

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Protocol for Nurse Led Discharge

Effective From: May 2011

Review Date: May 2014

### 1. Purpose of this Protocol

To provide a firm foundation on which Clinical Directorates can take forward Nurse Led Discharge within Clinical areas and to support the Trust's [Discharge Policy](#).

There are several advantages to nurse led discharge:

- It promotes effective inter-disciplinary working
- It makes effective use of nursing knowledge and skills
- It allows patients to be discharged as soon as they are ready
- It increases bed availability through prompt discharge

### 2. Objectives

- To expedite safe and effective patient discharge that meets the needs of patients and significant others
- To promote interdisciplinary team working
- To include the community teams in complex discharge planning by inviting them to attend case conferences
- To utilise the knowledge and skills held by the nursing teams
- To reduce the patients length of stay and avoid untoward delays in discharge and maximise use of the Trusts bed capacity

### 3. To whom the protocol applies

All nurses authorised to discharge must be a level one registered nurse employed by this Trust.

Nurses authorised to discharge must also;

- Have successfully completed Directorate level training for nurse led discharge and be deemed as competent to undertake the role by their line manager,
- Accept accountability for their practice,
- Maintain up to date knowledge and skills within their clinical field,
- Be familiar with and demonstrate an understanding of the following appropriate documents,
- NMC Code of Professional Practice 2008,
- The Newcastle upon Tyne Hospitals NHS Foundation Trust Discharge Policy 2010.

#### **4. To whom the protocol DOES NOT apply**

Non-qualified nursing staff and/or qualified nursing staff who have not yet met the necessary competencies and those working out side of their clinical area of expertise.

#### **5. Criteria for nurses to undertake discharge**

The registered nurse must have:

- The ability to assess and make critical decisions regarding nurse led discharge following training and competency assessment.
- At least two years post registration clinical nursing experience.
- The support of their manager, senior ward nurse and lead clinician to confirm that:
  1. Directorate specific protocols and patient criteria have been developed, agreed and in operation.
  2. Nurses may only discharge patients from the ward or setting in which they hold clinical responsibility.
  3. They will be supported by the multi-disciplinary team.

#### **6. Training & Competency**

Nurses preparing for this role will undertake a Directorate specific preparation, which will include:

- Learning in practice including the provision of supervision, support and opportunities to develop competence in Nurse Led Discharge practice.
- These competencies will be successfully completed and authorised by their manager during assessment and review process. See attached 'Discharge Planning Skills Matrix'
- Nurses under-taking this role will have a professional responsibility to maintain their knowledge of good practice and of co-ordination and communication with the multi-disciplinary team
- The nurse holds a responsibility to inform their line manager of any reduction in confidence and/or competence of their ability and will not carry out nurse led discharge until they have been reassessed and are deemed competent.

#### **7. Framework**

- Following competency assessment the relative Directorate/Line Manager will authorise those nurses deemed competent following Directorate level training.
- Nurses may discharge patients where it has been clearly documented that no further medical review is required, before discharge.
- It is the responsibility of the registered nurse to ensure that all details of the discharge are within the agreed Directorate guidelines and clearly documented within the patient medical records as per the NMC Standards for records and record keeping

## **Guidelines for taking forward Nurse Led Discharge**

1. Directorate based nurse led discharge group members should include Lead clinician, Directorate Manager, Senior Nurse and motivated/interested staff nurse.
2. Agree a timeline for work planning, implementation, review and audit processes.
3. Determine the procedures and/or clinical fields in which Nurse Led Discharge could be successfully initiated.
4. Draw up the competencies which would be required.
5. Describe the criteria which would be essential for the nurses to adhere to. See attached template.
6. The group should address the following:
  - staff selection
  - training/assessment
  - re-assessment
  - tools to support this process (e.g. skills matrix)
7. Implement the process
8. Audit patient satisfaction, re-admission/failed nurse led discharge, and impact on length of stay and/or ward utilisation.
9. React to audit outcomes.



**Newcastle upon Tyne Hospitals NHS Foundation Trust****Nurse Led Discharge Form** (to be completed with patient prior to discharge)**Directorate:****Hosp:****Ward:****Name of procedure/diagnosis:**

Patient's GP

Surname	MRN
Forename	D.O.B. DDMMYYYY
NHS No.	Sex. Male/Female
Address	
Post Code	

<b>Inclusion Criteria for nurse led discharge</b>	<b>Satisfactory</b>	<b>Comments</b>
• Tolerating diet and fluids	Y / N	
• Temperature within normal range for individual	Y / N	
• Pulse within normal range for individual	Y / N	
• Blood Pressure within normal range for individual	Y / N	
• Voiding urine without difficulty	Y / N	
• Post operative instructions given verbally (and in writing where appropriate)	Y / N	
• Nurse Led Discharge patient checklist completed	Y / N	
<b>Additional criteria set by Consultant</b>		
	Y / N	
	Y / N	
	Y / N	
	Y / N	

Expected Date of Discharge: \_\_\_/\_\_\_/\_\_\_ Date of Discharge: \_\_\_/\_\_\_/\_\_\_

Discharge nurse Signature \_\_\_\_\_ Print Name: \_\_\_\_\_

Date completed \_\_\_/\_\_\_/\_\_\_ Time completed \_\_\_\_:\_\_\_\_

Designation \_\_\_\_\_

I \_\_\_\_\_ (Patient Signature) have completed the discharge form with the nurse, and confirm that I am able to go home and am fully aware of all instructions given.

**Copy to be stored in medical record when complete.**

**Nurse Led Discharge Patient Checklist** (In order that patients can be discharged efficiently and effectively, please ensure that all relevant parts of the checklist have been completed).

Hosp \_\_\_\_\_ Ward \_\_\_\_\_

Date of admission \_\_\_/\_\_\_/\_\_\_

Anticipated date of discharge \_\_\_/\_\_\_/\_\_\_

Date of discharge \_\_\_/\_\_\_/\_\_\_

Surname	MRN
Forename	D.O.B. DDMMYYYY
NHS No.	Sex. Male/Female
Address	
Post Code	

To be completed by member of staff responsible for discharge	Date	Y/N/ NA	Comments
Is the wound clean and dry			
Is pain adequately controlled			
Are there any outstanding medical instructions/Interventions			
Patient informed of planned discharge date			
Any on-going care needs discussed with family/carer			
Prescription sent to pharmacy 24 hrs before discharge (where possible)			
If Social Services involved has referral been completed/activated			
Have all follow up appointments been made			
Preparation for discharge complete (please tick when checked): Heating <input type="checkbox"/> Food <input type="checkbox"/> Keys available <input type="checkbox"/> Home care <input type="checkbox"/> Meals at home <input type="checkbox"/> Clothes available for discharge <input type="checkbox"/>			
Transport arranged: (please circle) Own Transport/Ambulance			
Patient Information Provided			
Community nurse informed of discharge if appropriate (please state name)			
Discharge letter sent to G.P (Please state if this letter has been completed by nursing staff).			
Copy of discharge letter filed in notes			
Copy of discharge letter given to patient (if requested)			
Discharge medication explained and given to patient			
Medication brought into hospital returned to patient			
Nurse Led Discharge Form completed			
All personal possessions returned to patient			
All relevant clinical documentation filed in notes			

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Job title \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Copy to be stored in medical record when complete.**

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Protocol for Nurse Led Discharge	Policy Author:	Dot Kyle
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)	no	
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	no	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	no	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?	No	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	No	
4(d).	Can we reduce the impact by taking different action?	no	

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b>
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Name and Designation of Person responsible for completion of this form: ..... Dot Kyle, Patient Services ..... Date: ..... 10/08/2011 .....

Names & Designations of those involved in the impact assessment screening process: ..... Dot Kyle, Patient Services .....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*