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NURSE-LED DISCHARGE – YES WE CAN!

Clinical Issue

Our hospitals are tasked with stretching limited financial and physical resources to meet the varied and increasing health needs of our communities, (Moore, Drew, Love, & Whelan, 2016). On the wards, there can be pressure to have patients reviewed by the medical team prior to the weekend, as if they are not discharged on the Friday, they likely remain for the duration of the weekend. Elective surgeries are vulnerable to being cancelled or postponed at the last minute, if there isn't a post-operative bed space available on the relevant ward. Registered Nurses are qualified health professionals, and are more than capable of succeeding with increased autonomy and responsibility.

Research Question

What impact do Nurse-Led Discharge (NLD) Protocols have on the length of stay for inpatient settings?

Literature Review

- A retrospective study on NLD following laparoscopic hernia repair or cholecystectomy, showed patients being up to three times as likely to be discharged on the day of surgery, without compromising patient safety, (Graham, Neal, Garcia, Lloyd, Robertson, & Sutton, 2012).
- Other studies have commented on the implementation and continual improvement of an appropriate protocol for NLD, showing a significant decrease in the rate of delayed discharge, and that none of the patients discharged through this process were subsequently readmitted (Bowen, Kumar, Howard, & Camilleri, 2014). This in turn releases time to care for nursing staff, and narrows the disparity between bed capacity and demand on the ward.
- Development & implementation of an NLD protocol led to shorter average stays in hospital, lower costs, improved time to treatment, and an increase in patients and their parents/ guardians reporting an improved experience of the emergency service, (Lawton, 2012).
- Strong support was shown across a busy cardio-thoracic team for the implementation of NLD; Doctors felt it gave them more time to be proactive in their approach, and give better treatment to more patients, (Sandler, 2007).

Conclusion

NLD has been shown to reduce the length of stay as an inpatient in the hospital setting, with many resultant benefits, namely decreased cost, improved patient and staff satisfaction, and acknowledging & utilising nurses' clinical judgement & training. Importantly, it has also been proven not to compromise patient safety, with no increase in mortality or readmissions indicative of its appropriate use.

Implications

- ° NLD leads to shorter stays in hospital, in both emergency and inpatient settings.
- ° Patient safety is not compromised by NLD.
- ° Patients report improved satisfaction with hospital services.
- ° Nursing and Medical staff are supportive of NLD, and have increased job satisfaction.
- ° Specific protocols for NLD need to be established, with appropriate consultation.

Recommendations

- Implement NLD initially into areas where its success has already been shown in other hospitals.
- Develop specific protocols for the situations in which NLD is an appropriate option.
- Establish multi-disciplinary teams to create a robust system, which has the buy-in and valuable input of nurses, doctors, and allied health professionals.
- Monitor, review and continually improve any NLD protocols that are put into place.
- Ensure that experienced and senior nursing staff receive appropriate training to discharge patients confidently and safely.

"So never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard seed germinates and roots itself" Florence Nightingale

References

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Rationale

I have made the decision to present the information from my literature review as a poster for a number of reasons. The poster will be accessible to a broad audience, is visually appealing, and contains only the key points from my literature search, so is able to communicate a large amount of information in a simple way. I am looking forward to the opportunity to present my poster, as studies have shown that the presence of the author makes a poster a particularly effective way to convey information (Ilic, & Rowe, 2009). In the construction of the poster, I have utilised many of the important recommendations made by Miller, (2007). Ensuring the poster focuses only on the key points of my literature review, positing information in a logical flow, using bright and engaging colours that are easy to read over and do not detract from the message. I want the take-home message for people who view my poster to be that Nurse-led Discharge is beneficial in many hospital situations, and its appropriate adoption should be part of any modern hospitals' continual improvement strategy.

PECOT

Researcher Rod Jackson's PECOT Model of gathering information pertaining to epidemiological study data (Jackson, 2014), was refined to review the clinical issue of how nurses could influence safe, early discharge, without compromising treatment efficacy or patient satisfaction. PECOT stands for Population, Exposure (intervention), Comparison/ control, Outcome, & Time, and serves as a guide to structure identified clinical issues into a specific research question (Jackson, 2014).

Population: Initially, the focus was on research specific to the New Zealand context, however a paucity of available information led to a broadening of the search to include relevant international articles. There were not a sufficient quantity of articles to be able to specify a particular population for the literature review; as such studies reviewed encompass a broad spectrum, from paediatric emergency department presentations, to older adults following surgical intervention.

Exposure: Articles with a focus on nurse-led discharge from the hospital were reviewed for this discussion. Literature relating to Nurse-led discharge from high dependency units to the ward was discounted from examining for this review, as the focus of this search was discharge from hospital to home or residential care.

Comparison/ Control: Studies that examined specific nurse-led discharge in comparison to traditional medical discharge protocols, were examined to gather information regarding the safety and efficacy of nurse-led discharge, and acted as an appropriate control group.

Outcome: The research question was initially going to be focused upon the effect that nurse-led discharge has on length of stay; the initial literature search returned a number of articles that made mention of cost reduction, improved client satisfaction so results regarding these have been included in the review also.

Time: It eventuated that there was not sufficient information available to be able to discriminate between patient groups based upon the length of time they were in hospital for this study; if formal research was being undertaken rather than this literature review, it would be appropriate to include a timeframe, for example patients who presented at the emergency department within the 6 hours prior, or who have had a post-surgical stay of at least 5 nights, as these groups have quite different needs and requirements.

Much of the literature returned by searching "nurs+led+discharge" brought results related to post-discharge programmes being run by nurses, either in community, primary care, or hospital settings, and needed to be excluded from this review as it did not contain information pertaining to nurse-led discharge.

References

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