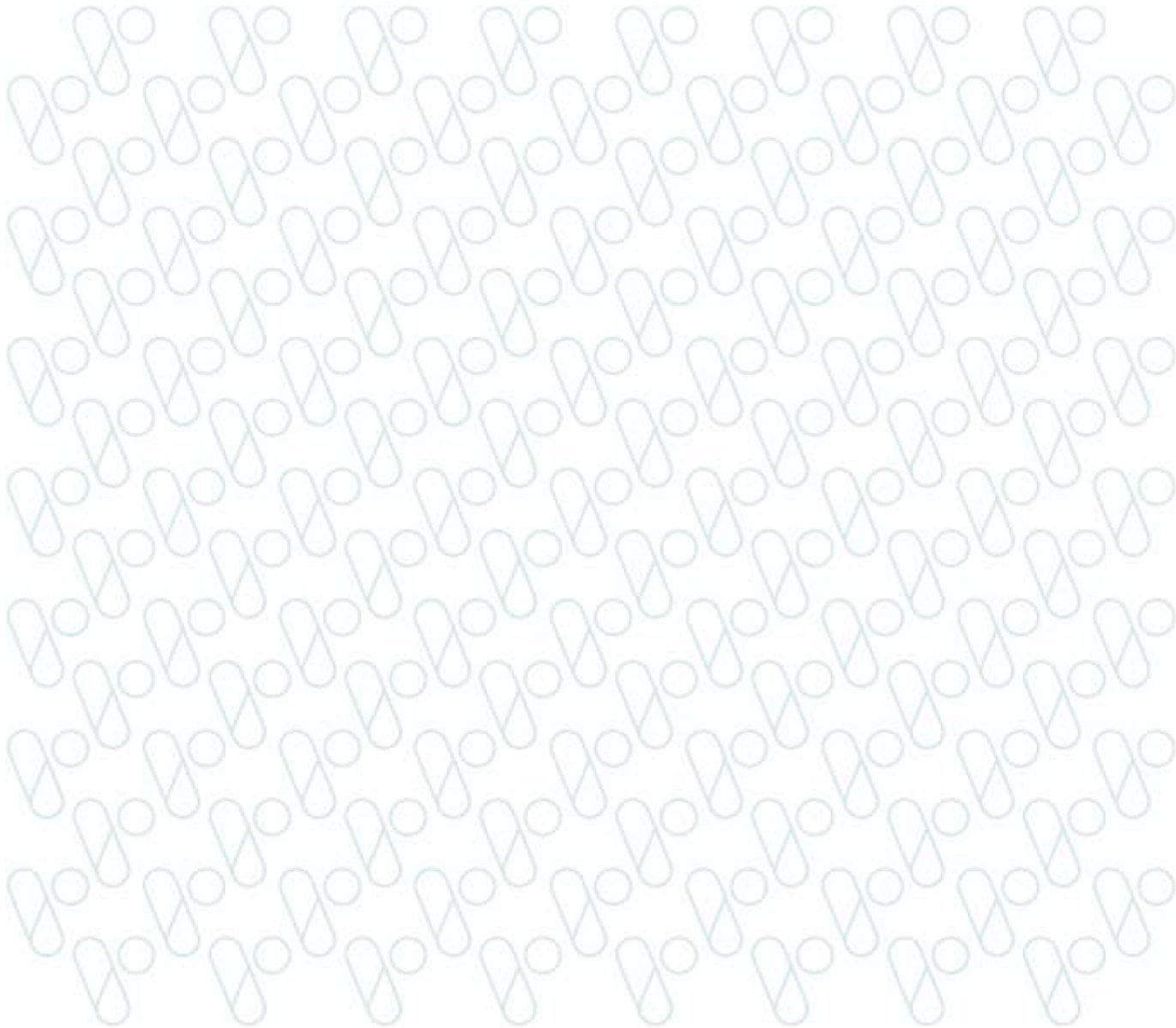




# Criteria Led Discharge Toolkit

A resource to support the introduction of CLD for planned surgery patients.

OFFICIAL



We aim to provide documents in an accessible format. If you're having problems using this document with your accessibility tools, please [email Safer Care Victoria](mailto:info@safercare.vic.gov.au) <info@safercare.vic.gov.au>

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Safer Care Victoria, December 2023

ISBN/ISSN

Available at the [Safer Care Victoria website](https://www.safercare.vic.gov.au) <https://www.safercare.vic.gov.au>



# Contents

Acknowledgements	3
Glossary	4
Acronyms	5
Application of the toolkit	6
Introduction	6
What is Criteria Led Discharge?	6
Benefits of CLD	6
Diagram 1: Primary CLD process flow chart	7
Diagram 2: Summary of key principles for safe effective Criteria Led Discharge	8
Key principles for safe effective Criteria Led Discharge	9
Consumer involvement	9
Systems to monitor and escalate care	9
Education and training	9
CLD documentation and handover	10
Patient selection	12
Discharge policy and governance	12
Diagram 3: Introducing CLD into your local setting	13
Introducing CLD into your local setting	14
Assess readiness	14
Create a team to champion change	14
Understand Current State	15
Process design	15
Test changes	15
Implementation scale and spread	15
Assess outcomes	16
CLD recommended Family of Measures	16
Example staff experience questions	17
Example consumer experience questions Adapted from ACI 2016	17

Resource requirements for safe introduction	18
Resourcing	18
Timeline	18
Diagram 4: Estimated timeline for introduction	18
References	19
Appendix 1 Example consumer information	21
Example wall poster for patient beside	26
Appendix 2 Example CLD policy and procedure	27
Appendix 3 – Example documentation	36
Example criteria for discharge checklist	40
Appendix 4 Patient transition to home plan template	42
Appendix 5- Staff resources	43
Example CLD competency worksheet	43
Example staff promotional information	45
Appendix 6 – Organisation Readiness Checklist	47
Appendix 7- Steering committee Terms of Reference example and template	48
Appendix 8 – Tips and Tricks for Building a Case for Change	50
Appendix 9 - Gap analysis template	52
Appendix 10 Introducing CLD checklist	57
Appendix 11 – CLD Measurement guide	60
Appendix 12 How to process map	64

# Acknowledgements

We would like to acknowledge the NSW Agency for Clinical innovation and [National Health Service](#) (United Kingdom) for their previous work in the Criteria Led Discharge, which served as a foundation for this toolkit.

We would like to acknowledge the health services who played a pivotal role in piloting and customizing this toolkit for planned surgery in Victoria. Their invaluable contributions and expertise have not only shaped this resource but have also enhanced it with the example documents found within the appendices.

Bass Coast Health

Bendigo Health

Central Gippsland Health Service

Gippsland Health Service Partnership

Grampians Health

Latrobe regional Health

Peninsula Health

Peter MacCallum Cancer Centre

South West Healthcare

St Vincents Health

---

# Glossary

Term	Description
Admission	The process whereby the hospital accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same-day or overnight care or treatment.
Patient flow	Patient flow is the movement of patients through a hospital-from admission to discharge. Addressing the cause of bottlenecks in patient flow and matching resources to each patient helps make sure they get the right care, at the right time and in the right place.
Consumer	Consumers include people, families, carers and communities who are current or potential users of health services. Different health settings use terms such as: patients, people/persons, families, carers, clients and residents.
CLD-trained	A member of the multidisciplinary team who has attended training on the principles of CLD and is skilled to discharge a patient once they have met their clinical criteria for discharge.
Criteria	The collection of individual milestones
Discharge	Within this tool kit discharge refers to discharge from an acute inpatient setting. This can include discharge or transfer of care to hospital in the home (HITH), Better @ home services, transfer to another hospital or inpatient rehabilitation service.
Milestone	A task or achievement that needs to be met to be eligible for discharge. Milestones may be a mix of physical (medical requirements), psychological or social measures.
Multidisciplinary team	A Multidisciplinary Team (MDT) is a group of professionals from various disciplines who collaborate to provide comprehensive care for patients. These teams bring together the unique skills and expertise of each member, ultimately resulting in improved patient outcomes.
Planned surgery	Also known as elective surgery. Refers to planned surgical procedures that can be booked in advance. This is different from emergency surgery which is unplanned.
Support person	A person who provides support to the patient throughout their surgical journey. Different health settings may use terms such as carer or friend.
Transfer/ Handover of care	Involves the transfer of professional responsibility and accountability for some or all aspects of care for a patient to another person or professional group on a temporary or permanent basis. The transfer of care process plays a central role in enhancing patient outcomes, reducing readmission, improving hospital efficiency, and improving patient flow through health services.

---

## Acronyms

Abbreviation	Description
CALD	Culturally and Linguistically Diverse
CCD	Clinical Criteria for Discharge
CLD	Criteria Led Discharge
ED	Emergency Department
EDD	Estimated Date of Discharge
EMR	Electronic Medical Record
ERAS	Enhanced Recovery After Surgery
GP	General Practitioner
LOS	Length of Stay
MDT	Multidisciplinary Team
HITH	Hospital in the Home

---

# Application of the toolkit

This toolkit contains resources and key principles to consider for the safe introduction of Criteria Led Discharge (CLD) in the context of planned surgery. However, the key principles could be applied to improve discharge processes and support the introduction of CLD across other clinical cohorts. The resources included in this toolkit should be used to develop customised processes that consider the unique aspects of each Victorian Health Service. CLD should not replace post operative review by the surgical team or the ability for the patient to ask those present in theatre questions about their surgery. It is important to note that clinical judgement should always prevail and CLD including the resources within this toolkit are not intended as a replacement.

## Introduction

Delivering efficient high-quality and safe care for all Victorians involves maintaining optimal flow through the system while enhancing health outcomes and consumer experiences. The discharge and transfer of care processes are key to this, aiming to get patients home as soon as safe and appropriate for them, thus ensuring bed availability for those who need them. Criteria Led Discharge (CLD) is an effective solution which reduces Length of Stay (LOS) and empowers staff and consumers. This tool kit aims to support health services to safely introduce, sustain and spread CLD.

## What is Criteria Led Discharge?

CLD is a process that empowers a trained member of the Multidisciplinary Team (MDT) to discharge a patient when they meet pre-agreed clinical criteria. This removes the need for the patient to wait for the Surgeon (e.g. consultant/senior registrar) to approve discharge. CLD should not replace post operative review of the patient by the surgical team or impact the ability of the patient to

ask those present in the operating room questions about their surgery. CLD streamlines the discharge/transfer from the beginning of the patient journey. It also empowers and incorporates the patient and family/support person in discharge planning.

## Benefits of CLD

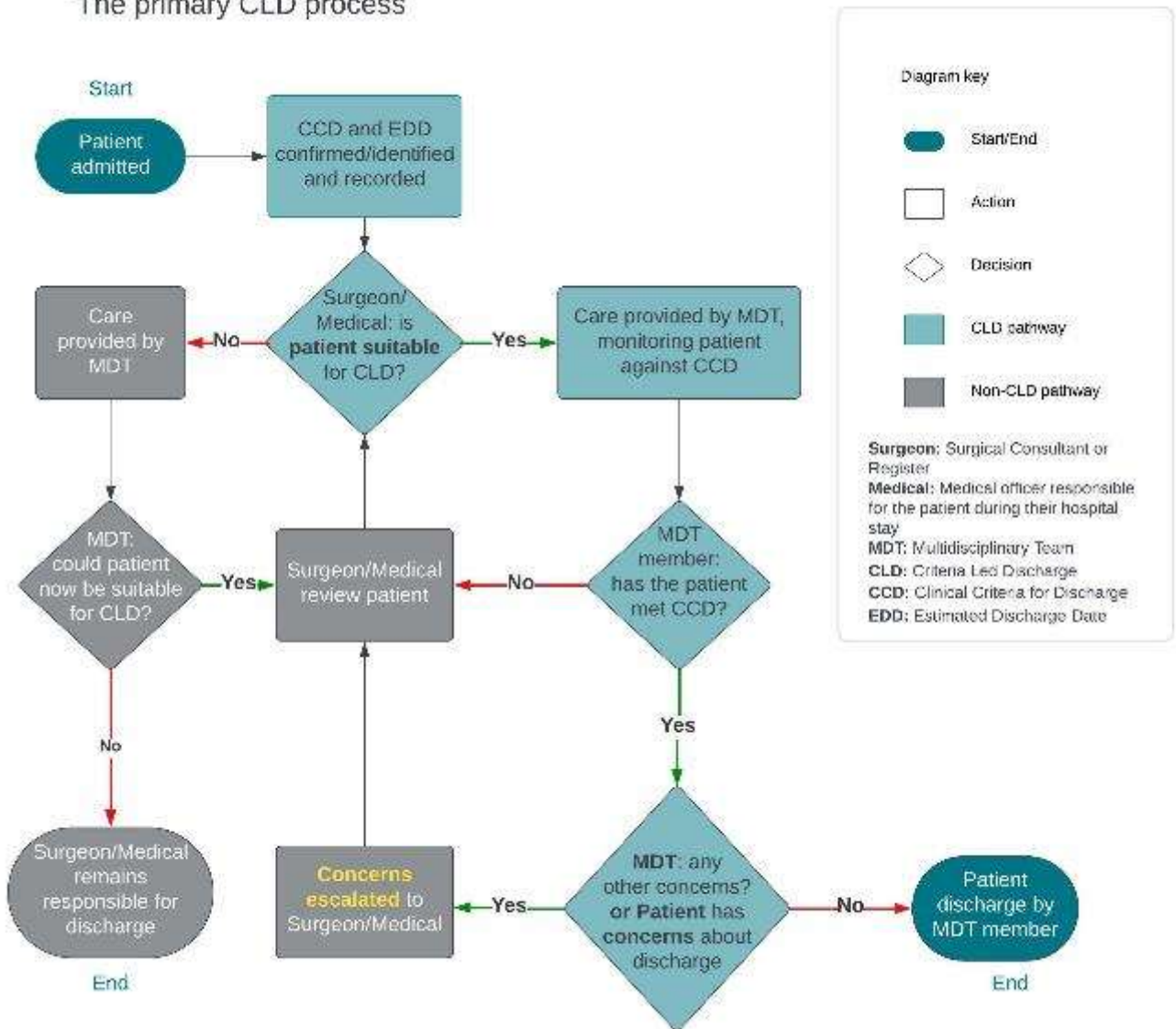
CLD can improve:

- the coordination of patient care
- communication across the team, including GP/primary care, patients and carers
- patient flow within wards and across the hospital setting
- consumer experience and outcomes
- length of stay by reducing unnecessary bed days
- effective use of resources
- staff satisfaction.

(ACI 2016)

# Diagram 1: Primary CLD process flow chart

The primary CLD process



Adapted from NHS 2019a

**Successful CLD** involves **not only discharging suitable patients** according to established criteria **but also identifying** when **patients** are **no longer appropriate** for discharge **and** appropriately **escalating their care**.

**Diagram 2: Summary of key principles for safe effective Criteria Led Discharge**



# Key principles for safe effective Criteria Led Discharge



## Consumer involvement

One of the key principles of CLD is including patients, their family and/or support person in the process. Information for patients and families about CLD is essential for successful implementation (ACI 2016).

Patients and their family/support person should:

- Actively participate in discharge planning, which should begin before the day of surgery.
- Be informed about their:
  - Estimated Discharge Date (EDD).
  - Criteria/milestones that need to be achieved to go home safely.
  - Progress towards the discharge criteria/milestones.
- Receive written information outlining the CLD process.

The surgical team should inform the patient, their families or support person they:

- have been selected for CLD.
- may not be reviewed again by a member of the surgical team before discharge.
- will be discharged by a member of the MDT who has the appropriate training and expertise.

Regular consumer feedback should be sought until CLD is embedded in usual practice and beyond to enable continuous quality improvement.

Examples of the CLD consumer leaflets and visual material for promotion on the ward can be found in [Appendix 1](#) (NHS 2017; NHS 2019b ACI 2016; NHS 2017).



## Systems to monitor and escalate care

Internal procedures for escalating clinical concerns are essential for safe and effective CLD (NHS 2017). EDD and the progress of the patient against the discharge criteria should be reviewed daily. If the patient becomes medically unstable or unsuitable for CLD, a clear escalation process to the surgical/medical team should be followed and clearly documented. CLD thrives in a truly MDT environment. The use of regular MDT meetings/huddles to keep all relevant staff informed of the patient's wishes and progress towards their discharge criteria and EDD helps to ensure patients remain on track to achieve their milestones and offers the opportunity to escalate any concerns (NHS 2017). Staff conducting CLD need to know how and whom to escalate any concerns about the patient's actual suitability for discharge.



## Education and training

Involving frontline staff from the onset of CLD introduction facilitates effective planning, education, and training. Tailored training by experienced practitioners, supported by senior clinicians, is crucial for safe effective CLD.

Training to undertake CLD needs to be service or setting specific and contingent on the individual experience and expertise of the registered practitioner (NHS 2019b).

Upon completion of training, a CLD-trained MDT member should be able to:

- Locate and read CLD protocol/policy.
- Discuss the benefits of CLD for:
  - The patient, their family/support person
  - All staff
  - The organisation
- Discuss the expectations of the health professional within the CLD process.
- Discuss the required authorisation from surgical/medical team for CLD to occur and identify where this required information is documented.
- Discuss the surgical review requirements for a patient on a CLD pathway, including escalation of care considerations. This should include a discussion of when a patient may not be suitable for CLD or when the EDD may change.
- Demonstrate discussion with the patient, their family/support person explaining the CLD process.
- Highlight some of the issues that may need addressing when discharging a patient via CLD.
- Discuss the discharge follow up required and how this is arranged.

(NHS 2019b)

An example of a staff competency worksheet as well as example staff promotional material is available in [Appendix 5](#).



## CLD documentation and handover

The CLD plan must be documented in the patient's medical records. This should include:

1. [Estimated Date of Discharge \(EDD\)](#)
2. [Clear individualised criteria for discharge](#)

3. [Patient transition to home plan](#)
4. [Discharge summary for GP/primary care providers](#)

### 1. Estimated Date of Discharge (EDD)

The EDD should be clearly documented and communicated with the patient and all members of the MDT team. This should be reviewed regularly and updated as required. Health services introducing CLD have found that documenting the EDD on a patient communication board helps improve communication and discharge planning with patients and their families.

### 2. Clear individualised criteria for discharge

The Surgical Team in charge of the patient's care must document the criteria, including clear clinical parameters, that must be met before a patient can be safely discharged (NHS 2019b; NHS 2019c).

The criteria will be either:

- **Group criteria:** specific to a group of patients, in accordance with agreed clinical protocols or care pathways. (Suitable for simple planned surgery e.g. day surgery cases).
- **Individualised criteria:** based on clinical complexity and need (e.g., for patients with multiple complex health needs). Clearly defined and documented by Surgical/Medical team.
- **Combination of Group and individualised criteria:** based on clinical need (Suitable for most planned surgery procedures and uncomplicated patients).

The approach taken depends on the clinical setting and nature of patient discharge, such as simple or complex discharges (NHS 2019b).

Criteria for planned surgery patients can often be established preadmission, for example in a preadmission clinic, to facilitate

---

discharge planning prior to admission. However, it is crucial to review and adjust these criteria as necessary after surgery.

When establishing “minimal group criteria” for a patient cohort, all relevant parties, including all craft groups and consumers, must collaborate. The specific groups involved will depend on the clinical setting and patient cohort. (NHS, 2017)

Examples of CLD documentation and criteria for discharge can be found at [Appendix 3](#)

### 3. Patient transition to home plan

It is important to provide information to the patient and their family/support person that will support their transition to home.

Information should include:

- Medication plan.
- What is expected post-surgery.
- What the patient can do to relieve symptoms.
- When and where to seek help.
- Any changes to the patient routine e.g. mobility restrictions or diet changes.
- Follow up appointments and where to go for more information.

This should be provided in plain language and explained to the patient. [Appendix 4](#) provides a template that can be adapted to meet local needs.

### 4. Discharge summary and handover to primary care

Effective communication is vital for ensuring safe and high-quality care (ACSQHC 2023). To enhance care continuity and reduce readmission risks, patients should receive a printed discharge summary before leaving hospital. Additionally, a comprehensive summary should be sent to the GP, primary care providers, and other involved specialists within 48 hours.

For planned surgery patients this should include:

- Postoperative thromboembolism prevention plan.
- Medicines on discharge including duration and plan for restarting paused medications. A downloadable interactive medicines recorded for consumers can be found at [Resources | Safer Care Victoria](#)
- Ceased medicines including reason for ceasing.
- Clinical recommendations (this should include any follow-up care required and who is responsible e.g: wound review/removal of sutures etc, follow-up of pending results).
- Follow-up appointments – when, where and with whom? Who is responsible for booking them.
- Selected investigation results.
- Any limitations the patient has e.g. movement/mobility restrictions.
- When and where to seek support if a complication occurs.

(ACSQHC 2017)

Sometimes, a written discharge summary isn't enough. For instance, if a patient was unable to be discharged using CLD due to medical complications needing extra support from the primary care team, a more detailed handover might be necessary. This could involve a phone call to the GP.

To ensure the discharge summary is sent to the correct person it is important to confirm GP and/or other provider details with the patient upon admission.

Please review the [National Guidelines for On-Screen Presentation of Discharge Summaries | Australian Commission on Safety and Quality in Health Care](#) for further information about discharge summaries.



## Patient selection

Patients should be identified 'as suitable' for CLD prior to, or on admission. This will depend on their clinical stability and complexity of their clinical condition. (NHS 2019b).

Generic exceptions to CLD include:

- High-risk patients.
- Patients who are medically unstable.
- Patients who require a medical decision.
- Those waiting to be referred to another specialist.

(NHS 2019b)

Extra consideration about suitability should also be given to patients:

- With inadequate support or safety concerns at home.
- Who require in-depth allied health review.

These patients may still be suitable for CLD but will require additional planning and development of individualised milestones and discharge criteria.

For planned surgery, identifying patients who are suitable for CLD may commence prior to admission, however, this needs to be confirmed post-surgery to ensure that there haven't been any unexpected surgical complications that could affect suitability for CLD (ACI 2016; NHS 2019b).

Health services that have introduced CLD in planned surgery cohorts have found opt-out systems more effective than opt-in. In the opt-out approach, the surgical team identifies patients who are not suitable and revokes their participation in CLD.



## Discharge policy and governance

A discharge policy must be in place to guide the introduction and governance of CLD. As a minimum, when developing a CLD policy and governance structure, the following needs to be considered:

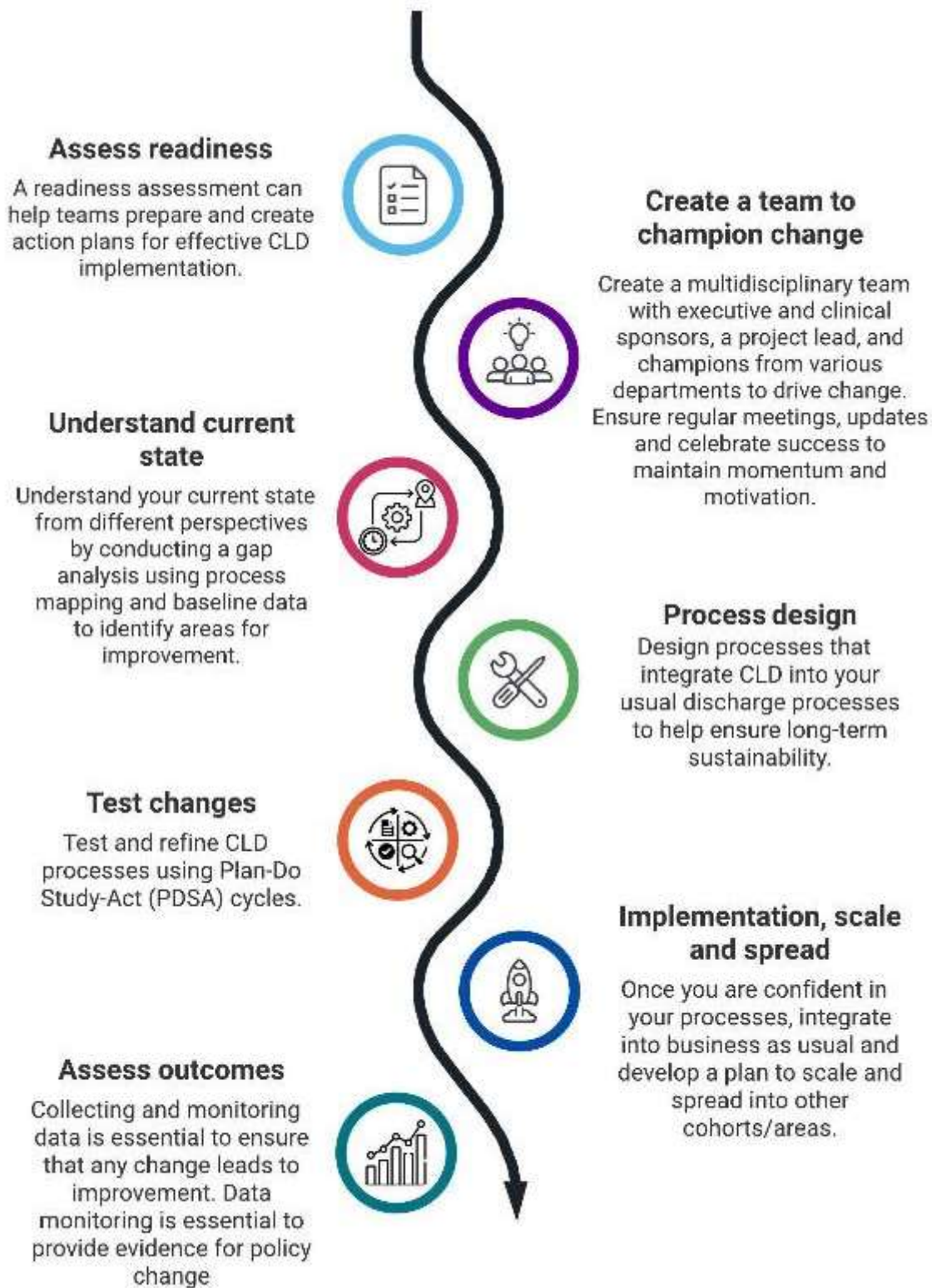
- The context of your organisation.
- Current discharge policy.
- The processes for selecting suitable patients for CLD.
- Development of clinical criteria for discharge.
- Care pathways e.g: day surgery or Enhanced Recovery After Surgery (ERAS).
- Clinical protocols e.g.: escalation pathways for the deteriorating patient.
- Transfer and handover of patients
- Processes for escalating failure to meet discharge criteria/change in estimated discharge date.
- Staff training protocols to ensure ongoing staff competency to perform CLD.
- Discharge documentation requirements for the patient and discharge information for GP, other community providers and specialists.
- Consumer information.

(NHS 2019b)

Governance structures need to be in place to support ongoing continuous improvement during the introduction of CLD and for sustainability long term. This ensures both effective and sustainable CLD processes.

Example policy can be found in [Appendix 2](#)

# Diagram 3: Introducing CLD into your local setting



# Introducing CLD into your local setting



## Assess readiness

In healthcare, where change fatigue is common due to numerous competing priorities, assessing environmental readiness is crucial for successful change management. A readiness assessment (see [Appendix 6](#)) can help teams prepare and create action plans for effective CLD implementation (ACI 2016).



## Create a team to champion change

Establishing a team to support the change is essential for success. This includes establishing clear decision-making processes and escalation pathways if any issues occur within the project. Securing financial and professional support is crucial for ensuring the required levels of staffing and resources needed for implementation are met. Engagement and Sponsorship at all levels is essential (Implementation Management Associates Inc 2008). Health services who have implemented CLD recommend including the following people:

Steering Committee- Monthly meetings	Improvement team – Weekly meetings
<p><b>Executive sponsor</b></p> <ul style="list-style-type: none"> <li>- Connect the goals of the project to a strategic priority in their organisation</li> <li>- Enable protected time for the project team to do improvement work</li> <li>- Provide access to relevant resources, e.g. access to data</li> <li>- Remove barriers to progress</li> </ul>	<p><b>Project lead</b></p> <ul style="list-style-type: none"> <li>- Lead and support project team</li> <li>- Drive changes</li> <li>- Ensure changes are tested and implemented</li> <li>- Oversee data collection and evaluation</li> <li>- Meeting secretariat</li> </ul>
<p><b>Clinical lead</b></p> <ul style="list-style-type: none"> <li>- A consultant surgeon supportive of the introduction of CLD in their chosen speciality</li> </ul>	<p><b>Multidisciplinary team</b></p> <ul style="list-style-type: none"> <li>- <b>Clinicians</b> (e.g. nursing, medical, allied health, pharmacy)</li> <li>- <b>Consumers</b></li> <li>- <b>Education staff</b></li> </ul>
<p><b>Area leaders</b></p> <p>Nursing and allied health managers</p>	<p><b>Quality improvement support</b></p> <ul style="list-style-type: none"> <li>- Experience and background in quality improvement</li> </ul>
<p>Other members to consider for steering committee or improvement team depending on local needs:</p> <ul style="list-style-type: none"> <li>- <b>IT</b> e.g.: electronic medical record (EMR) administrator to support the integration into EMR</li> <li>- <b>Data expert</b>, support the team in collecting and analysing data</li> <li>- <b>Policy or forms owners/administrators</b>. To support the required changes to policy and documentation</li> </ul>	

[Appendix 7](#) example terms of reference and [Appendix 8](#) business case tip and tricks to gain executive support



## Understand Current State

To successfully introduce CLD, the first step is to understand your current state from different perspectives, the opportunities for change and to prioritise which procedures or patients are most suitable. A gap analysis (including process mapping and collecting baseline data) will help paint a picture of the current state and enable the team to identify areas for improvement. [Appendix 9](#) provides a gap analysis template that can help your team conduct a gap analysis, plan and prioritise change ideas.



## Process design

Integration with the usual discharge process is essential for long-term sustainability of CLD.

The CLD process will involve elements of the usual discharge process including:

- Patient information and involvement in their discharge planning.
- Estimated Discharge Date (EDD), including regular review of progress towards the EDD throughout the admission and adjusting as required.
- Completing all discharge documentation.
- Ordering discharge medications, ensuring they are adjusted and validated by a pharmacist.
- Confirming the correct details of the patient's GP to ensure the discharge summaries are sent to the right person.
- Completing the discharge summary for the patient's GP or other care provider in a timely manner ideally on discharge or within 48hrs; arranging follow-up, including outpatient appointments and further investigations.

- Arranging referrals and ongoing care at home or intermediate care (NHS 2019b)

As you introduce CLD you may find you need to review some of the usual discharge practices to ensure they are efficient to support CLD. These improvements may also help streamline discharge processes for patients who are not deemed suitable for CLD.



## Test changes

Testing is crucial for sustainable improvement as it allows for gradual adjustments based on real-time feedback, leading to refined processes and documentation over time.

- Start small: Test new processes on one ward, patient cohort, individual patient or specific procedure.
- Test and refine processes using, Plan, Do, Study, Act (PDSA) cycles to test changes systematically ensuring that new processes are effective. Demonstrating the success of CLD through PDSA cycles fosters belief and commitment among the MDT team.



## Implementation scale and spread

Once you have tested changes and are happy changes are producing the desired outcomes it is time to make the changes business as usual.

- Have steering committee sign-off for formal implementation and scale of successful changes.
- Update local protocols to include new CLD processes.

- Spread CLD to other areas, little by little, using data and the story of your improvement to get others onboard.
- Celebrate your successes and keep momentum going. Tell others about what you are doing and spread the word of CLD.

[Appendix 10](#) contains an introducing of CLD into your local area checklist with a step-by-step guide including tools and resources.



## Assess outcomes

Monitoring and evaluation play a vital role in quality improvement initiatives. Collecting and monitoring data is essential to ensure that any change leads to improvement, and that these improvements are sustained while achieving the desired outcomes. Collecting baseline data is essential to accurately evaluate and measure change (ACI 2016). Alongside the family of measures, it is also important to collect demographic data such as gender and cultural background e.g. Aboriginal or Torres strait islander or CALD (culturally and linguistically diverse), to ensure health interventions are equitable. It allows health providers and policymakers to identify and address disparities that certain groups may face, ensuring that healthcare services are accessible and tailored to diverse needs. [Appendix 11](#) provides a detailed measurement framework including measurement definitions and collection tips.

## CLD recommended Family of Measures

Essential measures		
Outcome	Process	Balancing/check
Length of stay	% of patients discharged using CLD	Readmissions to hospital by any avenue (e.g. Via ED, direct admit, outpatients) at 48hrs and 28 days
Consumer experience (see example questions)		Representations to ED and why at 48hrs and 28 days
Staff experience (for example questions)		
Optional measures: choose measures that are relevant to your local aim and objectives		
Outcome	Process	Balancing/check
Time of discharge (with the view of increasing to pre-10am discharges or pre-midday discharges)	Estimated date of discharge recorded in agreed place	% of patients who have a completed discharge summary on discharge or within 48hrs of discharge
Number or percentage of weekend discharges/transfers	GP satisfaction with information provided within the discharge summary and timeliness or receipt of discharge summary	
	Other process measures defined by local health services/sites to measure the effectiveness of new processes	

## Example staff experience questions

No.	Question	Answer
1	I would feel safe being treated (at my hospital) as a patient using criteria led discharge	Agree Strongly Agree Slightly Neutral Disagree Slightly Disagree Strongly
2	I involve the patient/family in developing a care plan	
3	I update a patient's estimated date of discharge on admission and throughout the hospital stay	
4	I know the proper channels to escalate concerns about a discharge plan	
5	I safely communicate the patient criteria-led discharge plan using the appropriate documentation	
6	I have the support and resources I need to safely discharge my patient using Criteria-led discharge	

## Example consumer experience questions Adapted from ACI 2016

No.	Question	Answer
<b>Admission</b>		
1	I know the date I am expected to be discharge from hospital	Yes/Unsure/No
2	I am aware of the criteria I need to meet before I am discharged from hospital	
3	I know who to ask if I have questions about my plan of care	Always Mostly Sometimes Rarely Never
<b>Discharge</b>		
4	I received daily updates about my progress (for multi day patients)	Always Mostly Sometimes Rarely Never
5	I was involved in the development of my discharge plan	
6	I know when and where I need to attend for further follow up	Yes/Unsure/No
7	I understand my medication plan e.g., knowing what medications to take and for how long	
8	I know what changes were made to my previous medications e.g. medications stopped or a dose changed	
<b>Follow-up after discharge</b>		
9	I was readmitted to hospital for a complication or concern	Yes/Unsure/No
10	I presented to an emergency department for a complication or a concern	
11	I had to see my GP urgently after I was discharged for a complication or concern	
12	I was satisfied with my criteria led discharge experience	

These are sample questions. Select questions that match existing patient surveys and organisational needs. Also consider a free text section for qualitative data e.g other comments.

# Resource requirements for safe introduction

## Resourcing

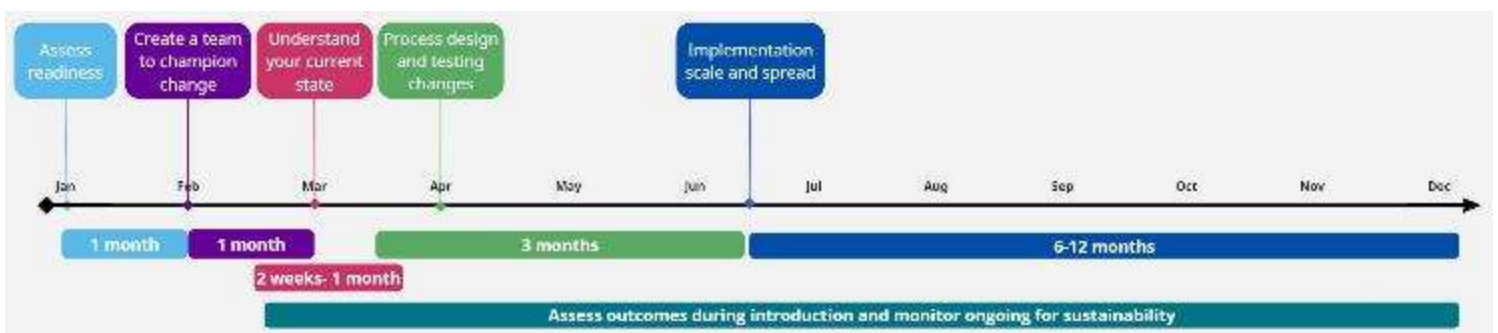
Health services who have introduced CLD into planned surgery cohorts recommend the following as required resources:

- Allocated project lead with a minimum EFT of 0.3 (12 hrs per week), for larger health services or when introducing to multiple cohorts simultaneously a full time EFT would be recommended.
- Allocated protected project time, to allow for collaboration outside of usual work, this could look like project team days.
- Active support of an executive sponsor, who meet with the project lead regularly and promote the project as a key priority for the health service.
- Access to health record data and statewide dashboards such as the Victorian Agency for Health Information (VAHI) surgical quality and safety dashboard for monitoring representation and readmissions to any hospital. Access for the surgical quality and safety dashboard can be requested through ([portal.support@vahi.vic.gov.au](mailto:portal.support@vahi.vic.gov.au)).
- Education team support. To assist with developing staff education and awareness programs during introduction and long-term training plans for sustainability.
- Clinical leadership from chosen surgical cohort. Consultant or senior register involvement has shown to increase efficiency and success in the introduction of CLD with local settings.
- Opportunities to collaborate with other health services to share ideas and reduce workload.

## Timeline

This timeline is based on the provision of the resourcing outlined above. Health services who have previously introduced CLD predict without protected project time and adequate executive sponsor support, introduction will take significantly longer.

**Diagram 4: Estimated timeline for introduction**



---

## References

- Agency for Clinical Innovation (ACI) (2014) *ACI Aged Health Network Key Principles for Care of Confused Hospitalised Older Persons*. Available at: [Confused Hospitalised Older Persons | CHOPs \(nsw.gov.au\)](https://www.nsw.gov.au/health-and-care-services/aged-health-network/key-principles-for-care-of-confused-hospitalised-older-persons)
- ACI (2016) 'Toolkit, *Criteria Led Discharge: A resource to support implementation of CLD*. Available at: <https://aci.health.nsw.gov.au/networks/acute-care/criteria-led-discharge>, (Accessed 9 March 2023)
- Australian Commission on Safety and Quality in Health Care (ACSQHC) (2017), National Guidelines for On-Screen Presentation of Discharge Summaries, Available at: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-guidelines-screen-presentation-discharge-summaries>
- ACSQHC (2023) *Communicating for safety*. Available at: <https://www.safetyandquality.gov.au/our-work/communicating-safety>, (Accessed January 2<sup>nd</sup> 2024)
- Implementation Management Associates Inc. (2008) *Accelerating Implementation Methodology (AIM) A practical guide to change project management*. Colorado
- National Health Service (NHS) (2019a) *A managers guide to Criteria-Led Discharge*. Available at: <https://webarchive.nationalarchives.gov.uk/ukgwa/20200501111243/https://improvement.nhs.uk/resources/managers-guide-criteria-led-discharge/>, (Accessed: 10 October 2023)
- NHS (2019b) *Guidance for writing a criteria-led discharge policy*. Available at: <https://webarchive.nationalarchives.gov.uk/ukgwa/20200501111533/https://improvement.nhs.uk/resources/writing-criteria-led-discharge-policy/>, (Accessed: 10 October 2023)
- NHS. (2019c) *Ten steps to implementing criteria-led discharge*. Available at: <https://webarchive.nationalarchives.gov.uk/ukgwa/20200501111003/https://improvement.nhs.uk/resources/ten-steps-implementing-criteria-led-discharge/>, (Accessed: 10 October 2023)
- NHS (2017) *A guide to developing criteria-led discharge*. Available at: <https://webarchive.nationalarchives.gov.uk/ukgwa/20200501110513/https://improvement.nhs.uk/resources/guide-developing-criteria-led-discharge/>. (Accessed: 10 October 2023)
- NSW Health (2011) *Care Co-ordination: Planning from Admission to Transfer of Care in NSW Public Hospitals - PD2011\_015*. 2011. Available at: <https://www.health.nsw.gov.au/pfs/Publications/care-coordination-staff-b.pdf> (Accessed:10 December 2023)

## Additional References

- Bowen A et al (2014) Nurse-led discharge: improving efficiency, safely *Clinical Governance: An International Journal*, 19(12): 110-116
- Cundy T (2016) Fast-track surgery for uncomplicated appendicitis in children: a matched case-control study. *ANZ Journal of Surgery*. 87(4): 271-276
- Dalia A and Hayat M (2017) Nurse-led discharge in Saudi Arabia: a thematic investigation of the literature. *EC Nutrition* 9(4): 188-195
- Gibbens C (2010) Nurse facilitated discharge for children and their families. *Paediatric Care* 22(1): 14-18
- Gotz-Thompson A. et al (2014) Developing and evaluating nurse-led discharge in acute medicine. *Acute Medicine Journal* 13(4): 149-194

---

Graham L et al. (2012) Evaluation of nurse-led discharge following laparoscopic surgery. *Journal of Evaluation in Clinical Practice* 18(1): 19-24

Gray et al (2016) Nurse-initiated and criteria-led discharge from hospital for children and young people. *Nursing Children and Young People* 28(8) pp.26-29

Kasthuri R et al (2007) Day-case peripheral angioplasty using nurse led admission, discharge and follow up procedures: arterial closure devices are not necessary *Clinical Radiology* 62:1202-1205

Lawton L (2012) Development of guidelines for nurse-led discharge of children presenting with toxic ingestion *Emergency Nurse* 20(7): 27-29

Lees L (2011) Implementing nurse-led discharge. *Nursing Times* 107(39): 18-20

Maher P (2014) Same-day discharge after angioplasty for peripheral vascular disease: is it a safe and feasible option? *Journal of Vascular Nursing* V32: 119-124

Mansbach J et al (2015) Hospital course and discharge criteria for children hospitalised with bronchiolitis, *Journal of Hospital Medicine* 10(4): 205-211

Robins GG. Et al (2007) Evaluation of the need for endoscopy to identify low-risk patients presenting with an upper gastrointestinal bleed suitable for early discharge. *Postgraduate Medical Journal* 83: 768-772

uhnOpenLab (2019) Patient Oriented Discharge Summary (PODS), Available at: <https://pods-toolkit.uhnopenlab.ca> (Accessed: 10 December 2023)

Webster J, Connolly A et al (2011) The effectiveness of protocol drive, nurse- initiated discharge in a 23-h post surgical ward: a randomized controlled trial. *International Journal of Nursing Studies* 48(10): 1173-1179

# Appendix 1 Example consumer information

## Criteria Led Discharge

Surgical Services



### Benefits for you

- You'll know what needs to happen before you can leave the hospital
- You won't need to stay in hospital any longer than necessary
- You and your family can plan well ahead for leaving the hospital

The estimated date you will leave hospital is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### What is Criteria Led Discharge?

Many people find hospital a worrying and confusing time. Not knowing when they will leave the hospital (discharge) causes many patients a great deal of stress.

Criteria Led Discharge is a process that makes sure your discharge from hospital is not delayed and that you can safely go home or to another care setting as soon as you are medically ready. It has many benefits:

- It clearly outlines what both you and your health care team need to do during your hospital stay
- You spend less time in hospital because decisions about your transfer are made earlier in your stay
- You spend less time waiting for the decision to let you go home.

### What will happen under Criteria Led Discharge?

At your first consultation with your surgeon, you and your healthcare team agree on a set of goals for you to meet before you can be discharged. Your goals might include a combination of clinical goals such as having minimal pain and increased mobility in your affected limb, wellbeing and recovery planning and social (physical) goals for example having somewhere safe to go home. These goals will be documented in your medical notes to ensure everyone is on the same page. Throughout your journey to theatre, the team will continue to re-evaluate if this process is right for you. The team will work with you to meet these goals so that you can go home as quickly and safely as possible.

### The Process



## Criteria Led Discharge

### Surgical Services



#### How will you know you have met your goals?

A senior staff member will confirm that you have met all of the agreed goals. If there are no outstanding issues, you will be able to leave the hospital without seeing your doctor for a final time. If there are any concerns the team will contact the doctor to review your health before going home.

#### Does this mean you will not see a doctor at all?

No. A doctor will continue to see you regularly throughout your hospital stay. Criteria Led Discharge means that you and the team, including a senior doctor, have agreed on a set of goals prior to discharge. A senior staff member will work with you to confirm that these agreed goals have been reached. Only then, will you be discharged

#### BEFORE you leave the hospital, please make sure you:

- Understand your wellness care plan for you to manage at home (e.g. medications, follow-up appointments)
- Ask about medical certificates, letters and return of personal property/valuables
- Ask your doctor about any GP, community services or specialist follow-up requirements
- Understand any home-based support services or community-based support that may be available
- Have a clear plan of who to contact if you become unwell or in an emergency

**If you need more information regarding Criteria Led Discharge prior to surgery, please talk to your Surgical Liaison nurse at Elective Surgery Bookings office on (03) 5671 3215, or any senior staff member on Kodowlinun ward, following your surgery.**

#### What if something goes wrong:

If you have any concerns once discharged or you become unwell, for example you develop a fever, bleeding or increase in pain following your surgery, please contact the following:

**Non-Urgent:** Contact your own GP or one of the Bass Coast Health Outpatient Nurses on **(03) 5671 3175**

**Urgent:** Please present to your nearest Emergency Department

Disclaimer: The information contained in the brochure is intended to support, not replace, discussion with your doctor or health care professionals.



(03) 5671 3333



[www.basscoasthealth.org.au](http://www.basscoasthealth.org.au)



Bass Coast Health



Interpreter services are available. Please ask one of our friendly staff.

We are proudly inclusive Consumers

# CRITERIA-LED DISCHARGE (CLD) FOR ROBOTIC PROSTATECTOMY



01

## BEFORE SURGERY

Your clinical nurse consultant (CNC) will discuss with you during your robocare education what CLD is and he/she will also provide you with written information.

02

## ON THE DAY OF SURGERY

Your doctor will discuss with you if you are eligible for CLD. If you are, your nurse will monitor you against set criteria and organise your discharge from the hospital once all criteria are met.

CLD is a process where your team works with you to **set the goals you need to achieve before leaving hospital**. Once you have met these goals a **nurse will be able to lead your discharge home**. You will not need another medical review prior to discharge.



### Goals that need to be achieved prior to discharge from hospital



Doctor review after surgery



Stable vital signs



Able to eat and drink




Walking or movement is back to usual level



No large clots and enough urine in catheter




Dressings on abdomen dry and intact



# Criteria Led Discharge

Criteria Led Discharge (CLD) for planned surgery pilot is conducted by SCV in collaboration with the GRHSP




## About

Many people find the hospital a worrying and confusing time. Not knowing when they will leave the hospital (discharge) causes many patients a great deal of stress. It has been proven the best way patients recover from surgery is when they are in the comforts of their home.

Criteria Led Discharge (CLD) is a process to help make sure your discharge from the hospital is safe, supported, and not delayed.

CLD makes it easier to safely transition home or to another care setting as soon as you are medically ready.



## Benefits

- ✓ You will know what needs to happen before you can leave the hospital
- ✓ You won't stay in hospital any longer than is needed
- ✓ You and your family/support can plan for when you leave hospital
- ✓ You spend less time waiting for the decision to get you home

## How does CLD work?

You and your team agree on a set of criteria/milestones you need to meet before you can leave hospital. Your team includes the senior doctor, senior ward nurses, anaesthetist, pharmacist and sometimes a physiotherapist or occupational therapist.

The clinical criteria might include things such as having minimal pain, clean and dry wounds, a normal temperature or not needing a drip. It may also include other criteria such as being able to be independent where you normally live. These CLD criteria will be added to your medical record

## What happens after my procedure?

Your surgeon or surgical team will see you during your hospital stay. Your team will work with you to meet the criteria that has been set for you. A senior staff member will confirm when you have met the agreed criteria to be discharged.

Your ward care team will work with you to develop a care plan to help you manage at home. This may include medications and any follow-up care you may need such as GP and specialist appointments or home-based support services. If there are any concerns, your ward care team will contact the doctor to review your health before going home.

Once your individualised discharge criteria have been met and you are considered safe for discharge, you will be able to leave the hospital. This can happen without seeing your surgeon or surgical team for a final time.

## Before you leave the hospital

Please make sure you:

- Understand your care plan for you managing at home (e.g. medications, follow-up care and appointments)
- Ask about medical certificates, letters and return of private x-rays
- Ask your doctor about any GP or specialist medical follow-up requirements
- Understand any home-based support services or community-based support that may be available.

## What should I do if I experience problems?

Your discharge summary will inform you what to do if you experience any problems and whether you should contact your GP or the hospital.

## What if I am unhappy with my care?

You do not have to agree to criteria-led discharge if you do not want to. If you are unhappy with any aspect of your care, please ask to speak to the nurse in charge of your ward.

If you feel your concerns are not being addressed, you can ask to speak to the Nurse Unit Manager or hospital Patient Representative.






Example wall poster for patient beside


## Planned total hip/knee replacement surgery

### Patients daily goals

RAPT Score:   
 > 9 Directly home

Day 0	Day 1	Day 2	Day 3
 Return to ward	 Post operation Xray	 Your discharge progress is checked	 Today is your discharge day
 Regular pain relief	 Regular pain relief	 Regular pain relief	 Sit out of bed for meals
 Nurses will assess you regularly	 Nurses will assess you regularly	 Nurses will assess you regularly	 Shower with some assistance
 Physiotherapy & own exercises every hour	 Blood tests today	 Shower with some assistance	 Get dressed & sit out of bed
 Apply ice regularly	 Sit out of bed for meals	 Get dressed	 Receive discharge medications
 Deep breathing	 Physiotherapy and walking	 Physiotherapy and walking	 Discharge time 10am
 Sit out of bed for dinner	 Shower with help	 Arrange tomorrow's transport home	

# Appendix 2 Example CLD policy and procedure

<b>Title:</b>	<b>Criteria Led Discharge</b>	 <b>BCH</b>
<b>Section:</b>	<b>PRH:</b>	<b>Policy &amp; Procedure</b>

## 1.0 POLICY

This Policy provides the mandatory requirements for implementing and utilising the Criteria Led Discharge (CLD) Pathway to improve discharge processes, promote efficient service delivery and support patient safety, with a coordinated and consistent approach, across Bass Coast Health

**Criteria Led Discharge (CLD):** means the use of discharge criteria, as determined by a Senior Medical Officer, multi-disciplinary team, or in existing clinical protocols or care pathways, for which criteria for discharge is clearly documented, to assist clinical decisions, within agreed parameters, to support discharge facilitated by a CLD experienced clinician.

A pre-determined set of criteria, based on the patient's surgical specialty, is determined by the CLD working group, in consultation with Surgical consultants, and approved by the Surgical Services Quality committee

### Definitions/Abbreviations

- **CLD Experienced Clinician:**  
Only Nurse Unit Managers (NUM), Associate Nurse Unit Managers (ANUM), Clinical Nurse Specialists (CNS), In Charge Nurses, Senior Allied health or Junior Medical Officer, with the necessary knowledge and experience, are eligible to undertake CLD, within their scope of practice.
- **Carer:** means someone who gives care and support to a person with a disability or medical condition, including making decisions about the person's medical treatment, where required. For the purposes of this Policy, this includes family members or legal guardians.
- **Estimated Discharge Date (EDD):** means the day in which discharge from hospital is predicted or expected based on experience and information available at the time. This estimation recognises that pertinent facts are unclear and unknown, and that the estimation will require updating regularly throughout the admission.
- **ESAU-** Elective Surgery Access Unit
- **MDT-** Multi-disciplinary team
- **SCV-** Safer Care Victoria

**This policy is to be read in conjunction with:**

[Discharge and Transfer Policy](#)  
[Admission & Discharge Guidelines](#)  
[Elective Surgery Booking Process](#)  
[Recognising and Responding to Acute Deterioration](#)  
[Post-Operative Patient Care](#)  
[Clinical Handover Guideline](#)


Review & Update by: <#next_review_date>	Last Reviewed: <#last_review_date>	DRAFT
Version Changed: <#revision_issue_date>	First Issue Date: <#issue_date>	Page 1 of 10
Prompt Doc No: <#doc_num> v<#ver_num>	UNCONTROLLED WHEN DOWNLOADED	

Title:	<b>Criteria Led Discharge</b>		
Section:	PRH:		Policy & Procedure

## 2.0 ROLES AND RESPONSIBILITY

<b>Surgical consultant/Registrar</b>	<ul style="list-style-type: none"> <li>Is the surgical consultant's representative and ensures patient meets criteria before discharge</li> <li>Ensures agreed criteria is defined correctly and has overall oversight of patient suitability for CLD</li> <li>The Surgical Consultant has governance of patients care, at all stages of the patient journey</li> <li>Determines whether the patient is appropriate for CLD, and determines any other criteria needed for patient.</li> <li>Completes the CLD consent form with patient, and communicates suitability for pathway with the ESAU nursing team</li> <li>Responsible and available for review of patient during working hours, at any time during the patient's journey</li> <li>Must ensure the patient understands discharge instructions</li> </ul>
<b>ESAU Nursing team</b>	<ul style="list-style-type: none"> <li>Confirm patient suitability for CLD from surgeon</li> <li>Inform Allied health of suitability prior to assessment</li> <li>Communicate suitability with Ward team, Theatre team and Anaesthetic team, by highlighting patients' participation on this pathway on the weekly theatre list</li> <li>Document on pre-admission nurse notes of patient's participation in CLD</li> <li>Must communicate concerns with surgical team, if they have any concerns regarding patients' suitability, at any point throughout the patient journey</li> </ul>
<b>Physiotherapy/ Occupational therapy</b>	<ul style="list-style-type: none"> <li>Must communicate with surgical team, if they have any concerns regarding patients' suitability, at any point, throughout the patient journey</li> <li>Responsible for the patient's rehabilitation while admitted</li> <li>Must ensure the appropriate Allied Health referrals are sent and received by internal and other health services, for follow up care required, after discharge.</li> <li>Responsible for mobility aids and adaptive equipment items, needed for discharge</li> <li>Must ensure that the patient understands exercises to take home</li> </ul>
<b>NUM Ward</b>	<ul style="list-style-type: none"> <li>Ensures overall compliance with policy</li> <li>Ensures all patients meet criteria before discharge and oversees all nursing staff adhere to criteria for patient discharge</li> <li>Must ensure to check and document each shift that patient is meeting criteria and that patient has met all relevant criteria before discharge</li> </ul>
<b>ANUM/CNS/Nurse In-Charge Ward</b>	<ul style="list-style-type: none"> <li>Ensures overall compliance with policy</li> <li>Ensures all patients meet criteria before discharge and oversees all nursing staff adhere to criteria for patient discharge</li> <li>Must ensure to check and document each shift that patient is meeting criteria and that patient has met all relevant criteria before discharge</li> </ul>
<b>Ward Nurse (excluding agency or casual nurses)</b>	<ul style="list-style-type: none"> <li>Handing over/escalating issues to ANUM or In-ChargeC, surgical team, after hours medical team and to the other disciplines in the MDT team as per escalation policy.</li> <li>Must ensure that patient has been given all correct discharge information including, appointments w/ GP, appropriate referrals have been made with</li> </ul>

Review & Update by: <#next_review_date>	Last Reviewed: <#last_review_date>	DRAFT
Version Changed: <#revision_issue_date>	First Issue Date: <#issue_date>	Page 2 of 10
Prompt Doc No: <#doc_num> v<#var_num>	UNCONTROLLED WHEN DOWNLOADED	

<b>Title:</b>	<b>Criteria Led Discharge</b>	
<b>Section:</b>	<b>PRH:</b>	<b>Policy &amp; Procedure</b>

	<p>surgeon and allied health, and patient has been given information for their post op care</p> <ul style="list-style-type: none"> <li>• Must ensure that the patient understands exercises to take home and escalate if not</li> </ul>
<b>Pharmacy</b>	<ul style="list-style-type: none"> <li>• Must ensure completion of reconciliation, dispensing of scripts, medications needed at discharge and educating patient on any new medications prescribed</li> <li>• Communicate with ANUM, and document, on completion of all tasks</li> </ul>
<b>After hours medical team</b>	<ul style="list-style-type: none"> <li>• Is the surgical consultant's representative and ensures patient meets criteria before discharge</li> <li>• Responsible for the patients when surgical team is not available</li> <li>• Adhere to CLD criteria, and discharge patient, if safe for patient, escalate to Surgeon on call, if higher care needed for patient.</li> <li>• Must document if patient is not appropriate for CLD and hand over to and collaborate with surgical team within hours.</li> </ul>

### 3.0 RECORDS

DOC-NS-316 Criteria Led Discharge  
MR/095- Criteria Led Discharge- Orthopaedic

### 4.0 SCOPE

Patient suitability for this pathway is determined by the following criteria

<b>INCLUSIONS</b>	<b>EXCLUSIONS</b>
Adults	High Risk
Planned Orthopaedic joint replacement procedure	Medically unstable
Clearly defined safe discharge destination	Waiting referral to another specialist
Nil identified pre-operative risks/concerns by MDT team	Requiring medical decision
Clinically stable	Social, environmental, cognitive and/or physical concerns for discharge safety
Patient consent	Complex medication regime that may impact length of stay


### 5.0 PROCEDURE

The following instruction must be complied with, to meet the requirements of the *Criteria Led Discharge* Policy.

5.1 All patients must be considered for suitability to discharge utilising the CLD pathway, due to the flexibility to set criteria, appropriate to the complexity and individual needs of every patient.

5.22 Any patient specific discharge criteria must be based on:

Review & Update by: <#next_review_date>	Last Reviewed: <#last_review_date>	DRAFT
Version Changed: <#revision_issue_date>	First Issue Date: <#issue_date>	Page 3 of 10
Prompt Doc No: <#doc_num> v<#ver_num>	UNCONTROLLED WHEN DOWNLOADED	

<b>Title:</b>	<b>Criteria Led Discharge</b>	
<b>Section:</b>	<b>PRH:</b>	<b>Policy &amp; Procedure</b>

- a) the knowledge and expertise of the Senior Medical Officer in conjunction with the multi-disciplinary care team; or
- b) existing clinical protocols or care pathways for which criteria for discharge are already documented and can be easily activated by the CLD experienced clinician.

5.33 At consultation, all patients are designated as Opt in to CLD, unless the Surgical Consultant indicates on CLD consent, that the patient is unsuitable for this pathway, and highlights reasons why

5.44 At the time of consultation, the following must be documented via Request for Elective Surgery and Criteria Led Discharge Consent:

- a) the estimated discharge date (EDD);
- b) the intended discharge pathway (i.e., CLD, Medically Determined Discharge/Not suitable for CLD, not ready for discharge); and
- c) the patient's discharge criteria.

5.55 At consultation and again at pre-admission assessment, the patient and/or carer must be provided with verbal and written information about CLD, accompanied by a comprehensive pre-admission discussion, addressing patient expectations for discharge.

Patient information handout [DOC-NS-316 Criteria Led Discharge](#) can be printed for patient

5.66 At pre-admission, discharge planning must occur in line with the [Discharge and Transfer Policy](#) if clinical assessment:

- a) Determines a patient is unlikely to be discharged back to their pre-hospital accommodation; or
- b) identifies complex discharge requirements, including those of cultural and social significance for Aboriginal people.

5.7 The Surgical Liaison nurse must communicate with all relevant stakeholders, via the weekly theatre list and via email with Allied Health, the patients who have been identified as suitable for CLD, when preparing the weekly theatre list for distribution. The SLN must also communicate to the surgical, theatre, allied health and ward team, those patients whose status for eligibility has changed, and have been deemed unsuitable for care

5.8 The process of determining appropriate discharge criteria must remain flexible to allow for criteria to be amended by the medical, allied health or senior nursing team, during the patient journey, as appropriate to the patient's condition.

5.9 As a minimum, the criteria for discharge must include:

- a) Acceptable clinical parameters, pain management, mobilisation and/or range of movement
- b) clear timing and sequence of observations, pathology, or diagnostic requirements;
- c) other specific discharge requirements
- d) timing of final medical review, and
- e) responsibilities of the CLD experienced clinician undertaking the patient discharge.

Review & Update by: <#next_review_date>	Last Reviewed: <#last_review_date>	DRAFT
Version Changed: <#revision_issue_date>	First Issue Date: <#issue_date>	Page 4 of 10
Prompt Doc No: <#doc_num> v<#ver_num>	UNCONTROLLED WHEN DOWNLOADED	

Title:	<b>Criteria Led Discharge</b>	
Section:	PRH:	Policy & Procedure

Table 1.

**Basic Criteria Nurse/Medical/Pharmacy**

Medical/Nursing	No incidence of intraoperative or post operative bleed
	Hb ≥ 90 g/L within 24 hours prior discharge
	No met calls or code blues calls within last 24 hours
	Full set of observations within normal limits for patient taken 2 hours prior discharge
	Bowel open and passed urine
	Adequate food/fluid intake
	Dressing intact with minimal ooze
	Post op wound and dressing plan and appointments in place
	Post operative surgical review appointment scheduled and provided to patient
	Pharmacy
	Adequate pain relief with oral medications (not requiring parenteral analgesia or PRN doses above prescribed limits)
	Opioid weaning plan for discharge
	Discharge medication list provided
	Patient counselled by Pharmacist
	Discharge script completed and medications dispensed or plan in place for access

**Condition Specific Allied Health**


Allied Health	Functional ADL ability meets requirements for discharge
	Adaptive equipment supplied or organised (if required)
	Advised on post operative activity and return to function
	Mobility status meets requirements for discharge
	Gait aids prescribed by PT and supplied (where required)
	Able to perform post operative home exercise program
	Post operative follow-up outpatient appointments arranged and/or referrals sent
	Education provided regarding postoperative precautions and /or contraindications (where required)
	Knee specific:
	<ul style="list-style-type: none"> <li>•TKR ROM; PROM -5 extension to AROM 70 degrees knee flex</li> <li>•TKR strength; &lt;5 degree quads lag ☐</li> </ul>

All	Post operative supports arranged (e.g. PAC, Home Help, personal care assistance, meals, etc.)
	Shoulder specific: Able to don/doff sling, with or without support ☐

**5.10 The CLD experienced clinician must:**

- a) Comply with the set discharge criteria;

Review & Update by: <#next_review_date>	Last Reviewed: <#last_review_date>	DRAFT
Version Changed: <#revision_issue_date>	First Issue Date: <#issue_date>	Page 3 of 10
Prompt Doc No: <#doc_num> v<#ver_num>	UNCONTROLLED WHEN DOWNLOADED	

Title:	<b>Criteria Led Discharge</b>		
Section:	PRH:	Policy & Procedure	

- b) ensure all discharge requirements have been completed and documented in line with this Policy and any relevant local procedures;
- c) ensure results of all final observations, pathology and diagnostics have been appropriately recorded in Sunrise EMR or other relevant system; and
- d) complete a full discharge checklist, including:
  - providing the patient with a discharge summary for their General Practitioner (GP);
  - ensuring medication reconciliation has occurred with the Pharmacist;
  - providing prescriptions for ongoing medications where required; and
  - instructions regarding post-discharge care.

5.10 When a patient, who has been identified as CLD, is admitted to the ward post-operatively, an Alert must be created in Sunrise EMR, by the admitting nurse, as below:

- Select Patient
- Click on Diagnosis/Alert
- Select Visit Alert
- Select Clinical/Medical/Special needs folder
- Find Criteria Led Discharge alert
- And ADD


5.11 In the event:

- a) the CLD experienced clinician is *not* satisfied the patient has met all the documented criteria for discharge; and/or
- b) the patient becomes medically unstable; and/or
- c) the situation changes; then the CLD pathway must cease, the Senior Medical Officer and treating hospital team must be informed, and reason for discharge not progressing must be formally documented in the appropriate location on CLD consent and checklist, Sunrise EMR, or other relevant system. *(See Appendix for Escalation Pathway)*
- d) An unsuitable for CLD stamp should be placed on the front of the CLD checklist, to ensure communication of patients non eligibility for discharge with CLD

5.12 When the patient becomes medically stable, the CLD pathway can recommence with a review of relevant criteria for discharge. This must be recorded in Sunrise EMR or other relevant system.

All staff must understand that Criteria Led Discharge should not be used in place of clinical judgement, and patient safety is the priority of Bass Coast Health

Review & Update by: <#next_review_date>	Last Reviewed: <#last_review_date>	DRAFT
Version Changed: <#revision_issue_date>	First Issue Date: <#issue_date>	Page 6 of 10
Prompt Doc No: <#doc_num> v<#ver_num>	UNCONTROLLED WHEN DOWNLOADED	

Title:	<b>Criteria Led Discharge</b>	
Section:	PRH:	Policy & Procedure

## 6.0 Recording and Reporting

6.1 To enable monitoring of the CLD pathway, all sites with Sunrise EMR and IPM must actively use existing functionality to record utilisation.

6.2 Where Sunrise EMR and IPM is unavailable, the site must ensure appropriate functionality is activated in other relevant systems to support recording and reporting of the CLD pathway. As a minimum, the functionality must enable data collection of all patients discharged from the site via the CLD pathway, including the month and the year in which the discharge occurred.

6.3 KPIs required bi-monthly reporting at Surgical Services Quality Committee and Acute Quality Committee

- Number of patients successfully discharged utilising CLD
- Median Length of stay for CLD patients
- % Proportion of weekend versus weekday discharges
- Discharge by hour of the day

### 6.4 Data Collection Sources


SCV Info Required	Source
Date admitted	IPM
EDD	
Date Discharged	IPM
Time of Discharge	IPM
EDD documented	EMR Manual
Patient discharge with CLD	EMR Manual
Discharge summary completed with 48hrs	UR Qlik report
Male	IPM
Female	IPM
Gender Diverse	IPM
Culturally/Linguistically diverse	IPM
Aboriginal and TSI	IPM

State and Service wide readmissions and complications can be found @ [Surgery Quality and Safety | Victorian Agency for Health Information \(vahi.vic.gov.au\)](https://www.vahi.vic.gov.au)

## 7.0 REFERENCES

Safer Care Victoria- Criteria Led Discharge Toolkit Pilot, Victoria, 2023

Review & Update by: <#next_review_date>	Last Reviewed: <#last_review_date>	DRAFT
Version Changed: <#revision_issue_date>	First Issue Date: <#issue_date>	Page 7 of 10
Prompt Doc No: <#doc_num> v<#ver_num>	UNCONTROLLED WHEN DOWNLOADED	

Title:	<b>Criteria Led Discharge</b>		
Section:		PRH:	Policy & Procedure

South Australia Health Criteria Led Discharge Policy  
 Domain Custodian for the Services, Planning and Programs Policy Domain Title: Criteria Led Discharge  
 ISBN: 978-1-76083-657-3 Objective reference number: 2017-13101  
[https://www.sahealth.sa.gov.au/wps/wcm/connect/04205f60-f97d-4cab-b10a-ff4901add89e/Directive\\_Hospital\\_and\\_Criteria\\_Led\\_Discharge\\_v1.0\\_29.03.19.pdf?MOD=AJPERES](https://www.sahealth.sa.gov.au/wps/wcm/connect/04205f60-f97d-4cab-b10a-ff4901add89e/Directive_Hospital_and_Criteria_Led_Discharge_v1.0_29.03.19.pdf?MOD=AJPERES)

Agency for Clinical Innovation NSW- Planning for discharge on admission- Consultation draft 2012  
[2. ACI - Criteria Led Discharge - Consultation DRAFT.pdf \(nsw.gov.au\)](https://www.nsw.gov.au/2-ACI-Criteria-Led-Discharge-Consultation-DRAFT.pdf)

Improvement guidance for writing a criteria-led discharge policy- version 2, September 2021  
[B0928-criteria-led-discharge-guidance-v2.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/B0928-criteria-led-discharge-guidance-v2.pdf)

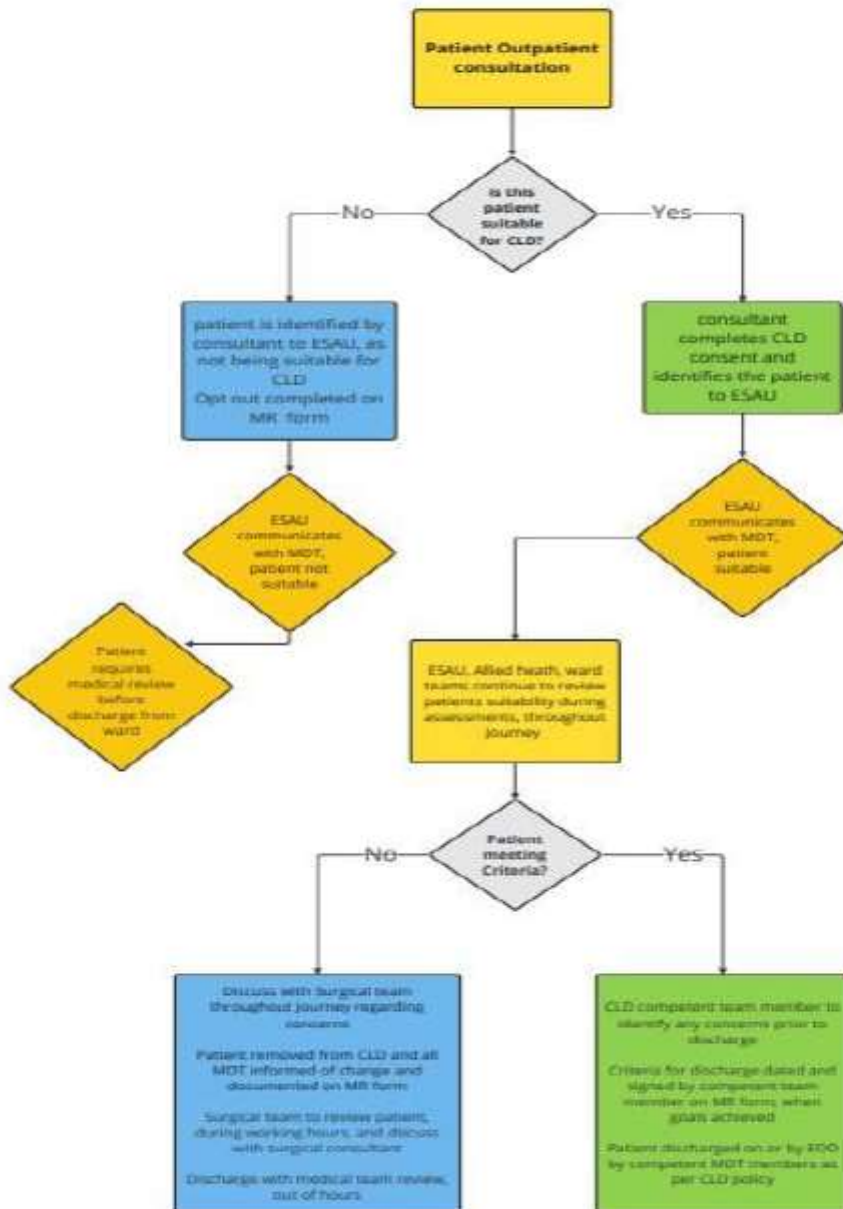
DRAFT

Review & Update by: <#next_review_date>	Last Reviewed: <#last_review_date>	DRAFT
Version Changed: <#revision_issue_date>	First Issue Date: <#issue_date>	Page 8 of 10
Prompt Doc No: <#doc_num> v<#ver_num>	UNCONTROLLED WHEN DOWNLOADED	

Title:	Criteria Led Discharge		
Section:	PRH:	Policy & Procedure	

8.0 Appendix

### Criteria Led Discharge Escalation Pathway



Review & Update by: <#next_review_date>	Last Reviewed: <#last_review_date>	DRAFT
Version Changed: <#revision_issue_date>	First Issue Date: <#issue_date>	Page 9 of 10
Prompt Doc No: <#doc_num> v<#ver_num>	UNCONTROLLED WHEN DOWNLOADED	

# Appendix 3 – Example documentation

## Example CLD form A

Peninsula Health  
Surgical Services

**CRITERIA LED DISCHARGE  
ELECTIVE HIP AND KNEE  
ARTHROPLASTY**

UR NUMBER .....


SURNAME .....

GIVEN NAMES .....

DATE OF BIRTH .....

Please fill in if no Patient Label available App. 14/3/2024 Print Code: 18428

**THIS FORM IS TO BE COMPLETED FOR ALL PATIENTS**



P.H.F. 551303G

Estimated Discharge Date: ...../...../.....

Diagnosis: .....

CRITERIA LED DISCHARGE ELECTIVE HIP AND KNEE ARTHROPLASTY

**PART A: REVOKE APPROVAL (to be completed by Consultant or Registrar as required)**

I confirm that CLD approval is being revoked. Please do not discharge until medical team review for the following reason (s):

Consultant / Registrar Name:

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**PART B: Arthroplasty Specific Interdisciplinary Criteria**

Criteria	YES	NO	Signature
1. X-ray checked (by registrar)			
2. Post op bloods within acceptable limits for this patient			
3. Wound & wound dressings D&I –no drain tubes			
4. No signs of infection			
5. Pain controlled with oral analgesia			
6. Anticoagulation plan given & understood by patient			
7. Cleared by OT			
8. Cleared by PT			
9. Medication scripts given or dispensed			
10. Referral to outpatients for 6/52 follow up			
11. Discharge summary completed and sent to GP			

**PART C: Patient Criteria**

Criteria	YES	NO	Signature
1. Tolerating normal diet and fluids			
2. Passed urine			
3. No MET calls > 24hrs			
4. Observations within acceptable limits for this patient >24hrs			
5. Discharge observations completed 1hr prior to d/c			
Additional Criteria as required			
6.			
7.			

**PART D: Final Sign Off (to be completed by ANUM/NIC)**

I confirm that all criteria above have been met and are achieved


ANUM/NIC Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_ Date/Time: \_\_\_\_\_

14/3/2024 Print Code: 18428 LUW

MR/551303

Example CLD form B



**Criteria Led Discharge (CLD)**  
- Orthopaedic

Surname \_\_\_\_\_ U.R. No. \_\_\_\_\_  
 First Name \_\_\_\_\_ Gender \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Doctor \_\_\_\_\_ Ward \_\_\_\_\_  
 Address \_\_\_\_\_

**PLACE LABEL HERE**

---

**Part A: Surgical Consultant/Registrar**

This patient had been assessed, informed and agrees they will be discharged via Criteria Led Discharge (as per criteria in Part B and C)

Please do not discharge until medical team review for the following reasons (Opt out):  
\_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

**Estimated LOS/Discharge date:** \_\_\_/\_\_\_/\_\_\_

---

**Part B: Diagnostic Group Discharge Criteria**

	Discharge Criteria	Date criteria met	Clinician name
<b>Medical/Nursing</b>	No incidence of intraoperative or post operative bleed		
	Hb ≥ 90 g/L within 24 hours prior discharge		
	No MET calls or Code Blue calls within last 24 hours		
	Full set of observations within normal limits for patient taken 2 hours prior discharge		
	Bowel open and passed urine Adequate food/fluid intake		
	Dressing intact with minimal ooze		
	Post op wound and dressing plan and appointments in place		
	Post operative surgical review appointment scheduled and provided to patient		
<b>Allied Health</b>	Functional ADL ability meets requirements for discharge		
	Adaptive equipment supplied or organised (if required)		
	Advised on post operative activity and return to function		
	Mobility status meets requirements for discharge		
	Gait aids prescribed by PT and supplied (where required)		
	Able to perform post operative home exercise program		
<b>Pharmacy</b>	Post operative follow-up outpatient appointments arranged and/or referrals sent		
	Education provided regarding postoperative precautions and /or contraindications (where required)		
	Knee specific: - TKJR ROM; PROM -5 extension to AROM 70 degrees knee flex - TKJR strength; <5 degree quads lag		
	Anticoagulant plan in place for discharge (where required)		
	Adequate pain relief with oral medications (not requiring parenteral analgesia or PRN doses above prescribed limits)		
	Opioid weaning plan for discharge		
<b>All</b>	Discharge medication list provided		
	Patient counselled by Pharmacist		
	Discharge script completed and medications dispensed or plan in place for access		
	Post operative supports arranged (e.g. PAC, Home Help, personal care assistance, meals, etc.)		
	Shoulder specific: Able to don/doff sling, with or without support		

- CRITERIA LED DISCHARGE (CLD)  
- ORTHOPAEDIC

MR/095

Criteria specific for diagnostic group

BCH, V1 May 2024, page 1



**Criteria Led Discharge (CLD)  
- Orthopaedic**

Surname ..... U.R. No. ....  
First Name ..... Gender .....  
Date of Birth ..... Age .....  
Doctor ..... Ward .....  
Address .....

**PLACE LABEL HERE**

**Part C: Patient Specific Discharge Criteria (Multi-Disciplinary Team)**

Criteria specific for patient	Discharge Criteria	Date criteria met	Clinician name

**Part D: Cancel Approval for Criteria Led Discharge (Medical Consultant/Registrar to complete)**

I withdraw medical approval for CLD  
Reason/s patient not discharged using CLD: \_\_\_\_\_  
\_\_\_\_\_  
Doctor Name: \_\_\_\_\_ Doctor signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

**Part E: Completion Criteria Led Discharge**

I confirm that the patient has achieved the criteria in Part B and C Reason/s:  
Clinician Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

**CRITERIA LED DISCHARGE (CLD)  
- ORTHOPAEDIC**

**MR/095**

BCH 07 May 2024 page 2

## Example CLD EMR workflow

**Figure 1. Robotic Prostatectomy CLD order entry field in the Epic EMR.** © 2025 Epic Systems Corporation

**Criteria Led Discharge - Robotic Prostatectomy** [Accept] [Cancel]

**Process Instructions:** Criteria Led Discharge (CLD) is the process where a nurse/midwife assesses a patient against medically prescribed criteria (standard and/or patient specific) to determine readiness for discharge from hospital.

Medical review of the patient is not required on day of discharge provided a CLD order has been placed and all standard and/or patient specific criteria have been satisfied.

Standard criteria (will apply to all patients with a CLD order):

1. Reviewed by medical team within last 24 hours
2. Haemodynamically stable for > 24 hours and does not meet MET criteria

**Approving Consultant or Registrar:** [Search]

Contact information of doctor placing order (Pager/Phone): [Text Field]

Standard Criteria 1: **Reviewed by medical team within last 24 hours**

Standard Criteria 2: **Haemodynamically stable and does not meet MET criteria**

Patient specific criteria 1: Tolerating oral intake

Patient specific criteria 2: IDC draining adequate urine volume and has no frank haematuria or large clots

Patient specific criteria 3: Laparoscopy dressings dry and intact

Patient specific criteria 4: Mobility back to baseline

Patient specific criteria 5: Anticoagulation plan on discharge in place, if required

[Next Required] [Link Order] © 2025 Epic Systems Corporation [Accept] [Cancel]

**Figure 2. Robotic Prostatectomy CLD order flagged ( clipboard icon) on the Patient Journey board view to alert nurses** © 2025 Epic Systems Corporation

Bed/Location	Patient Photo	Patient Name, Age, Sex/Gender, M/N	COVID-19 Status/Vaccine Unit	Bedcard Consultant	Problem	Goals of Care	Vit. Documental	LOS	Estimated Discharge	CLD	Pharmacy	Medical Task	My Sticky Note
3000000		79 y / Male / 17/11/1		Urology Surgical	Benign Prostatic Hyperplasia	A. No treatment limitation A. No	7 Needs	1	2025/02/25				

**Figure 3. Nursing documentation against Robotic Prostatectomy CLD showing some criteria met and all criteria met** © 2025 Epic Systems Corporation

**Criteria Led Discharge Documentation** [New Reading] [Criteria Led Discharge Review]

ED to Hosp-Admission (Current) from 26/2/2025 in PMC 3A Ward with **Urgent**

27/2/2025 09:38 [Edit] 09:40 [Edit]

Criteria Led Discharge	Met	Met
Standard Criteria 1: Reviewed by medical team within last 24 hours	Met	Met
Standard Criteria 2: Haemodynamically stable and does not meet MET criteria	Not Met	Met
Patient Specific Criteria 1	Met	Met
Patient Specific Criteria 2	Not Met	Met
Patient Specific Criteria 3	Not Met	Met
Patient Specific Criteria 4	Met	Met
Patient Specific Criteria 5	Met	Met

© 2025 Epic Systems Corporation

## Example criteria for discharge checklist

**General Surgery Criteria Led Discharge Checklist**

Additional information:

- If a tick is placed in greyed out boxes – patient is not suitable for CLD
- \* denotes that fields with a response in this column will auto generate a comments section in EPR version of this form. Staff information/education at implementation would be given around expectations of this section

PT UR LABEL

Surgery: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

CRITERIA	YES	NO	N/A	COMMENT	DATE/ SIGNATURE
<b>VITAL SIGNS</b>					
Vital signs within normal limits		*			
Any MET calls within 24 hours prior to d/c					
<b>AMBULATION</b> (in association with normal mobility)					
Independent ambulation with/without aids	*				
<b>ALLIED HEALTH</b> (where applicable- breast patients)					
Reviewed by Physiotherapy					
<b>NAUSEA / VOMITING</b>					
Nil to minimal – tolerating D&F					
<b>PAIN</b>					
Minimal <4/10					
Moderate 4-7 /10	*				
Severe >7/10					
<b>DRESSING &amp; WOUNDS</b>					
Clean, minimal ooze, Dry & intact	*				
<b>DRAIN TUBES</b> (where applicable)					
Patent & Draining	*				
Consistency of output is haemoserous					
<b>GENITOURINARY</b>					
Voided					
Bowels open					
<b>Additional Criteria</b>					
Discharge script completed					
Medications dispensed by pharmacy/Script given to patient					
Medical/Carers certificate provided					
Post-operative plan organised	*				
DNS/HITH referral and paperwork completed if required	*				
#Reviewed by HITH					
PIVC removed					
Discharge Time					

CRITERIA LED DISCHARGE: GENERAL SURGERY

MR214F

Free comments section in EPR



## Plastic Surgery Criteria Led Discharge Checklist

Additional information:

- If a tick is placed in greyed out boxes – patient is not suitable for CLD
- \* denotes that fields with a response in this column will auto generate a comments section in EPR version of this form. Staff information/education at implementation would be given around expectations of this section

PT UR LABEL
-------------

Surgery: _____		Surgery Date: _____			
CRITERIA	YES	NO	N/A	COMMENT	DATE/ SIGNATURE
<b>VITAL SIGNS</b>					
Vital signs within normal limits					
Any MET calls within 24 hours prior to d/c					
<b>AMBULATION* (in association with normal mobility)</b>					
Ambulation returned to pre-operative capacity					
<b>NAUSEA / VOMITTING</b>					
Nil to minimal – tolerating D&F					
<b>PAIN</b>					
Minimal <4/10					
Moderate 4-7 /10	*				
Severe >7/10					
<b>DRESSING &amp; WOUND</b>					
Clean, minimal ooze, Dry & intact	*				
<b>NEUROVASCULAR</b>					
Neurovascular <del>obs</del> within acceptable parameters for <u>patient as</u> set by team					
<b>GENITOURINARY</b>					
Voided					
Bowels Open					
<b>Additional Criteria</b>					
Discharge Script completed					
Pharmacy dispensed medications/script given to patient	*				
Hand Therapy referral sent	*				
Post-operative plan organised	*				
Medical Certificates completed					
DNS/HITH referral and paperwork completed if required	*				
PIVC removed					
Discharge time					

CRITERIA LED DISCHARGE: PLASTIC SURGERY

MR214H

# Appendix 4 Patient transition to home plan template

This resource was developed by UHN Open lab as part of Patient Oriented Discharge Summary (PODS), more information on developing patient centred discharge summaries can be found at: <https://pods-toolkit.uhnonopenlab.ca/>

## \_\_\_\_\_ 's Care Guide

I came to hospital on 01/31/2015 and left on 01/31/2015

I came in because I have reason for visit

*my own notes*

**Medications I need to take**

My medication list has been provided and explained to me

**How I might feel and what to do**

I might feel	What to do	Go to Emergency if:

**Changes to my routine**

Activity (i.e. dietary, physical)	Instruction

**Appointments I have to go to**

Go see \_\_\_\_\_ for \_\_\_\_\_ on 01/31/2015 at 11:00 am

Location: \_\_\_\_\_ ☎ \_\_\_\_\_  booked

Go see \_\_\_\_\_ for \_\_\_\_\_ on 01/31/2015 at 11:00 am

Location: \_\_\_\_\_ ☎ \_\_\_\_\_  booked

**Where to go for more information**

For \_\_\_\_\_ call/go to \_\_\_\_\_ ☎ \_\_\_\_\_

For \_\_\_\_\_ call/go to \_\_\_\_\_ ☎ \_\_\_\_\_

For \_\_\_\_\_ call/go to \_\_\_\_\_ ☎ \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_



---

4. Which clinicians can add criteria to the CLD form?

Insert health  
service logo here

5. Can any staff member approve a patient for discharge once all the criteria are met?

6. What additional documentation must be completed on discharge in conjunction with the CLD form/sticker?

7. Identify what you would do if all the criteria were met, yet the patient did not want to be discharged?

8. Identify what you would do if all the criteria were met, however you had some concerns with the patient being discharged/transferred from the hospital?

Adapted from ACI CLD Toolkit:

[https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0011/329555/CriteriaLedDischarge\\_Toolkit.pdf](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0011/329555/CriteriaLedDischarge_Toolkit.pdf)

## Example staff promotional information

# Criteria Led Discharge (CLD)

### Background information

The Victorian planned surgery system, like healthcare overall, faces the challenge of adapting to a growing and aging population. With changing demand and increasing patient care complexity, maintaining optimal flow and improving outcomes are critical. CLD is recognised as a tool to support various pillars outlined in the Planned Surgery Reform Blueprint.

***Criteria-Led Discharge (CLD) is an effective solution that reduces length of stay (LOS) and empowers staff and patients.***

### CLD has the ability to improve:

- the coordination of patient care
- communication across the team, including patients and carers
- patient flows within ward and across the hospital
- patient experience and outcomes
- length of stay by reducing unnecessary bed days
- time efficiency
- effective use of resourcing staff satisfaction

### What are we trying to accomplish?

The pilot aims to accelerate the safe implementation of CLD for planned surgery patients by testing, adapting, evaluating resources and implementation approaches.

A toolkit will be created from the findings for health services to implement CLD.

### Details:

#### Ward:

#### Planned surgery craft groups:

- **Laparoscopic/open cholecystectomies**
- **Bi/uni lateral inguinal & umbilical hernias**
- **Mastectomies**

### More information:

#### Executive Support:

#### Clinical Lead:

**GRAMPIANS REGION  
HEALTH SERVICE PARTNERSHIP**

Leading the region to deliver better health outcomes through working together



# Criteria Led Discharge for staff



## What is Criteria Led Discharge

- Criteria Led Discharge (CLD) refers to the discharge of patients by nursing, midwife, allied health and junior medical staff who have the necessary knowledge, skills and competencies to review patients and initiate inpatient discharge.
- The process is supported by a predetermined set of criteria which have been developed by a multidisciplinary working group and approved by the Orthopaedic consultant team

## Target Group

- Orthopaedic joint replacements, including shoulders

## The benefits :

- Increase patient and staff satisfaction.
- Reduce length of stay.
- Facilitate earlier discharge times, to allow for new admissions
- Increase weekend discharges.
- Coordinate safe discharge planning, hence improved patient care.
- Better use of medical specialist time.

## Patient inclusion/Exclusion Criteria

### Inclusion

- Adults
- Planned Orthopaedic joint replacement
- Clearly defined safe discharge destination
- Nil identified pre-operative risks/concerns by MDT team
- Clinically stable
- Patient Consent

### Exclusions

- High Risk
- Medically unstable
- Waiting referral to another specialist
- Requiring medical decision
- Social, environmental, cognitive and/or physical concerns for discharge safety
- Complex medication regime that may impact length of stay

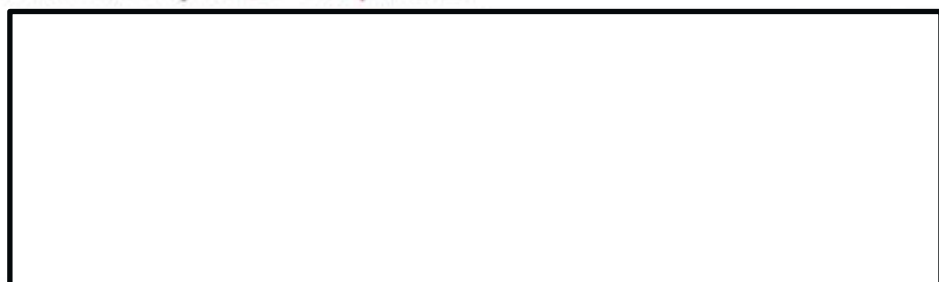
## How the process will work



## When will the trial commence

- The trial of CLD will commence by the 29<sup>th</sup> of April 2024

## Project Team



## Appendix 6 – Organisation Readiness Checklist

Yes	No		If no, this is the action plan
		Collaboration between financial, safety, and clinical leadership has been established	
		A clear hypothesis or statement of intended outcome of the project has been stated and is agreed upon.	
		Roles and responsibilities among the members of the Team has been established.	
		A commitment to transparency among the team has been established.	
		The team understands the organisation's strategic goals and mission, and CLD aligns with them.	
		Existing measurement tools within the organisation, or apparent need for measurement tools has been identified.	
		Communication with key stakeholders for buy-in and support has occurred.	
		An Executive Champion is on board.	
		A Clinical Champion is on board.	
		The team has identified collaborators (including consumers) from within their organisational network who might provide input, support, and influence.	

Adapted from IHI and NPSF together for safer care Organizational Readiness checklist:

[file:///C:/Users/vid6wyz/Downloads/BusinessCaseSafeHealthCare\\_OrganizationalReadinessChecklist.pdf](file:///C:/Users/vid6wyz/Downloads/BusinessCaseSafeHealthCare_OrganizationalReadinessChecklist.pdf)

---

# Appendix 7- Steering committee Terms of Reference example and template

## CLD Steering Committee Terms of Reference

**Title of department or area here**

### Role

The role of the **XXXXXXXX** is to provide direction and leadership for the introduction of Criteria Led Discharge (CLD) into **XXXXXXXXXXXX** and future direction of general discharge processes across **XXXXXXXX**.

### Objectives

The objectives of the group are to guide:

- Decisions and activities undertaken by the group are aligned to best practice evidence and research, and through communication, collaboration and consensus with stakeholders.
- Develop consensus for integration of Criteria Led Discharge processes into the wider discharge processes.
- Provide direction and support for safe continuous improvement in safe discharge processes.
- To identify and respond to emerging issues that are raised through the membership and other forums.
- Provide an opportunity for sharing information on policies and processes, professional issues for the continuous improvement.

### Operating Principles

The **XXXXX** group will report to **XXXXXXXXXX**

### Membership and Responsibilities

#### Membership

Membership of the **XXXXX** group will include representatives from key stakeholder groups. Membership will be multi-disciplinary and, where possible, include at least one member representing each core area below:

#### Executive leadership

Surgical speciality where CLD is being implemented

Preadmission services

Allied health

Nursing

Consumer

Also consider

Data specialists

IT – in particular EMR representation

Quality improvement specialist

(Refine this list to meet local needs)

The group may co-opt subject matter experts to attend meetings as required

Committee members will cease to be a member of the **XXXXXXXXXX** Group if they:

- Resign from the Group
- Fail to attend three consecutive meetings without providing notice to the Chair
- Resign from their employment

---

## Members

Members are responsible for:

- Share relevant communication and information to all members
- When requested, providing feedback to colleagues and relevant staff within their organisation or representative group on meeting action and outcomes
- Action the allocated meeting task(s) and completing the tasks within the agreed timeframe
- Distribute the summary reports of the meetings to relevant staff with representative groups.

## Chair

- The Chair is appointed by XXXXX

The chair is responsible for:

- Scheduling meetings and notifying Committee members
- Inviting specialists/subject experts to attend meetings when required
- Guiding the meeting according to the agenda and time available
- Ensuring all discussion items end with a decision, action or definite outcome
- Delegating members for working groups
- Reviewing and approving the draft minutes before distribution

## Secretariat

The secretariat is responsible for:

- Preparing agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- Distributing the agenda and meeting materials X days prior to the meeting
- Taking notes of proceedings and preparing minutes of the meeting
- Distributing minutes to all Group members one week after the meeting. The minutes should be checked by the Chair and accepted by Committee members as true and accurate record at the commencement of the next meeting.

## Meeting Schedule

Quorum

- A meeting quorum will be X members of the meeting or their nominated representatives.
- Where quorum is not achieved, a meeting can progress with decision making held for the next quorum meeting.
- Internal or external specialists/subject experts may be invited to attend the meeting at the request of the Chair on behalf of the Group to provide advice and assistance where necessary. They have no voting rights and may be required to leave the meeting at any time by the Chair.
- Decision will be made by consensus. If consensus cannot be reached, the Chair may elect decision to be made by voting or referring the matter to the Executive Director XXXXX,

## Meeting frequency

Meetings will be held XXXX, with opportunity for additional meetings in the event of increased workload. Subgroup meetings may be required and will be arranged at a time convenient to subgroup members

## Amendments

The terms of reference will be reviewed annually from the date of approval.

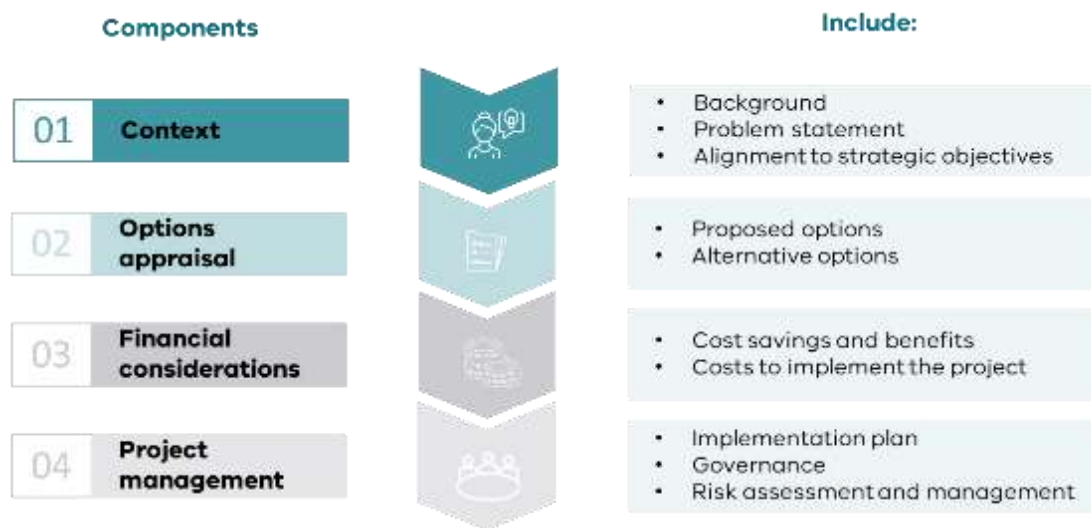
## Stakeholders

List stakeholders here

# Appendix 8 – Tips and Tricks for Building a Case for Change

The following document provides some guidance as to how to build a case for change. This document should act as a supplementary resource when completing your organisation's business case template.

## Key components



### 1. Context

- The background is concise and should describe project objectives.
- Summarise the problems that the CLD project is aiming to address and current gaps in service.
- Describe how CLD aligns with the current vision, aim, or strategic priorities of the organisation, including other projects being undertaken.

### 2. Options appraisal table

	Option 1 (do nothing)	Option 2	Option 3
<b>Benefits</b> Benefits of each option			
<b>Disadvantages</b> Negative consequences of each option			
<b>Timescale</b> Over what period will the costs be incurred and over what period will the benefits occur			
<b>Costs</b> Summarise costs and supporting assumptions associated with each option, including ongoing costs			
<b>Major Risks</b> Provide a summary of the risks, highlighting the major risks that will affect the business objectives and benefits			
<b>Stakeholder impact</b> Who will be impacted, and how?			

---

**3. Financial considerations** *This section provides an outline of calculations for savings and benefits for the organisation, and should include:*

**Cost savings and benefits**

- Talk to your finance department for accurate cost estimates and anticipated (or actual) savings for the CLD project
- Include outcome measures such as reduction in length of stay, potential number of patients affected by the CLD project and reduction in readmissions. Consider other value-based benefits the CLD project may have; e.g. patient empowerment to discharge home and stay home, more patients seen as a result of implementation).
- Otherwise, an easy (but crude) way to calculate the cost savings for the project is:

$$\left\{ \begin{array}{l} \text{Average reduction} \\ \text{in length of stay} \end{array} \right\} \times \begin{array}{l} \text{Average cost of a} \\ \text{surgical bed per} \\ \text{day} \end{array} \times \begin{array}{l} \text{No. of patients} \\ \text{affected by project} \end{array} \left. \right\} - \text{Costs to} \\ \text{implement project}$$

**Costs to implement the project**

Provide a breakdown of investment costs for the CLD project, including staff, training, equipment, running costs and other costs to consider in implementing the project :

**4. Project management** *In this section outline how the CLD project will be managed and implemented. This should include;*

**Implementation plan**

Describe how the CLD project will be delivered, including scope, high-level project phases, deliverables, milestones, target completion dates and organisational areas affected.

**Governance**

Who will be involved in overseeing the CLD project? Can they make/ authorise decisions? Who will the steering committee/working group report to? And how often?

**Risk assessment and management**

Detail the major risks for your proposed option and mitigation plans. Utilising a risk assessment matrix (obtain from your organisation) will help to highlight the likelihood and seriousness of each risk.



**Evaluation**


- How will you monitor the progress of the CLD project (how do you know this project has been beneficial?).
- Consider including outcome, process and balancing measures you will use to evaluate the CLD project, qualitative or quantitative data needed for review and frequency of review.


**Resources**


1. Australian Commission on Safety and Quality in Health. OSSIE toolkit for implementation of the Australian Infection Control Guidelines (AICG) 2010. Available from: <https://www.safetyandquality.gov.au/sites/default/files/migrated/BusinessCaseTemplate.pdf>
2. Institute for Healthcare Improvement. Optimising a Business Case for Safe Health Care: An Integrated Approach to Finance and Safety. Business Case template. Available from: [https://www.ihl.org/sites/default/files/2023-10/BusinessCaseSafeHealthCare\\_BusinessCaseTemplate.docx](https://www.ihl.org/sites/default/files/2023-10/BusinessCaseSafeHealthCare_BusinessCaseTemplate.docx)


## Appendix 9 - Gap analysis template

Key Principle	Current state	Ideal state	Gap	Action towards change
 <p><b>Consumer involvement</b>            How are patients and their families/support people involved in planning their discharge?             Do you have patient resources about CLD?             Do you have prepared discharge information packages for patients?</p>				
Key Principle	Current state	Ideal state	Gap	Action towards change
 <p><b>Systems to monitor and escalate care</b>             What processes do you have in place to escalate when a patient becomes medically unwell?            How and to whom is this communicated?</p>				

<p>How can a patient escalate concerns about their condition or being discharged?</p> <p>How does the MDT communicate progress towards readiness for discharge? e.g. MDT meetings</p>				
Key Principle	Current state	Ideal state	Gap	Action towards change
 <p><b>Education and training</b></p> <p>What training is in place for staff?</p> <p>How many staff members are currently trained to use CLD?</p> <p>How do you ensure casual/temporary and new staff members know about the CLD process?</p>				

Key Principle	Current state	Ideal state	Gap	Action towards change
 <p><b>Documentation and handover</b></p> <p><b>Estimated date of discharge</b></p> <p>How is the estimated date of discharge (EDD) calculated?  Where is the EDD recorded?  How is it communicated within the team?  How is it communicated to the patient?  How is the EDD reviewed and how often?  How do you communicate a change in estimated date of discharge?  How accurate is the EDD?  ie: EDD = actual discharge date?</p> <p><b>Clear individualised criteria for discharge</b></p> <p>What documentation is currently in place to record CLD?  Do you have existing agreed discharge criteria/milestones that can be modified for each patient? What is it? Where is it documented?</p>				

<p><b>Discharge summary and handover to primary care</b></p> <p>Are there guidelines for how soon after discharge patients/primary care receive a discharge summary?</p> <p>What % of discharge summaries are completed on discharge or within 48hrs of discharge?</p>				
<p>Key Principle</p>	<p>Current state</p>	<p>Ideal state</p>	<p>Gap</p>	<p>Action towards change</p>
<p></p> <p><b>Patient selection</b></p> <p>How are patients identified as suitable for CLD?</p> <p>What risk assessments are currently used to identify high risk patients?</p> <p>How will patient selection be communicated?</p> <p>Do you have existing patient selection criteria for CLD?</p>				

Key Principle	Current state	Ideal state	Gap	Action towards change
 <p><b>Discharge policy and governance</b></p> <p>Conduct a process mapping session with key stakeholders to develop a shared understanding of current processes and attach to the gap analysis worksheet</p> <p>What is the current discharge process?</p> <p>Do current discharge/transfer policies include CLD processes?</p> <p>Are all the above key components included in the current policy/governance documents e.g. EDD, staff training, documentation?</p> <p>How does your health service ensure safe governance over CLD?</p> <p>Who needs to approve changes to discharge policies?</p>				

## Appendix 10 Introducing CLD checklist

Introducing CLD Checklist				
Project area	Task	Owner	Due date	Quality improvement tools to support implementation and sustainability
Assess readiness	<input type="checkbox"/> Complete Organisation Readiness Checklist			Appendix 6
Create a team to champion change (including project set up)	<input type="checkbox"/> Identify executive sponsor:			<p><b>Partner for Quality Improvement:</b> The IHI Model for improvement is founded on working together with those most affected by the change (e.g. consumers and those who deliver the care), ensuring a diverse range of perspectives, expertise and experiences are considered. This broadens understanding of the problem, inspires new ideas, and identifies potential improvements. Additionally, it fosters ownership of the quality improvement efforts.</p> <p><u>Resources:</u>  <a href="#">partnering_for_qi.pdf (safercare.vic.gov.au)</a>  <a href="#">Partnering for QI_codesign and partnering planning canvas template_4 Jan 23 (5) (safercare.vic.gov.au)</a>  <a href="#">Partnering in healthcare framework   Safer Care Victoria</a></p>
	Identify clinical lead (s):			
	<input type="checkbox"/> Surgical lead:			
	<input type="checkbox"/> Nursing/Midwifery lead:			
	<input type="checkbox"/> Allied Health lead:			
	<input type="checkbox"/> Identify project lead:			
	<input type="checkbox"/> Recruit consumer reps (ideally 2-3)			
	<input type="checkbox"/> Define, document and agree roles and responsibilities of each team member			
	<input type="checkbox"/> Establish regular meeting dates are			
<input type="checkbox"/> Define roles and responsibilities for				
	<ul style="list-style-type: none"> <li>• IT</li> <li>• EMR</li> <li>• Data team</li> </ul>			
<input type="checkbox"/> Establish a steering committee to guide the introduction of CLD				
<input type="checkbox"/> Risk assessment				
<input type="checkbox"/> Develop project SMART aim, objectives and scope				<p><b>Model for improvement:</b> Answer the three questions from the model for improvement?</p> <ul style="list-style-type: none"> <li>• What are you trying to accomplish?</li> <li>• How will you know that a change is an improvement?</li> <li>• What changes can you make that will result in improvement?</li> </ul>

				<p><b>SMART aim:</b> ensuring your aim is SMART (specific, measurable, achievable, relevant and time-bound) means you'll be able to monitor your progress more accurately and make adjustments when needed.</p> <p><u>Resources:</u>  <a href="http://safercare.vic.gov.au">Model for improvement (safercare.vic.gov.au)</a>  <a href="http://ihi.org">How to Improve: Model for Improvement: Setting Aims   Institute for Healthcare Improvement (ihi.org)</a>  <a href="http://nsw.gov.au">Aim Statements - Clinical Excellence Commission (nsw.gov.au)</a></p>
	<input type="checkbox"/> Establish a family of measures (see <a href="#">recommended measures</a> ). <ul style="list-style-type: none"> <li>• What local outcomes will be measured?</li> <li>• How will you report the outcomes?</li> </ul>			<p><b>Measurement for improvement:</b> input your data into a run chart to track your progress over time and clearly identify improvement.</p> <p><u>Resources:</u>  <a href="http://safercare.vic.gov.au">Family of measures (safercare.vic.gov.au)</a></p>
	<input type="checkbox"/> Develop a comprehensive project plan, including communication plan.			<p><b>Communications plan:</b> How will you engage with staff and patients throughout implementation? How are you going to spread word of the impact of CLD to other clinical areas and colleagues?</p>
Understand current state	<input type="checkbox"/> Undertake gap analysis ( <a href="#">see Appendix 7</a> ) Develop a shared understanding of the current process and create a process map			<ul style="list-style-type: none"> <li>• <b>Process map:</b> take time to understand the current process to identify where it will need to change to facilitate CLD.</li> <li>• <b>Baseline data:</b> before implementing CLD collect baseline data on key metrics, such as length of stay and time of discharge, to enable you to see whether your change has resulted in improvements.</li> </ul> <p><u>Resources:</u>          CLD Data collection tool  <a href="#">Appendix 12 How to process map</a>  <a href="#">IHI Quality Improvement Flowchart Information and Template</a></p>
	<input type="checkbox"/> Collection baseline data including patient and staff experience data			
Process design	<input type="checkbox"/> Develop change ideas and prioritise solutions based on ease of introduction and impact/value			
	<input type="checkbox"/> Develop local site-specific resources e.g.: CLD documentation and standard clinical criteria for discharge, policy and procedures			

Test changes	<input type="checkbox"/> Test changes using PDSA cycles: Plan who is responsible to ensure testing is conducted and plan how cycles will be reviewed and scale			Use PDSA cycles for testing changes: Plan, Do, Study, Act. They prevent the common mistake of acting before properly studying intervention effects and planning the next test. Resources: <a href="http://safercare.vic.gov.au">How to PDSA (safercare.vic.gov.au)</a> <a href="http://safercare.vic.gov.au">PDSA form (safercare.vic.gov.au)</a>
Scale and spread	<input type="checkbox"/> Steering Committee sign-off for formal implementation and scale of successful change ideas			
	<input type="checkbox"/> Update local protocols to include new CLD processes.			
	<input type="checkbox"/> Plan for sustainability			<b>Plan for sustainability:</b> Use a Sustainability Planning Worksheet throughout your change project. Resources: <a href="https://www.ihi.org/resources/tools/sustainability-planning-worksheet#downloads">https://www.ihi.org/resources/tools/sustainability-planning-worksheet#downloads</a>
	<input type="checkbox"/> Develop a scale and spread plan			Spread CLD to other areas little by little, using data and the story of improvements to get others on board
	<input type="checkbox"/> Create awareness of CLD, impact on existing business processes and 'go-live' dates for hospital management			
	<input type="checkbox"/> Schedule orientation and training sessions for identified clinicians			
Assess outcomes	<input type="checkbox"/> Create staff, patient and carer experience surveys and method of collection <input type="checkbox"/> Review data family of measures <input type="checkbox"/> Audit of CLD form: <ul style="list-style-type: none"> <li>• Utilisation and documentation</li> <li>• % of completed forms</li> </ul> % of patients discharged using CLD			<b>Measurement for improvement:</b> input your data into a run chart to track your progress over time and clearly identify improvement. Resources: <a href="http://www.ihi.org">Quality Improvement Essentials Toolkit   Institute for Healthcare Improvement (ihi.org)</a> (see link to QIToolkit_RunChart) <a href="http://safercare.vic.gov.au">Family of measures (safercare.vic.gov.au)</a>
	<input type="checkbox"/> Celebrate your success			Celebrate your successes and keep the momentum going. Tell others about what you are doing and spread the word

---

## Appendix 11 – CLD Measurement guide

**Criteria Led Discharge (CLD) has the potential to improve patient and staff experience, as well as improve health service delivery. This document explains why baseline data is important, suggested family of measures and their definitions and tips on collecting data to ascertain whether any changes introduced result in an improvement.**

### **Why do we need baseline measures?**

The purpose of the baseline information is to assess the effect of the changes you are testing and to compare what happens before and after CLD has been introduced. Without baseline data, it's difficult to understand any changes or demonstrate progress. Baseline data collection is essential for us to learn the impact of the key processes and outcomes following the introduction of CLD. It allows us to observe any trends over time and to quantify the degree of intended benefits. The collection of baseline measures will also help test the suitability of the proposed measurement strategy and allow for adjustment of the measurement approach (and framework) if required.

### **How do we baseline?**

- 
- Baseline measures capture retrospective data of the chosen cohort over a selected period of time.

There are two options to collect your baseline measures, and the one most appropriate for you will depend on the availability of decision support/business intelligence resources and what data is available in pre-existing data collection methods.

### **Option 1 Utilise existing data collection (recommend exploring this option first):**

#### Suggested steps

- Speak to your business intelligence team or equivalent to see whether the baseline measures are available retrospectively
- Request a report to be generated for all available measures that presents each measure weekly or monthly for the last 3-6 months prior to the commencement of testing changes to discharge processes through the introduction of CLD.

### **Option 2 Manual retrospective review**

**If your business intelligence team does not collect the measures needed, you will need to go back and review medical records. This can be a sample size e.g. 10 patient's notes for each month.**

#### Suggested steps:

- Decide on your sample size from your selected cohort
  - Number of patients to be reviewed
  - How will you decide who to review? e.g. 2 discharges per week, first and last 5 discharges for the month
- Review records for each patient
- Calculate your monthly totals and note that this is a sample size

Please ensure it is clearly noted if a sample is used and use the sample number as your total number of patients (denominator).

---

## Other sources of data

The Victorian Agency for Health Information (VAHI) in partnership with the Planned Care Recovery and Reform program and Safer Care Victoria has developed the Surgery Quality and Safety dashboard. This dashboard includes important quality and safety measures including unintended readmissions and ED presentations to any Victorian hospital. This will help in the collection of readmission and ED representations. To gain access to the dashboard email [portal.support@vahi.vic.gov.au](mailto:portal.support@vahi.vic.gov.au).

## Other data collection considerations

Alongside the family of measures, it is also important to collect demographic data such as sex and cultural background e.g. Aboriginal or Torres strait islander or CLAD (culturally and linguistically diverse), to ensure health interventions are equitable. It allows health providers and policymakers to identify and address disparities that certain groups may face, ensuring that healthcare services are accessible and tailored to diverse needs.

## Presenting and sharing data

- **Plot data over time**

Improvement requires change, and change happens over time. To understand a system and how to make it better, we can gather data over time—like length of stay, volume, and patient satisfaction—and look for trends and patterns. Monitoring a few important measures over time is the most effective way for a team to track progress and make informed decisions. Using charts such as a run chart is a simple way to track changes over time.

- **Seek usefulness, Not Perfection**

Remember, measurement is not the goal; improvement is the goal. In order to move forward to the next step, a team needs just enough data to know whether changes are leading to improvement. Also, try to leverage existing measures the team is already collecting data for and reporting on so it's also easier and not additional work.

- **Integrate Measurement into the daily routine**

Valuable data can often be gathered without depending on complex information systems. Instead of waiting two months for the information systems department to provide data on patients' average hospital stay length, create a straightforward data collection form and assign someone to collect this data regularly as part of their responsibilities. Often, a few basic measures will give you all the information necessary.

- **Share data to build momentum and celebrate success**

Find a shared space to display data on the ward. Review data regularly as part of team meetings to inform next steps and celebrate improvements.

## Family of measures definitions

### Essential measures

Measure	Definition	Tips on collection and analysing data
Length of stay (LOS) (Outcome)	Median* LOS in days of the target cohort	How to calculate median: Arrange the data points from smallest to largest. If the number of data points is odd, the median is the middle data point in the list. If the number of data points is even, the median is the average of the two middle data points in the list. <b>Tip:</b> This can also be done using Excel or similar programs
Consumer experience (see <a href="#">example questions</a> ) (Outcome)	Ask patients a set of questions to measure their experience as a patient receiving CLD.	These questions are examples and can be adjusted to meet the needs of individual health services. In addition to a set of questions consider collecting stories about patients' experiences and sharing them with staff so they gain an understanding of the impact the discharge process can have on the patient experience both positive and negative.
Staff experience (see <a href="#">example questions</a> ) (Outcome)	Ask staff a set of questions to measure their experience using CLD.	These questions are examples and can be adjusted to meet the needs of individual health services. <b>It is suggested at a minimum conduct a staff survey at the beginning and end of the change process.</b> In addition to set questions consider collecting stories about the staff experience using CLD.
% of patients discharge using CLD (Process)	A patient who is discharged using the clinical criteria for discharge that was established by the MDT on admission. This excludes patients who are escalated and removed for the CLD pathway.	When the process working effectively not all patients will be discharged using CLD. Effective CLD involves recognising when a patient is not suitable for discharge and escalating appropriately.
Readmissions within 48hrs (Balancing)	Percentage of readmissions with 48hrs of discharge from target cohort*	i) Number of readmissions – enter the number of readmissions within 48hrs (numerator) ii) Total number of discharges from target ward/cohort (denominator)
Readmissions within 28 days (Balancing/check)	Percentage of readmissions within 28days of discharge from target cohort**	i) Number of readmissions – enter the number of readmissions within 28 days (numerator) ii) Total number of discharges from target ward/cohort (denominator)
Presentations to ED within 48hrs and 28 days (Balancing/check measure)	Percentage of representations to ED within 48hrs and 28 days from target cohort**	i) Number of patients who represent to ED within 48hrs and 28 days of discharge (numerator) ii) Total number of discharges from target cohort** (denominator)

**Optional measures: choose measures that are relevant to your local aim and objectives**

Measure	Definition	Tips on collection and analysing data
Time of discharge (Outcome)	Median* time of discharge/transfer from ward for targeted cohort**	How to calculate median: Arrange the data points from smallest to largest. If the number of data points is odd, the median is the middle data point in the list. If the number of data points is even, the median is the average of the two middle data points in the list. <b>Tip:</b> This can also be done using Excel or similar programs
Number or percentage of weekend discharges/transfers (Outcome)	The percentage of the chosen cohort* that is discharged/transferred on a Saturday or Sunday	
Documented estimated discharge date (EDD) (Process)	Percentage of documented estimated discharge date (EDD)	i) Total number of patients in target cohort* with documented EDD (numerator) ii) Total number of patients discharged from target ward/cohort (denominator)  It is understood that EDD is often changed throughout the admission for this measure you want to capture the EDD set on admission to then compare this to the actual discharge date and see if the EDD was accurate or not. If a high % of patients EDD does not match the actual date of discharge this might indicate a need to review how the EDD is calculated.
Discharge summaries completed within 48 hrs (Balancing/check)	Percentage of discharge summaries completed within 48 hrs of discharge	i) Number of discharge summaries completed within 48 hrs of discharge for target cohort** (numerator) ii) Total number of discharges for target ward/cohort (denominator)

\*Using a median LOS instead of an average LOS makes the measure less affected by outliers or extreme values

\*\*Chosen cohort that CLD is being introduced e.g. surgical speciality or ward change is being tested in

References and resources

Institute for Healthcare Improvement (IHI) (2024) *Model for improvement: Establishing Measures*. Available at: <https://www.ihl.org/resources/how-to-improve/model-for-improvement-establishing-measures> (Accessed June 21<sup>st</sup> 2024)

National Institute for Children’s Health Quality (2424), *Why data collection is a Necessary Part of Quality Improvement*. Available at: <https://nichq.org/insight/why-data-collection-necessary-part-quality-improvement> (Accessed June 21<sup>st</sup> 2024)

NSW government Clinical Excellence commission (2024) *Run Charts* Available at: <https://www.cec.health.nsw.gov.au/CEC-Academy/quality-improvement-tools/run-charts> (Accessed June 21<sup>st</sup> 2024)

# Appendix 12 How to process map



## Process Mapping

### What is a process map?

A process map is a planning and management tool that visually describes the flow of work by maps showing a series of events that produce an end result.

### What is a process?

- Processes are a series of connected steps or actions that tend to achieve an outcome e.g., building a house; making a coffee.
- They have a start and end point.
- They vary in their complexity.
- Often linked to other processes.
- They are how we deliver a service to our clients.
- Very few individuals get to see the entire process.
- Consumers/patients see most of it.

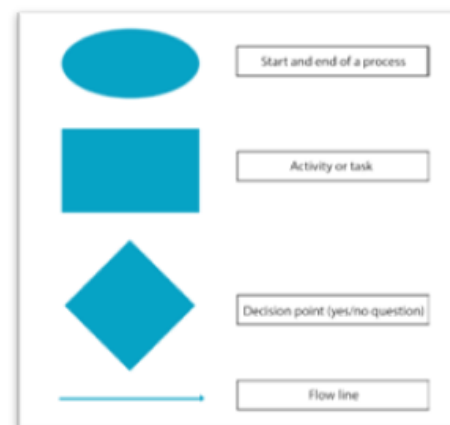
### Why process map?

- Develop a complete, shared understanding of a 'process' as there is rarely one owner of a process.
- To see things from the customer's perspective.
- Identify inefficiencies including bottlenecks, source of defects and wastes.

- Determine if the current process is the best it can be.
- Highlights areas for improvement.

### How to create a process map?

- Bring together all the people who know how the **current** process works.
- Ask the group to agree the first and last steps in the process so everyone is clear what process they are working on. Conventionally first and last steps are represented in an oval shape.
- Ask the group to identify all the tasks and decision points in the process. Write them on post it notes and stick each task and decision point on a wall in the order it happens now; writing on post it notes allows the steps / decisions to be moved around if needed. Conventionally tasks are represented in a rectangle and decision points in a diamond shape.



Adapted from IHI QI essentials toolkit

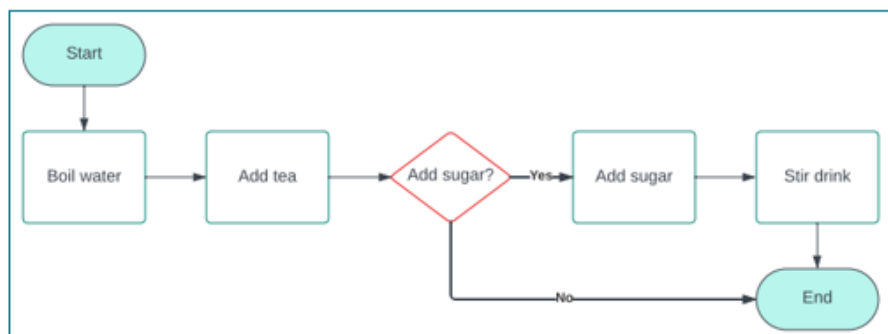
- All group members should review the process map to ensure it is correct and complete.
- Process maps can be used at different levels from a high level less detailed map to a more detailed process map that breaks down bigger steps into smaller chunks depending on the level of analysis required.
- Analyse the completed map taking into account value adding steps agreed by the group to identify any steps or decision points where improvements could be made. For example, steps where there is unnecessary work, duplication, bottlenecks, delays etc.

### What can a process map show?

- What wastes exist?
- Could the process be simpler, faster, less confusing, more efficient?
- Are there unnecessary steps?
- Obvious bottlenecks or points where things slow down?
- Any steps where errors occur?
- What are the risks of changing the process?
- Will you be creating a bottleneck elsewhere?

### What does a process map look like?

Process maps can be as simple as a series of post it notes with lines or can be developed using software such as VISO, lucid charts or miro board the most important thing is that it visually represents the current process.



Process Mapping, Adapted from IHI QI essentials toolkit- appendix for CLD toolkit Draft Only Safer Care Victoria 2



