

Criteria Led Discharge (CLD) Guideline

Document Number # QH-GDL-416:2014

Criteria Led Discharge Guideline

1. Purpose

The guideline provides recommendations regarding best practice for implementing Criteria Led Discharge (CLD) in Queensland's Hospital and Health Services (HHSs). The purpose of this guideline is to support HHSs improve discharge processes, promote efficient service delivery and support patient safety.

2. Scope

This guideline provides information for all Queensland Health staff who play a role in the discharge of patients from clinical units.

3. Related documents

A range of CLD information, including training materials, implementation and supporting documents may be found on the Queensland Health CLD website: <http://qheps/caru/cld/default.htm>

It is recommended that this guideline be read in conjunction with the CLD Frequently asked questions fact sheet: <http://qheps/caru/cld/docs/cld-faq-handout.pdf>

4. Context

Queensland Health is committed to the delivery of high quality, safe, best practice and cost-effective health care.

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.

Improvements associated with the implementation of CLD have been identified as:

- Increased patient and staff satisfaction.
- Reduced length of stay.
- Increased percentage of discharges that occur before new admissions arrive.
- Increased weekend discharges.
- Coordinated safe discharge planning, hence improved patient care.

- Better use of medical specialist time.

5. Recommended process for identification of patients suitable for CLD

5.1 The treating multidisciplinary team shall:

- Identify patients that may be suitable for CLD on admission (for most patients) and at pre-assessment for some patient groups. For example, some surgical services identify patients that are suitable for CLD on booking at the clinic and confirm CLD suitability at anaesthetic assessment.
- Ensure that the patient / care givers / family participate in discharge planning.

5.2 The Authorised Admitting Practitioner shall:

- Confirm that they anticipate that the patient will require a “simple discharge”, and, ensure documentation in the patient’s medical record that they are satisfied that the patient is suitable for CLD. This should be done as close to admission as possible.

6. Recommended scope of practice requirements for the conduct of CLD

6.1 Hospital and Health Services are statutory authorities. Each Hospital and Health Service (HHS) will need to determine local training and competency requirements regarding their clinicians’ ability to appropriately carry out CLD.

6.2 For patients with Maternity and Neonatal DRG’s, CLD should only be completed by Midwives or other staff deemed by the HHS to have the appropriate knowledge and skills to safely participate in CLD for this patient group.

6.3 Nurses, allied health staff and junior doctors with the suitable skills and experience required to appropriately perform discharge planning should be encouraged to engage in CLD.

6.4 Agency staff are not recommended to undertake CLD unless approved to do so by the hospital where they are employed/contracted. Agency staff may participate in discharge planning as per local HHS processes.

7. Recommended CLD Process

7.1 Following the multidisciplinary decision that a patient is suitable for discharge using CLD, the Authorised Admitting Practitioner is to ensure documentation that the patient is suitable for CLD in the patient’s medical record.

7.2 The Authorised Admitting Practitioner will maintain clinical governance over the patient. They are responsible for approving the decision for a patient to be discharged via CLD and for approving the predetermined list of discharge criteria.

7.3 Utilising a CLD form/tool/protocol, the multidisciplinary team will document the discharge criteria for the patient concerned, including physical, psychological, environmental, and social requirements. Note: the use of CLD does not replace discharge planning and ongoing clinical monitoring of the patient. The use of CLD is a part of discharge planning. Issues such as follow up requirements should be part of the discharge plan and not affected by the decision to use

CLD.

- 7.4 The Estimated Date of Discharge (EDD) shall be documented in the patient's medical record via the CLD form/tool/protocol, and in the Hospital Based Corporate Information System (HBCIS).
- 7.5 Where Electronic Patient Journey Boards (ePJB) are in use, CLD shall be flagged on the ePJB to support discharge and handover processes.
- 7.6 The patient shall be provided with written discharge information with the EDD noted in the allocated location. Note: discharge information such as follow up appointment details should be provided to the patient once known, as per HHS discharge practice.
- 7.7 On the allocated EDD, prior to initiating the discharge, the discharging clinician shall conduct a comprehensive patient assessment to ensure that all discharge criteria have been met.
- 7.8 All discharge criteria need to be met prior to discharge of the patient. Should the pre-discharge assessment of the patient reveal that some of the predetermined discharge criteria have not been met; the patient shall be referred to the Authorised Admitting Practitioner for discharge as per local hospital processes.
- 7.9 If there are any changes in the patient's condition prior to the EDD, then the patient must be reviewed by the Authorised Admitting Practitioner, a new EDD calculated and the patient assessed to identify if they are still suitable for CLD. Variances must be documented in the patient record.
- 7.10 Once the patient has been discharged, it is the responsibility of the discharging clinician to ensure that all the discharge requirements have been completed and documented in accordance with local policy and procedures. Note: in order to participate in CLD, no clinician should work outside their professional scope of practice.
- 7.11 The patient's "discharge type" must be entered into HBCIS. The discharge type codes are:
- 01 NOT CLD - Authorised (Admitting) Practitioner
 - 02 Junior Doctor - CLD
 - 03 Nurse - CLD
 - 04 Midwife - CLD
 - 05 Nurse Practitioner - CLD
 - 06 Physiotherapist - CLD
 - 07 Occupational Therapist - CLD
 - 08 Social Worker - CLD
 - 09 Psychologist - CLD
 - 10 Speech Pathologist - CLD
 - 11 Dietitian - CLD
 - 12 Pharmacist - CLD
 - 99 Other – CLD

8. Review

This Guideline is due for review on: 16.03.2022

Date of Last Review: 16.03.2020

9. Business Area Contact

Healthcare Improvement Unit.

10. Definitions of terms used in the Guideline and supporting documents

Term	Definition / Explanation / Details
Authorised Admitting Practitioner	The Medical Officer, Nurse Practitioner, Midwife or Allied Health Staff credentialed with rights to admit patients and manage clinical governance responsibilities under whom the patient has been admitted
Clinician	A health professional including, Medical Officers, Allied Health professionals, Midwives and Nurses involved in clinical practice.
Criteria Led Discharge (CLD)	The discharge of patients by nursing, 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 senior doctor who has the ultimate clinical responsibility for the patient.
CLD form/tool	A tool/form that the treatment team will use to document the discharge criteria that the patient will need to meet prior to being discharged via CLD.
Diagnostic Related Groups (DRG)	A system of classifying patients into distinct groupings on the basis of diagnosis.
Discharge Criteria	A set of criteria that needs to be met in order for the patient to be deemed ready, safe and appropriate for discharge.
Line Manager	Staff with Human Resource Management responsibilities. These staff include: Nurse Unit Managers (NUM); Clinical Nurse Consultants (CNC); Clinical Nurse Educators (CNE) or Clinical Teachers; Senior Allied Health professionals; Clinical Consultants or Senior Medical Officers.
Simple Discharge	The discharge of patients who 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.

11. Approval and Implementation

Guideline Custodian:

Executive Director

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Responsible Executive Team Member:

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Approving Officer:

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Healthcare Improvement Unit (HIU)

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Version Control

Version	Date	Prepared by	Comments
1.0	27/03/2014	Healthcare Improvement Unit	New guideline
2.0	20/03/2020	Healthcare Improvement Unit	Version 1.0 updated to ensure currency. Modifications made include: <ul style="list-style-type: none">• Transfer to the current template• Change of approval officers• Removal of references and suggested reading section which contained outdated information