The Implementation of Nurse Facilitated Discharge in Paediatrics

**Keywords:** Paediatric nurse facilitated discharge, multidisciplinary, paediatric discharge process, empowerment, practice development

**Duration of Project:** November 2012 - February 2014  
**Date Submitted for Publication:** July 2014

**Project Leader:** Natalie Greenaway, Staff Nurse  
**Contact Details:** natalie.greenaway@setrsut.hscni.net

**Project Team:** Rachel Boyle, Staff Nurse; Eileen Scott, Deputy Ward Sister

Supported by the Foundation of Nursing Studies Patient First Programme, in partnership with the Burdett Trust for Nursing

**Summary**

Maynard Sinclair Ward is an acute, twenty bedded paediatric medical ward providing care for children from 0 to 14 years, with acute short term and chronic medical conditions in the Ulster Hospital, Northern Ireland. The discharge process on the ward is often delayed by waiting for the medical staff to review the child and agree that he/she is well enough to go home. This leads to continued frustration for parents wanting to get their child home as soon as possible. Medical staff are often delayed caring for sick children in the Accident and Emergency department, meaning that on occasions, families are being discharged at inconvenient times. The project team felt that these delays could have been avoided if nurses were able to undertake the role of discharging patients, thus improving the hospital experience for the children and their families.

The aim of the project was to introduce nurse facilitated discharge under clear guidance from the medical staff and within a clear protocol. The methods and approaches used within the project were staff questionnaires, collection of parent and child stories and workshops for nursing staff to look at developing the role and the ward working practices. A steering group was formed to oversee the project and the project team presented the project at the medical directorate meeting.

Following the development of key documentation, nurse facilitated discharge was introduced in November 2013 as a six month pilot. The process involved the medical team identifying patients suitable for nurse facilitated discharge and clearly defining criteria to be met along with an appropriate time frame for attainment thus allowing the nurses to facilitate the discharge. Following introduction of nurse facilitated discharge the total number of nurse facilitated discharges was collected and the comparison was made against the total number of discharges for the six months. In this time, 46/1112 children had their discharge facilitated by the nursing team. Feedback from parents and staff has been very encouraging and has resulted in more timely discharge of patients with improved patient satisfaction. This has in turn
reduced the workload for medical staff. It is hoped to continue to refine the process over the coming months and look at rolling nurse facilitated discharge out to other wards in the paediatric unit. The project team feel that the methods used to engage staff and parents alike have contributed to the success of the project.

Introduction
The Chief Nursing Officer’s ten key roles for nurses and midwives, (Department of Health, 2000) elevated the awareness of discharge processes in nursing. It highlighted the importance of well-planned discharge processes to ensure the smooth running of the modern National Health Service. The National Service Framework for Children, Young People and Maternity Services, (Department of Health, 2007) further developed this awareness by identifying that discharge planning should be considered throughout a patient’s hospital admission, with the expectation that discharges should be smooth, timely and developed in partnership with children and their parents.

Maynard Sinclair Ward is an acute, twenty bedded paediatric medical ward providing care for children from 0 to 14 years, with acute short term and chronic medical conditions in the Ulster Hospital, Northern Ireland. The discharge process on the ward is often delayed by waiting for the medical staff to review the child and agree that he/she is well enough to go home. This leads to continued frustration for parents wanting to get their child home as soon as possible and staff who are carrying out discharges at inconvenient times. A recent patient satisfaction survey highlighted issues and delays with the discharge process. One parent stated ‘on the morning ward round, the doctor indicated we may get home that day. Then no doctor came back. I asked at 5pm and was told that doctors were all busy in the Accident and Emergency (A&E) department. No wonder beds become blocked - I understand emergencies come in but there should be at least one doctor available to do discharges. Hopes built up then dashed.’

A baseline collection of data looking at waiting times for discharge, carried out over a three month period similarly highlighted some significant delays in discharges of patients awaiting medical review. In all cases there were sick children in A&E whose care had to be prioritised. This collection of data and the continued frustration of nursing staff, led the team to consider the implementation of nurse facilitated discharge to improve the hospital experience for children and their families.

Through careful preparation and a systematic, detailed approach to implementation, it was anticipated that nurse facilitated discharge would provide the following benefits to the child, their parents and the organisation:

- Reduced waiting time for child and parent waiting to go home
- Child and parent stay in hospital is only as long as is necessary
- Increased flexibility in discharge times giving child and parents a greater flexibility with family arrangements and transport issues
- Empowerment of nursing staff
- Reduction in waiting times for admission from the A&E department
• Increased bed capacity created for urgent transfers from the A&E department and the rapid response unit
• Improved communication within the multidisciplinary team

Nurse facilitated discharge is the ‘delegation of responsibility for the discharge of a patient according to an agreed plan with specific criteria. The plan must be agreed by the doctor in charge of the patient’s care and the nurse must be willing to accept the delegated role’ (Lees, 2011, p 18). With clear guidance and training nurses can competently carry out this role. A change in simple discharge procedures could have a major effect on patient flow and efficient bed management. Nurse facilitated discharge aims to make each child’s hospital admission a more positive experience, improve patient flow, reduce bed management pressures and expand the role of the nurse (Gibbens, 2010). Nurse facilitated discharge involves the nurse facilitating the discharge process with the collaboration of all relevant professionals to expedite discharges and assist bed and capacity management.

To support this new development in practice an application was made to and accepted by the Foundation of Nursing Studies to participate in the Patients First Programme, which provided support with the implementation and development of the project.

The project leader invited the ward sister and a band 5 staff nurse from Maynard Sinclair ward to create a project team to implement nurse facilitated discharge on their ward. This skill mix meant that opinions could be sought from management level and from nurses on the floor.

Aim
The aim of this project was to develop and implement nurse facilitated discharge onto a paediatric ward.

Objectives
• To engage with stakeholders to plan the implementation of nurse facilitated discharge
• To understand the hospital experience of the child and family in relation to going home, and use this information to implement the change
• To facilitate and enable nurses to take on the role of discharging of child and family within a structured framework
• To evaluate the effectiveness of nurse facilitated discharge

Methods and Approaches
A number of approaches were used in this project to facilitate the changes in practice. These included staff questionnaires, staff development sessions, staff ‘lunch and learn’ sessions, presentation at medical directorate meeting, and patient stories. See Table 1 below for a timeline of events.
Table 1: Timeline of approaches used

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Approach Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2012</td>
<td>Staff questionnaires</td>
</tr>
<tr>
<td>January 2013</td>
<td>Staff development evening</td>
</tr>
<tr>
<td>March 2013 - ongoing</td>
<td>Meeting with key stakeholders</td>
</tr>
<tr>
<td>January 2013 - November 2013</td>
<td>Development of documentation – including the policy, discharge checklist, development of parent information leaflet</td>
</tr>
<tr>
<td>March 2013 - May 2013</td>
<td>Baseline collection of data</td>
</tr>
<tr>
<td>March 2013 - June 2013</td>
<td>Collection of parent and child stories</td>
</tr>
<tr>
<td>May 2013</td>
<td>Presentation at directorate meeting</td>
</tr>
<tr>
<td>June 2013, July 2013, August 2013</td>
<td>Staff lunch and learn sessions</td>
</tr>
<tr>
<td>November 2013</td>
<td>Pilot of nurse led discharge</td>
</tr>
</tbody>
</table>

Staff questionnaires
At the outset of the project, questionnaires, designed by the project leader (see Appendix 1) were disseminated to the nursing staff by the project leader to inform them of the plans to implement nurse facilitated discharge onto the ward and to hear their opinions regarding this. It was important to establish if nurse facilitated discharge was something that ward nursing staff would feel comfortable in taking on as a new role and whether they would recognise the benefits of it. The questionnaires were also given to the ward sisters in the other paediatric wards as it was hoped that nurse facilitated discharge could be implemented in their departments in the future if it was successful on this ward. The questionnaires asked which patients would be suitable for nurse facilitated discharge, which patients staff would not feel comfortable discharging, what training they felt they required, what level of experience staff felt was required of a nurse before they could participate in nurse facilitated discharge and any other comments on the project they wished to contribute. All questionnaires were anonymous. Staff were asked verbally to consent to completing the questionnaires. The questionnaires were given to the sixteen nurses who work day shifts on the ward and the three ward managers within the unit. A total of fifteen questionnaires were completed and returned. Once completed the project leader read through all questionnaires and looked for key themes in the data and any concerns staff had. The majority of responses were very positive and this was encouraging to the project leader. Staff agreed that nurse facilitated discharge could be a positive change that would benefit both parents and staff and could improve patient flow and patient experience. Staff felt that all simple discharges could be included and that complex discharges or discharges of acutely ill children should still be carried out by medical staff. The ward sisters’ comments were also very positive recognising the benefits to the paediatric department. Some staff highlighted anxiety about accountability and the fear of discharging a child who was not ready for home. The project leader hoped that through the methods and approaches planned in the project, these fears could be alleviated. Only one staff member felt that they would not be willing to accept the extended role as they felt they were not getting paid for it and would not get recognised for carrying out this role.
Staff development evening

A staff development evening was planned in January 2013, to enable nursing staff to engage in the new initiative and to enable staff to consider a new philosophy of nursing and a different approach to caring. The aim of the event was to promote new ways of thinking and acknowledge the contribution of nursing to patient care. The project team met up to discuss the staff development evening and a programme was planned by the team. Invitations were disseminated to all members of the nursing team, both day staff and night staff, to invite them to the evening. The session lasted over two hours. All nursing team members attended in their own time and ‘hours owed’ were given back in return. Sixteen nurses attended the evening. The project team updated everyone on the project and the plans developed by the project team to implement nurse facilitated discharge on the ward. Everyone was divided into groups to allow for team bonding and to work together on the various exercises that were planned for the evening. The first exercise they were asked to participate in was a team building exercise. This involved building a tower structure out of straws and a piece of tape. The groups were given a brief on the exercise and a timescale to complete it in. The group with the tallest tower won. The aim of it was to get everyone working together as a team and to create a relaxed, fun atmosphere from the beginning through which learning and openness could flourish. The nurses appeared to enjoy the exercises and a prize was given to the team that won.

Next the nurses were asked to participate in an exercise to help them think about the culture of the ward. This exercise asked the nurses to reflect on what it was like to work on the ward and how they viewed their role. They were then encouraged within their groups to create a poem, a song or a poster to feedback to the rest of the group. The groups were given a set time to complete the exercise. All of the groups decided to create a song and used the musical instruments provided. The songs were recorded so they could be played back at staff events. Feedback received by the project team was that everyone seemed to enjoy the creative aspects of the event.

Finally the groups were asked to participate in a values clarification exercise (Warfield and Manly, 1990). Remaining in their groups the team members were asked to individually reflect on their own values and beliefs regarding discharge. Each participant was asked to complete the following prompts:

1. I believe the ultimate purpose of effective discharge is ...
2. I believe this purpose can be achieved by ...
3. I believe the factors that will help us achieve this purpose are ...
4. I believe that the factors that will hinder us from achieving this purpose are ...
5. Other values and beliefs I consider important are ...

Following this team members were encouraged to share their responses in small groups and then compare any similarities or differences within their group. After completing the exercise, staff were asked within their groups to create a mission statement with regards to their values and beliefs in relation to effective discharge; creating a poster to feedback their statement to the other groups. One group’s statement said:
‘We believe the purpose of effective discharge is to ensure our patients/families are discharged home in a timely, planned, safe and informed manner. We feel this can be achieved by:

- Good communication
- Support
- Timely discharge letters
- Team work’

At the end of the session these posters were displayed (see Appendix 2) in the locker room to remind team members of their mission statements and the statements were also presented to consultants via PowerPoint presentation at a medical directorate meeting.

The aim of the evening was to enable staff to feel involved with the project and promote a culture of openness. All team members actively engaged in the evening and reported that it was an innovative and fun way of learning. Evaluation of the evening was undertaken by displaying a creative poster for staff to comment on. Staff were each asked to make one comment about what they liked about the evening, what their ‘eureka’ moment was and what they thought could have been done differently. All feedback and comments on the poster were very positive. Staff felt they took away constructive thoughts from the evening and realised that everyone shared the same values in wanting to do the greater good for our patients. This feedback was very encouraging to the project team. Comments regarding what could be done differently referred to the location and size of the room the event was held in, rather than the programme contents.

Meeting with key stakeholders
A steering group was set up to guide the project in the right direction and to ensure the aims and objectives of the project were met. Individuals who were knowledgeable, motivated and thought to be key to success were approached by the project leader and invited to join the steering group. The group consisted of the project leader, other members of the project team, the new ward sister, a ward doctor and the lead for practice development in the trust. The steering group met 4-6 weekly to action plan and discuss issues. Key functions of the steering group were to:

- Set objectives and monitor progress
- Carry out a stakeholder analysis and communicate with the stakeholders
- Facilitate necessary changes
- Consider necessary training for staff
- Develop and provide staff development programmes
- Develop and review supporting documentation for example policy and procedures

New developments that arose from steering group meetings and from the project were fed back to staff at staff meetings to keep staff updated with the project during the planning phase.
Development of documentation

A nurse facilitated discharge policy and checklist was developed over a period of time by the project leader to outline the scope of practice and to give staff guidelines to enable them to take on the new role safely. The trust already had a nurse facilitated discharge policy in place and this was adapted by the project leader to apply to the paediatric inpatient setting. The key principles of nurse facilitated discharge were outlined in the policy. The policy ensured that all nurses undertaking this extended role were aware of their role and accountability. The project leader met with the lead for patient safety in the trust to get advice prior to adapting the policy. Once developed, the policy was forwarded to the steering group, the clinical manager, the ward manager and the lead consultant for paediatrics for feedback. Once a final draft was edited it was then forwarded to the clinical manager and the lead consultant for approval.

A discharge checklist was also developed by the project leader to provide further guidance on the discharge of a patient. The project leader developed the documentation by researching what documentation other areas were using in practice and by receiving feedback from staff. The checklist included a section to be completed by medical personnel to identify the criteria that each child was expected to achieve prior to discharge. If any of the criteria were not met, the child was required to be reviewed by medical staff prior to discharge. There was a section to be completed by nursing staff prior to discharging the child. This section included the nurse’s assessment of the patient, an indicator of whether the criteria have been met and a section for additional comments. There had initially been a section to include training and education given to parents but it was felt by the steering group that this repeated what was already included in the health visitor forms completed by nursing staff prior to discharge. This section was therefore removed. Initially the project team had thought it was important to gain written consent from parents to being discharged via the nurse facilitated discharge initiative. It was however decided at the directorate meeting that this was not required as it was a positive change and therefore parental consent was not required. This was removed from the checklist.

This project provoked many thoughts regarding the accountability of the individual nurse in relation to taking on the role of nurse facilitated discharge. As with any new element of practice there was a fear of the unknown and of doing something ‘wrong’. When the project team thought about this the question that emerged was ‘what would any other reasonable nurse do?’ For this reason the project team decided to include in the process that the nurse would discuss the child’s readiness for discharge with a colleague. If all was happy then the second nurse would provide a counter signature on the checklist. This provided the opportunity for a second person to review the child before discharge, it provoked discussion of the child’s condition prior to discharge and provided reassurance for the nurse carrying out the role. Initially it was thought that the nurse in charge would act as the second checker, but as the ward values the development of junior team members, and they are often the nurse in charge, it was decided that any other nurses on the ward could act as second checker. This was also in case the nurse in charge was busy or unavailable at time of discharge. This was approved by the steering group. It was hoped that by including this on the checklist, staff would feel more ‘comfortable’ with the new initiative. The plan was to pilot the project on the ward for six
months. All documentation was reviewed and redrafted by the steering group. All redrafted versions were forwarded to staff nurses and medical staff for critique and feedback.

Collection of baseline data
The project team collected data during the months of March, April and May 2013 to identify and highlight delays in discharges on the ward. A data collection sheet was developed by a member of the project group and displayed on the ward. The document requested information on:

- the patient and their diagnosis
- the time the patient was seen on the ward round and the time it was decided the patient should be reviewed by medical staff for discharge
- the time the patient was reviewed by medical staff
- the time of discharge
- any issues encountered for example doctors busy in A&E or waiting for medicines from pharmacy

Nursing staff were informed of the baseline collection of data and encouraged to input the information. Initially the project team found that it was only a few members of staff who were completing the data collection sheets and they were often being forgotten about. At a staff meeting the project leader fed back the importance of the data collection and encouraged the staff to participate. The ward clerk who was involved in collecting the discharges from the daily state, (the daily record of admissions, transfers and discharges of patients on the ward) was asked to remind staff of the data collection when she was given the notes of a patient who had been discharged. The project leader felt that this helped to improve the level of data collection. See Table 2 below for the results on length of time between plan for patient review and discharge.

### Table 2: Baseline collection of data on length of time between plan for patient review and discharge

<table>
<thead>
<tr>
<th>Month (2013)</th>
<th>Less than 30 mins</th>
<th>30-60 mins</th>
<th>1-2 hours</th>
<th>2-3 hours</th>
<th>More than 3 hours</th>
<th>Not safe for discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>53%</td>
<td>5%</td>
<td>14%</td>
<td>28%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>66%</td>
<td>8%</td>
<td>3%</td>
<td>11%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>May</td>
<td>9%</td>
<td>21%</td>
<td>14%</td>
<td>21%</td>
<td>14%</td>
<td>21%</td>
</tr>
</tbody>
</table>

The information was fed back at the medical directorate meeting and at the nursing staff ‘lunch and learn’ sessions. Both medical and nursing staff were shocked at some of the lengthy delays that were occurring. Staff were reminded at the events that in all these examples, the children were ‘simple discharges’ and with clear guidance, the nurses could have discharged the patients and prevented the delays. This information alongside the patient stories, and the impact delays has on families, were a powerful tool.
Parent and child stories

This phase of the project involved carrying out individual interviews with parents and children who were inpatients on the ward. The project team had initially planned to run a parent focus group but feared lack of involvement from parents. It was thought that patient stories would have a more personal approach and would enable a greater response from patients and their parents. The aim of the stories was to explore the impact hospitalisation had on the child and their family and what timely discharge meant to them. The project team also wanted to use the stories as an opportunity to ask parents how they would feel if it was the nurse discharging their child rather than a doctor. This method also meant that other staff members could get involved with the project. Other nursing team members were invited to participate and gather the patient stories alongside the project group. The project team chose at random one senior staff nurse, one junior staff nurse, a nursing auxiliary and the play specialist to participate. All staff approached were happy to take part. The patient stories involved carrying out individual interviews with the child accompanied by the parent or parent alone. The interviews took place on the ward and each one lasted an average of fifteen minutes. The parents were asked verbally to consent to themselves and the child being involved with the stories. All information obtained was anonymised. The questions to aid the discussion were developed by the project team and given to all staff participants. The participants were told they could use the questions as a guide if they wished or rather develop a discussion with the parent.

The questions developed by the project team were:

1. What does it feel like to have your child in hospital? How does it disrupt your normal routine?
2. Did you feel adequately informed of the plan of care for your child during this admission?
3. Did you feel you were updated with the plan of discharge? How would it affect your child’s routine if discharge was delayed?
4. How would you feel if it was a nurse discharging your child rather than a doctor?
5. Tell us about what other responsibilities you are thinking about at home when your child is in hospital?

Detailed written notes were taken from the interviews and collected by the project team and a theme analysis was undertaken.

Key themes that emerged were: mixed emotions, juggling act and nurse facilitated discharge.

Mixed emotions
All parents described a variety of emotions when asked how it felt to have a child in hospital. The words, ‘frustrating’, ‘emotional’, ‘worrying’, ‘exhausting’ were frequently used by parents. One parent responded:

‘It is an emotional roller coaster. Here you have one of your most important and priceless belongings’ suddenly struggling for breath, you are filled with a sense of panic, fear of
unknown, an urgency for staff to react and stop this heart wrenching struggle your child is going through. It’s an old cliché of parents, but this was the first time I truly felt and meant it - that I would do anything to take my son’s place and suffer it for him.’

Another commented:

‘It’s frustrating, not nice, you are always on the go.’

One mother described the feeling of uncertainty she experienced:

‘My first impressions of being on the ward were that of slight uncertainty. After being in SCBU and it being so ‘sterile’ I felt unsure of what I was allowed to do. (i.e. were they allowed to eat on the ward? Stay over with the child?) She felt she had to ‘adjust to the wards ways after being in SCBU’.

Another father said:

‘It is bewildering, overwhelming.’

Juggling act
All parents commented how having a child in hospital requires juggling the whole family routine. It disrupts all aspects of family life. It became clear that even though they were worried about the sick child in hospital they were also worried about the other children at home, whether school uniforms were ready, dinners made, homework done. One mother described an ‘overwhelming sense of guilt’ at not being able to spend time with her other children.

One mother described how she was also a carer for her sick mother, she said she very much relied ‘on friends and family members for support but I feel like I’m always burdening them’.

One mother described the disorganisation she ‘will find the house in on return home and the workload to reorganise, on top of caring for a sick child and siblings who have had an unsettled routine and missed their parents for 72 hours’.

One father commented: ‘once he was stabilised and he became more like his cheeky self the feelings of anxiety change to the practicalities of life. What about our other boy? Who is staying at the hospital? Who will go home? What about work?’

It was reported by one mother that once the word discharge was mentioned she ‘was reassured that my child was recovering well and so started to think and plan ahead’.

Discharging planning is important to parents
All parents agreed that discharge planning was important to them so they could organise and plan ahead.
One father commented: ‘Once you’re given a ‘time’ for discharge you automatically plan around that time. Such things as the grandparents looking after the other boy, getting house ready, even simple things as car parking etc. If this time is delayed you start making phone calls, start watching the clock and feel somewhat frustrated.’

One mother had a previous experience of a delayed discharge and described the ‘hassle’ this caused. She had ‘made arrangements with a friend to keep the sibling until lunchtime. My friend has kids herself she needs to attend too, and we were still on the ward at tea time!’

**Nurse facilitated discharge would be a positive change**

All parents had a positive response when asked how they felt about nurse facilitated discharge. This was very encouraging to the project group.

One mum said: ‘I have a lot of confidence in nursing staff.’

Another felt nursing staff knew her son ‘best’.

One mum felt nursing staff ‘have the ability to recognise if he is well enough for home’.

Other comments included:

‘Nurses are very hands on with the patients and are seeing the children all the time.’

‘I would be happy because I have seen the doctor on the ward round and everything would have been explained to me then.’

‘Anything to get home quicker.’

One mother commented that it is the parents who often know when their child is ready for home.

A mother stated that she would prefer if it was a nurse who had been caring for her child over a period of time and knew them ‘not a nurse who has just come on duty’. This is something that the project group needed to consider when thinking about how staff are allocated on the ward.

**Children’s stories**

Research has shown that drawings can provide powerful impressions of how a child perceives his/her world, and are therefore a valuable tool to assist health professionals to meet a child’s needs (Wellings, 2001). The play specialist on the ward carried out the childrens stories using art work to try and understand what a child is feeling when they are in hospital (see Appendix 3).

Children described what they liked in hospital. This included:

- The bed
- Colouring in
• The food
• The TV
• The play station

What they didn’t like:
• The people talking at night
• Operations
• The nurse giving medicine

Other things they would like to have in hospital:
• Xbox 360
• Nerf guns (to shoot the nurses and make them jump)

All information gathered from the parent and child stories was used at the nurses ‘lunch and learn’ sessions and information sessions with medical staff to highlight the impact hospitalisation has on the family and to highlight the importance of getting the child home to their normal routine as soon as possible.

Presentation at medical directorate meeting
The directorate meetings consist of all the consultants in the paediatric directorate, the directorate manager and the clinical manager. The group meets monthly to discuss pending issues. At one of these meetings, the project leader presented the aims and objectives of the project and the baseline collection of data which highlighted the significant delays that occur in discharge for children awaiting medical review. The aim of the presentation was to get all the consultants ‘on board’ and motivated about the project and to present to them the benefits that the implementation of nurse facilitated discharge would have to the department. The attending members offered enthusiastic feedback to the project leader and viable issues to consider. They also gave constructive feedback to the documentation and recommendations of what should change. The attending members agreed that the project was viable, realistic and achievable.

Following the meeting the documentation was reviewed by the steering group and changes suggested by the directorate were made. This re-drafted version was emailed back to all consultants for feedback and approval.

Nursing staff ‘lunch and learn’ sessions
The project team decided that ‘lunch and learn’ sessions would be a good way of preparing and enabling nursing staff to take on the role of nurse facilitated discharge. Posters were displayed to invite staff to the event and highlight to them the potential benefits of attending the sessions. Staff attended in their own time and time was given back to them in return. Some staff were given time away from clinical practice to attend where possible, using the off duty rota. The sessions aimed to:
• update nursing staff on the project
• to feedback the parent and child stories
• to work through discharge examples provided by the medical representative of the steering group, using the new documentation
• to allow nursing staff to participate in a claims, concerns and issues exercise (Guba and Lincoln, 1989)

Three separate dates were offered to give flexibility. The project team facilitated the first session with the support of the FoNS practice development facilitator. Seven staff in total alongside the project team attended the first session.

A parent who had participated in the parent stories was invited along to the event to present their experience of having a child in hospital. It was hoped that by hearing the parent’s experience and what timely discharge means to a family would be a powerful message and highlight the importance of nurse facilitated discharge and the benefits it could have for families. Nursing staff reported that hearing the parent’s story made things more personal, more real. Nursing staff appeared to engage in hearing the parent’s story and it was thought by the project team that this was an important part of the session and would definitely be repeated in the subsequent sessions. The project leader then gave a short presentation to provide everyone with an overview of the work done by the project group. The presentation highlighted the aims of the project and the potential benefits nurse facilitated discharge could have on the ward. The results of the baseline collection of data were included in the presentation to highlight the extent of the delays that occur. The presentation also included more information from the parent and child stories and staff were again reminded of how delays in discharge affect families. The positive comments received from parents about nurse facilitated discharge were also included.

Next, nursing staff were asked to split into teams to work through case studies provided by the medical representative of the steering group. The aim of this exercise was to allow the nursing staff to have an opportunity at working with the nurse facilitated discharge documentation. The exercise consisted of four case studies. One of the case studies highlighted a child that was still too ill for nurse facilitated discharge. The medical representative had provided for each case study an overview of the patient’s history, a copy of their medical notes from the ward round that morning, a copy of their observation chart and the nurse facilitated discharge checklist completed by the doctor and included the specific criteria for discharge of each patient. The nursing staff reported that they found this exercise very useful as it gave them a chance to work with the documentation and this made things much clearer to them.

It was important for the project team to understand what the nursing staff thought about the project. To address this, an exercise called claims, concerns and issues (Guba and Lincoln, 1989) was to be used to explore staff views and to capture their experiences of being a part of this project. This exercise was to enable everyone to listen to each other’s claims (positive statements about the project) and concerns (negative statements about the project) and provided opportunities to turn the concerns into questions to be answered by the team (issues). It provided an opportunity to challenge individual thinking in a constructive way. It was
also an opportunity to address concerns and alleviate any anxiety staff were experiencing. After completing the exercise the project team took the time to work through the issues expressed by the staff and answered their questions. One staff member commented at the session that although they had some concerns they recognised the benefits to the child and family. See Table 3 below for the claims, concerns and issues from the June session.

### Table 3: The staff from the June session reported the following claims, concerns and issues:

<table>
<thead>
<tr>
<th>Claims</th>
<th>Concerns</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Better service for children and families</td>
<td>• Junior nurses need support</td>
<td>• How do we keep ourselves protected?</td>
</tr>
<tr>
<td>• Relieves parental frustration</td>
<td>• Parents will blame nurses for readmissions</td>
<td>• How do we deal with the extra paperwork?</td>
</tr>
<tr>
<td>• Speeds up discharge and prevents unnecessary delays</td>
<td>• More responsibility</td>
<td>• How do we ensure all staff feel supported?</td>
</tr>
<tr>
<td>• Increased patient throughput</td>
<td>• Another piece of paperwork</td>
<td>• How do we make it not just another role for nurses on top of other roles?</td>
</tr>
<tr>
<td>• Frees up beds</td>
<td>• Don’t get paid for it</td>
<td></td>
</tr>
<tr>
<td>• Empowers nurses and recognises their clinical judgment skills</td>
<td>• Getting it wrong</td>
<td></td>
</tr>
<tr>
<td>• Increased job satisfaction</td>
<td>• Confidence of nursing staff in new role</td>
<td></td>
</tr>
<tr>
<td>• Family centred care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At the end of the session staff were asked to use Evoke Cards©, (these are picture or word cards that are a great way to help participants to share their feelings with others, and to evoke emotions and reflection) to give one word to describe how they felt. Nursing staff used words such as assured, encouraged, relieved, capable and calm to describe how they were feeling. Staff also commented that they felt very informed following the session particularly surrounding the documentation and they felt respected in terms of their knowledge and responsibility. The engagement of nursing staff and the positive feedback following the ‘lunch and learn’ session was very encouraging to the project team.

The ‘lunch and learn’ session in July took a similar format. The parent however was unavailable to present their story but instead the project leader focused the presentation to give an overview of the parent and child stories to inform the staff about the effect of hospitalisation on families. Five members of staff alongside the project team attended the second session. The case studies were again worked through and a repeat claims, concerns and issues exercise was carried out with the members of staff. The themes of the July group echoed the themes found at the earlier June session. Their concerns similarly were surrounding issues of accountability and protecting their practice and about time management. Again the project team encouraged a discussion to work through the concerns and issues and to provide reassurance and support to the staff.

Out of the four remaining members of nursing staff who work day shifts only one member of staff was available for the August ‘lunch and learn’ session. This session was therefore
cancelled. Instead the project leader met with each remaining individual staff member to discuss with them the project and to show them the case studies provided and to allow them to review the documentation. The project leader also asked them if they had any concerns or questions. The steering group aimed to plan similar sessions with night nursing staff.

**Development of a parent information leaflet**

The project team developed a parent information leaflet to be given to parents whose child was involved in the nurse facilitated discharge initiative. The aim of this leaflet was to update the parents about this discharge method, how they would receive their child’s medication and review arrangements, and where they should seek help following discharge. It was decided to audit the leaflet with parents on the ward to see whether the leaflet was easy to understand and if they felt the leaflet met their needs. A questionnaire was developed by the project leader and given to parents on the ward by the project team. The questions included:

1. If your child was being discharged by nurse facilitated discharge would you find this leaflet of any help?
2. Do you find the leaflet easy to understand?
3. What information on the leaflet, if any, is of most importance to you?
4. Is there anything else that you would like to see included?

At the end of the questionnaire parents were thanked for their participation and reminded that parental views were important to the project team.

A total of twelve questionnaires were completed and returned. Parents commented on the questionnaires that they liked the layout of the leaflet, it was easy to understand, they liked the prospect of a quicker, smoother discharge and what was most important was the information of where to get help following discharge. The leaflet was also given to staff nurses on the ward for feedback. The nurses also agreed that the leaflet was a good idea to help explain the process to parents and they liked the layout and presentation of the leaflet.

**Implementation of nurse facilitated discharge pilot**

Initially, nurse facilitated discharge was planned to be implemented for a six month pilot phase starting in October 2013. However, due to the delay in the arrival of the relevant printed documentation and the signed protocol, the pilot did not start until mid November 2013. The project team learned that for any future initiative the printing of documentation should be put into any action plans in a timely manner, so it doesn’t delay the implementation.

Prior to instigation of the pilot, the project team felt it was important to continue to prepare all staff on the ward. This was done by:

- Displaying posters around the ward in staff rooms and tea rooms to inform staff of the date nurse facilitated discharge was to commence
- Displaying the relevant documentation on the ward and a step by step guide on how to use it
• Advertising the protocol on the ward and asking all staff to read it and sign that they had done so
• Updating staff nurses at the ward meeting that nurse facilitated discharge would commence the following week and all input and support would be much appreciated
• Emailing the lead consultant in paediatrics to inform her of the date nurse facilitated discharge was commencing on the ward and to ask for the continued support of the medical staff with the project
• The medical representative of the steering group carrying out a teaching session with all the medical staff to inform them of the nurse facilitated discharge process and to teach them the use of the relevant documentation

On the first morning nurse facilitated discharge was due to commence the project leader attended the medical handover and again reminded the consultant and medical staff that nurse discharge was commencing on the ward that day. The project leader liaised with the medical staff during handover about the potential patients that would be considered for nurse facilitated discharge that day. On the first day the project was launched two patients were discharged by nursing staff. The project team considered this a very encouraging start.

During the six month pilot phase a repeat collection of evaluation data was carried out. This was the name and age of the patient, the diagnosis, the time the patient was to be reviewed for discharge by nursing staff and the time the patient was discharged home. It also asked nursing staff if they encountered any issues whilst discharging the patient and if they had any recommendations for future practice. The data collection also aimed to establish if any patients were readmitted within 24 hours of nurse facilitated discharge. The project team was aware that there was a chance that this could happen as children can naturally become more unwell again but they wanted to ensure that this was not happening often and if it was, whether there was a common theme that may indicate greater training needs. The project leader also planned to review on a six monthly basis if any children were readmitted within 24 hours to highlight any particular issues with the process.

The project leader contacted the patient centre, (the computerised system used within the trust for patient data and patient flow) during the pilot phase and asked for monthly figures of patients discharged via nurse facilitated discharge. This enabled a detailed record of data. The project team then compared this data to the total number of discharges in the month and worked out the percentage that was nurse facilitated. This data was then displayed to encourage and enthuse the staff. In the first full month of December, 5% of discharges were nurse facilitated. The project team were pleased with these figures and thought it was a very encouraging start. The project leader had never established a target number of patients to be discharged each month by nurse discharge, it was simply hoped to prevent any unnecessary delays. Table 5 below summarises the number of facilitated nurse discharges through the pilot phase of the project.
Table 5: Number of nurse facilitated discharges through the pilot phase of the project

<table>
<thead>
<tr>
<th>Month</th>
<th>Total number of discharges per month</th>
<th>Total number of nurse facilitated discharges per month</th>
<th>Percentages of discharges that were nurse facilitated</th>
</tr>
</thead>
<tbody>
<tr>
<td>November/December</td>
<td>238</td>
<td>15</td>
<td>6.3%</td>
</tr>
<tr>
<td>January</td>
<td>186</td>
<td>5</td>
<td>2.6%</td>
</tr>
<tr>
<td>February</td>
<td>158</td>
<td>10</td>
<td>6.3%</td>
</tr>
<tr>
<td>March</td>
<td>195</td>
<td>8</td>
<td>4.1%</td>
</tr>
<tr>
<td>April</td>
<td>171</td>
<td>6</td>
<td>3.5%</td>
</tr>
<tr>
<td>May</td>
<td>164</td>
<td>2</td>
<td>1.2%</td>
</tr>
<tr>
<td><strong>Total number of discharges in pilot phase</strong></td>
<td><strong>1112</strong></td>
<td><strong>46</strong></td>
<td><strong>4.13%</strong></td>
</tr>
</tbody>
</table>

When reviewing the total number of discharges at the end of the pilot phase the project leader recognised that there was a variation between the data recorded on the data collection sheets and the data received from the patient centre. This indicated that staff were not always completing the data collection sheet after discharging a patient via nurse facilitated discharge and also were not always selecting ‘nurse discharge’ as the discharge method on patient centre. This could indicate that there were in fact more patients discharged via nurse facilitated discharge than the data indicated.

Feedback from parents
The verbal feedback received from parents whose child had been discharged by the nurse facilitated discharge initiative was very positive. Parents were appreciative of a planned discharge and were pleased to be reviewed and discharged home at the time that was specified on the morning ward round. The project team were keen to get formal feedback from parents to identify how they found their discharge experience. Questionnaires were given to the families on discharge and they were asked to complete them there and then and give back to the nursing staff. The questionnaires were a shortened version of the hospital’s parent feedback form and was developed by one of the paediatric consultants. It asked parents to comment specifically on how they found their discharge experience. Again the project team were pleased with the positivity of the formal feedback received from parents.

Parents’ comments included:

- ‘There was a good explanation of the plan for discharge given by nursing staff’
- ‘Staff were very friendly and very helpful’
- ‘Lovely nurses and staff. Very pleased with how my daughter was looked after and treated and how her discharge was arranged’
- ‘Good arrangements at discharge’
Feedback from both nursing and medical staff
Following the commencement of nurse facilitated discharge all verbal feedback from staff was positive. Staff felt that it worked well on the ward and improved the current practice. Some staff commented that it was harder than they originally thought particularly when carrying out their first nurse facilitated discharge and that they were grateful for the countersignature for reassurance and support. Following these comments the project group thought that it was important to keep the countersignature in place to give the staff the reassurance they needed. Staff were also good at identifying ways to improve the current procedure and documentation and feeding this back to the project team. Medical staff were also good at giving feedback to the project group. On one occasion a child was due to be discharged by nurse facilitated discharge, but was not fit for discharge when reviewed by nursing staff. The following day the child again was planned for nurse discharge and a member of the medical staff commented that it was extra work for them to repeat the documentation and could the same paperwork as the day before not be used? The project team are currently looking into whether or not the paperwork could be reviewed on a second attempt for nurse facilitated discharge. The project team are keen for all feedback from staff, both positive or negative, so this can be used and to continue to improve the process.

The project team organised a feedback session with all nursing and medical staff at the end of the pilot phase to get formal feedback from staff regarding nurse facilitated discharge and to identify future developments. Posters were displayed around the ward including in staff tea rooms and locker rooms inviting them all to come along and participate. The project team decided to run it as a drop in session over a two hour lunch period to try and facilitate the attendance of as many staff as possible. Refreshments were provided to accommodate their lunch break. A mixture of staff nurses, nursing auxiliaries, doctors and even two of the paediatric consultants attended the feedback session.

The project team created a ‘graft-feedback wall’ (a creative brick wall designed to look like a graffiti wall!) for staff to write in a brick their experience of participating in nurse facilitated discharge and their thoughts on the project. The project team was overwhelmed by the response of staff. This feedback included:

- Our experienced nursing team know their patients the best
- Great idea with positive results - well thought out
- Think it has been very useful and working really well for our patients - really great team to work for so it’s no wonder
- Safe and effective discharge with appropriate safety net
- Great idea, put into effect well, excellent results for patients and staff, well done
- Great idea, reduces waiting times for patients and parents. Reduces workload for doctors especially after 1700
- Swift speedy service, patient, parent and staff satisfaction
- Good idea, worth continuing
- Makes the discharge process faster and more efficient for everyone involved, thanks for all the hard work
• Brilliant idea for patients and staff! Would like more info for new F2s changing over
• Great idea; keep up the good work, lovely nurses
• Super idea, great particularly for out of hours reviews
• A thorough and well thought out process which benefits everyone when it’s appropriate
• Reduces stress for families getting home faster after ward round
• Fantastic nurses on Maynard Sinclair ward are very well trusted and respected by Drs, patients and parents. Nurse facilitated discharge should definitely continue
• It’s a good idea and good experience for the girls
• Excellent idea, well received by both staff and patients. Well facilitated by Maynard’s Sinclair wards’ fabulous nurses!
• We love it as it empowers nursing staff who have looked after that patient and have built up a relationship with the families throughout that shift
• Patients feel they have more autonomy and don’t have to wait on doctors coming back. Love this brick wall idea
• Good for patients and children getting home early, great idea, good work

A further poster was displayed and staff were asked to write any ideas they had for improving nurse facilitated discharge. These comments included:

• There needs to be greater communication at times between nursing and medical staff
• The nurse who is acting as the counter-signature should be informed of this at an early stage so they too can be aware of the child and be given time to assess them
• The two nurses who are signing the discharge form should do it at the patient’s bedside

The project team were pleased with this productive feedback as each comment gave points to consider and ideas to improve the current process. Finally staff were asked to vote in the ‘Maynard Sinclair General Elections’. Here staff were asked to place their vote of whether they felt that nurse facilitated discharge should continue on Maynard Sinclair Ward. In total 12 votes were placed into the voting box and all voted that yes it should continue. The project team were very pleased with this result and overwhelmed on a whole at the positivity of the feedback and encouragement from all members of staff throughout the ward.

Decline in numbers
During the month of January the project team noticed that the number of discharges that were nurse facilitated reduced. It was unclear whether the discharges were unsuitable for nurse facilitated discharge, whether they had been overlooked due to ward pressures or whether staff were forgetting to do it. The project team thought it was important to address the issue as to ensure there were a good number of nurse led discharges during the pilot phase. The project team again gave feedback to staff at the ward meeting to thank them for all their hard work with the project and to encourage them to keep up the hard work and to continue to improve upon numbers. A poster was also developed and displayed around the ward stating that 5% of discharges in December were nurse facilitated and that the project team were very pleased with the great start and to continue to improve the numbers. A steering group meeting was arranged to review the current practice and to identify whether there was any way to increase
the number of patients discharged by nurse facilitated discharge. It was decided that a further training session should be carried out with medical staff as due to frequent rotation some of the current medical staff were may not have been present at the original training session. The steering group decided that future training sessions should be planned to meet the future rotational needs of medical staff. The medical representative emailed all the paediatric consultants to remind them to consider nurse facilitated discharge when they were consultant of the week and were carrying out their ward rounds. Nursing staff were also verbally encouraged to approach the doctors on the ward round if they felt their patients were suitable for nurse facilitated discharge. It was hoped that by stopping to review current practice, and identifying ways to improve it, that the numbers of patients discharged by nurse facilitated discharge would increase.

Spreading the word
The project team felt it was important to advertise the work they had done across the trust. The project team were due to present at the trust ‘lunch and learn’ session at the end of April to inform colleagues of the work they had done to improve patient care. This has since been rescheduled for September. A poster was developed about the nurse facilitated discharge and was presented by medical staff at the Multi-Professional Audit Conference and at the Ulster Paediatric Society. Unfortunately due to staffing levels and last minute reorganisation, a member of the project team was unable to attend alongside medical colleagues but the project team were delighted that medical staff were helping to spread the word and becoming involved with the project.

Discussion
The aim of this project was to develop and implement nurse facilitated discharge onto a paediatric ward. This project is still very much in its infancy. As with any new initiative there is a fear that the project will not take off, there will be a lack of participation from staff, and overall, a lack of success. Throughout the process the positivity, support and feedback from staff have been astounding and there has been a willingness to change practice based around the patient centeredness of the project and the way it was promoted by the project team. The project leader feels that the way the project was presented to staff from the outset and the tools and techniques used to encourage participation, for example the ward culture exercise, values clarification exercise and claims, concerns and issues exercise, were fundamental. The project team are certain that the support of staff, both medical and nursing, for this project has been key to its success. With the support from the practice development facilitator at FoNS and fellow project team members, the project leader has become more confident in facilitating staff sessions and introducing new approaches, such as those mentioned above, both of which introduces different ways of thinking. The initial work with the nursing staff at the staff development evening has led to increased communication and sharing of ideas and thoughts on the project. The encouragement to use patient/carer stories captured parents’ views and feelings which provided a personal touch to the project and therefore helped to drive the purpose of the project, i.e. to provide a better element of practice to our patients and families. The approaches learned, as part of the year-long FoNS programme will be transferable to other aspects of work life. These skills include how to:
- engage with stakeholders
- carry out a values and beliefs clarification exercise with staff
- carry out a claims, concerns, issues exercise with staff
- involve parents and their children in practice development work and how to learn from their views/opinions
- look at workplace culture and context and how this impacts on the development of practice

The methods and approaches used in the project have been highly effective in allowing the project team to develop a partnership approach with staff and to create a sense of ownership of the project. At times the project leader felt overwhelmed by the work the project required; however the support of the project team and the FoNS practice development facilitator was invaluable. The parent and child stories proved to be very powerful in helping staff to understand their experiences of discharge and the positive feedback from parents and staff during the pilot phase also served as a support mechanism.

Following the pilot phase, the data collection will be reviewed to determine if the implementation of nurse facilitated discharge has helped to improve discharge delays. If it is considered a success, this data, alongside the parent and staff feedback, will then be used to facilitate the roll out of nurse facilitated discharge throughout the paediatric department. The project leader has learnt a lot from this experience and has considered what would be important if the initiative gets rolled out to other areas. The project leader again feels the involvement of all parents, staff, medical, nursing, consultants and head of departments, is key. The ground work at the initial staff development evening should be repeated with staff in other areas as this proved to be a great way of introducing nurse facilitated discharge and got involvement and feedback from the outset. It is important to take time to stop and look along the way at how nurse facilitated discharge is working and whether anything needs to be changed/improved upon. It is also vital to encourage feedback from parents and staff to enable their opinions to be heard and to enable them to feel part of the project. There needs to be a good communication link between nursing and medical staff at handover and on the ward round to ensure all opportunities for nurse discharge are identified.

The project team is keen for the initiative to continue and develop further and will continue to promote this by regularly feeding back progress to staff, by displaying monthly updates of the discharge figures and by presenting the work at relevant conferences. The nurse facilitated discharge initiative is starting to demonstrate improvements in patient experience and satisfaction, ensuring a smooth, planned and timely discharge and the project team is very pleased with the progress the project has made to date.

**Conclusion**

The project was fully supported by the nursing and medical staff and management within the paediatric department. The support given by the FoNS team was invaluable, especially as the project leader felt very inexperienced with practice development at the outset. The practice development facilitator provided continuous support especially in terms of responding to
problems or at times when the project felt very overwhelming. The experience of meeting other teams from around the UK and developing friendships and support networks was an invaluable bonus. This support helped the project leader to develop a wide range of skills and most of all confidence in practice development work and hopefully these new skills will continue to develop and flourish. The project team used methods and approaches to actively involve staff, parents and families in the implementation of each new element of practice. At times the project leader felt that there may have been a ‘quicker way’ to implement the project but on reflection it is appreciated that the approaches used were all necessary to ensure the support and interest from staff and families and to make the project more sustainable and that any alternative approach would have been less effective. On reflection the project leader feels that the main learning point from this experience was ensuring the involvement and participation of all staff at an early stage and creating a united sense of ownership of the project leading to greater success. And by taking this approach, the project team were able to implement a change in practice in a collaborative way that resulted in a positive outcome for patients. Nurse facilitated discharge is starting to provide an improvement in patient experience and parental satisfaction by ensuring a timely, planned and prompt discharge.

References

Acknowledgements
Thank you to project group members Rachel Boyle and Eileen Scott for all their hard work and support
Thank you to the steering group members for their guidance and support
Thank you to all staff on Maynard Sinclair Ward for encouragement and support with the project
Thank you to the ward sister for support and advice
Thank you to the Clinical Manager for ongoing support and guidance with the project
All parents and children who were involved with the project
Thank you to Jo Odell for her continued support
Appendix 1: Questionnaire disseminated to staff

Dear Colleagues,

I am currently looking into developing nurse facilitated discharge on Maynard Sinclair Ward and am keen to get staff opinions on this. I feel nurse facilitated discharge would benefit the ward. It would reduce length of stay in hospital, reduce bed waiting time in A&E and RRU and utilise the skills of nursing staff. It also reduces the delay in waiting for review from medical staff, especially in the evening and weekends. I appreciate this may induce anxiety and concerns of increase responsibility and workload but I think it would have an overall positive effect on the ward. It would be much appreciated if you could take your time to complete the following questionnaire.

1. What are your opinions on the implementation of nurse facilitated discharge?
2. What patients do you think would be suitable for nurse facilitated discharge?
3. What patients do you think would not be suitable for nurse facilitated discharge?
4. Is there anything that you think should be included in the patient criteria for nurse discharge?
5. Current criteria is one year post Registration before a nurse can undertake nurse led discharge. What is your opinion on the level of experience required to ensure safe nurse discharge and would the condition of the patient influence you opinion?
6. Any other comments

Thanks for taking your time to complete this questionnaire

Many thanks,
Appendix 2: Posters from staff development evening
Appendix 3: Children’s Artwork

The Children’s Unit at the Ulster Hospital

Name one thing you like about hospital.

- Operating.

Name one thing you do not like about hospital.

- The bed.

Is there anything else you would like to have in hospital?

- Nothing.

The Children’s Unit at the Ulster Hospital

Name one thing you like about hospital.

- The people are nice.

Name one thing you do not like about hospital.

- The people talking in the night.

Other things I would like to have in hospital.

- Xbox 360
- Remote controlled Helicopter
- Ner’s gun (To shoot nurses and make them jump)