



CLINICAL GUIDELINE

Discharge: Criteria Led

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| Scope (Staff): | Nursing and Medical Staff |
| Scope (Area): | NICU KEMH, NICU PCH, NETS WA |

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To achieve safe, effective and timely Criteria Led Discharge (CLD).

Definition

CLD is a patient discharge that occurs under medical direction using defined criteria based on best practice principles to ensure a safe and timely discharge of patients by nurses.^{1,2}

Background^{3,4}

The majority of patients discharged from hospital are classified as simple discharges indicating they have responded to treatment, do not require additional post discharge support and have ongoing health care needs that can be met without complex planning and delivery. Effective and timely discharge for this large group of patients has been shown to have a beneficial impact on patient flow and effective use of bed capacity.

Criteria Led Discharge has been demonstrated to support the process of timely discharge for patients by:

- Reducing the delays for simple discharges
- Increasing the number of timely discharges
- Reducing length of stay
- Improving quality of care
- Improving patient / family's experience.

Key Points

- Patients, relatives and carers will be central to the planning of care and the successful discharge of their child from hospital.^{1,3,5}
- CLD enables nurses to discharge patients under the delegation of the patient's treating team Consultant or Senior Registrar. Therefore the accountability of discharge remains with the medical staff.
- During admission medical staff will determine the suitability of individual patients for CLD. Medical staff will authorise the discharge and this will be documented in the patient notes.
- A full explanation of this discharge process must be given to the parent / carer. If there are any concerns expressed by the parent / carer or nursing staff providing direct patient care this process should stop and a medically led discharge initiated.
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- CLD can only be delegated to and undertaken by a:
 - Clinical Nurse Consultant or
 - Shift co-ordinator with a minimum of 2 years neonatal nursing experience
 - And
 - Who have completed local area criteria led discharge education. ²
- Ensure relevant information is documented in the patient's medical records by medical staff, nursing staff, allied health and any other health professional providing support of CLD.

| Steps | Additional Information |
|--|---|
| Discharge check undertaken | Medical Officer performs discharge check |
| Consultant or Senior Registrar approves the suitability of the patient for CLD. | Consultant or Senior Registrar will authorise the discharge and this will be documented in the patient medical record. |
| Discharge process is explained to parent / carer | If there are any concerns expressed by the parent/carer/nurse about this process, CLD should stop and a medically led discharge should be initiated. |
| Consultant or Senior Registrar determines the discharge criteria. | CLD documentation is completed and signed by the Consultant or Senior Registrar under the authority of the Consultant. |
| The patient will be assessed by the allocated nurse by undertaking the relevant observations at appropriate intervals for the patient's clinical condition. | |
| The designated CLD nurse must assess the patient against the criteria. | If CLD criteria are not met within 24 hours of previous medical review the patient will not be discharged by CLD. |
| <p>If all discharge criteria are met AND a medical review has occurred within the previous 24 hours the patient can be discharged.</p> <p>Nursing staff must complete the discharge checklist on the nursing Admission and Discharge form (MR430).</p> | <p>The CLD documentation is completed and signed by a Clinical Nurse Consultant or Shift Coordinator.</p> <p>All other standard discharge processes and documentation are to be completed by the patient's allocated nurse.</p> |

| Steps | Additional Information |
|--|---|
| <p>If one or more of the discharge criteria are not met:</p> <ul style="list-style-type: none"> • The patient must not be discharged • In hours - the Clinical Nurse Consultant or Shift Coordinator is to notify the treating team Consultant / or Senior Registrar - Registrar • Out of hours - inform the team on the ward round the following morning | <p>There may be circumstances where the designated CLD nurse's clinical experience and professional judgement would infer that a patient is suitable for discharge despite not meeting discharge criteria. In this circumstance a patient may be discharged after consultation with the treating Consultant or Senior Registrar either in person or by telephone advice. The CLD nurse must then document this in the progress notes, prior to discharging the patient.</p> |
| <p>If the patient is not discharged within 24 hours of CLD the following may occur:</p> <ul style="list-style-type: none"> • The CLD process is ceased and the patient is discharged by the medical team • The CLD process is continued following a medical review and reconfirmed with the same criteria • The CLD process is continued with potentially new criteria and a new CLD form completed | <p>Documentation in patient medical records confirming continuation.</p> <p>New criteria documented by Consultant or Senior Registrar in patient medical records.</p> |


Adapted from the Criteria Led Discharge procedure in the PCH Clinical Practice Manual

| References and related external legislation, policies, and guidelines |
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| <ol style="list-style-type: none"> 1. Department of Health, UK. Achieving timely 'simple' discharge from hospital: A toolkit for the multidisciplinary team. 2004. Available from: https://www.bipsolutions.com/docstore/pdf/8092.pdf 2. Chong C, Samson J, Di Lucia A, Kuipers-Chan A, Peter S, Irish B, Maumill L, Martin AC. Criteria led discharge reduces length of hospital stay for children with acute asthma. <i>Journal of Asthma</i>. 2016 Jan 2;53(1):1 3. Houghton J. Planning Hospital Discharge. In: Moyses K, editor. <i>Promoting Health in Children and Young People: The Role of the Nurse</i>. Ch. 17 p.169. Oxford: Wiley Blackwell; 2009 (Available via PCH Library) 4. Lawton L. Development of guidelines for nurse-led discharge of children presenting with toxic ingestion: Lorraine Lawton reflects on a new pathway that could save costs and give nurses more responsibility. <i>Emergency Nurse</i>. 2012 Nov 8;20(7):27-9. 5. Gray C, Christensen M, Bakon S. Nurse-initiated and criteria-led discharge from hospital for children and young people. <i>Nursing Children and Young People</i>. 2016 Oct 7;28(8):26-9. |

Related CAHS internal policies, procedures and guidelines[Discharge Process Guideline](#)**Useful resources**

1. Agency for Clinical Innovation (ACI), NSW. Criteria Led Discharge. ACI Acute Care Taskforce. 2013. Available online from: <https://www.aci.health.nsw.gov.au/networks/acute-care-taskforce/criteria-led-discharge> (Accessed May 2017)
2. Queensland Health. [Criteria Led Discharge Guideline](#). [Document Number # QH-GDL-416:2014]. 2014 (Accessed May 2017)
3. Lee's L and Field A. [Implementing nurse-led discharge](#). Nursing Times. 107(39). 2011

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