safety of patient discharge: through a robust and audited process that complies with agreed clinical criteria

[1] NHS Improvement (2017) *A brief guide to developing criteria-led discharge* https://improvement.nhs.uk/documents/2040/Criteria_led_discharge_principles.pdf
[2] Lees-Deutsch L, Robinson J (2018) A systematic review of criteria led discharge; safety, quality, length of stay and facilitation factors. *Journal of Nursing Care Quality* September 06 2018

- enhance staff satisfaction: through enabling HCPs to lead patient discharges without waiting for further consultant or medical decision-making.

NHS trusts that were part of the NHS Improvement CLD collaborative also increased weekend patient discharges. Examples and contact details are shown in the case studies at: https://improvement.nhs.uk/resources/criteria-led-discharge/

Methodology

We developed this guidance as follows:

1. We located 162 hospital patient discharge policies. From these we excluded 12 because they were duplicates (n=150) and a further 145 because they did not contain the inclusion criteria 'criteria led' and 'in date'. This left five policies.

2. We identified the common aspects of these policies and the areas requiring development through consultation.

3. Representatives from 11 trusts and patients who have experienced a CLD gave written feedback on the draft outline framework.

4. This guidance was updated in July 2021 following learning through the Alliance-16 collaborative.

Acknowledgement

We thank Dr Liz Deutsch, who produced this guidance on our behalf.

Criteria-led discharge process

Patient discharge needs to be planned and not the result of a sudden decision because, for example, a trust is critically short of beds.

CLD should enable selection of those patients who can be discharged from hospital by registered HCPs with the endorsement of the clinical lead and team.

Integration with usual discharge process

The CLD process will include elements of the usual discharge process:

- patient information and patient involvement in their discharge plans
- estimated discharge date – depending on a patient's progress this may need to be revised
- a clinical protocol approved for use in a specific clinical area
- completing all discharge documentation, including any electronic patient care records
- ordering of take home medications, ensuring they are adjusted (if indicated by the discharge plan) and validated by a pharmacist
- completing the discharge summary for the patient's GP
- completing a discharge checklist
- arranging follow-up, including outpatient appointments and further investigations
- arranging referrals and ongoing care at home or intermediate care.

As a minimum, the registered HCP must familiarise themselves with:

- the process for selecting patients to be discharged using CLD
- a standard operating procedure(s)
- the discharge policy
- care pathway(s)
- clinical protocol(s).

Where appropriate, the clinical protocol/pathway supports the specific CLD process to be used, with the overall guidance from the discharge policy.

Patient selection for CLD

Not all patients awaiting discharge from hospital will be suitable for CLD. Most patients suitable for CLD will fit Pathways 0 or 1, simple discharges (Discharge Policy Operating Model, 2021, p7). For some patients, criteria to reside parameters could also be considered to aid clinical decision-making regarding medical optimisation and other care that could be continued as ambulatory (Discharge Policy Operating Model, 2021, Annex A, p37).

The CLD process starts with the selection of patients for inclusion in the CLD process by the lead clinician, according to a care pathway, clinical protocol or selection criteria. The basis for patient selection is to share understanding across the clinical team regarding which patients are clinically suitable taking account of patient safety issues, clinical decision-making, informing patients and their care givers. Examples of generic exceptions are: patient is medically unstable; a medical decision is required; or patient is awaiting onward referral to specialists.

Registered HCPs may initiate this process by identifying those patients who are suitable for CLD, followed by a discussion with the clinical lead, perhaps during a ward round/review process.

The clinical lead in charge of a selected patient's care must complete a primary clinical review and document the criteria, defined by agreed clinical parameter ranges, that must be met before a patient can be safely discharged.

Setting clinical criteria for discharge

The criteria will be either:

- specific to the clinical complexity of an individual patient and determined case by case
- specific to a group of patients, in accordance with agreed clinical protocols or care pathways.

Which approach is taken depends on the clinical setting and type of patient discharge, such as simple discharge or complex discharge.

For elective patients, clinical criteria and parameters should be instigated preadmission – for example, in a preadmission clinic – to allow planning for discharge to start before the patient is admitted.

For patients admitted through emergency pathways, discharge criteria should be decided as soon as possible after a patient is admitted, perhaps at the point of primary clinical review by the clinical lead and team (ward round) or further into the patient's hospital stay, depending on the patient's clinical status and medical stability.

To handover responsibility for a patient's discharge to a registered HCP, the clinical lead or a member of their team must ensure they understand the discharge criteria. The registered HCP must be competent and agree to take over responsibility for the patient's discharge.

The patient must be told who the designated registered HCP leading their discharge is and the HCP's name documented in the patient's healthcare record. Good practice examples include giving patients a letter explaining the CLD process.

Registered HCPs are likely to review complex patients more than once, but how many times will depend on the patient's progress against their discharge criteria. For such patients, clinical decision making skills will be needed, such as: when/if to repeat bloods, interpret simple investigation results (as directed by criteria) and parameters, which may require clarification in line with results.

When a primary clinical review may not be necessary

A primary clinical review is the direct observation of a patient to review their clinical progress and make decisions leading to a plan of care.

Primary clinical review by the clinical lead may not be appropriate when:

- the patient has been previously clinically reviewed, criteria are clearly documented, the patient's condition remains unchanged and the existing discharge plan remains appropriate
- a clinical lead has documented that a patient is medically optimised and stable for discharge; any criteria still to be satisfied concern non-medical activities, eg therapy goals
- a registered HCP is competent to do the review and the decision to discharge can be appropriately delegated. This will be according to development of the required knowledge and the required experience and training of the HCPs employed in the healthcare setting, eg consultant

nurses, advanced clinical practitioners and clinical nurse specialists. Their required scope of practice must be explicitly stated in your organisation's discharge policy.

Registered healthcare practitioners

The CLD process delegates responsibility for a patient's discharge to a registered HCP(s), examples of which include allied health professionals, nurses, midwives and paramedics. As the role of advanced clinical practitioners expand, CLD will also be within their remit. This guidance is developed with registered HCPs in mind, however in some cases, Junior Doctors, new to a clinical area may also find CLD supportive in practice.

As primary care continues to expand, CLD through algorithms and care pathways, may be introduced. For example, paramedics may be ideally placed to discharge some groups of patients.

In principle we suggest that:

- The ability of an individual registered HCP to undertake CLD will depend on their expertise and competency, regardless of their clinical banding.
- Regularly employed (weekly) bank and agency staff who have received CLD training may undertake CLD while working (bank and agency) in their relevant clinical specialty.

Patient safety and governance

Implementation of CLD requires special attention to transfer between settings, handover and any change in the patient's clinical condition. The following points for patient safety must be covered in a criteria-led process.

Transfer and handover of patients

Patients are often transferred between hospital settings and wards during their hospital stay, which carries the risk of fragmenting patient care delivery.

1. If clinical criteria for discharge have been determined by the clinical lead, the patient should not be transferred out of the clinical area (ward) or care of the registered HCP responsible for their discharge, if at all possible.

2. If a decision to transfer a patient with clinical criteria for discharge is made we suggest:

   a. The patient's progress against their discharge criteria and plan must be clearly documented in their medical records and handover documentation.

   b. The discharge criteria and patient's progress against their discharge plan must be verbally handed over to another registered HCP who is competent to carry out CLD on the receiving area (ward).

   c. If registered HCPs on the receiving ward are not competent to undertake CLD, responsibility for the patient's discharge must revert to the relevant clinical lead and medical team in that clinical area. This must also be documented in the patient's medical records.

Failure to meet discharge criteria

1. If the patient becomes medically unstable, they should be handed back to the clinical lead and medical team responsible for their care in that clinical area. Any related issues should be escalated accordingly. This decision should be documented in their medical notes.

2. If a patient fails to meet specific discharge criteria but they are medically stable and optimised, their discharge should be discussed with the clinical lead to enable changes to the criteria or plan.

3. If patient discharge criteria are considered ambiguous, they must be discussed with the clinical lead and the parameters clarified.

Audit of CLD

1. Every quarter the clinical area should audit those patients discharged using criteria and the learning from this shared across the interdisciplinary or multidisciplinary team.

2. Minutes of meetings at which the CLD process is reviewed should be recorded.

Outcome measures

Local systems should ensure that relevant data about improvements in patient discharge is collected and shared across the clinical team leading the patient's

care. Examples include: an increase in weekend discharge; bringing the time of discharge earlier in the day; reducing waiting time from decision to discharge to actual discharge and increasing patient satisfaction. Issues regarding the suitability and sustainability of CLD should also be considered in any reporting.

Patient understanding and involvement in CLD

The key principles of patient discharge planning are information sharing and communication with patients and their caregivers at an early stage of the discharge process. The clinical management plan and associated parameters are fundamental to CLD and patients and their carers will need to be given appropriate information to understand the process.

In principle:

- Patients should be informed at the earliest opportunity by the clinical lead or medical team (senior decision-makers) that they have been selected for CLD. They should be told they will not be reviewed again by a member of the medical team before their discharge (unless their clinical status requires this). Instead, their discharge from hospital will be guided by clinical criteria and led by registered HCPs with appropriate competency and expertise.

- Patients should be well informed: the registered HCP should discuss the clinical criteria proposed by the clinical lead with the patient. This is the opportunity to clarify goals and parameters with the patient and their carer, and for them to ask questions.

- Patients/carers should be regularly updated following conversations regarding progress and the discharge criteria. They need to understand how their discharge plan is progressing.

- Where possible, patients should be actively engaged in preparations for their discharge from hospital.

- Patient discharge must be safe: this requires clinical judgement in conjunction with the clinical criteria and parameters. This will be the

responsibility of the registered HCP. The literature[2] notes no increased readmission rates for patients discharged using CLD when appropriate selection criteria and staff training are in place.

- Patients and their carers should be given written information on the discharge planning process. Good clinical practice is to include the name and designation of the person responsible for their discharge. In addition, they should be given an estimated date and time for discharge as indicated by the clinical management plan and criteria.

- A patient's (and their carer's) wish to be clinically reviewed and discharged by their clinical lead or member of their medical team should be accommodated.

- Regular patient feedback should be sought until CLD is embedded in usual practice to enable quality improvement.

Training

Training to undertake CLD needs to be service or setting-specific. The training required will be contingent on the individual experience and expertise of registered practitioners who want to undertake this role. Registered HCPs will need experience of developing, organising, co-ordinating and communicating patient discharge plans before they embark on this role.

In principle:

- All registered HCPs undertaking CLD should complete appropriate training where **new** knowledge or skill requirements are identified.

- Any **new** knowledge or skills required to provide safe CLD must be determined by the lead person(s), eg clinical leads, service managers, to ensure that training elements are identified for the range of registered HCPs who will undertake the role.

- Core CLD training elements regarding the clinical criteria for discharge must be agreed with the clinical lead(s) who are developing the service, clinical protocol or care pathway.

- Individual registered HCPs must self-assess what training elements they need to complete, based on the core areas identified and their scope of practice.

- Individual training logs should be used and include evidence of continuing professional development (CPD), reflections and practice feedback. Guidance on these is available from the Nursing and Midwifery Council website.[3]

- Practice should be guided/supervised where a practitioner is using newly acquired knowledge: this could include shadowing the clinical lead or team who usually discharges patients.

- For advanced practice training needs such as non-medical prescribing, directly observed procedures (DOPS), mini-clinical exercise for trainees (MiNi-Cex) and presentation of clinical cases should be considered to validate knowledge.

- Practitioners who change jobs within the same specialty do not need to repeat training to undertake CLD. The individual should document evidence of relevant training completed as CPD and link this to their personal development plan.

- A record of all completed staff training should be held locally.

We have developed a core competency framework comprising six areas of patient discharge to **guide** registered, experienced and advanced HCPs on the core knowledge they will need (Table 1). Specific additional competencies for particular clinical specialties must be identified. We suggest registered HCPs self-assess their competencies against the framework as a starting point for identifying their training needs before undertaking CLD.

[3] http://revalidation.nmc.org.uk/download-resources/forms-and-templates/

Table 1: Core framework of discharged competencies (updated from 2004) (Source – this file is attached to the email)

	Multidisciplinary team (MDT) working	Level C/P/N	Estimating an expected date of discharge or length of stay	Development, implementation and review of clinical management plan
Advanced registered practitioners (expert) Able to make decisions independently	Able to: – lead a team effectively – demonstrate collaborative working and has trust of senior colleagues – communicate effectively with team/other HCPs/patients and carers – develop/implement clinical management plan – identify and achieve shared goals		Able to: – undertake full assessment of the patient (physical, physiological, social and functional) – demonstrate excellent knowledge of the clinical condition and the investigations/interventions required – estimate the length of stay needed to complete treatment – review estimated date of discharge (EDD) based on further assessment/data	Able to: – develop clinical management plan based on full assessment – implement and review clinical management plan (CMP) developed by the clinical lead – review patient progress and adjust the plan in response to assessment and investigation results – confirm EDD within the plan – demonstrate ability to make effective discharge decisions
Experienced registered practitioners* Able to present all information needed for decision-making	Able to: – demonstrate good understanding of individual roles within the MDT and their contribution to discharge – communicate effectively with members of MDT/patients/carers – anticipate information needed by MDT to make decisions – demonstrate high level of knowledge of discharge process		Able to: – undertake partial assessment of the patient (physical, physiological, social and functional) – use protocols/guidelines/ integrated care pathways (ICPs) to support planning and implementation of care – prompt MDT to estimate EDD and document this in the patient record – prompt review of EDD based on assessment of patient	Able to: – implement aspects of the CMP and co-ordinate care around the patient – assess the patient (clinical condition specific) for discharge using criteria or protocols developed by MDT – identify when patient's condition has deteriorated and they are no longer suitable for discharge
Registered practitioners** Able to demonstrate an understanding of the CLD process	Able to: – demonstrate an awareness of individual roles within the MDT – understand the importance of effective and timely communication		Able to: – carry out basic components of assessment – follow instructions and to report any variances regarding xxxxxx to team leaders – demonstrate awareness of the importance of communication and documentation in discharge	Able to: – demonstrate understanding of elements of CMP – implement aspects of the plan under supervision – demonstrate understanding of importance of effective documentation and communication

* Experienced registered practitioners will have five years' experience of working in the specialty and one year's experience of participating in the CLD process. They support/ mentor junior registered practitioners.

** Registered practitioners will have five years' experience of working in the specialty and will be new to participating in the CLD process.

	CLD process	Interpretation of test results and investigations	Patient decides to self-discharge against healthcare professional advice
Advanced registered practitioners (expert) Able to execute the CLD process independently	Able to: – lead patient reviews using CLD – act on results and referrals to effect outcome – follow up actions and results from referrals – prescribe medications within scope of practice – expedite patient discharge	Able to: – refer and interpret test results – adjust criteria in response to the results of tests and investigations – identify when future discussion and review by medical colleagues and other members of MDT is required – take responsibility for the discharge decision based on clinical criteria and assessment	Able to: – attempt to persuade patient to remain in hospital if this is in their clinical interest – explain the risks and potential consequences of self-discharge to the patient and carers – rapidly co-ordinate care package if accepted by the patient – document events accurately in the patient record – communicate with GP including by sending a discharge letter
Experienced registered practitioners Able to assimilate all information needed for CLD process	Able to: – recognise when referrals are needed based on CMP – make referrals with guidance as needed – co-ordinate results and actions from referrals	Able to: – proactively chase test results – understand the significance of test results – communicate abnormal test results effectively and in a timely manner to appropriate member of the MDT	Able to: – explore reasons for self-discharge – inform patient's consultant or senior medical team of patient's intention – ensure all relevant documentation is completed
Registered practitioners Able to demonstrate an understanding of the CLD process and referrals	Able to: – select patients for CLD – discuss CLD with patients – familiarise self with CLD instructions and CMP – hand over actions to experienced registered practitioners	Able to: – accurately record and document test results – demonstrate an awareness of normal and abnormal test results – ensure ordered investigations are followed up and refer appropriately	Able to: – demonstrate awareness of the risks and potential consequences of self-discharge for patient – demonstrates awareness of the policy and procedures/documentation required – actively seek patient concerns and reports these

* Experienced registered practitioners will have five years' experience of working in the specialty and one year's experience of participating in the CLD process. They support/mentor junior registered practitioners.
** Registered practitioners will have five years' experience of working in the specialty and will be new to participating in the CLD process.