Table 3. Synthesis of study characteristics

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Author, date and Country** | **Research Objective** | **Research approach**  | **Participants** | **Key findings/outcomes** | **Quality score**  |
| 1 | Dalia and Hayat (2017) Saudi Arabia | Literature Review | Thematic  | n/a | Findings discussed through three themes:-Nurse led discharge: clear protocols/pathways and guidance are needed to determine patient management and to assure a safe process.Discharge planning: the discharge process must be effective before commencing NLD.Competency: much more work is needed, competency statements stated and the role of procedural skills to have a stronger presence. | 25 |
| 2 | Cundy et al (2016)Australia | The objective of this study is to investigate the effect of criteria led discharge on length of hospital stay & complications rates.  | Matched Case Control | 166 (83 & 83) Children EmergencySurgery | **Safety:** Safely rationalized opioid and anti-emetic medication administered. There was no difference in complication rates between groups (4.8 versus 7.2%; P = 0.51).**Quality:** Consistency of communications and the postoperative planning improved. **Length of Stay:** Rates of discharge for children admitted with uncomplicated appendicitis within 24 h of admission (total length of stay) occurred in 42.2% (35/83) of protocol group compared to 12.0% (10/83) of control group. | 36 |
|  | **Author, date and Country** | **Research Objective** | **Approach**  | **Participants** | **Key findings/outcomes:** | **Quality score** |
| 3 | Gray, et al. (2016)Australia | Review of Literature: Paediatrics | Narrative | n/a | Reported through three themes:Ineffective communication: Patient education and understanding of discharge instructions important factor to consider.Clinical Consensus: is needed to develop protocolsRole Definition & Coordination: improved through NLD | 35 |
| 4 | Mansbach et al(2015)USA | To examine the typical in-patient course and develop guidelines/criteria for the discharge of children<2 years of age. | Prospective, multi- year cohort study | 1,196ChildrenEmergencyBronchiolitis | **Safety:** the data showed that evidence based discharge criteria could be established to safely shorten length of hospital stay.**Quality:** Reduced variability of clinical practice.**Length of stay:** there is potential to reduce this, influenced by many factors in the course of care. | 35 |
| 5 | Bowen, et al. (2014)United Kingdom | NLD could improve efficiency of simple discharges without compromising safety | Prospective audit and re-audit  | 114 & 151AdultsElectiveOtolaryngology  | **Safety:** maintaining patient safety was the core feature of this study. An agreed protocol to assists a safe process. Competency based training & assessment is an essential component of safety.**Quality:** improves the efficiency of discharge and empowers nursing staff.**Length of stay:** reduced the rate of delayed discharges on the unit. | 34 |
|  | **Author, date and Country** | **Research Objective** | **Research approach**  | **Participants** | **Key findings/outcomes** | **Quality score** |
| 6 | Agency for Clinical Innovation (2014) Australia | A resource to support the implementation of criteria led discharge  | Taskforce | n/a | Conglomerate Toolkit of definition, checklists and guidance. Refers to Department of Health Toolkit (2004) | 25 |
| 7 | Gotz et al. (2014)UKAcute Medicine | To develop and evaluate nurse-led discharge criteria for a clinical decision unit in a large NHS Foundation Trust | Before and after study | 299AdultsEmergencyMedicineClinical Decision Unit | **Safety:** Staff felt the use of criteria facilitated a smooth and safe discharge for patients. Training was a key component of the process. Implementation process was thorough.**Quality:** reduction in delays for patients was favourable. The process of using nurse led discharge criteria has remained in use since study.**Length of stay:** A small reduction (not statistically significant from 20 hours to 18.26 hours was achieved. | 32 |
|  | **Author, date and Country** | **Research question or Objective** | **Research approach**  | **Participants** | **Key findings/outcomes** | **Appraisal of study and quality score** |
| 8 | Maher, P.(2014)Republic of Ireland | The feasibility of same- day discharge after angioplasty, with a particular emphasis on achieving safe patient outcomes.  | Pre-selected non randomised  | 401AdultsElectiveAngioplastySurgery | **Safety:** Using predefined clinical criteria it is possible to select and discharge patients same day following PVD and as safe a Physician led care. Technological advances have assisted the use of criteria led discharge in this group of patients. **Quality:** Criteria were highly effective in patient selection and enhance the quality of assessment. A training programme for nursing staff supported this work. **Length of stay:** same day (rather than next day) discharge was feasible | 30 |
| 9 | Graham, L. et al (2012)UK | To evaluate the influence of nurse specialist upon patient discharge following laparoscopic cholecystectomy and laparoscopic inguinal hernia repair.  | Retrospective cohort comparison | 128AdultsElective LaparoscopicSurgery | **Safety:** Readmissions rate overall was 2.3% (n=1) for nurse led discharge.**Quality:** Discharge via nurses, using criteria may speed up discharge time of discharge, following laparoscopic surgery.**Length of stay:** Patients discharged by nursing, especially following a morning list were significantly more likely to be discharged on day of surgery (17.2% vs 4.7%; p=0.023).  | 34 |
|  | **Author, date and Country** | **Research question or Objective** | **Research approach**  | **Participants** | **Key findings/outcomes** | **Quality score** |
| 10 | Lawton, L(2012)UK | The development and implementation of a nurse led discharge pathway and protocol for children ingesting a potentially toxic substance.  | Descriptive service development | ChildrenEmergencyMedicine | **Safety:** transparent process which aids safe decision-making.**Quality:** seen quickly and discharged hone with clear information. Improves children and parents experience.**Length of stay:** No data available. | 20 |
| 11 | Webster et al (2011)Australia |  | RCT | 131AdultsElective Mixed casesSurgery | **Safety:** is not specifically commented upon – future research proposed.**Quality:** Overall patient satisfaction was measured with no statistical difference found. Staff satisfaction reported on process issues with a low return rate for questionnaires (36.7%).**Length of stay:** Of the 131 patients admitted to the 23-h unit, only 82 (62.6%) were discharged by 0900 h. In the Protocol group 45 (78.9%) were discharged on time compared with 37 (50.0%) in the usual care group.  | 34 |
|  | **Author, date and Country** | **Research question or Objective** | **Research approach**  | **Participants** | **Key findings/outcomes** | **Appraisal of study and quality score** |
| 12 | Lees, L & Field A.(2011)UK | Factors influencing the process of implementation for nurse led discharge in an acute NHS Trust across 14 ward areas | Service improvement methodology  | 20 NursesElective and EmergencyMedicine and Surgery | **Safety:** an audit process prior to implementation would help to identify issues being addressed for before and after comparison.**Quality:** establishing Metrics at a local level will determine improvements in the process. **Length of stay:** no data discussed**Barriers and facilitators:** main exploration for this work. Process recommendations were made. Leadership from within the ward team suggested. | 35 |
| 13 | Gibbens, C.(2010)UK | Audit of current discharge practice, implementation of nurse facilitated discharge  | Service development (audit and re-audit) | 104ChildrenElectiveSurgery | **Safety:** Acknowledged this was an extended skill and training was provided. No specific work on safety.**Quality:** Introducing nurse facilitated discharge process has improved the patient and family experience. It has empowered staff.**Length of stay:** reduced waiting time to be discharged and improved patient flow were the quality outcomes.  | 33 |
|  | **Author, date and Country** | **Research question or Objective** | **Research approach**  | **Participants** | **Key findings/outcomes** | **Quality score** |
| 14 | Robins, G et al.(2007)UK | To audit the safety of protocol driven early discharge policies. | RetrospectiveAudit | 120 & 74AdultsEmergencyUpper GIMedicineClinical Decision Unit | **Safety:** Patients with low risk acute upper GI bleeding can be managed safely by a nurse led process driven protocol, proved blood results are available for review. Nurse led discharge is safe, if supported by follow up clinic.**Quality:** reduces the tine the patients spend in hospital.**Length of stay:** use of the protocol enables discharge in less than 24 hours with some less than 12 hours. | 32 |
| 15 | Kasthuri et al. (2007)UK | To audit the safety of day- case peripheral arterial intervention using criteria for nurse led admission, discharge and follow up. | RetrospectiveAudit | 183AdultsElective and EmergencySurgery | **Safety**: The criteria used had five exclusion criteria based on patient safety aspects of care. Complications noted in 1% of patients where protocol was used. To support the whole process a broad range of skills are needed, attributed to that of a specialist nurse.**Quality:** Day-case procedures of this type required significant procedural support from specialist nursing.**Length of stay:** the aim was achieve day case interventions for patients, only achieved in 33% of patients due to a variety of reasons. | 31 |