

Policy Number
CP39
Title of Policy
Criteria Led Discharge

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Appendices

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

[Appendix 2: Criteria Led Discharge clinical criteria to form \(Completed example\)](#)

[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 Health care practitioners (Nurses, Pharmacists, and Allied Health care professionals) to discharge a patient based on criteria set by the Lead Clinician.

2.0 Introduction:

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. Effective implementation of criteria-led discharge (CLD) can reduce the length of stay and facilitate safer care as practice variability is greatly reduced.

Department of Health guidance recognizes that suitably qualified clinicians can take responsibility for the discharge of patients providing these decisions are based upon an agreed clinical management plan or clinical pathway (DOH 2004).

There are no legal or professional reasons why clinicians cannot assume this responsibility once they have been deemed clinically competent to do so.

The policy provides a structure for the implementation of CLD, standards for training, documentation, audit, and evaluation.

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 patients and not the professional conducting the discharge.

Required parameters must be documented by the identified Lead Clinician (LD) using the Criteria Led Discharge clinical criteria form ([Appendix 1](#)) before registered Health care practitioners can discharge them. A completed example can be found in [Appendix 2](#).

The LD (Consultant/ Middle Grade/ Registrar) 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.

Only registered Health care practitioners who have undertaken the required competencies, can perform criteria-led discharge.

Examples of where CLD may be used include:

- If a patient is awaiting blood tests the LD will set parameters for these results.
- When awaiting results of certain imaging 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 certain 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.
- Trialling without catheter- patient passed urine and bladder scan with results within parameters.
- Where there is an achievement of specific clinical criteria. For example, adequate pain relief is achieved, constipation relief.
- Where there is confirmation of start date of care package and equipment at home enabling a safe discharge.
- Following satisfactory psychiatric assessments and drug and alcohol liaison inputs for medically fit patients.
- Following satisfactory review by specialist therapy service.

This policy is the Trust's generic approach to CLD and is an element of the Trust's overall discharge policy ([CP04 Discharge Policy](#)).

Each division has the opportunity to implement appropriate CLD providing they have developed specific clinical pathways and protocols and have suitably trained clinicians able to demonstrate the required competency.

3.0 Definitions

CCD- Clinical criteria for discharge- The specific criteria that must be achieved for the Registered Health care practitioner to discharge the patient.

CLD- Criteria led discharge- The process that empowers Registered Health care practitioners to discharge patients.

LD- Lead Clinicians- The Consultant / Middle Grade/Registrar responsible for the patient.

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

Registered Health care practitioner - A healthcare practitioner who is registered with a professional body (NMC/HPC/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

Registered Health care practitioners:

- Are accountable for their actions.
- Must be able to demonstrate the ability to assess and make critical decisions regarding clinician-led discharge following training and competency assessment.
- In conjunction with the LD identifies suitable patients for CLD.
- Reviews the CLD document and confirms all sections have been completed. Signs and dates the document before discharging the patient.
- Documents clearly in the patient notes that the parameters set have been met.
- Completes the criteria not met section if the parameters have not been met and escalate back to the medical team.
- Act per the NMC (2015) standard “Recognise and work within the limits of your competence” and/ or HCPC (2016) “Must keep within your scope of practice by only practicing in the areas you have appropriate knowledge, skills, and experience for.”

Lead Clinician:

- Retains overall responsibility for the patient.
- Ensures that the patient meets the criteria 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.

5.0 Policy Detail

- The policy must be read in conjunction with the Trust’s [CP04 Discharge Policy \(xrwh.nhs.uk\)](http://xrwh.nhs.uk).
- Only registered Health care practitioners who have completed the trusts competency booklet ([Appendix 3](#)) alongside E-discharge training and the KITE site training sessions will be signed off as competent to undertake CLD.
- The clinician must have a current registration with a recognised professional body (NMC/HCPC/GPhC) and have been practicing for at least 2 years in their area of practice.
- [Appendix 4](#) contains a flow chart describing the CLD process from admission to discharge. It is the LD who identifies patients eligible for CLD and agrees to the CCD. The LD retains responsibility for the patient’s care, but delegate’s responsibility for discharge to suitably competent registered Health care practitioners.

The registered Health care practitioner 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.

Exclusion Criteria:

Criteria led discharge is not applicable:

- For any patient who has not been identified by LD or not had A CCD completed and signed.
- If the registered Health care practitioner 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.

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	

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 will be available through the Trust's ICT services.

A competency booklet will also be used for the registered Health care practitioners ([Appendix 3](#))

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

10.0 Audit Process

The policy will be audited through the trust's monitoring of adverse incidents process. The audit should also include patient satisfaction, readmission/ failed CLD, and the impact on the length of stay and/ or ward utilisation. It is recommended that a quarterly audit of CLD is presented at Divisional Governance meetings.

Criterion	Lead	Monitoring method	Frequency	Committee
Number of patients discharged by the process	Matrons/ Heads of Nursing/AHP Leads/Director of Pharmacy	Using Patient notes.	Quarterly	Head of Nursing meetings
Adverse events due to CLD	Matrons/ Heads of Nursing/AHP Leads/Director of Pharmacy	Datix	Monthly	Governance
Number of clinicians successfully trained	Ward Managers/ Matrons/AHP Leads/Director of Pharmacy	Data Log to be kept by the ward	Quarterly	Matron Meetings/ Head of Nursing.

11.0 References: -

England, N., n.d. *NHS England » Improving hospital discharge*. [Online] England.nhs.uk. Available at: <<https://www.england.nhs.uk/urgent-emergency-care/improving-hospital-discharge/>> [Accessed 14 May 2021].

HCPC, 2016. *Scope of practice* |. [Online] HCPC scope of practice. Available at: <<https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice>> [Accessed 14 May 2021].

NHS, 2020. *NHS Long Term Plan*. [Online] NHS Long Term Plan. Available at: <<https://www.longtermplan.nhs.uk/>> [Accessed 14 May 2021].

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

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and Policy version: CP39 V5	Policy Title Criteria Led Discharge (previously Professional Lead Discharge)	Status: Final		Author: Rajvinder Banger Advanced Nurse Practitioner Chief Officer Sponsor: title
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.	
Intended Recipients: Trust Wide: Allied Health care professionals				
Consultation Group / Role Titles and Date: NHSi England Head of Nursing , Division 1, Division 2 and Workforce Matrons Chief Medical Officer and consultants. Pharmacy Lead. AHP Lead				

Name and date of Trust level group where reviewed	Trust Policy Group - September 2021	
Name and date of the final approval committee	Trust Management Committee – September 2021	
Date of Policy issue	October 2024	
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	September 2024	
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 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	

Part B

Ratification Assurance Statement

Criteria Led Discharge CP39

Name of author: Rajvinder Banger

Job Title: Advanced Nurse Practitioner

I, _____ the above named author confirm that:

- The Policy presented for ratification meet all legislative, best practice, and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed before the review date.

Signature of Author:

Date:

Name of Person Ratifying this document (Chief Officer or Nominee):

Job Title:

Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to:
The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version	Policy Title: Criteria Led Discharge CP39	
Reviewing Group	Head Of Nursing	Date reviewed: September 2021
Implementation lead: Print name and contact details Rajvinder Banger 07568082298		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; Consider (if appropriate) 1. Development of leaflet of strategy aims for staff 2. Include responsibilities of staff concerning strategy in the pocket guide.		
Training; Consider 1. Training approval process 2. Completion of Competency documents and eLearning	E- discharge training will be expanded to include senior nurses, Pharmacists, and AHP's. Competency documents will be rolled out and completed. Scenario ward-based sessions will be conducted	4/12 This will be done by the wards and implementation lead to ensure effective and safe training.
Development of Forms, leaflets, etc; Consider 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group before rollout. 2. Type, quantity required, where they will be kept/accessed/stored when completed	All paperwork required for the policy will be attached to the appendices of the policy for individuals to print out and use as required.	1/52
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy/procedure, who to and how?	These will be communicated via the Heads of nursing and disseminated to the wards managers and staff via staffing briefings.	1/12
Financial cost implementation Consider Business case development	No financial cost noted at present	

Other specific Policy issues/actions as required e.g. Risks of failure to implement, gaps or barriers to implementation		
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Clinical Criteria for Discharge**Date.....****Responsible Clinician****Responsible Practitioner.....**

AFFIX PATIENT LABEL HERE

<u>PART A: To be Completed by consultants/ ST3 and above</u>		
Diagnosis:	TTO's/ EDS completed. Name/ Signature/ Date	
Medical Clinical Criteria for Discharge:	Date met:	Signature:
I agree this patient meets the criteria for Part A:		
<u>Name/ Designation</u>	<u>Signature:</u>	<u>Date:</u>

Part B: MDT criteria for Discharge		
Social criteria for Discharge	Date Met:	Signature:
<u>1.</u>		
<u>2.</u>		

Arrangements	<u>Signature</u>
1. <u>Follow Up arrangement made</u>	
2. <u>Social arrangement made</u>	
3. <u>Patient informed of the diagnosis, treatment plan, and discharge</u>	

I confirm that the above patient has met the criteria set for discharge:

Criteria Led Practitioner Signature and Stamp:

--

Clinical Criteria for Discharge**Date.....14.05.2021.....****Responsible Clinician ... Dr. P.....****Responsible Practitioner.....R. Banger (stamp)**

AFFIX PATIENT LABEL HERE

MR Banger

215 Elbert Road

WV6 98D

<u>PART A: To be Completed by consultants/ ST3 and above</u>		
Diagnosis: Inferior Myocardial Infarction: PCI to RCA	TTO's/ EDS completed. Name/ Signature/ Date	
Medical Clinical Criteria for Discharge:	Date met:	Signature:
1. <i>Patient on Ramipril and Bisoprolol – Doses up titrated, Blood pressure to be above 110 systolic and Pulse above 60 or as tolerated by Mr. B.</i>	16/5/21	
2. <i>Mr. B medication: Dual antiplatelet therapy for 12 months, low dose Lansoprazole, Atorvastatin 80mg OD, and PRN GTN spray</i>	16/5/21	
3. <i>Echocardiography to be conducted before discharge: If Ejection Fraction >35% can go home 16.05.21.</i>	16/5/21	
4. <i>To be seen by Cardiac Rehab before discharge.</i>	16/5/21	
5. <i>Follow up in PMIC clinic in 6- 8 weeks.</i>	16/5/21	
I agree this patient meets the criteria for Part A:		
<u>Name/ Designation</u>	<u>Signature:</u>	<u>Date:</u>
<i>Rajvinder Banger- Senior Sister</i>		16/5/21

Part B: MDT criteria for Discharge		
Social criteria for Discharge	Date Met:	Signature:

1. <i>Physio and OT input</i>	<i>16/5/21</i>	
2.		

Arrangements	Signature
1. <u>Follow Up arrangement made</u>	
2. <u>Social arrangement made</u>	
3. <u>Patient informed of the diagnosis, treatment plan, and discharge</u>	

I confirm that the above patient has met the criteria set for discharge:

Criteria Led Practitioner Signature and Stamp:



Rajvinder Banger NMC Number:

Date:17.05.21



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 Health care practitioners (Nurses, Pharmacists, and Allied Health care professionals) to discharge a patient based on criteria set by the Lead Clinician.

The purpose of this document is to:

- Ensure all registered Health Care Practitioners (HCPs) undertaking Criteria Led discharge (CLD) have the appropriate competencies for them to adequately assess and discharge patients based on set criteria by the Lead Clinician.
- 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			
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			
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.			
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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			
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			
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.			

Patient Journey

