
Criteria Led Discharge

“Everything you need to know, but may never have asked about criteria led discharge from hospital”

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Overview of today's talk:

- Just a few words.....
 - Definitions
 - Speedy review from 2000 to 2015
 - Pragmatism & the discharge process:
How to go about this (benefit of hindsight)
 - What might it improve
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MeSH Term: Patient Discharge

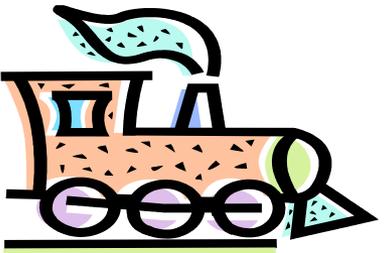
"The administrative process of discharging the patient, live or dead from hospitals or other health facilities"

USA, MeSH Terms Index, 2005

Simple patient discharge:

- Have simple ongoing care needs which do not need complex planning and delivery
 - Are returning to their own home or place of residence
 - Do not require a change in support offered to the patient or the carer when living at their usual place of residence
 - Are independent presenting no functional or cognitive concerns
-

Process



BEST:-

Discharge Checklist
Management plan
Involve patient
EDD or ELOS
Criteria led discharges
Simple or complex
Ward round process
Risk assessment

Why.....

- The aim of CLD is to enhance the patient's admission & discharge experience by streamlining the processes. It will also empower nurses to work in partnership with their patients
- Patients and relatives and carers: take ownership in their own recovery and set goals which can be clarified, discussed and agreed in advance.

- Lees, 2011 cited in Discharge Policy: Nurse Led: Plymouth Community Healthcare (2012)

Defining Criteria-Led Discharge

Commonly misinterpreted as:

'the transference of total responsibility for the discharge decision from doctors to nurses'

Lees L. 'Making Nurse-Led Discharge Work to Improve Patient Care'
Nursing Times Vol. 100 No.37 September 2004

Criteria-led

Used for disease or condition groups where the parameters for discharge are similar; one example is the British Thoracic Society guidelines for pneumonia, which clearly state parameters for discharge of these patients

Bespoke (emergency)

An individual, tailored plan that is documented and agreed by the multidisciplinary team and executed by a registered practitioner (nurse or midwife).

Can be used for patients admitted as an emergency, where advance planning for discharge could not take place and parameters for discharge may be multifaceted

Care pathway or protocol-led (elective)

This tends to be used for patients admitted electively onto a pathway for their condition. Patients could be screened for suitability for criteria-led discharge before admission.

The pathway or protocol must indicate where the discharge process begins and ends (e.g., does it include case management or follow up)

In principle, discharge from hospital is a medical decision but as such can be delegated to another health care professional provided the necessary safeguards are in place, including:

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- The person given the task is willing to undertake it
 - They have appropriate professional training and the competence to undertake the task
 - The criteria (or parameters) are clearly documented in the patients notes
 - There is a record of staff training and competence
 - Legal and professional responsibilities are adhered to (the Code of Professional Conduct and local policies, protocols and guidelines)

A good discharge plan is:

- 24 RCTs compared robust discharge plans to usual 'routine' care - 'not individualised' (Shepherd et al, 2013)

Benefits were:

- Reduced length of stay
- Improved patient and staff satisfaction
- Reduce readmission
- Robust discharge plans: replicable & transparent

Nurse-led & criteria-led discharge

- Overview of Literature

- Searching 'criteria led discharge', 'nurse led discharge' and 'nurse facilitated discharge' on the NHS CRD, HTA and DARE databases:
- 57 potentially relevant sources, six of which met my inclusion criteria.
- Studies from the PwC work were included in this review.
- The studies were published in the UK, inc Ireland. The publishing dates range from 2001 to 2013.

NB: = CRD - Centre for Reviews & Dissemination; DARE - Database of Abstracts & Reviews; HTA - Health Technology Assessments

Focus of the evidence out there

The specific focus of the included studies were wide ranging including:

- Nurse-led early discharge in a range of settings
 - Nurse-led inpatient units
 - Moving discharges ahead of admissions
 - The use of predicted discharge dates
 - The use of nurse led ward rounds
-

Areas of greatest impact

- **Breast cancer service:**

(6.22 control and 3.96 intervention group)

- **A&E & Community teams:**

(6.3 control and 1.7 intervention group)

- **Gynaecological:**

(2.2 control to 1.7 intervention group)

- **Day surgery in general:**

Reduction in cancelled operations 50% to 34 %

Opted for same care again 88% v 69% (control)

2000

- The great race

Be the first
To do the best
To do more
And

To do it yesterday

.... Then we all settled down

Rooney, S., (2006) & Lees, L., (2004)

Outcome measures possible

- Reduction in length of stay
- Reduction in delayed discharges (on day)
- Improved satisfaction
- Increasing the volume of patients discharged w/e
- Discharge earlier in the day to free capacity
- Improve consistent practices and integration of services

Key point:

- Can achieve CLD discharge before 12 midday
-

2006 Abstracts from the Society for Acute Medicine: Spring meeting

Innovative practice: Implementing nurse led discharge in an acute/general medical ward

K Flanagan, B Harrison, D Randhawa, K Turnbull, N Walsh, K Manning & M Edmunds

Department of Acute Medicine, University Hospitals Coventry and Warwickshire NHS Trust,

Correspondence: Kiran Flanagan - E-mail: kieran.flanagan@heartofengland.nhs.uk

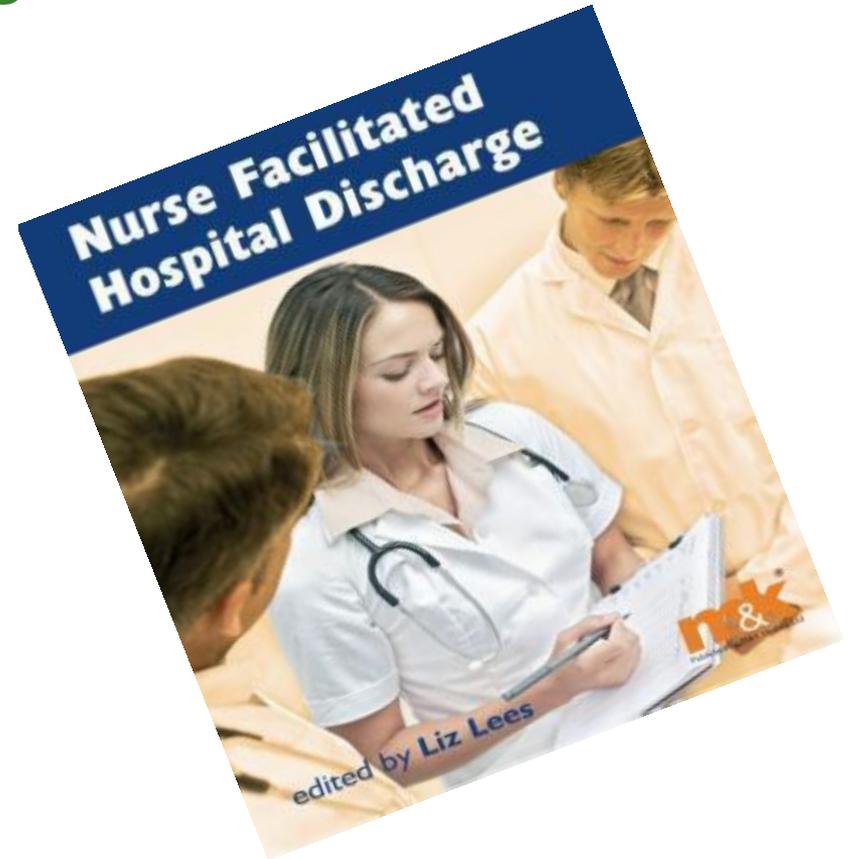
	ALL	APPROPRIATE	NOT APPROPRIATE
Total number of patients	102	75%	24%
Mean LOS (days)	3.9	3.5	5.6
% LOS <7days	84%	92%	73%
Time to nurse led care (days)	2.3	2.1	7
Discharged	75%	87%	39%
Nurse led discharge	75%	79%	44%

Conclusion

Initial results support the concept that implementation of nurse led care and discharge can be achieved on an acute / general medical ward. Using agreed admission criteria, a transfer of care procedure, nurse led ward rounds and a proactive discharge policy the target length of stay was successfully applied in the majority of cases. Further data analysis and re-audit is underway.

2007

Lees, Liz Editor – Multi-professional
book, 17 chapters



2009 High Impact Actions

- In October 2009, the Nursing and Midwifery Council (NMC) asked nurses and midwives to share their ideas on how they have improved the quality of care and efficiency.



Ward, L. (2010)

‘The high impact actions for nursing and midwifery 8: ready to go - no delays’

- Needs to be recognised as extended role
- Impact of the discharge coordinator role
- The need to review the whole discharge process

Key point:

The need to make EDD part of NLD

Page, C., 2010

- Nurse led discharge in surgery - ambulatory care unit in Milton Keynes
- 23 - 72 hours LOS
- Mixed surgical
- Appendix, abscess, ERPC, Hyper emesis
- Nurse training established (includes anaesthesia)
- Post operative specific discharge information

Key Point: A defined process

- No data collected!!
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Gibbens, C., 2010

Children's day unit at Addenbrookes

Process, documentation and any further developments they needed.

- Benefits:
- Accelerating access to services
- Responding to the child's needs
- Making best use of nurses skills
- Review of policy and training
- No research data BUT (audit 95% NLD)
- Issues were medications (in 5%)

Key point:

- Improved bed booking and management.
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Lees, L., & Field, A. (2011)

‘Issues - Implementing Nurse Led Discharge, Nursing Times 107 (39), pp 18 – 20’ .

- Lack of engagement of senior sisters
 - Management desire to change the world
 - Excellent process with support
 - Projects in progress (14) only 3 continued
 - **Key point:** Acute med, respiratory, gynaecology continue
-

GP Consortia – April 2011

what do they want to see developed?

- Pathway development - has to be integral
 - Demonstrating benefits - for patients
 - Frameworks in place - to deliver
 - Competencies - no
 - Skills sets - yes....
 - Portfolio of projects
 - Link it research
 - Maintain momentum (stop short termism)
-

Graham, L., et al 2012

Day case - Laparoscopic cholecystectomy

- Objective evidence to assess effectiveness (day dates).
- Retrospective comparison of doctor led and nurse led discharge
- Baseline - 4 months intervention, then comparison
- N= 128 (64 Control)
- 17.2% nurse led day on of discharge Vs usual discharge plans 4.7% (control); P= 0.006
- No difference in readmission rates or primary care follow up

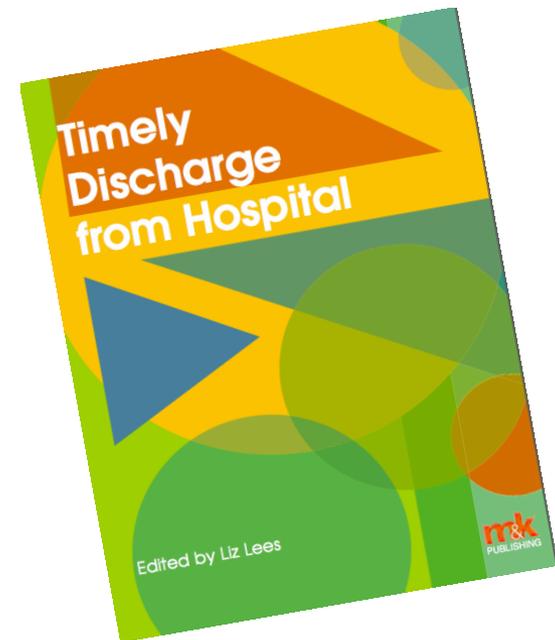
Key point:

Less overnight stays (boarders) and increased theatre activity

Timely Discharge from Hospital (2012)

Lees, L.

- Book with 32 Chapters.
- England, Ireland, Scotland and Wales
- Fundamentals of process
- Strategic perspectives
- Education
- EDD
- Case examples



Flinders Medical Centre, Australia: Lees.L
(2013) Australian Nursing Journal, Vol. 20,
No 6 p17

Discharging patients to Nurse Led Criteria

- Explicit instructions left with nursing team
- Weekends and Evenings
- Improved discharge rates
- After 2 months readmissions same

Key point:

- Decreased crowding in A&E
-

Jeansawang, L., et al (2013)

Higher level of satisfaction reported (no difference in outcome measures) - LOS.

- Study group were those above 75, with chronic illnesses and rehabilitation.
- Improved family skills to cope
- Engagement with services
- Provision of supportive resources

Key point:

- Improved preparation for discharge
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Wrobleski, Joswiak, Dunn, et al 2014 (USA)

- Comparing discharge rounds at bedside compared to MDT meetings away from bedside
- 120 patients, prospective, cross sectional survey study

Outcomes:

- Less repeat readmissions within month
- Takes more time, fewer readmissions, but it is feasible and effective

Key point:

- Good addition to nurse led discharge process
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Gotz, Thompson and Jones (UK)2015

- In acute medicine & CDU
- Reducing length of stay (time of day)
- Focus on CDU pathways for headache, chest pain and overdose
- *Results: A trend towards reduced length of stay was noted during the month after introduction of nurse-led discharge (18.26hrs vs 20 hours $p=0.582$) with no readmissions in the subsequent 30 days.*

Key point:

- *Using existing CDU criteria and embed*

And finally!

Lees, L, Caress, A, Yorke, J

- In press: 2015 (Journal of Acute Medicine)
 - Scoping review of discharge policy (UK)
 - 4 review questions:
 - Discharge principles
 - Adapted generic principles for acute areas to include homeless, dementia patients and safeguarding issues
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Pulling it all together – hindsight!

1. Good baseline of current practice (audit)
2. Clear aim
3. Outcomes measures
4. Explicit Trust Policy (& Community)
5. Knowledge and skills (& support in practice)
6. Keep CLD projects 'tight' expand with success

Critical Links:

- Estimated date of discharge
- Nursing & MDT management plans
- Ward Rounds
- ~~Transparent and robust process for discharge~~

Registered practitioners must have:

- The ability to assess and make critical decisions regarding discharge with expertise & training and competency assessment.
 - At least two years post registration clinical nursing experience.
 - The support of the Ward Sister/Charge Nurse /Matron to confirm that:
 - Directorate specific protocols and patient criteria have been developed, agreed and in operation.
 - Registered staff should only discharge patients from the ward or setting in which they hold clinical responsibility.
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2002 and 2003

Discharge training needs analysis tool

NAME.....

GRADE.....

WARD.....

	Have you received training?			If yes, was training adequate for your needs?			Do you feel require any further training?			Are you competent to train others?	
	Yes	No		Yes	No		Yes	No		Yes	No
Corporate Aspects											
Awareness of Trust discharge policy			1			1			1		
Accessing Discharge Lounge			2			2			2		
Understand how to access Bed Managers			3			3			3		
Understand how to report bed availability on ward			4			4			4		
Ability to predict possible bed availability on ward			5			5			5		
Understand use of Traffic light system on ward			6			6			6		
Reporting Delayed discharges on ward			7			7			7		
Completing Section 2 and Section 5			8			8			8		
Participate in repatriation of patients to base wards			9			9			9		

2004

National Competencies

Estimating expected date of discharge

Undertake a full assessment of patient

Demonstrate excellent knowledge of the clinical condition and interventions required

Review and revise the EDD based on further assessments & evidence

Estimate LOS needed to complete treatment to a level where patient is clinically fit for discharge

3. Advanced practitioners (Expert)

Documentation.....

- Policy
- Protocol
- Discharge plans
- Checklists
- Patient letters
- Patient and carer information



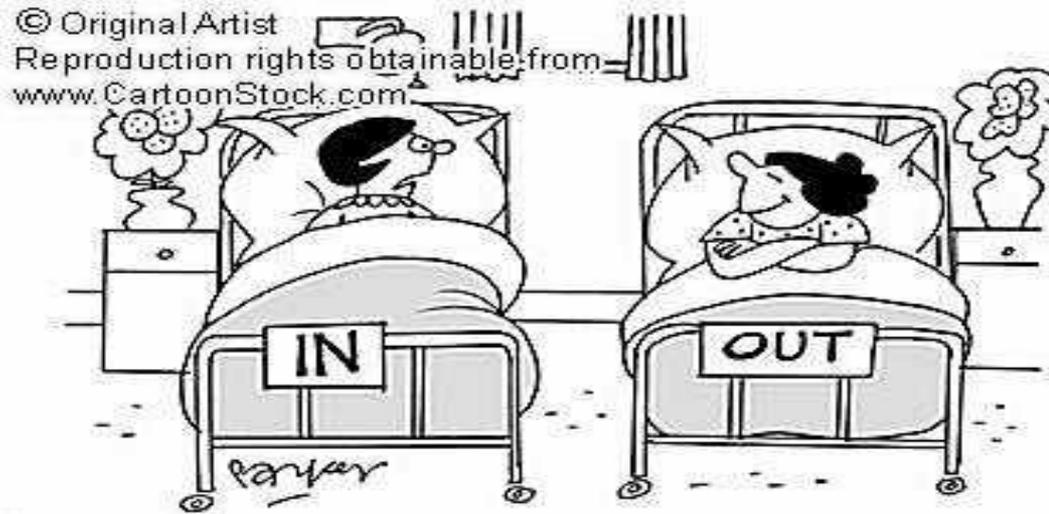
Five key points:

- Criteria-led discharge should be integrated with and not separate from the usual discharge process
 - Implementing criteria-led discharge requires a review of the whole discharge process
 - Outcome measures must be in place before a projects start so its effects can be evaluated
 - Implementation should help practitioners to take charge of the revised discharge process through shared learning
 - Success will come to those who can show they can safely adapt elements of their existing discharge process
-

How will we know we have made a difference? The benefits!!

- ❑ Patient experience - increased discussion, compliance surrounding discharge from Hospital
 - ❑ Reduced length of stay
 - ❑ Discharge earlier in the day
 - ❑ Improve communication
 - ❑ Increase in the use of bespoke medical management criteria
 - ❑ Increased and more effective use of EDD
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Any Questions?



"It's alright for you-you're going home today!"

Timely discharge from Hospital (32 Chapters)

MK Publishing

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