



# Criteria Led Discharge Guideline

## 1. Purpose

The purpose of this guideline is to provide WA Country Health Service (WACHS) sites and staff with guidance for implementing Criteria Led Discharge (CLD).

CLD can improve timely patient-centred discharge and is used widely as a strategy to optimise access and flow within health services, supporting access to high quality care.

## 2. Guideline

### 2.1 Criteria Led Discharge

All WACHS sites should have effective discharge planning and processes in place. This should include:

- establishing an estimated discharge date (EDD) on admission, or as soon as practical
- patient / family involvement in discharge planning and decision-making
- completing relevant discharge documentation and checklists
- coordinating outpatient services / investigations / referrals as required
- provision of appropriate information and education to the patient.

Criteria Led Discharge is an outcome of effective discharge planning, supporting the discharge of patients once they meet predetermined criteria.

### 2.2 Involving patients in CLD

Patients are encouraged to participate in the decision-making process regarding discharge criteria during medical ward rounds and MDT / family meetings. Patients that have been identified as suitable for CLD, must be made aware of the decision and be provided with appropriate information about CLD.

### 2.3 Prior to implementing at WACHS sites

Individual WACHS sites need to consider their readiness prior to commencing CLD:

#### **Type of patients, specialties or clinical areas that are appropriate for CLD**

Not all patients will be suitable for CLD. The site management team including medical leadership and wider MDT will need to come to a shared agreement on the patients / patient cohorts that are most likely to be suitable for CLD and / or the patients / patient cohorts or specialties that are not suitable. This should be documented as per site processes and monitored for compliance.

<b>Possible CLD patients / cohorts / specialties / areas</b>	<b>Patients that are generally not recommended for CLD</b>
<ul style="list-style-type: none"> <li>• Emergency Department (ED) Short Stay Unit (SSU) patients (e.g. migraine, gastroenteritis, tonsillitis, urinary</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with complex discharge planning needs</li> <li>• Mental Health patients</li> <li>• Paediatric patients where there are</li> </ul>

<p>retention, renal colic, hyperemesis gravidarum)</p> <ul style="list-style-type: none"> <li>• Elective and non-elective surgical patients with documented clinical pathways (e.g. day surgery patients, appendectomies, tonsillectomy)</li> <li>• Medical patients with simple discharge needs (e.g. uncomplicated infection responding to treatment)</li> <li>• Paediatric patients with simple discharge needs</li> <li>• Aboriginal patients with simple discharge needs, in coordination with an Aboriginal MDT member (available / required / requested)</li> <li>• Maternity patients with simple discharge needs in accordance Maternity and Newborn Services policy documents (refer section 7)</li> </ul>	<p>child safety concerns</p> <ul style="list-style-type: none"> <li>• Patients with associated socio-economic risk, including people experiencing homelessness.</li> <li>• Palliative care patients</li> </ul>
--	--

**Determine the MDT members that can discharge a patient using CLD**

Generally, senior health professionals complete CLD. Local processes will be determined by the district management team. District management team should consider if additional training may be required by the MDT members prior to participation in CLD.

WACHS considers the following MDT members as possible CLD facilitators: medical practitioners, nurse practitioners, senior registered nurses, senior midwives, endorsed midwives and senior allied health clinicians. For specialty patients, CLD facilitators should have the appropriate knowledge and skills to safely participate in CLD for this cohort, e.g. for maternity and neonatal patients, CLD should be facilitated by midwives.

The following MDT members / hospital staff are unlikely to be suitable for CLD facilitation: graduate nurses, enrolled nurses, advanced practice enrolled nurses, agency nursing and agency allied health staff.

All clinical staff participating in CLD should complete the [CLD Education Checklist](#).

**2.4 CLD documentation**

WACHS sites that implement CLD use the [MR28 WACHS Criteria Led Discharge](#) form. This form has space for the treating medical officer who would usually be responsible for discharge to document the agreed criteria for discharge. The criteria should be person-centred and specific to their clinical needs, and include physical, psychological, social, cultural and environmental requirements.

The form should be completed early in the discharge planning process and filed in the appropriate place in the patient’s bedside record / file until discharge is completed. Clinical handovers, Journey Boards and whiteboards should note the presence of the form and intention of the patient to be discharged via CLD.

Specialty or condition-specific CLD forms can be developed by districts or sites. They must be based on the MR28 WACHS Criteria Led Discharge form, with development facilitated through the WACHS Forms Management Team. They should follow the process outlined in the next section.

## 2.5 Process

The following process is recommended for CLD:

- On admission, patient's estimated discharge date (EDD) is recorded.
- Early in admission and throughout the patient's stay, the treating medical team, in collaboration with the broader MDT, identify if the patient is suitable for CLD.
- Medical staff or MDT members discuss the CLD process with the patient / family and confirm the criteria for discharge.
- Treating medical team commences the MR28 WACHS Criteria Led Discharge form for the patient and includes patient-specific criteria in Part B.
- The MDT can add additional criteria (e.g. social, environmental criteria) in Part B if required.
- The MR28 WACHS Criteria Led Discharge form is updated and filed in the patient's bedside file / record.
- Medical team commence Discharge Summary.
- The patient's CLD status is noted on any handover sheets, journey boards, whiteboards or huddle / MDT rounds.
- The criteria for discharge is monitored by the MDT and once all criteria are met, the patient is reviewed by the MDT member facilitating CLD.
- All relevant discharge requirements and checklists are still completed prior to discharge.
- All patients on CLD must have had a medical review within 24 hours prior to discharge.
- A full set of observations must be performed and recorded on the day / shift of discharge and considered in the decision to discharge.
- On the day of discharge, if the MDT member facilitating discharge is satisfied the patient has met all the criteria for discharge, they may be discharged.
- The MR28 WACHS Criteria Led Discharge form is filed into the patient's medical file and scanned into the patients Digital Medical Record upon discharge.

## 2.6 Review of CLD

After patients are initially identified as suitable for CLD, there will be situations where a patient is no longer considered suitable for CLD. This change is recorded on the CLD form and medical record, and the decision shared with the MDT and the patient / family.

If a patient / family member requests a clinical review by the medical team prior to discharge, this should be accommodated and the CLD form updated.

### 3. Roles and Responsibilities

For sites where CLD has been implemented:

**WACHS District Directors** are responsible for ensuring the CLD process at their site meets the WACHS guidelines and meets the needs of their clinicians and community.

**The Authorised Admitting Practitioner** retains responsibility for the patient throughout the patient's admission and discharge. The Authorised Admitting Practitioner is responsible for finalising the patient-specific discharge criteria (with MDT input) and can inform the patients / families of the use of CLD as part of their discharge process. They also must ensure the patient has had a medical review within 24 hours of expected discharge.

**MDT members facilitating the patient discharge** under CLD, must ensure CLD is within their individual professional scope of practice and have completed the [CLD Education Checklist](#). The completed Checklist must be stored in their professional portfolio. MDT Members must ensure each patient has met all listed criteria on the CLD form prior to discharge as per the process outlined in [Section 2.5](#). The MDT member must instigate a medical review if there are any concerns or unmet criteria as per the CLD form prior to discharge.

It is the responsibility of **all clinical staff** involved in the clinical handover of a patient from shift to shift, and / or between clinical areas, to include information on the patient's plans for CLD.

**All staff** are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS, and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

### 4. Monitoring and Evaluation

The use of CLD should be underpinned by suitable monitoring and evaluation (process and outcomes) incorporating the patient / family experience. Examples of performance measures include:

- Review of CLD Form compliance (document audit)
- Patient experience or satisfaction surveys
- Staff surveys on appropriateness and effectiveness of CLD
- Hospital performance data – length of stays, discharges by 1000 and 1200 hours, weekend discharge percentages, general readmission rates.

Where CLD has been implemented, clinical managers should review the CLD process and documentation compliance at relevant sites and continue to review CLD-relevant hospital performance data (readmission rates, discharge rates, access and capacity). All consumer and staff feedback in relation to CLD implementation should be reviewed.

Clinical incidents related to CLD are to be notified via the Datix Clinical Incident Management System (Datix CIMS).

## 5. References

1. [A Systematic Review of Criteria-Led Patient Discharge - PubMed \(nih.gov\)](#)
2. [Initiatives for improving delayed discharge from a hospital setting: a scoping review | BMJ Open](#)
3. [040914Making-nurse-led-discharge-work-to-improve-patient-care.pdf \(emap.com\)](#)

## 6. Definitions

Term	Definition
<b>Authorised Admitting Practitioner</b>	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.
<b>Criteria Led Discharge</b>	Criteria led discharge (CLD) is a process that supports the discharge of patients by an appropriate member of the MDT once the patient meets predetermined criteria and is determined as clinically safe to transition home.
<b>Discharge</b>	Discharge is the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.
<b>Estimated Discharge Date</b>	The Estimated Discharge Date (EDD) is the likely date the patient is predicted to be discharged from the hospital. It is usually set based on the MDT plan of care. EDD are not used in ED SSU.
<b>Family</b>	The term 'family' includes people identified by the person as family and may include people who are biologically related such as siblings and grandparents, foster parents, Elders, people who joined the family through marriage or other relationships, as well as the family of choice and friends.
<b>Multidisciplinary team</b>	A multidisciplinary team (MDT) involves a range of health professionals from different disciplines or organisations working together to deliver comprehensive patient care. It includes the treating doctor and where available / appropriate, Aboriginal Liaison Officers.
<b>Senior health professional</b>	Registrar, consultant, admitting general practitioner (GP), senior medical officer or district medical officer, senior registered nurse, senior midwife, endorsed midwife, senior allied health professionals (e.g. social worker).

## 7. Document Summary

<b>Coverage</b>	WACHS-wide
<b>Audience</b>	All medical, nursing and allied health staff providing clinical care to inpatients at sites who have implemented criteria led discharge.
<b>Records Management</b>	<ul style="list-style-type: none"> <li>• <a href="#">Health Record Management Policy</a></li> </ul>
<b>Related Legislation</b>	Nil
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0095/18 <a href="#">Clinical Handover Policy</a></li> <li>• <a href="#">Clinical Governance, Safety and Quality Policy Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	Nil
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Criteria Led Discharge Fact Sheet</a></li> <li>• <a href="#">Criteria Led Discharge Education Checklist</a></li> <li>• <a href="#">Specialty Specific Policy Documents - Maternity and Newborn Services</a></li> </ul>
<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• MR28 <a href="#">WACHS Criteria Led Discharge</a></li> </ul>
<b>Related Training Packages</b>	<p>Nil Training Packages</p> <ul style="list-style-type: none"> <li>• <a href="#">CLD Education Checklist</a> (supports education)</li> </ul>
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 5477
<b>National Safety and Quality Health Service (NSQHS) Standards</b>	2.06, 5.05, 5.13, 6.03 and 6.11
<b>Aged Care Quality Standards</b>	Nil
<b>National Standards for Mental Health Services</b>	Nil

## 8. Document Control

Version	Published date	Current From	Summary of changes
1.00	16 April 2026	16 April 2026	New document

## 9. Approval

<b>Policy Owner</b>	Chief Operating Officer
<b>Co-approver</b>	Executive Director Clinical Excellence Executive Director Nursing and Midwifery Services
<b>Contact</b>	Emergency Access Reform Program Manager
<b>Business Unit</b>	Emergency Access Reform
<b>EDRMS #</b>	ED-WA-26-148658
<p><i>Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.</i></p>	

**This document can be made available in alternative formats on request.**