



Non-hospital Medical and Surgical
Facilities Accreditation Program

ACCREDITATION STANDARDS

Discharge

Copyright © 2026 by the Non-hospital Medical and Surgical Facilities Accreditation Program and the College of Physicians and Surgeons of British Columbia.

All rights reserved. No part of this publication may be used, reproduced or transmitted, in any form or by any means electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system or any nature, without the prior written permission of the copyright holder, application for which shall be made to:

Non-hospital Medical and Surgical Facilities Accreditation Program
College of Physicians and Surgeons of British Columbia
300-669 Howe Street
Vancouver BC V6C 0B4

The Non-hospital Medical and Surgical Facilities Accreditation Program and the College of Physicians and Surgeons of BC has used their best efforts in preparing this publication. As websites are constantly changing, some of the website addresses in this publication may have moved or no longer exist.

Introduction

The safety of medical and surgical procedures performed in the non-hospital setting is dependent on the appropriate discharge of patients to their home environment.¹ Discharge to the home environment must be based upon appropriate discharge criteria and requires that the patient is able to reasonably ambulate in order to manage at home.¹

Discharge

No.	Description	Reference	Risk	Change	Asmt.
DISC1.0	DISCHARGE				
DISC1.1	All patients are appropriately prepared for discharge from PACU and/or overnight stay.				
DISC1.1.1	<p>M An order for discharge is written by the most responsible physician.</p> <p>Guidance: In accordance with the National Association of PeriAnesthesia Nurses of Canada, a written directive by a physician is required for patient discharge. Therefore, the most responsible physician (e.g. anesthesiologist, surgeon) is responsible for writing a discharge order. The decision to discharge, using an objective discharge scoring system, can be made by the RN.</p>	1, 2, 3	L	Rev-Guidance	F
DISC1.1.2	<p>M Other patient specific discharge criteria are met prior to discharge.</p> <p>Guidance: Examples of other discharge criteria include obstructive sleep apnea, voiding and criteria for safe discharge home such as ability to ambulate. Patients who possess one or more at-risk- criteria must void post-operatively prior to discharge. Patients who do not possess any of the at-risk criteria are not required to void prior to discharge. At-risk criteria includes history of urinary retention, following a gynecological, spinal, rectal or urological procedure, post-spinal/epidural anesthesia, older male patients.</p>	1, 4, 5	H	Rev-Guidance	F

No.	Description	Reference	Risk	Change	Asmt.
DISC1.1.3	<p>M Discharge instructions are reviewed with the patient.</p> <p>Guidance: Discharge teaching/instructions include but are not limited to: general instructions (e.g. pain, fever, driving restrictions), patient specific instructions (e.g. type of surgery, anesthesia, drain/catheter care, awareness of potential complications (e.g. bleeding, fever, urinary retention) and steps to take), management of post-operative pain, nausea and vomiting, medication instructions (e.g. resuming medications), follow-up care (e.g. appointments, telephone calls), accessing emergency care (e.g. name and telephone number of surgeon and/or designate, non-hospital facility, hospital, other), notifying the facility of any reportable incidents as per the CPSBC Bylaws. Discharge instructions should also be reviewed with the patient’s post-operative care giver.</p>	1, 2	M	Rev-Guidance	F
DISC1.1.4	<p>M Written discharge instructions are provided to the patient.</p>	1, 2	H		P, F
DISC1.1.5	<p>M Patients are accompanied from the facility by a responsible adult and if not accompanied by a responsible adult, the patient is assessed for discharge suitability by the most responsible physician (e.g. anesthesiologist, surgeon) just prior to being discharged.</p> <p>Guidance: It is recommended that patients be accompanied from the facility by a responsible adult. However, there may be circumstances when this is not always possible. In circumstances where patients are unable or unwilling to arrange accompaniment from the facility by a responsible adult, additional measures are taken. These additional measures include but are not limited to an assessment by the most responsible physician (e.g. anesthesiologist, surgeon) to determine whether the patient’s cognitive and physical parameters exceed minimum discharge requirements and that the patient can function independently and whether the transportation method chosen by the patient is acceptable. The physician must document their assessment and confirm the patient’s suitability for discharge. The decision to discharge the patient without a responsible adult and/or the assessment for discharge suitability without a responsible adult may not be assigned to the RN.</p>	1, 2	H	Revised	P, F

No.	Description	Reference	Risk	Change	Asmt.
DISC1.1.6	<p>M Patients are assisted from the facility to their transportation, as appropriate.</p> <p>Guidance: In addition to being accompanied by the responsible adult, it may be appropriate for a staff member to accompany the patient to their transportation and use of a wheelchair may be indicated.</p>	1	M	NEW	F
DISC1.2	<p>Policies and procedures contain all the information necessary for the safety of patients, staff and visitors.</p> <p>Guidance: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility.</p>				
DISC1.2.1	<p>M There is policy and procedures for patient discharge home.</p> <p>Guidance: Discharge policy and procedures outline discharge criteria, post-operative instructions and accompaniment from the facility.</p>	1, 2	L		P, F

References

1. National Association of PeriAnesthesia Nurses of Canada. Standards for practice. 5th ed. Ottawa, ON: National Association of PeriAnesthesia Nurses of Canada; 2023. 190 p.
2. Dobson G, Chau, A, Denomme J, Frost S, Fuda G, McDonnell C, et al. Guidelines to the practice of anesthesia - revised edition 2024. Can J Anaesth [Internet]. 2024 [cited 2024 Oct 29];Jan;71(1):8-54.
3. American Society of Anesthesiologists Committee on Standards and Practice Parameters. Standards for postanesthesia care [Internet]. Washington (DC): American Society of Anesthesiologists; 2004 Oct 27 [updated 2024 Oct 23; cited 2024 Oct 29]. 3 p.
4. National Association of PeriAnesthesia Nurses of Canada. Standards for practice. 3rd ed. Oakville, ON: National Association of PeriAnesthesia Nurses of Canada; 2014. 422 p.
5. American Society of Anesthesiologists Task Force on Perioperative Management of patients with obstructive sleep apnea. Practice guidelines for the perioperative management of patients with obstructive sleep apnea: an updated report by the American Society of Anesthesiologists Task Force on Perioperative management of patients with obstructive sleep apnea. Anesthesiology [Internet]. 2014 Feb [cited 2024 Oct 29]; 120(2):268-86.

Revision history

Date	Revisions
March 19, 2015	Original publication (version 1.0) (published April 2015)
December 30, 2017	Bylaws change program name to NHMSFAP (no content changes) (version 1.1)
September 6, 2018	Substantial changes to content and format (version 2.0) (published September 18, 2018)
August 16, 2022	Formatting (no content changes) (version 2.1)
March 24, 2023	College rebranding (no content changes) (version 2.2) (published March 24, 2023)
November 27, 2024	ISQuaEEA Logo (no content changes) (version 2.3) (published November 27, 2024)
March 21, 2025	Revision (version 3.0) (approved February 26, 2025) (published March 21, 2025) <ul style="list-style-type: none"> • Revised guidance 1.1.1 editorial changes only • Revised guidance 1.1.2 adding safe discharge home considerations to other discharge criteria • Revised guidance 1.1.3 that discharge instructions should also be reviewed with the patient’s postoperative care giver • Revised criterion 1.1.5 to clarify physician responsibility when the patient is not accompanied home by a responsible adult to assess the patient just prior to being discharged and guidance revised to add required physician documentation • New criterion 1.1.6 requires patients be assisted from the facility to their transportation, as appropriate • Reference list updated • Risk added

Date	Revisions
April 1, 2026	Transcribed to new template (no content changes) (version 3.1)