



# FoNS Improvement Insights

## The Implementation of Nurse Facilitated Discharge in Paediatrics

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**Duration of project:** November 2012 – February 2014

**Keywords:** Paediatric nurse facilitated discharge, multidisciplinary, empowerment

### Project background

Maynard Sinclair Ward is an acute, twenty bedded paediatric medical ward providing care for children up to the age of 14, with acute short term and chronic medical conditions in the Ulster Hospital, Northern Ireland. Medical staff were often delayed caring for children in the Accident and Emergency department, meaning that on occasions, families were discharged at inconvenient times and this led to frustration for the parents. The project team felt that these delays could be avoided if nurses undertook the role of discharging patients, thus improving the hospital experience for the children and their families.

### Aim and objectives of the project

The aim of this project was to develop and implement nurse facilitated discharge onto a paediatric ward. To achieve this aim, the following objectives were identified. To:

- Engage with stakeholders to plan the implementation of nurse facilitated discharge
- Understand the hospital experience of the child and family in relation to going home to inform the implementation of change
- Use a structured framework to enable nurses to take on the role of discharging of child and family
- Evaluate the effectiveness of nurse facilitated discharge

### Key activities and outcomes of the project

- Staff engagement

The project team felt it was vital to explore the nursing staff's feelings about nurse facilitated discharge. Initially a questionnaire was sent to all 16 day staff asking for views about nurse facilitated discharge, which patients might be suitable, the potential benefits and their perceived training needs. The anonymous responses (n=15) were themed by the project leader; they highlighted the benefits to children and their families and the willingness of staff to undertake 'simple' discharges. Subsequently, a staff development evening was held featuring team building activities, followed by activities designed to explore the culture of the ward and staff members' values and beliefs around discharge.

- Setting up a steering group

The project team set up a steering group which 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 group met every 4-6 weeks to action plan and discuss key issues.

- Nurse facilitated discharge documentation

The project leader adapted the trust's existing nurse facilitated discharge policy and checklist for the paediatric inpatient setting. Due to fears about accountability, a second checker was added to the procedure. All documentation was reviewed by nursing and medical staff.

- Data collection about discharge times

Data on the time between planned and actual discharge collected between March and May 2013 revealed some lengthy delays which could have been avoided by nurse facilitated discharge.

- Child and parent interviews

The team enlisted the help of other members of staff to interview parents and children about their experience of hospital. Parents explained that the hospitalisation of a child was a very emotional experience which involved a juggling act with childcare for other children in the family. Parents also said that reliable discharge timing was important and that nurse facilitated discharge would be seen as a positive step. The children were encouraged to talk about their likes and dislikes about hospital.

- Nursing staff 'lunch and learn' sessions

Sessions were held to feedback the parent and child interviews and to work through paediatric discharge case studies using the documentation and checklist that had been developed. In order to understand the nurses' experiences of being part of the project as well as to understand any anxieties they might have, the project team facilitated a claims, concerns and issues exercise.

- Implementation of nurse facilitated discharge pilot

The 6-month pilot began in November 2013. During the pilot period, the project team continued to promote the option of nurse facilitated discharge with staff and offer further training. Feedback from nursing and medical staff and from families was very positive. During the pilot period 4.13% of discharges were nurse facilitated. The project is still in its infancy and although there is still a fear that it will not take off, the project team feel that the inclusive approaches used have helped all staff to develop a sense of ownership of the project.

### Implications for practice:

- Practice development approaches helped foster partnership working and helped develop a sense of ownership of the project
- Parent and child stories proved to be very powerful in helping staff to understand experiences of discharge
- Support from the nursing and medical staff and management and the help of an external facilitator enhanced the project

A full project report including references can be accessed from: <http://www.fons.org/library/report-details.aspx?nstdid=57890>

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