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  Emergency  Surgery | **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 protocols  Role 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 | 1,196  Children  Emergency  Bronchiolitis | **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 & 151  Adults  Elective  Otolaryngology | **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)  UK  Acute Medicine | To develop and evaluate nurse-led discharge criteria for a clinical decision unit in a large NHS Foundation Trust | Before and after study | 299  Adults  Emergency  Medicine  Clinical 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 | 401  Adults  Elective  Angioplasty  Surgery | **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 | 128  Adults  Elective  Laparoscopic  Surgery | **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 | Children  Emergency  Medicine | **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 | 131  Adults  Elective  Mixed cases  Surgery | **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 Nurses  Elective and Emergency  Medicine 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) | 104  Children  Elective  Surgery | **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. | Retrospective  Audit | 120 & 74  Adults  Emergency  Upper GI  Medicine  Clinical 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. | Retrospective  Audit | 183  Adults  Elective and Emergency  Surgery | **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 |