
Criteria Led Discharge

Initiative Type

Model of Care

Status

Sustained

Added

26 July 2017

Last updated

31 August 2024

URL

<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/criteria-led-discharge>

Summary

Criteria Led Discharge (CLD) refers to the discharge of patients by nursing, midwife, allied health and junior medical staff who have the necessary knowledge, skills and competencies to review patients and initiate inpatient discharge. The process is supported by predetermined criteria which are developed with multi-disciplinary agreement and approved by the Authorised Admitting Practitioner

(consultant or other) who has the ultimate clinical responsibility for the patient.

Key dates

Nov 2016

Oct 2017

Implementation sites

Queensland Health Emergency Departments

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Aim

The discharge of patients can be hindered by system as well as patient factors. Use of CLD ensures that patients are discharged as soon as is clinically and socially safe / appropriate to do so. Use of CLD supports re-engineering of system processes if required to facilitate efficient discharge practice.

Benefits

- increased patient and carer satisfaction
- reduced length of stay
- improved patient flow through inpatient facilities
- improved multidisciplinary discharge planning and practice
- improved healthcare cost efficiency
- improved access to hospital beds
- improved achievement of National Emergency Access Targets and National Elective Surgery Targets
- transparent discharge practices
- improved bed management
- improved coordination of patient care
- reduced unplanned re-admissions related to the initial reason for admission.

Background

Queensland Health is committed to the delivery of high quality, safe, best practice and cost effective health care. In February 2013, Queensland Health implemented the Blueprint for better healthcare in Queensland. This document prioritises CLD as a primary patient flow strategy. While there are many components that contribute to effective bed utilisation, implementation of appropriate discharge processes is key to facilitating optimal patient flow. The use of CLD facilitates effective discharge practice by enabling clinicians, aside from Medical Specialists, with the necessary knowledge, skills and experience to review patients and initiate discharge in line with criteria, policies and procedures which have multi-disciplinary agreement.

Solutions Implemented

In addition to being an integral part of treatment planning, CLD is a patient flow process designed to streamline patient discharge to achieve:

- more efficient / timely discharge practices including decreased discharge delays
- increased numbers of discharges that occur prior to new patients arriving
- improved multidisciplinary discharge planning
- improved access to hospital beds

CLD encompasses the use of any or all of the following to effect patient discharge:

- predetermined discharge criteria

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- estimated Date of Discharge (EDD)
 - electronic Patient Journey Boards
 - patient Flow Manager (information system software for use with Electronic Patient Journey Boards)
 - discharge / transit lounges
 - various models of care
 - local changes to work practices
 - this list is representational of strategies and tools used to support CLD but are not exhaustive.

Evaluation and Results

Performance indicators include:

- percentages of discharges that occur before 12.00pm
- percentages of discharges that occur during the weekend
- length of stay data
- for services using Patient Flow Manager, the percentages of patients considered for and then actually discharged via CLD (two separate measures)
- qualitative indicators such as patient / carer and staff satisfaction with discharge and patient flow practice.

Lessons Learnt

- All decisions regarding discharge are based upon clinical (physical and psychological), and social criteria. Discharge planning and assessment requires use of a holistic approach to ensure that all of the patient's discharge criteria are met prior to discharge.
- Discharge planning should commence at the time a patient presents to a Queensland Health facility (during the assessment process).
- Patients eligible for discharge by CLD should be considered patients who will require a "simple discharge". This means they will usually (not always) be discharged to their own home, have simple on-going care needs that do not require complex planning and delivery, no longer require acute care, and can be discharged directly from inpatient ward areas or assessment units.
- It is recommended that all patients who are assessed as requiring a "simple discharge" should be considered eligible for discharge via CLD.
- Patients eligible for discharge by CLD should have a predictable length of stay and a predictable clinical course.
- Patients / care givers must be involved in discharge planning.
- All patients should have an expected date of discharge (EDD). This should be routinely reviewed as part of the treatment and discharge plan to facilitate timely CLD.

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- The decision to discharge a patient from hospital is the responsibility of the Authorised Admitting Practitioner. However, the discharge process requires multidisciplinary input and coordination.
 - Decision making can be actioned through the use of predetermined discharge criteria at the direction of the Authorised Admitting Practitioner responsible, and in consultation with the patient/carers and the multidisciplinary team.
 - Registered nurses, midwives, allied health professionals and junior doctors with the appropriate knowledge and skills can assume responsibility for discharging suitable patients under CLD.
 - Where predetermined criteria are used to discharge a patient, this is to be documented in the patient's medical record.
 - CLD is a proactive approach that facilitates timely discharge. CLD requires active support from the multidisciplinary team and the hospital executive.
 - The use of predetermined criteria to discharge a patient does not replace the use of sound clinical judgement and assessment prior to actual discharge. As is the case with all treatment and discharge planning, decisions regarding CLD are based on continuous assessment of the patient. A change in the patient's clinical status or social circumstances may result in criteria being added or subtracted from their CLD plan, or, the patient may no longer be suitable for CLD.

Further Reading

[Criteria Led Discharge](#)

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