

CP39

Criteria Led Discharge

Contents

Sections	Page
1.0 Policy Statement	2
2.0 Introduction	2
3.0 Definitions	3
4.0 Accountabilities	4
5.0 Policy Detail	4
6.0 Financial Risk Assessment	6
7.0 Equality Impact Assessment	6
8.0 Maintenance	6
9.0 Communication and Training	6
10.0 Audit Process	7
11.0 References	7

Appendices

[Appendix 1: Criteria Led Discharge clinical criteria form \(Blank document\)](#)

[Appendix 2: Medical Clinical Criteria for Discharge following Ablation proforma](#)

[Appendix 3: Trust Training and Education competencies required for Criteria Led Discharge CLD](#)

[Appendix 4: CLD Process flow chart \(Patient Journey\)](#)

1.0 Policy Statement (Purpose / Objectives of the policy)

The purpose of the Policy is to provide a structure and process to support registered healthcare practitioners (Nurses, Pharmacists, and Allied Health Professionals) to discharge a patient based on criteria set by the Lead Clinician (LC). This Policy complies with NHS England (NHSE) guidance for Criteria Led Discharge (2021).

2.0 Introduction:

2.1 The NHS Long term plan (DOH, 2020), identifies a new service model to increase patients' options and ensure 'properly joined care at the right time in the optimal setting'. The plan discusses the need to create a service where acute admissions can be discharged on time and acknowledges the need for action to reduce delayed hospital discharges. Criteria led discharge (CLD) is the use of agreed clinical criteria and their related clinical parameters to guide clinical decisions regarding patient discharge from hospital (NHSE, 2021). It enables a range of registered healthcare practitioners (HCPs) to lead a patient's discharge from hospital (Lees-Deutsch and Robinson, 2018) and makes the discharge plan and progress of discharge planning transparent to the entire healthcare team caring for the patient.

2.2 Research demonstrates that CLD can:

- improve patient experience. Evidence suggests patient discharge can be achieved earlier in the day.
- reduce a patient's length of stay to what is clinically necessary, through daily monitoring of criteria and parameters.
- empower registered HCPs to expedite a patient's discharge.
- enhance safety of patient discharge, through a robust and audited process that complies with agreed clinical criteria.
- enhance staff satisfaction, through enabling registered HCPs to lead patient discharges without waiting for further consultant or medical decision-making.

2.3 Suitably qualified HCPs can take responsibility for the discharge of patients providing these decisions are based upon an agreed clinical management plan or clinical pathway (NHSE, 2021). Thus, pre-discharge review by the LC may not be required when:

- the patient has been previously clinically reviewed, criteria are clearly documented, the patient's condition remains unchanged, and the existing discharge plan remains appropriate.
- a LC has documented that a patient is medically optimised and stable for discharge; any criteria still to be satisfied concern non-medical activities, e.g., therapy goals.
- a registered HCP is competent to do the review and the decision to discharge can be appropriately delegated. This will be according to development of the required knowledge and the required experience and training of the HCPs. There are no legal or professional reasons why HCPs cannot assume this responsibility once they have been deemed clinically competent to do so.

2.4 The Policy provides a structure for the implementation of CLD, standards for

training, documentation, audit, and evaluation.

2.5 The Policy details the process which must be followed by professionals within the Trust. It can be used within any specialty that wishes to adopt the policy. The key to CLD is focusing on the patient and not the professional conducting the discharge.

2.6 Examples of where CLD may be used include:

- Where a patient is awaiting blood tests, and the LC has set parameters for these results.
- When awaiting diagnostic imaging/test results, where the clinical diagnosis has been made but a more serious diagnosis needs to be excluded. For example, for someone admitted with chest pain, diagnosis is thought to be musculoskeletal but myocardial ischemia may need to be excluded via troponin levels.
- Where clinical parameters need to be stable for a specific period. For example, someone on intravenous antibiotics for a chest infection needing 48 hours of intravenous therapy, and then the remainder of the course can be converted to oral form to continue at home.
- When trialling without catheter and the patient has passed urine and the bladder scan shows results within the set parameters.
- Where there is an achievement of specific clinical criteria. For example, adequate pain relief is achieved.
- Where there is confirmation of start date of care package and equipment at home enables a safe discharge.
- Where indicated, following satisfactory psychiatric assessments and drug and alcohol liaison inputs for medically fit patients.
- Following satisfactory review by specialist therapy service.

3.0 Definitions

CCD - Clinical criteria for discharge. The specific criteria that must be achieved for the registered healthcare practitioner to discharge the patient.

CLD - Criteria led discharge. The process that empowers registered healthcare practitioners to discharge patients.

LC - Lead Clinician. The Consultant / Middle Grade/Registrar responsible for the care of the patient.

MDT- Multidisciplinary team. A group of clinicians from various disciplines involved in the care of a patient.

HCP - Health Care Practitioner. A healthcare practitioner who is registered with a professional body (NMC/HPCP/GPhC). For CLD they must have a minimum of 2 years' experience within their area of practice.

4.0 Accountabilities

Matrons and Service Leads:

- Will be involved in deciding who is deemed competent to use and implement the CLD policy.
- Will be responsible for monitoring performance.
- Will be responsible for audit of CLD.

Registered Healthcare Practitioners:

- Are accountable for their actions.
- Must be able to demonstrate the ability to assess and make critical decisions regarding CLD following training and competency assessment.
- Support the identification of suitable patients for CLD.
- Review the CLD document and confirm all sections have been completed.
- Document clearly in the patient notes that the parameters set have been met.
- Complete the criteria not met section if the parameters have not been met and escalate back to the medical team.
- Sign and date the document before discharging the patient.
- Act per the NMC (2015) standard “Recognise and work within the limits of your competence” and/ or HCPC (2016) “You must keep within your scope of practice at all times to ensure you are practising safely, lawfully and effectively. This is likely to change over time as your knowledge, skills and experience develop.”

Lead Clinician:

- Identifies patients eligible for CLD.
- Informs the patient of the intended CLD.
- Defines the specific criteria for discharge (i.e., the CCD).
- Defines the parameters where applicable.
- Reviews daily and/or if there has been a reason for delay.
- Retains overall responsibility for the patient.

5.0 Policy Detail

- 5.1 The policy must be read in conjunction with the Trust’s [CP04 Discharge Policy \(xrwh.nhs.uk\)](http://xrwh.nhs.uk).
- 5.2 Each Division can implement appropriate CLD providing they have developed specific clinical pathways and protocols and have suitably trained clinicians able to demonstrate the required competency.
- 5.3 Required parameters must be documented by the identified LC using the CCD form ([Appendix 1](#)) before registered HCPs can discharge the patient. A completed pre-populated example can be found in [Appendix 2](#). Pre-populated CCD proformas are subject to ratification through Health Records Committee.
- 5.4 The registered HCP assesses the patient against the agreed CCD and discharges the patient when the criteria are met. There is a clear escalation process if the criteria are not met or if the patient deteriorates.
- 5.5 Only registered HCPs who have completed the trusts competency booklet ([Appendix 3](#)) alongside e-discharge training and MyAcademy CLD training will be

- signed off as competent to undertake CLD.
- 5.6 The HCP must have current registration with a recognised professional body (i.e., NMC/HPCP/GPhC) and have been practicing for at least 2 years in their area of practice.
 - 5.7 [Appendix 4](#) contains a flow chart describing the CLD process from admission to discharge. The LC identifies patients eligible for CLD and documents the agreed CCD. The LC retains responsibility for the patient's care, but delegates responsibility for discharge to suitably competent registered HCPs. The LC will maintain responsibility for the discharge and decision-making process and for reviewing the CLD daily. The degree by which they delegate the decision may differ depending on the complexity of the clinical plan.
 - 5.8 For elective patients, clinical criteria and parameters may be instigated preadmission – for example, in a preadmission clinic – to allow planning for discharge to start before the patient is admitted.
 - 5.9 For patients admitted through emergency pathways, discharge criteria must be decided as soon as possible after a patient is admitted, for example, at the point of primary clinical review by the clinical lead and team (ward round) or further into the patient's hospital stay, depending on the patient's clinical status and medical stability.
 - 5.10 The CLD is recorded in the mandatory field on the e-Discharge system.

5.11 Inclusion/Exclusion Criteria:

Not all patients awaiting discharge from hospital will be suitable for CLD. Most patients suitable for CLD will fit Pathways 0 or 1, simple discharges (Discharge Policy Operating Model, 2021). For some patients, criteria to reside parameters could also be considered to aid clinical decision-making regarding medical optimisation and other care that could be continued as ambulatory (Discharge Policy Operating Model, 2021, Annex A).

Criteria led discharge is not applicable:

- For any patient who has not been identified by the LC or not had a CCD form completed and signed.
- If the registered HCP is concerned in any way regarding the condition of the patient or the interpretation of the results. A further review must be undertaken.
- If a patient insists on being reviewed and discharged by a member of the medical team.
- If the patient has the capacity and does not give consent for the criteria-led discharge.

5.12 Transfer to another ward:

If a decision to transfer a patient with CCD is made:

- a. The patient's progress against their discharge criteria and plan must be clearly documented in their medical records and handover documentation.
- b. The discharge criteria and patient's progress against their discharge plan must be verbally handed over to another registered HCP who is competent to carry out CLD on the receiving area/ward.
- c. If registered HCPs on the receiving ward are not competent to undertake CLD, responsibility for the patient's discharge must revert to the relevant LC and medical team in that clinical area. This must also be documented in the patient's health record.

5.13 Failure to meet discharge criteria:

- a. If the patient becomes medically unstable, they must be handed back to the LC and medical team responsible for their care in that clinical area. Any related issues must be escalated accordingly. This decision must be documented in their health record.
- b. If a patient fails to meet specific discharge criteria but they are medically stable and optimised, their discharge must be discussed with the LC to enable changes to the criteria or plan.
- c. If patient discharge criteria are considered ambiguous, they must be discussed with the LC and the parameters clarified.

6.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice?	YES
5	Are there additional staff training costs associated with implementing this policy that cannot be delivered through current training programs or allocated training times for staff?	NO
	Other comments	NONE

7.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact with Personal Protected Characteristics as defined by the Equality Act 2010.

8.0 Maintenance

The Heads of Nursing/ Midwifery and the AHP Leads will be responsible for local oversight of the policy in their areas.

9.0 Communication and Training

The revised policy and associated material will be cascaded through the trust internal communication network.

The required e-Discharge training program is available through the Trust's ICT services.

A competency booklet will be used for the registered HCPs to ensure that they are

competent to support a CLD ([Appendix 3](#)).

It is the responsibility of each clinician to practice within their scope of competence.

10.0 Audit Process

This Policy will be audited through the Trust's monitoring of adverse incidents process. Relevant data about improvements in patient discharge must be collected and shared across the clinical team leading the patient's care. Examples include: an increase in weekend discharge; bringing the time of discharge earlier in the day; reducing waiting time from decision to discharge to actual discharge and increasing patient satisfaction.

Criterion	Lead	Monitoring method	Frequency	Committee
Number of patients discharged by the process	Matrons/ Heads of Nursing/AHP Leads/Director of Pharmacy	Using Patient Health Record	Monthly	Non-Elective Flow Improvement Group (NEFIG)
Adverse events due to CLD	Matrons/ Heads of Nursing/AHP Leads/Director of Pharmacy	Datix	Monthly	Directorate Governance meetings
Number of clinicians successfully trained	Ward Managers/ Matrons/AHP Leads/Director of Pharmacy	MyAcademy	Quarterly	Divisional Performance meetings

11.0 References:

Health and Care Professions Council, 2016. HCPC scope of practice. Available at: <https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice> [Accessed 12 August 2024].

Lees-Deutsch L, Robinson J (2018). A systematic review of criteria led discharge; safety, quality, length of stay and facilitation factors. *Journal of Nursing Care Quality* September 06 2018.

NHS, 2020. *NHS Long Term Plan*. [Online] NHS Long Term Plan. Available at: <https://www.longtermplan.nhs.uk/online-version/> [Accessed 12 August 2024].

NHS England. Improvement guidance for writing a criteria-led discharge policy, Version 2, September 2021. Available at <https://www.england.nhs.uk/wp-content/uploads/2021/10/B0928-criteria-led-discharge-guidance-v2.pdf> [Accessed 12 August 2024]

NMC, 2015. *Read the Code online - The Nursing and Midwifery Council*. [Online] Nmc.org.uk. Available at: <https://www.nmc.org.uk/standards/code/read-the-code-online/> [Accessed 14 May 2021].

Part a - Document Control

Policy number and Policy version: CP39 V6.0	Policy Title Criteria Led Discharge (previously Professional Lead Discharge)	Status: Final		Author: Chief AHP and Research Lead Chief Officer Sponsor: Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	March 2006	Matron for Emergency Care	Introduction
	2.0	Feb 20017	Matron for Emergency Care	Review
	3.0	Nov 2008	Matron for Emergency Care	Review
	4.0	Nov 2016	Matron lead for CBP Transfer and Discharge	Review and update to reflect current workings in clinical practice
	4.1	May 2020	Matron lead for CBP Transfer and Discharge	Extension
	4.2	July 2020	Matron lead for CBP Transfer and Discharge	Extension approved until September 2020
	4.3	Nov2020	Matron lead for CBP Transfer and Discharge	Extension approved until December 2020
	4.4	Dec 2020	Matron lead for CBP Transfer and Discharge	Extension approved until February 2021
	4.5	Jan. 2021	Matron lead for CBP Transfer and Discharge	Extension approved until September 2021
	5.0	July 2021	Advanced Nurse Practitioner	Adapted policy from professional-led discharge with added criteria and competency.
	5.1	July 2024	Chief AHP	Extension approved until October 2024
	6.0	July 2024	Chief AHP	Review and update to reflect NHSE policy guidelines. Extension approved until October 2024.
Intended Recipients: Trust Wide: Medics and registered Health Care Professionals				
Consultation Group / Role Titles and Date: NHS England Head of Nursing, Division 1, Division 2 and				

Matrons Chief Medical Officer and Consultants Pharmacy Leads AHP Leads	
Name and date of Trust level group where reviewed	Trust Policy Group – October 2024
Name and date of the final approval committee	Trust Management Committee – November 2024
Date of Policy issue	November 2024
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	October 2027
Training and Dissemination: This will be disseminated via Heads of Nursing, Matrons, AHP Leads, Medical Leads, Director of Pharmacy, and All Users Bulletin.	
Publishing Requirements: Can this document be published on the Trust’s public page: Yes	
To be read in conjunction with: Discharge Policy OP04	
Initial Equality Impact Assessment (all policies): Completed Yes Full Equality Impact assessment (as required): Completed NA	
Monitoring arrangements and Committee	Implementation Lead Heads of Nursing for Division 1, 2, and 3.
Document summary/key issues covered: Planning safe and effective discharge planning by Lead Clinicians and Registered Healthcare Practitioners.	
Keywords for intranet searching purposes	Criteria Led Discharge
High-Risk Policy? Definition: <ul style="list-style-type: none"> • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be a high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	No

CRITERIA LED DISCHARGE

Consultant / Lead Clinician:

NHS:
HSP:
DOB:
Name:
Gender:

Affix
small label
here

Agreed Clinical Criteria for Discharge (CCD):	Complete once criterion met:
	Signature: Designation: Date:.....Time:..... Stamp:
	Signature: Designation: Date:.....Time:..... Stamp:
	Signature: Designation: Date:.....Time:..... Stamp:
	Signature: Designation: Date:.....Time:..... Stamp:

CCD valid for (please circle): 24 hrs 48 hrs 72 hrs

Lead Clinician completing CCD
 Signature: Designation:.....
 Date:.....Time:..... Stamp:

Once CCD agreed:	Tick when complete:
Discharge address / destination confirmed	<input type="checkbox"/>
Dr / NMP sign off EPMA TTO prescription	<input type="checkbox"/>
Dr sign off e-discharge	<input type="checkbox"/>
Pharmacy sign off EPMA TTO prescription and e-discharge	<input type="checkbox"/>

I confirm the patient has met the clinical criteria for discharge:
 Signature: Designation:.....
 Date:.....Time:..... Stamp:

Clinical Criteria for Discharge

Date CCD agreed:.....

Responsible Clinician:.....

Responsible Practitioner:

Surname	Unit No
Forename	NHS No
Address	DOB
Postcode	(or affix patient label)

Part 1: Medical Clinical Criteria for Discharge




Diagnosis:	<input type="checkbox"/> TTO's / EDS completed	
Medical Clinical Criteria for Discharge following Ablation:	Date / time met:	Signature / Designation / Stamp once CCD met:
The Z stitch has been removed from the groin and there are no visible signs of complications.		
The patient feels well and has returned to their pre procedure mobility status.		
Patients vital signs have been stable and no trigger on the VIEWS score.		
An ECG has been performed and there are no abnormalities.		
If an ECHO was requested as an inpatient, has it been undertaken and reported on? Is it satisfactory and free from signs of pericardial effusion?		
Does the patient require any changes to medication as pre Operators instructions?		
I agree this patient meets the criteria for Part 1:		
Signature: Designation:		
Date:..... Time: Stamp		



The Royal Wolverhampton
NHS Trust

Criteria Led Discharge Competency Document

Author: Rajvinder Banger (ANP)

Values	Behaviors	Love to see
 <p>Safe & effective</p> <p>We will work collaboratively to prioritize the safety of all within our care environment</p>	Safety	Shares lessons learned to help others to improve safety.
	Raising concerns	Encourages others to raise concerns about safety or attitude.
	Communication	Seeks ways to enhance understanding of the information being communicated to meet people's needs.
	Teamwork	Encourage others to contribute and demonstrates better ways of working within and across teams.
	Reassuringly professional	Is constantly aware that what they say and do affects how safe other people feel.
 <p>Kind & caring</p> <p>We will act in the best interest of others at all times</p>	Welcoming	Goes out of their way to make people feel welcome.
	Respectful	Applies a broader understanding of the diverse needs of patients/ colleagues. Supports others to be themselves.
	Helpful	Thinks about the needs of others. Goes the 'extra mile' for other people.
	Listen	Makes time to listen and respond to people even when busy.
	Appreciate	Goes out of their way to make people feel valued for their efforts and achievements.
 <p>Exceeding expectation</p> <p>We will grow a reputation for excellence as our norm</p>	Aiming High	Their positive attitude inspires others to achieve the highest levels of quality.
	Improving	Helps others to find creative solutions to problems and shares good practice.
	Responsible	Shows enthusiasm and energy to achieve excellent results.
	Timely	Always respects the value of other people's time.
	Makes connections	Helps others to understand how services connect.

Our Aims:

The Criteria Led discharge Policy CP39 is to provide a structure and process to support registered healthcare practitioners (Nurses, Pharmacists, and Allied Health Professionals) to discharge a patient based on criteria set by the Lead Clinician (LC).

The purpose of this document is to:

- Ensure all registered HCPs undertaking Criteria Led discharge (CLD) have the appropriate competencies for them to adequately assess and discharge patients based on set criteria by the LC.
- Ensure registered HCPs are aware of their scope of practice and limitations when assessing a patient for discharge under the set criteria.
- Ensure registered HCPs are aware of the escalation process if they feel a patient is unwell or does not meet the set criteria for discharge.
- Ensure registered HCPs are aware of follow-up arrangements and referrals for patients in outpatient settings.

Practicing within Limitations:

- **Nurses, midwives, and nursing associates are expected to work within the limits of their competence (NMC 2015)**
- **AHPs must keep within their scope of practice by only practicing in the areas they have appropriate knowledge, skills, and experience for. They must refer a service user to another practitioner if the care or treatment is out of their limitations (HCPC 2016).**
- **Pharmacy Professionals must recognize and work within the limits of their knowledge and skills, and refer to others when needed**
-
- Registered HCPs must exercise professional 'duty of ' when raising concerns immediately whenever they come across situations that put patients or public safety at risk. They must take necessary action to deal with any concerns where appropriate.
- Registered HCPs must work within the limits of their knowledge and skills and keep within their scope of practice.

Objectives:

- To be competent in the assessment of a patient with set criteria for discharge.
- To be able to appropriately assess and discharge a patient and arrange adequate follow-up if required to do so.
- To be able to raise concerns regarding the discharge of a patient back to their lead clinician.

Assessors:

- Assessors are required to be Band 7 or above with clinical skills of patient assessment.
- This includes Advanced Practitioners, Clinical specialists, Senior Pharmacists, and the medical team.
- Please note you are required to assess the individual's competence to appropriately assess and discharge a patient based on set criteria.
- As an assessor, you need to ensure the individual has met the criteria set to be assessed as a criteria-led discharge individual.
- Assessors need to ensure they provide individuals with the skills and knowledge required to safely discharge a patient.
- Ensure that the individuals assessing patients are well informed in regards to outpatient follow-up and referral processes.
- Assessors need to ensure any concerns in regards to the individual's performance are addressed with them and their managers.

<u>Assessors Name</u>	<u>Assessors Title</u>	<u>Signature</u>

Below is 5 tables of expected competencies required to be assessed to be deemed competent in the discharging process.

This involves the completion of the Edischarge training, and 5 signed observations.

<u>Competency</u>	<u>Date Completed</u>	<u>Name, Signature, and Title of Assessor</u>	<u>Comments</u>
Completed E discharge Training			
Ensures the medical team has sent over the medications from EPMA to the discharge before discharge completion. (For Prescribers: ensure they have sent this off)			
Can read and understand documentation set on Criteria Led Discharge paperwork			
Carries out an appropriate assessment of the patient at the bedside.			
Discusses diagnosis, medication, plan of care, and follow-up with patients and can adequately answer any questions they may have.			
Appropriately refers the patients for follow-up as required/indicated			
Reviews blood results and vital signs and acts accordingly to effectively discharge patients			
Appropriately signs off discharge for the patient using relevant information from notes.			
Documents appropriately in notes of criteria being met and patient assessment.			
Able to appropriately discuss issues that may occur during the discharge and escalation process.			

<u>Competency</u>	<u>Date Completed</u>	<u>Name, Signature, and Title of Assessor</u>	<u>Comments</u>
Ensures the medical team has sent over the medications from EPMA to the discharge before discharge completion. (For Prescribers: ensure they have sent this off)			
Can read and understand documentation set on Criteria Led Discharge paperwork			
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<u>Competency</u>	<u>Date Completed</u>	<u>Name, Signature, and Title of Assessor</u>	<u>Comments</u>
Ensures the medical team has sent over the medications from EPMA to the discharge before discharge completion. (For Prescribers: ensure they have sent this off)			
Can read and understand documentation set on Criteria Led Discharge paperwork			
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Appropriately signs off discharge for the patient using relevant information from notes.			
Documents appropriately in notes of criteria being met and patient assessment.			
Able to appropriately discuss issues that may occur during the discharge and escalation process.			

<u>Competency</u>	<u>Date Completed</u>	<u>Name, Signature, and Title of Assessor</u>	<u>Comments</u>
Ensures the medical team has sent over the medications from EPMA to the discharge before discharge completion. (For Prescribers: ensure they have sent this off)			
Can read and understand documentation set on Criteria Led Discharge paperwork			
Carries out an appropriate assessment of the patient at the bedside.			
Discusses diagnosis, medication, plan of care, and follow-up with patients and can adequately answer any questions they may have.			
Appropriately refers the patients for follow-up as required/indicated			
Reviews blood results and vital signs and acts accordingly to effectively discharge patients			
Appropriately signs off discharge for the patient using relevant information from notes.			
Documents appropriately in notes of criteria being met and patient assessment.			
Able to appropriately discuss issues that may occur during the discharge and escalation process.			

Appendix 4 CLD Patient Journey

