Trials and Tribulations of Criteria Led Discharge!

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Why CLD?

• Whole of Hospital Program identified that SCH is encountering ever increasing pressure on bed availability for acute admissions.

• Sydney Children’s Hospital (SCH) successfully uses pathways for a few acute surgical processes such as for patients undergoing tonsillectomy but not for any medical admissions.

• Inefficient discharge processes is one of the areas that has been identified as prolonging the patient’s inpatient stay and contributing to this bed block.

• Many facilities have initiated CLD, including many Children’s Hospitals, but the uptake and sustainability has often been poor.
Aim

To initiate a Criteria Led Discharge (CLD) process for children admitted with an acute wheezy illness and aim for 70% compliance within 6 months.

- Decrease length of stay
- Maintain or reduce readmission rate
- Promote earlier discharge time
- Enhance staff, patient and parent satisfaction
Patient Story

- Billy is a 4 year old boy admitted with asthma. He requires frequent salbutamol and oxygen, which is slowly weaned. He is seen by his consultant each day. By the morning of the third day of his admission Billy is off oxygen, on salbutamol every 3 hours and feeding well. The nurses and junior medical staff looking after him think he is ready for discharge and the parents are keen to leave. His consultant arrives at midday and agrees that Billy can be discharged but discovers that his parents have not received adequate education and a weaning plan has not been written. Billy is eventually discharged at 1500hrs once these are completed.
## Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Actions</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 14 – Feb 15</td>
<td>Identify stakeholders</td>
<td>• Literature review</td>
</tr>
<tr>
<td></td>
<td>Develop working party</td>
<td>• Policy</td>
</tr>
<tr>
<td></td>
<td>Develop CLD process</td>
<td>• Education pack</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Parent information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Survey</td>
</tr>
<tr>
<td>Jan - Feb 15</td>
<td>Educate staff</td>
<td></td>
</tr>
<tr>
<td>March – July 15</td>
<td>Commence CLD</td>
<td>Evaluate</td>
</tr>
<tr>
<td>July – Aug 15</td>
<td>Assess and expand</td>
<td>Staff survey</td>
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</table>
Why Wheeze for CLD

• Most common reason for admission in General Paediatrics (20 – 30%)
• Easy to set generic discharge criteria
Q3 Did you feel your child was well enough to go home earlier?

Answered: 30  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>36.67% 11</td>
</tr>
<tr>
<td>No</td>
<td>50.00% 15</td>
</tr>
<tr>
<td>Unsure</td>
<td>13.33% 4</td>
</tr>
</tbody>
</table>

Total: 30

<table>
<thead>
<tr>
<th>#</th>
<th>Please tell us more</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I completely trusted the nurses and Drs to make right choices for my child</td>
<td>2/16/2015 9:21 AM</td>
</tr>
<tr>
<td>2</td>
<td>Child went home at the appropriate time, not too early and not too late</td>
<td>2/9/2015 11:20 AM</td>
</tr>
<tr>
<td>3</td>
<td>Only a few hours earlier and understand we need to wait to see dr before discharge but I figured she was much better as soon as she woke at 6th. But fabulous care all round so would not complain at all</td>
<td>2/6/2015 9:08 AM</td>
</tr>
<tr>
<td>4</td>
<td>My child had stabilised earlier in the day, but I felt comfortable that the staff took all precautions.</td>
<td>2/5/2015 1:50 PM</td>
</tr>
</tbody>
</table>
## Barriers and Solutions

<table>
<thead>
<tr>
<th>Barriers to Implementation</th>
<th>Potential Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant resistance to change/ not supportive/ concern re litigation/ billing for each visit</td>
<td>Involve consultants in setting up. Education. Data from ACI. Executive approval of process to allay litigation fears. Clarify Billing.</td>
</tr>
<tr>
<td>Lack of leadership, education awareness of CLD</td>
<td>CLD working group. Develop policy.</td>
</tr>
<tr>
<td>Discharge processes. Education/scripts not complete</td>
<td>Include in CLD. Should improve this.</td>
</tr>
<tr>
<td>Nursing not wanting to take responsibility or lack of confidence</td>
<td>Education. Survey and review.</td>
</tr>
<tr>
<td>Time poor/Too much paperwork</td>
<td>Keep simple. Pre-determine criteria</td>
</tr>
<tr>
<td>CLD criteria issues: lack of agreement on criteria or conditions to broad or narrow</td>
<td>Define conditions and criteria. Consensus for criteria.</td>
</tr>
<tr>
<td>Lack of trust in nurse/JMO by consultant to make discharge decision</td>
<td>Reassure re education of staff before implementation. Consultant chooses to use process.</td>
</tr>
</tbody>
</table>
The following checklist must be completed for a patient to be eligible for Criteria led discharge. The checklist is to be completed throughout the admission.

**Medical Checklist**

- Discharge medications organised
- Follow up appointments advised
- Information and education provided to patient and/or parents and carers
- Equipment requested organised
- GP details printed on inpatient front sheet and confirmed as up to date

**APPROVAL GIVEN BY CONSULTANT/FELLOW:**

This patient is eligible to be discharged providing all of the following criteria are met.

Consultant/Fellow:

- Signature:
- Date:
- Time:
- Page:

**CRITERIA FOR DISCHARGE**

Consultant/Fellow review at least once throughout admission:

- No oxygen therapy required within last 8 hours
- Oxygen saturations maintained ≥ 92% in room air
- A score of nil to mild (blue zone) for work of breathing on the SPO2 chart
- Adequate oral input, and no clinical signs of dehydration
- Bronchodilator inhalers required 3rd hourly or less frequently
- Parent/carer concerns addressed

Patient is only ready for discharge once they meet all of the criteria above.

Discharge criteria met? Yes [ ] No [ ]

Medical Resident/Registrar notified of child’s discharge? Yes [ ] No [ ]

Name: [ ]

Designation: [ ]

Signature: [ ]

Date & time of patient discharge:

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**CRITERIA FOR DISCHARGE - Bronchiolitis**

Consultant/Fellow review at least once throughout admission:

- No oxygen therapy required within last 6 hours
- Oxygen saturations maintained ≥ 92% in room air
- A score of nil to mild (blue zone) for work of breathing on the BTP chart
- Adequate oral input, and no clinical signs of dehydration
- Parent/carer concerns addressed

Patient is only ready for discharge once they meet all of the criteria above.

Discharge criteria met? Yes [ ] No [ ]

Medical Resident/Registrar notified of child’s discharge? Yes [ ] No [ ]

Name: [ ]

Designation: [ ]

Signature: [ ]

Date & time of patient discharge:
Information Sheet
Going Home: Criteria Led Discharge

Sydney Children's Hospital is committed to providing quality care to patients and families. Once patients are well enough, our aim is to send them home with their families as safely and as early as possible. We use a process called Criteria Led Discharge to help families plan their child's discharge home.

What is Criteria Led Discharge?
Criteria Led Discharge involves a discussion between the family, doctor and nurse, to decide what health goals and criteria must be met before a patient can be discharged from hospital. This discussion will take place soon after admission to the ward, with agreed upon criteria documented in the medical notes.

Once your child meets their goals and criteria, any member of the medical or senior nursing team can safely discharge them home.

How will my child be seen by their doctor, while in hospital?
A doctor will review your child at least once every day. Patients and families are encouraged to ask questions throughout their admission, to ensure they feel well prepared to go home, when the time comes.

What should I do before my child is sent home?
- Understand the care plan for home eg. discharge medications, when to return to childcare/school and what to look out for if your child's health doesn't improve as planned.
- Ask about medical certificates or letters.
- Confirm if your child needs any follow up appointments with health care professionals like a General Practitioner or Paediatrician.

Does my child need to see their senior doctor on the day they go home?
No. If there are no outstanding issues and all health goals and criteria have been met, your child is able to safely leave the hospital, without seeing their doctor.

If your child's doctor has any concerns regarding your child's health and wellbeing, they will make arrangements to see you on the ward, one last time.

Criteria Led Discharge - Overview

TALK WITH YOUR DOCTOR
Your doctor will explain what Criteria Led Discharge is to ensure you understand and agree to the process.

ESTABLISH GOALS AND CRITERIA
You and your child's health care team will agree on the goals that must be met in order to be safely discharged.

PROGRESS MONITORED
A senior staff member monitors your child's progress and in consultation with you, decides once the goals/criteria have been met.

DISCHARGE
You are able to safely leave the Hospital, without having to wait and see a senior doctor.

NOTES AND QUESTIONS:
Criteria Led Discharge

Nursing Competency

Competency Statement:
The nurse is able to safely discharge a child applying the criteria led discharge process.

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>DATE</th>
<th>SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locate and read Criteria Led Discharge Procedure</td>
<td>Located on ward</td>
<td>Consultant or Fellow must sign the form in person</td>
</tr>
<tr>
<td>Discuss what authorisation is required for a patient to be discharged under the Criteria Led Discharge process</td>
<td>Nurse does full head to toe assessment + thinking outside the box is high risk group such as previous ICU admissions, day 2 bronch, exacerbation background etc. + discussion with parents to ensure no concerns</td>
<td></td>
</tr>
<tr>
<td>Discuss the expectations of nursing staff when using the Criteria Led Discharge process.</td>
<td>Patient must be reviewed at least once throughout their admission (first criteria). Plus continue general practice in that a doctor (not necessarily consultant) reviews the patient daily</td>
<td></td>
</tr>
<tr>
<td>Discuss the medical review requirements for a child who will be discharged under the criteria led discharge process</td>
<td>CLD is a safe process to help families go home from hospital in an efficient manner. We work as a team and communicate amongst ourselves regularly. Consultant happy for your child to go home once they meet certain criteria. Nurse or junior doctor can determine if criteria has been met. Safe process etc</td>
<td></td>
</tr>
<tr>
<td>How would you explain the criteria led discharge process to a family?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss some of the expected issues you may need to address when discharging a patient under the criteria led discharge process</td>
<td>- Wearing plans - Discharge meds - Transport delays - Parent anxiety (triggers)</td>
<td></td>
</tr>
<tr>
<td>Is there anything you could do throughout the patient's admission to prevent issues arising on day of discharge?</td>
<td>- Talk openly about CLD with families on daily basis - Encourage parent to ask us with Consultant</td>
<td></td>
</tr>
</tbody>
</table>

I have demonstrated the necessary knowledge, skills, values and abilities to be deemed competent in criteria led discharge.

Nurse

Name........................................Signature..................Date...............

Assessor (NUM/CNC/CNE)

Name........................................Signature..................Date...............
Data analysis

• Commenced
• Analysed first 2 months data
• 139 patients presented to SCH with wheeze
• 39 (28%) were placed on CLD
• Why poor uptake?
Reasons identified for not using CLD

- No obvious reason found: 45
- Close to Discharge: 25
- Co-Morbidities: 15
- CICU admission: 10
- Transfer to another hospital: 5
Analysis

• After filtering ineligible patients eg. complex co-morbidities
  – 39/71 were on CLD: LOS 29.3 hours
  – 32/71 not on CLD: LOS 46.2 hours

  – Positive initial findings however limited sample size- awaiting winter review
Analysis

- March/April readmissions within 72 hours

<table>
<thead>
<tr>
<th>On CLD</th>
<th>Not on CLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3</td>
</tr>
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</table>
Discharge Before 0900

<table>
<thead>
<tr>
<th>On CLD</th>
<th>Not on CLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>0</td>
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</table>
Our Experience - Pros

• Nursing autonomy
• Enhanced child and family journey
• Streamline patient care and flow
• Time and cost efficient
• Positive staff experience
• Reduce LOS
Challenges

• Competing change in a culture full of change
• Increased nursing responsibility & workload
• No financial sponsorship
• Lack of IT support
Where To From Here?

• Should we continue?
• Do we expand CLD to other presentations?
• Patient selection (comorbidities etc)
• Further statistical analysis
• Parental & staff surveys and satisfaction
• IT and sponsorship support
• SCHN discussions
• Dedicated column in EJB
Questions