

Criteria Led Discharge Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

- **Date: June 2013.** Review of the Nurse Delegated Discharge Policy (Trust Ref: B28/2004). The new policy will now be multidisciplinary, and will be named the Delegated Discharge Policy. Changes have been made to the proforma and policy itself to make it a multidisciplinary team document.
- **Date: August 2018.** The policy will be known as Delegated (Criteria led) Discharge Policy
- **Date: August 2020. V3.** The policy is known as Criteria Led Discharge Policy. Changes have been made to include the principles of Criteria Led Discharge and to strengthen the selection process by Lead clinicians. The members of multidisciplinary team/ health care practitioners identified to undertake criteria led discharge will have the training, expertise & competency in their relevant specialty.
- **Date: March 2023. V4.** Merge of Adult & Children's Policy, greater detail of process

KEY WORDS

Delegated Discharge, Criteria Led Discharge, Nurse, Allied Healthcare Professional, Multidisciplinary Team, Health Care Professional.

1 INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy for Criteria led Discharge (CLD). This policy gives directives for the process and implementation of Criteria Led Discharge and standards for training, documentation, audit and evaluation.
- 1.2 Safe & timely discharge from hospital is consistently high on the NHS agenda and at UHL we are committed to quality care as outlined in the NHS Constitution 2012 and ensuring “Caring at its best” is the foundation of our Trust Values.
- 1.3 The main principle of Criteria Led Discharge “is the use of agreed criteria and their clinical parameters to guide clinical decisions about patient discharge from hospital. It enables a range of registered healthcare practitioners (HCPs) to lead a patient’s discharge from hospital, and makes the discharge plan and progress of discharge planning clear to the entire healthcare team caring for the patient.”
- 1.4 Previous policies solely focused on Nurse Led or Delegated Discharge; however this document supersedes this and enables other registered health care professionals to undertake CLD (e.g. therapists and junior doctors).
- 1.5 The CLD process will still include elements of the usual discharge process e.g., patient/ carer involvement in their discharge plans; estimated date of discharge; completion of discharge documentation; completion of discharge summary; ordering medicines; arranging follow up referrals as outpatient; arranging referrals for on-going care at home.

2 POLICY AIMS

- 2.1 This policy aims to provide an evidence-based, standardised framework of the implementation and delivery of criteria led discharge across all specialities for both adult and child inpatients in UHL.
- 2.2 The policy aims to deliver the benefits demonstrated by Criteria Led Discharge from published systematic reviews:
 - improving patient experience as patients should be discharge earlier in the day and experience increased equity of opportunity to be discharged across 7 days
 - restricting a patient’s length of stay to what is clinically necessary, through daily monitoring of criteria and parameters, registered HCPs will be empowered to expedite a patient’s discharge
 - enhancing safety of patient discharge through robust and audited process that complies with agreed clinical criteria.
 - enhancing staff satisfaction through enabling HCPs to lead patient discharges without undue waits & releasing time for doctors to spend greater time with more acutely unwell patients.

3 POLICY SCOPE-WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

- 3.1 This policy applies to all registered healthcare professionals working within UHL who are involved in the discharge of patients, and have been registered for at least 12 months with exception of junior doctors for whom it applies from the point of qualifying. The policy does not apply to Nursing Associates, as it is outside their scope of practice.

- 3.2 This policy applies to any speciality that deems CLD appropriate to achieve a timely discharge. This decision is to be made by the CMG triumvirate – see section 5 and Implementation plan.
- 3.3 This policy applies to Lead Clinicians (consultants/registrars) who select the patients to include and/or devise specific clinical condition CLD pathways.
- 3.4 Not all patients will be suitable for CLD, with generic exceptions including patients who are medically unstable, those who require a medical decision and those waiting to be referred to a specialist. The clinical lead in charge of the patient caseload will determine which patients are selected to follow a CLD pathway daily during Board or Ward Rounds.
- 3.5 The clinical area/specialty lead will be responsible for identifying the relevant HCPs who will lead on CLD pathway patients in their area. For example, one area may deem that registered nurses are best placed to carry out CLD, whilst in other areas it may be more appropriate for an Allied Health Professional to lead or in some instances either.

4 DEFINITIONS AND ABBREVIATIONS

- 4.1 Criteria Led Discharge replaces all previously known terms such as 'Nurse led Discharge, Therapy Led and Delegated Discharge'.
- 4.2 CLD: Criteria Led Discharge, a generic term that relates to the use of discharge criteria to assist clinical decisions within agreed clinical parameters to support patient discharge from hospital. The criteria can be used in conjunction with existing care pathways to support clinical judgement and expedite patients' discharge.
- 4.3 Discharge: a discharge from the patient's hospital admission and not discharge from care.
- 4.4 Health Care Practitioners (HCPs): a Care Professional who is registered with either the General Medical Council (GMC), Nursing & Midwifery Council (NMC) or Health and Care Professions Council (HCPC) with a license to practice.
- 4.5 Lead Clinician: Refers to the senior decision maker responsible for the patient's current episode of care.
- 4.6 Medically Unstable: fluctuating or elevating Vital Signs or blood results
- 4.7 CCD: Clinical Criteria for Discharge
- 4.8 UHL: University Hospitals of Leicester
- 4.9 CMG: Clinical Management Group
- 4.10 MDT: Multidisciplinary Team

5 ROLES – WHO DOES WHAT

- 5.1 **Executive Leads – Medical Director, Chief Nurse & Chief Operating Officer:**
 - To oversee the Policy, with reports/audit results received as outlined in Policy Monitoring Table.
- 5.2 **CMG Clinical Director, Head of Nursing and Head of Operations:**
 - To support the implementation of CLD within their CMG as appropriate and monitor its compliance.
 - To proactively support development of CLD clinical pathways in their

- CMG in accordance with governance process (Appendix 1).
 - To have oversight and understanding of activity and effectiveness of CLD within their clinical area.
- 5.3 Head of Service, Matrons and General Managers:**
- Identify patient groups suitable for CLD in collaboration with MDT.
 - Promoting awareness of CLD Ward Processes (Appendix 2)
 - Create specialty specific proforma using generic template (Appendix 1.2)
 - Collaborate with the education team and ward staff to create education/training package.
 - Promoting the use of CLD
 - To have oversight and understanding of activity and effectiveness of CLD within their clinical area.
- 5.4 Ward Based Medical Staff (Consultant/Registrar)**
- Identify patients on board and ward rounds that are suitable for CLD.
 - Ensure patient and family is kept up to date with their treatment and discharge plan
 - Completion of the proforma (Appendix 1.2), signed by the Consultant or a Registrar that has designated to the CLD.
 - The Doctor completing the proforma, must ensure that orders for medication to take home are written at time of filling in proforma – this can be delegated to junior medical staff and independent prescribers as appropriate.
- 5.5 Ward Leader or Clinical Team Leader:**
- To identify which staff suitable to undertake CLD competency training.
 - To ensure that staff practicing CLD in their clinical area can evidence appropriate competency.
 - To ensure staff are familiar with local CLD pathways.
 - To maintain local database of all staff competent and practicing CLD within their clinical area.
 - Ensure appropriate ongoing support and refresher training for staff competent and undertaking CLD.
 - To have oversight and understanding of activity and effectiveness of CLD within their clinical area.
- 5.6 Health Care Professional undertaking CLD:**
- Undertaking CLD is not an extended scope of practice for junior doctors and therefore all are competent to undertake the role from qualifying once familiar with the policy.
 - All other staff assessed as competent to undertake CLD must be a registered health care professional with a minimum of one year's experience within the speciality.
 - Be approved and supported to take on this role within their area of clinical work by their line manager.
 - Have completed the UHL CLD training on HELM.
 - Must have achieved a minimum of ten CLD Discharges under direct supervision of a designated Supervisor, as described below. See Appendix 4 for CLD Competency Record.
 - Have a working knowledge of the UHL Discharge and transfer of care policy.
 - Have a working knowledge of Safeguarding Children and Adults Policy and procedures (Trust ref: B1/2012 and B26/2011) and the Mental Capacity Act Policy and Procedures (Trust ref: B23/2007)

- Comply with all aspects of the CLD policy and process including contemporaneous documentation and patient escalation.
- All HCP trained in CLD must maintain their own continual professional development (CPD) logs, reflections and feedback related to CLD.
- All HCPs trained in CLD must ensure that they adhere at all times to their professional registering body.

****If the Health care professional has any doubt about the safety of the discharge, they must not discharge without seeking further medical advice****

5.7 CLD Supervisor/Assessor - To be able to assess the knowledge and competence of others in CLD, a supervisor must:

- Work in the relevant clinical speciality as a senior nurse (Band 6 or above including CMG Matron).
- Be competent and proficient in CLD themselves.
- Registered as an LCAT Assessor
- Have an in-depth knowledge of the UHL Discharge & Transfer of Care (Going home) policy and UHL Safeguarding Adults Policy.
- Be responsible for directly supervising the CLD practice of other clinical colleagues.
- Complete ten separate occasions of supervision, for the purposes of designating them competent to undertake CLD.

6 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

6.1 Setting the Clinical Criteria for Discharge:

- There are two different approaches for setting criteria for a patient's discharge either patient specific or selecting a pre-determined set condition pathway.
- Individualised patient criteria can be documented within the patient record on Nervecentre digital system.
- Condition specific pathways must be designed and approved within the relevant CMG as outlined in Appendix 1.

6.2 Selecting Patients for Criteria Led Discharge:

- For elective patients selection should occur during preadmission to allow for discharge planning to start before the patient is admitted
- For emergency patients selection should occur during Board or Ward Rounds as soon as possible after the admission in accordance with the patient's clinical status and medical stability.
- Patients may be selected by the Lead Clinician or recommended to the Lead Clinician by a member of the MDT
- It must be clearly documented in the patient's notes that the patient has been handed over to the MDT for Criteria Led Discharge and who will be responsible for the ongoing monitoring and ultimate discharge (e.g., Nurse in Charge (NIC) or Lead Therapist). From that point forward the patient no longer requires review by the Lead Clinician unless the patient deteriorates and is handed back to the senior medical team.

- The patient must be identified on Nervecentre as being on a CLD pathway and the detail of the criteria to be met for discharge must be documented in Nervecentre patient record.
- At the point the patient is selected for a CLD pathway the Discharge Letter must be completed with the relevant medical detail up to that point with clear documentation that the patient is on a CLD pathway of which the criteria is then detailed. Medications required for discharge are also to be completed at this stage. The likelihood for any requirement for a change in medication past this point would be low and linked to a reason to be handed back to the medical team and CLD pathway stopped.
- Any required follow up after care must be requested at the point the patient is identified for CLD unless this suitable to be delegated and therefore instructions of what follow up is required should be documented.
- The Lead Clinician retains overall responsibility whilst the patient remains admitted in a UHL facility.

6.3 Discharging a patient on a CLD pathway

- The Clinical Criteria for Discharge (CCD) must be reviewed daily by the lead HCP team for the patient's discharge and progress discussed with the patient.
- Progress and achievement of the CCD must be documented in the medical notes
- Once the HCP is satisfied they have clearly evidenced that the CCD has been met they can discharge the patient.
- The HCP must finalise the Discharge Letter evidencing how the CCD has been met and ensure any post-discharge care/advice is documented in the discharge letter and the patient is given a comprehensive verbal explanation.
- The HCP must complete any follow up referral requested by the Lead Clinician team if appropriate.
- If trained and appropriate the HCP can issue the patient with a Fit Note on discharge.

6.4 Transfer and handover of patients on a Criteria Led Discharge pathway:

****If a patient has been selected for Criteria Led Discharge they should not be transferred out of the designated base ward of the Lead Clinician or Health Care Professional responsible for discharge****

If a decision is made to transfer a patient the following must be adhered to:

- The patient must be moved to an area with CLD trained and competent staff
- The patient's progress against their discharge criteria and plan must be clearly documented in their medical records, handover documentation and Nervecentre patient record
- There must be a verbal handover of patient's progress against their

discharge criteria and plan to another trained CLD MDT member on the receiving new area.

- If the registered HCPs on the receiving ward/area are not trained in CLD then the patient will be taken off the CLD pathway & revert back to monitoring by the Lead Clinician. This must be clearly documented in the patient's medical records and escalated as part of the compliance monitoring process.

6.5 Failure to meet discharge criteria:

- If a patient becomes medically unstable they should be verbally escalated and handed back to the Lead Clinician the deterioration and rationale for the ceasing of the CLD pathway must be documented within the medical notes.
- If a patient fails to meet the specific discharge criteria but remain medically stable, their criteria should be discussed with the Clinical Lead to establish if modifications should be applied.
- If a patient fails to meet the specific discharge criteria because it is felt to be ambiguous, their criteria should be discussed with the Clinical Lead to establish clarity.
- Numbers of patients that fail to meet discharge criteria must be monitored as part of the compliance monitoring process.

****If there is a delay in the discharge due to a non-clinical factor e.g. ambulance, package of care, key safe, the patient will remain a CLD as long as the clinical criteria is met and patient remains medically stable****

6.6 Patient understanding and involvement in CLD:

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

- All patients must be provided with the CLD Patient Information leaflet (Appendix 5) once selected for a CLD pathway
- Patients should be informed at the earliest opportunity by the Clinical Lead or senior decision maker that they have been selected for CLD. They should be told what the clinical criteria for discharge is and that they will not be reviewed again by the Lead Clinician or senior medical team before discharge unless their clinical status requires it.
- Patients should be informed that their discharge under CLD will be led by a member of the MDT with appropriate competency and expertise.
- A member of the registered HCP team responsible for discharge should discuss the criteria for discharge with the patient regularly and ensure that opportunity is given to clarify goals and parameters with the patient and their carer, and for them to ask questions.
- Patients need to be updated regularly on their progress against the criteria for discharge and their EDD to ensure they and their carers/family can make appropriate discharge readiness plans.

6.7 Patient Safety Netting and Follow Up

- Safety netting is a way of ensuring that systems are in place to provide safe monitoring and follow-up for patients. It can help to

reduce clinical risk and provides clear actions to patients on what to do if there is a concern with their condition immediately post discharge.

- To support the process of CLD and provide the necessary safety netting UHL will use digital systems. Safety netting processes need to be owned by the clinical teams, and patients advised of how to get help.

7 EDUCATION AND TRAINING REQUIREMENTS

- 7.1 Staff preparing for the extended role of CLD, must be supported by their Line Manager and have enough speciality experience for them to understand the relativity of the specifics of the criteria for discharge of clinical condition pathways. This will be determined jointly by the individual and the Line Manager.
- 7.2 Training will be provided by a HELM eLearning package, LCAT competency document and local one to one supervision, guidance and assessment. Training will include accountability, responsibilities, competencies and relevant paperwork. The training will be delivered at ward level as appropriate. A cascade system is recommended, with at least one identified CLD Assessor/Supervisor in the clinical area.
- 7.3 The CMG Education Team will support as CLD Supervisors/Assessors where trained to do so.
- 7.4 To confirm readiness for practice, the practitioner must be supervised for ten Criteria Led Discharges by an approved Assessor/Supervisor including a minimum of one occasion of handing back to Lead Clinician with completed LCAT assessments
- 7.5 Each Line Manager must maintain local databases of all HCP trained and competent in CLD for their area, ensuring it forms part of their annual appraisal.
- 7.6 Local areas may provide clinical condition specific training that complements and supports CLD in their area.
- 7.7 If the issue of Fit Notes is required then additional training must be undertaken and this is detailed within the main CLD HELM training.
- 7.8 Copies of CLD training competencies can be found in Appendix 4

8 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Number of patients identified for CLD on Nervecentre Number of patients actually discharged under CLD	Service Speciality Trimuvirate	Qlik Data Visualisation Tool	Monthly	Operational Management Group & Acute Care Collaborative
LOS on ward Pattern of discharge by day of week	Service Speciality Trimuvirate	Qlik Data Visualisation Tool	Monthly	Operational Management Group & Acute Care Collaborative

Pattern of discharge by time of day				
No. of readmissions of patients discharged under CLD % of all readmissions that are patients discharged under CLD	Service Speciality Trimuvirate	Qlik Data Visualisation Tool	Monthly	Operational Management Group & Acute Care Collaborative
Cancelled CLD pathways due to ward moves Cancelled CLD pathways due to patient clinical condition	Service Speciality Trimuvirate	Local Exception Report	Monthly	Operational Management Group & Acute Care Collaborative
CLD Condition Specific Pathway	Service Speciality Trimuvirate	Document Review	3 yearly	Policy & Guidance Committee
HCP Competent in CLD	Ward/Team Leader	Competency records	6 monthly	As required by inspections/reviews

9 EQUALITY IMPACT ASSESSMENT

- 9.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 9.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

10 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Lees-Deutsch L, Robinson (2018) "A systematic review of criteria led discharge: safety; quality, length of stay & facilitation factors"

ECIST Rapid Improvement Guide - Criteria Led Discharge, NHS England & Improvement

NHSI (2017) A brief guide to developing CLD

NHSI (2019) A managers guide to criteria-led discharge

NHSEI (2021) Improvement guidance for writing a criteria led discharge policyv2

11 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 11.1 The updated version of the Policy will be uploaded and available through INsite Documents and the Trust's externally accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system
- 11.2 This policy will be reviewed in April 2026, or earlier in response to identified patient safety concerns.

**CLD Pathway Development Governance
Process**

The following governance process should be followed when developing new clinical condition specific CLD pathways within a Clinical Management Group.

1. Criteria led Discharge identified as a suitable discharge tool for speciality/area – this can be suggested by any level of staff.
2. CMG Head of Service and Matron discuss this with ward based Consultants and Ward Manager:
 - a. Identify suitable patient groups.
 - b. Proforma developed with criteria for identified patient groups.
 - c. Liaison with other members of the MDT to identify opportunities and roles/responsibilities e.g. Physiotherapists, Occupational Therapists.
3. CLD Proforma presented to CMG Board for consultation / sign off.
4. Head of Service and Matron to instigate completion of training for relevant senior staff in area utilising support of CLD Assessors/Supervisors across the Trust to develop Assessors/Supervisors for own area. Work with Education Team to develop and clinical condition specific training package required for the local area and training timetable.
5. Appropriate staff for area to undertake training and a local record of this training to be kept by the CMG/clinical area.
6. All CLD proformas are to be reviewed 3 yearly by the relevant CMG clinical team to ensure they remain clinically appropriate.
7. All CLD proformas will be stored centrally on INsite and will be removed when no longer valid is deemed not appropriate within an area after this form has been completed; reasons for this must be discussed at the next available CMG Board meeting.
8. Policy implementation to be monitored as stated in Policy Monitoring Table of CLD Policy.

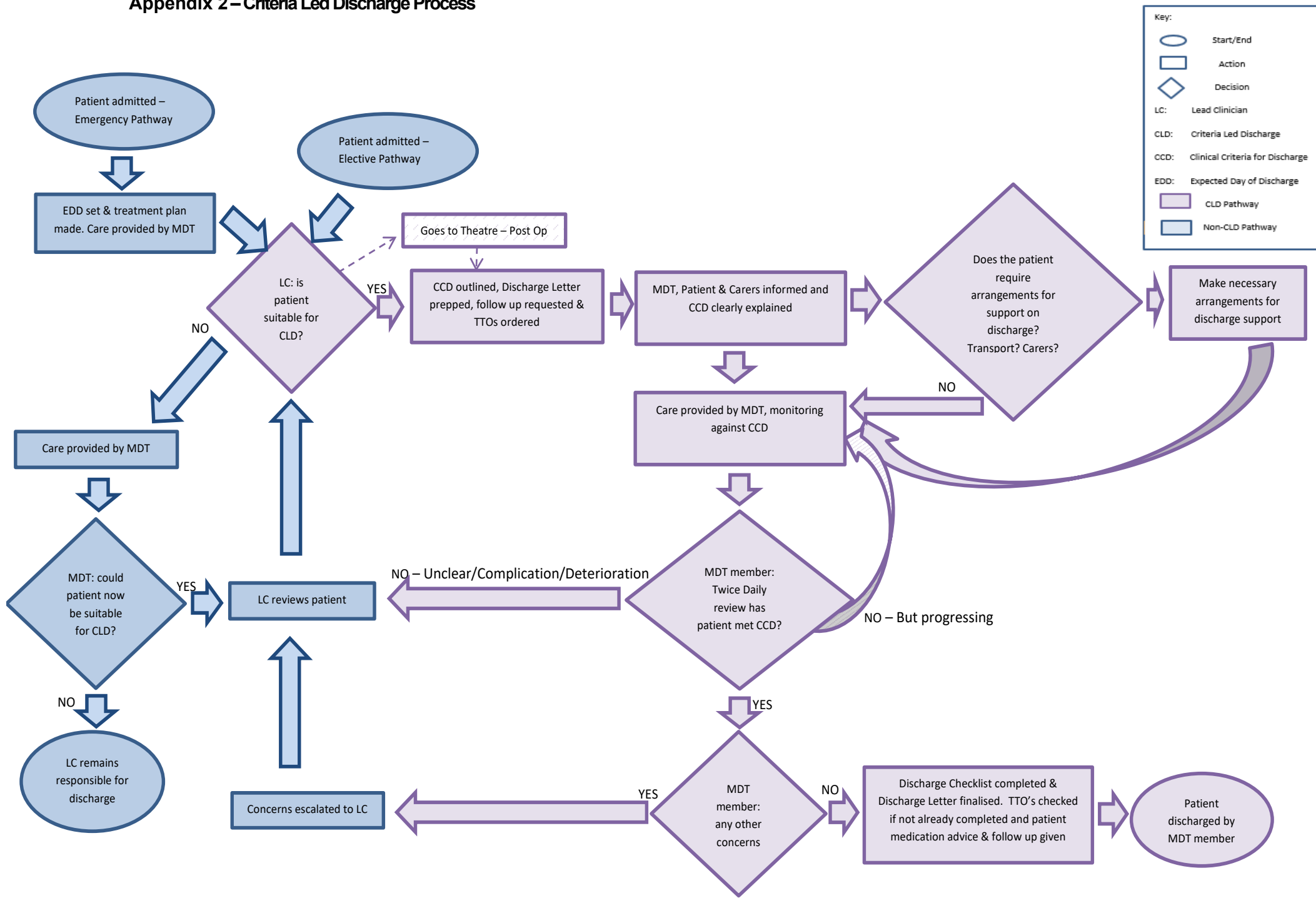
Appendix 1.1

[CLD Governance Approval Document](#)

Appendix 1.2

[CLD Clinical Condition Specific Proforma.doc](#)

Appendix 2 – Criteria Led Discharge Process



[Specialist Area Competencies for Criteria Led Discharge](#)

<http://yourhealth.leicestershospitals.nhs.uk/library/corporate-nursing/trustwide-clinical/2537-planning-your-discharge-from-hospital-using-criteria-led-discharge-cld>