

# Nurse Facilitated Discharge: nine years on from the CNO 10 Key roles for Nurses.

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# 2000

- The great race

Be the first  
To do the best  
To do more  
And

To do it yesterday

- .... Then we all settled down .....

# 2001

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# 2002 and 2003

## Discharge training needs analysis tool

NAME.....

GRADE.....

WARD.....

	Have you received training?			If yes, was training adequate for your needs?			Do you feel require any further training?			Are you competent to train others?	
	Yes	No		Yes	No		Yes	No		Yes	No
<b>Corporate Aspects</b>											
<b>Awareness of Trust discharge policy</b>			1			1			1		
<b>Accessing Discharge Lounge</b>			2			2			2		
<b>Understand how to access Bed Managers</b>			3			3			3		
<b>Understand how to report bed availability on ward</b>			4			4			4		
<b>Ability to predict possible bed availability on ward</b>			5			5			5		
<b>Understand use of Traffic light system on ward</b>			6			6			6		
<b>Reporting Delayed discharges on ward</b>			7			7			7		
<b>Completing Section 2 and Section 5</b>			8			8			8		
<b>Participate in repatriation of patients to base wards</b>			9			9			9		

2004

# Competency

## Estimating expected date of discharge

Undertake a full assessment of patient

Demonstrate excellent knowledge of the clinical condition and interventions required

Review and revise the EDD based on further assessments & evidence

Estimate LOS needed to complete treatment to a level where patient is clinically fit for discharge

3. Advanced practitioners (Expert)

# 2004



## Achieving timely 'simple' discharge from hospital

A toolkit for the multi-disciplinary team

We are sure that you will find this toolkit useful. We welcome your feedback and comments about it so that we can continue to make sure that we are providing you with appropriate support. You can email the Emergency Care team at [emergencycare@dh.gsi.gov.uk](mailto:emergencycare@dh.gsi.gov.uk)

Sarah Mullally  
Chief Nursing Officer  
August 2004

Professor Sir George Alberti  
National Director Emergency Care

*Achieving timely 'simple' discharge from hospital: A toolkit for the multi-disciplinary team* 3



2004

# TrustNews

YOUR STAFF NEWSPAPER

November 2004 Number 39

## Nurse-led discharge service evaluated

NURSES work with patients 24 hours a day and can identify when someone has reached a stage when they would benefit from leaving the hospital.

A new initiative trialled by the Trust is the Nurse-Led Discharge service. A series of questions must be answered to help manage the patient's discharge in an individual patient plan.

The initiative is being closely evaluated to see what impact it has on patient care and the benefit reduced discharge waiting times have on the successful running of various departments.

The program has been carefully designed and is fully endorsed by the doctors. The benefit to doctors is more time with the treatment

and assessment of patients and a generally smoother discharge.

Matron Dawn Brannan said: "The idea is to make sure patients do not spend any time unnecessarily waiting to be discharged. In some cases patients benefit greatly from leaving hospital to the familiarity of their own surroundings."

Training and development for the program has already started, however the full integration is expected to be rolled out to common practice shortly.

"All nurses will be given clear guidelines so they know what to do before discharge. There are regimented forms and procedures which must be adhered to," Matron Brannan added.

# 2004


CNO Bulletin 32 - September 2004 : The Department of Health - Pubs and stats: Bulletins - Microsoft Internet Explorer

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## Improving discharge planning

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A toolkit to reduce delays in discharging patients from hospital is now available.

Achieving timely 'simple' discharge from hospital focuses on the practical steps that nurses, matrons and other healthcare staff can take to improve discharge.

It provides practical advice, fact sheets, and a 10-step guide to improving discharge processes.

At least 80 per cent of discharges are classified as 'simple', meaning patients have relatively straightforward health needs that do not require complex planning.

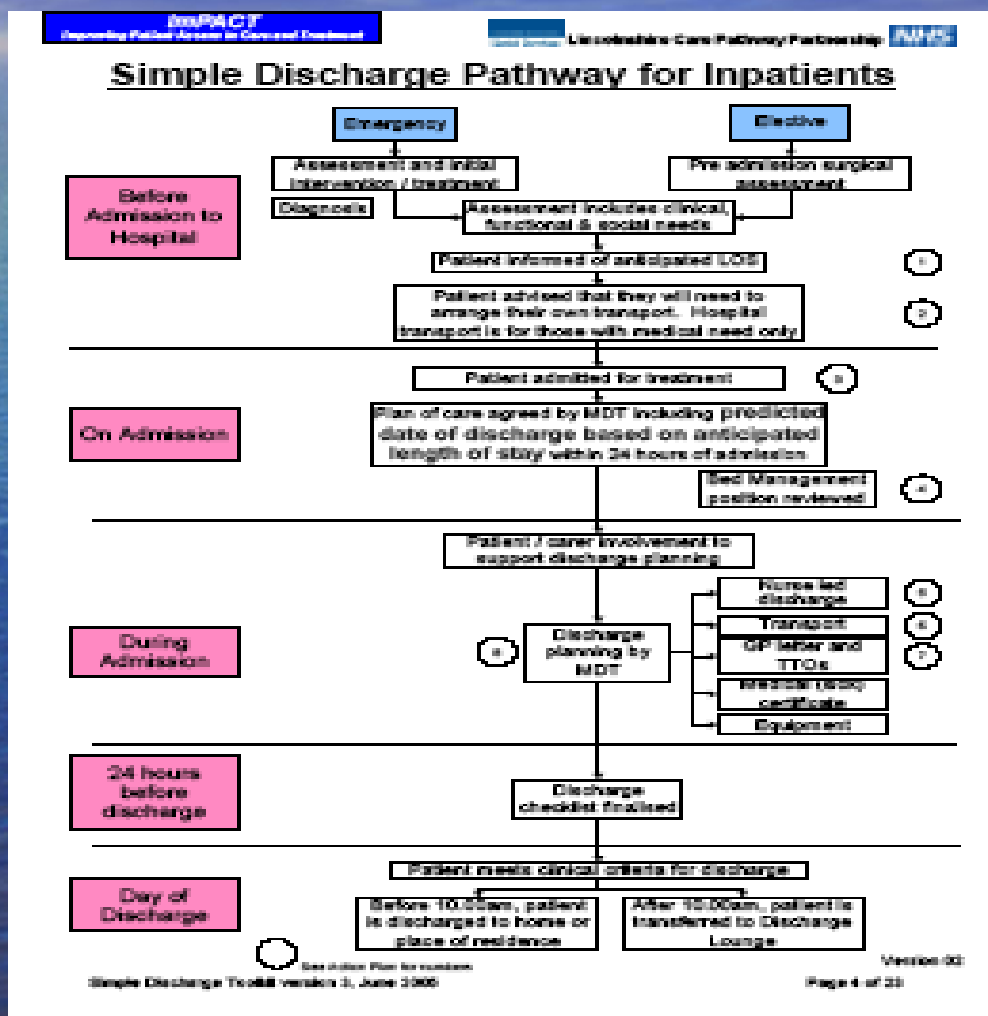
Key points for reducing delays include:

- all patients should have a treatment plan within 24 hours of arrival
- an expected date of discharge should be set within 24 hours of arrival or, in many cases, before admission for elective patients
- the expected date of discharge should be reviewed against the treatment plan daily and changes discussed with the patient
- ward rounds should be scheduled in a way that allows a daily senior clinical review of all patients.

Case studies of good bed management are also included in the resource. For instance, a nurse-led service at Calderdale Royal Hospital has cut delayed discharges.

Done Internet

# 2005



## Innovative practice: Implementing nurse led discharge in an acute/general medical ward

K Flanagan, B Harrison, D Randhawa, K Turnbull, N Walsh, K Manning & M Edmunds

Department of Acute Medicine, University Hospitals Coventry and Warwickshire NHS Trust,

**Correspondence:** Kiran Flanagan - E-mail: kieran.flanagan@heartofengland.nhs.uk

	ALL	APPROPRIATE	NOT APPROPRIATE
Total number of patients	102	75%	24%
Mean LOS (days)	3.9	3.5	5.6
% LOS <7days	<b>84%</b>	92%	73%
Time to nurse led care (days)	2.3	2.1	7
Discharged	75%	87%	39%
Nurse led discharge	<b>75%</b>	79%	44%

### *Conclusion*

Initial results support the concept that implementation of nurse led care and discharge can be achieved on an acute / general medical ward. Using agreed admission criteria, a transfer of care procedure, nurse led ward rounds and a proactive discharge policy the target length of stay was successfully applied in the majority of cases. Further data analysis and re-audit is underway.

2007

***Can Gerry Robinson Fix The NHS?***

Management guru, Gerry Robinson faces his biggest challenge - to reduce hospital waiting lists.

**Doctors/Consultants**

**A troublesome lot**

2007

## Nurse Facilitated Hospital Discharge



edited by **Liz Lees**

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# 2008

- To facilitate a multidisciplinary approach to discharge for patients who can be classified as simple discharges, which can be met without complex planning and delivery, formalising the nurse role.
- The purpose of this document is to provide a framework for the appropriate level of nurse, to facilitate (as part of the Multidisciplinary Team) patient discharge effectively, timely and safely across the Trust, supported by condition-based care bundles/pathways.

# 2008:

## A little bit of evidence from me

- Lees, L., Dyer, P., (2008) **Why patients self discharge**. Nursing Management, Vol.15, No 2, pp., 22 – 26.
- Lees, L (2008) **Estimating Patients Discharge Dates**: applied leadership, Nursing Management, Vol.15, No 3, pp., 30 - 35.
- Lees, L., Longmore, A. Price, D. (2008) *Developing discharge practice through education: evaluating the success of a discharge planning programme in practice* (**in press** to Nurse Education in Practice, Elsevier publishers)
- Lees, L. *Setting the standard for assessments in acute medicine: weight for a purpose* (in Press to Nursing Standard December 2008).

# And what will happen in 2009?

## England:

Policies and Protocols are needed but... make the links between Estimated Dates of Discharge and other supporting processes parallel with and integrated to Nurse Facilitated Discharges.

## Wales:

Welsh Assembly announced cuts in beds and funding for older population together with new ways of working.

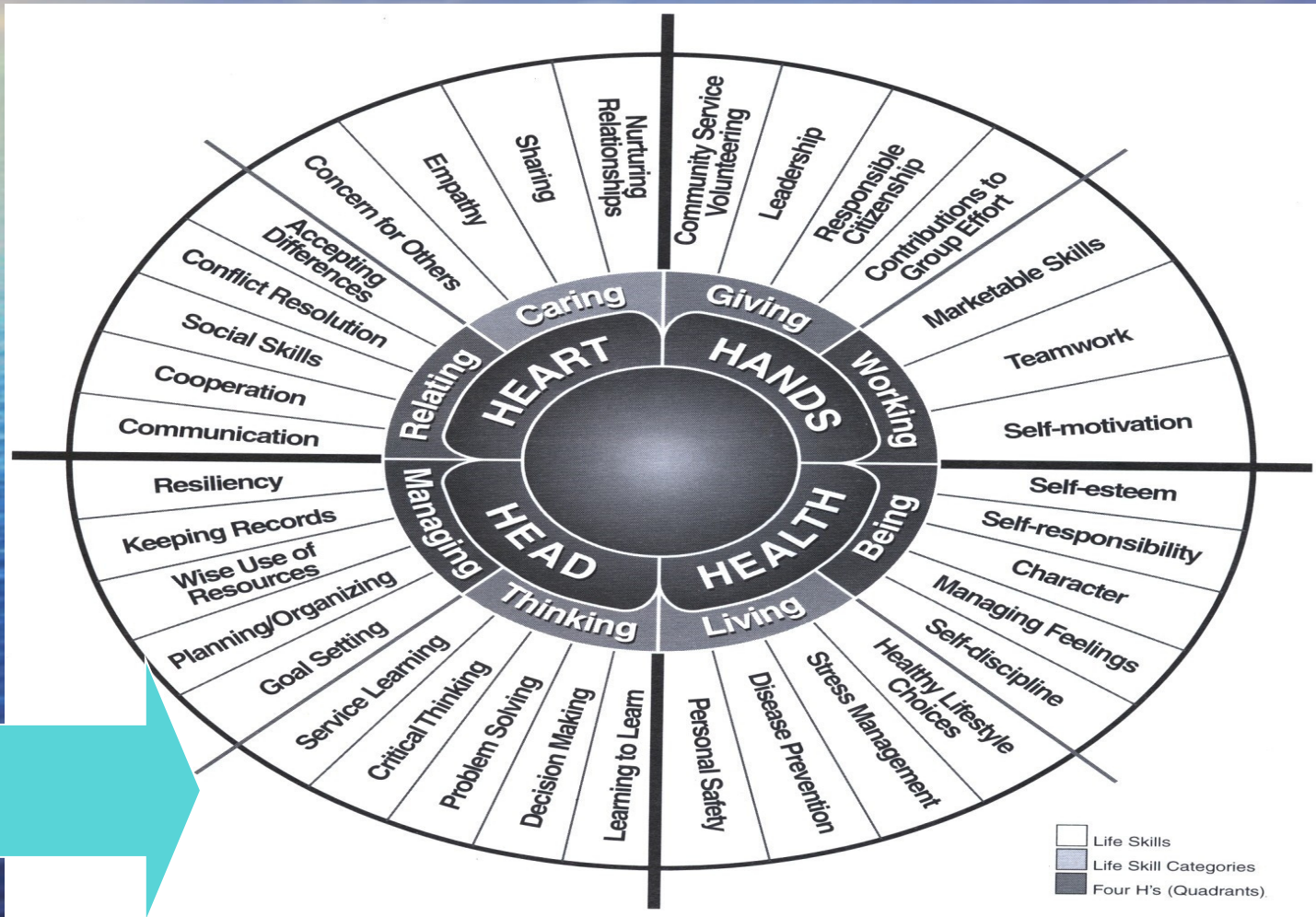
## Northern Ireland:

Announced they are going to make Nurse Facilitated Discharge a national priority for 2009.

## Republic of Ireland:

Have written National Discharge Planning Standards – due to be launched April 2009, incorporating Nurse Facilitated Discharge.

# Raising the profile



# Pulling it all together

1. Evidence to support development
2. Explicit Trust Policy ( & Community)
3. Knowledge and skills
4. Education
5. Critical Links:
  - Estimated date of discharge
  - Nursing management plans
  - Ward Rounds
  - Transparent process for discharge

# And finally!

- Antecedents
- Critical attributes
- Consequences

*'The ladder of success is best climbed by stepping on the rungs of opportunity'*