

TRUST POLICY AND PROCEDURES FOR NON- MEDICAL LED DISCHARGE

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Version / Amendment History	Version	Date	Author	Reason
	V1	September 2007	DR. Kathy McLean	Original policy
	V2	September 2010	Pam Twine	Reformatted to NHSLA standards
	V3	February 2017	Jenny Sidle	Updated and changed title to Non-Medical Led Discharge
Intended Recipients: Chief Nurse and Director of Patient Experience, Trust Business Units, On Call Managers, On Call Senior Nurses, Ward Sisters, Therapy Leads, Pharmacy Leads and Operations Team.				
Training and Dissemination: Dissemination via the Trust Intranet, e-mail and at designated training sessions. A training strategy has been developed as part of the policy and procedural changes. Nominated staff will be required to attend specific training sessions on NON-MEDICAL LED DISCHARGE and Trust discharge planning.				
To be read in conjunction with: The Community Care Delayed Discharges Act (DH 2003), Trust Policy and Procedures for the Discharge of Inpatients reference number CL-OP/2008/015 Achieving timely, simple discharge from hospital (DH 2004), Ready to go? (DH 2010) Standard Operating Procedure for the Discharge of Adult Patients (Derby Teaching Hospitals NHS Foundation Trust Sept 2013) Framework for Assessors (Derby Teaching Hospitals NHS Foundation Trust, 2004)				
In consultation with and Date: JPAC, MAC, Discharge Leads Steering Group and Education, Chief Nurse Meeting, Training and Development Committee				

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TRUST POLICY FOR NON- MEDICAL LED DISCHARGE

1. Introduction

This policy gives directions for the implementation of Non-Medical Led Discharge within the Trust and standards for training, documentation, audit and evaluation. It provides details of the accountability and responsibility of those staff involved in the process and the key components necessary to ensure safe and effective discharge practice.

This policy reflects the emphasis upon role development and new ways of working as defined within local and national policies and guidelines:

- Safer, Faster, Better: good practice in delivering urgent and emergency care. A guide for local health and social care communities (NHSE August 2015)
- Achieving timely simple discharge/ Discharge Toolkit (DOH 2004)
- High Impact Actions for Nursing and Midwifery (NHS Institute for Innovation and Improvement 2010).
- The NHS Plan (DOH 2000)
- Making a Difference (DOH1999)

In certain circumstances, the medical decision to discharge the patient can be delegated to another healthcare professional, provided that necessary safeguards are in place such as appropriate training and competence and legal and professional responsibilities are adhered to. This policy supports this change in practice and describes the process and procedures required to achieve this in a safe and effective way.

1.1 Background information:

Improving hospital discharge practice remains a key focus for the Trust, due to problems highlighted both internally and externally with discharge pathways and due to a national drive to increase standards for discharge practice based on poor hospital performance and poor patient outcomes.

Proactive management of patient discharge will have a major impact on the flow of patients, faster discharge and less frustration for patients that are ready and waiting to go home.

Nurse facilitated discharge is recognised as one of the high impact actions which can result in a timely planned discharge for the patient with fewer delays leading to a more positive patient experience (Institute of Innovation and Improvement, 2010).

2. Purpose and Outcomes

The purpose of this policy is to support the safe and timely discharge of patients from an episode of care.

This complies with the PRIDE principles that underpin the philosophy of care and practice for staff working at Derby Teaching Hospitals NHS Foundation Trust:

Putting patients first: By improving the quality of the discharge experience and ensuring all discharges are well planned, safe and timely.

Right first time: By ensuring that the patient is discharged when they are medically fit and that there are no delays within the discharge process.

Investing our resources wisely: By adopting new ways of working to reduce delays to discharge for those patients who are medically fit.

Developing our staff: Optimising skills and knowledge to increase autonomy and efficiency.

Ensuring value from Partnerships: Involving the patient and their family in all discharge decisions, and improving collaborative working with the nurse and multidisciplinary team to achieve optimal patient outcomes.

3. Definitions

- **Nominated Professional** refers to a practitioner with professional registration who has been nominated by their line manager to undertake the education and training programme for Non- Medical Led Discharge.
- **Authorised Professional** refers to a registered practitioner who has completed an agreed education and training programme for Non- Medical Led Discharge and achieved the required competencies. For Advanced Clinical Practitioners (ACPs) this will form part of the ACP training.
- **Non- Medical Led Discharge** is where the authorised Professional:-
 - Has responsibility for initiating and leading the patient's discharge (or transfer from hospital to home or another discharge destination).
 - Is responsible for making the discharge decision based upon the patient's progress and achievement of individualised clinical parameters determined by the patient's Consultant, who has overall responsibility for the patient's care.
 - Has the responsibility for co-ordinating the patient's discharge in consultation with the multi-disciplinary team where indicated.
 - Works as an autonomous practitioner, utilising their existing competencies and skills.

MDT	Multi disciplinary team usually consisting of Nurses, Therapists', Doctors, ACPs, Social Care staff and/or other Specialist staff.
TTO's	Tablets to take out- this refers to medications required for discharge.

4. Roles and Responsibilities

4.1 Chief Nurse and Director of Patient Experience

The Chief Nurse is the Executive Lead and is accountable to the Trust Board for ensuring compliance with this policy in all authorised areas within the Trust. The Chief Nurse must ensure that the principles and proposed application of Non-Medical Led Discharge have been ratified by the appropriate Trust groups

4.2 Lead Nurse Operations

The Lead Nurse Operations is responsible for the development, coordination and dissemination of the Policy within the Trust and for the review and updating of all the associated paperwork.

4.3 Divisional Nurse Directors (DNDs)/ Head of Midwifery

The DNDs' /Head of Midwifery are responsible for securing approval from the Divisional Directors and Clinical Leads for Non- Medical Led Discharge to be undertaken by appropriately trained Professionals within their areas of responsibility.

4.4 Medical Staff

The Consultant or designated deputy must clearly document in the patient's medical records that the patient is suitable for Non- Medical Led Discharge in accordance with the agreed criteria for patient selection.

The Consultant or designated deputy must also clearly document any additional individualised parameters that the patient needs to meet before they can be discharged or transferred from hospital using Non- Medical Led Discharge.

The patient's Doctor / ACP (or non-medical prescriber) must ensure that the TTO's and discharge summary are written once the responsibility for the patient's discharge has been delegated to the authorised Professional.

4.5 Senior Sister/ Charge Nurse/Senior Midwife/Senior Team Leader

To identify who can undertake Non- Medical Led Discharge within their designated area.

To ensure all nominated professionals receive training in Non- Medical Led Discharge and are supported to develop their competencies as determined within the Scope of Professional Practice document.

To keep a detailed record of individuals authorised to undertake Non- Medical Led Discharge and ensure that this information is also recorded on the Trust central Training and Education database and training passport.

4.6 Matrons/Clinical Leads

To oversee Non- Medical Led Discharge within their clinical areas and ensure that the policy is correctly applied.

To ensure that only authorised Professionals are discharging patients using the Non- Medical Led Discharge protocols.

To monitor and evaluate the process and practice of Non- Medical Led Discharge to determine whether the specified outcome measures are being achieved and to identify early, any potential adverse outcomes/ effects.

4.7 Authorised Professionals

Must maintain their discharge skills and competence and be able to evidence this within a portfolio.

Must ensure that their clinical skills and practice is kept up to date.

Must only practice Non- Medical Led Discharge within their speciality/ ward/ department.

Must fully accept accountability and responsibility for their actions by ensuring that their practice complies with the policy for Non- Medical Led Discharge and that they work within the boundaries set for the Trust's Vicarious Liability standards.

Must use their professional judgement at all times and refer the patient back to their Doctor/ ACP if there is any cause for concern in the patient's condition and/or suitability to be discharged by the Nurse.

Must participate in audits related to Non- Medical Led Discharge where indicated

5 Eligibility Criteria to undertake Non-Medical Led Discharge

- Be employed by the Trust
- Possess a minimum of 18 months post registration experience within their Speciality/area of expertise.
- Be nominated by their Line Manager/ Clinical supervisor to undertake this role
- Have successfully completed Trust approved Non- Medical Led Discharge training, and successfully achieved associated competencies.
- Be recorded on the Trust's central database.
- Accept accountability and responsibility for their practice in accordance with the Trust's Vicarious Liability standards.
- Be committed to maintaining up to date skills and Knowledge of clinical practice and discharge practice

6. Process for Non- Medical Led Discharge

Non- Medical Led Discharge provides the patient with a safe, timely and effective discharge process.

Establishing Non-Medical Led discharge pathways

- a) Consultants/ ACPs and Senior Nursing/Midwifery staff will identify eligible patient groups/conditions per Speciality / Division that are considered suitable to be discharged by Non- Medical Led Discharge.
- b) Clinical criteria is agreed collaboratively with Senior Professionals and Medical staff and documented as per sample template (appendix 1).

Non-Medical Led Process

- a) Documentation within the patient's Medical records, by the Consultant or nominated deputy, of the patient's eligibility for Non- Medical Led Discharge scheme
- b) Once a patient is considered eligible by the Consultant or designated deputy, to be on the scheme, the authorised professional will inform them of the Non- Medical Led Discharge process and gain patient consent.
- c) If a patient does not have the capacity to make the decision to agree to be on the Non- Medical Led Discharge scheme then it is proposed that the Consultant will make this decision on the patient's behalf. This will be clearly documented in the patient's medical records.
- d) Patients eligible for Non-Medical Led Discharge, should have an individualised management plan documented in their medical records by the Consultant or nominated deputy
- e) Only authorised professionals will be eligible to discharge patients who have been identified by the Consultant or nominated deputy as suitable for Non-Medical Led Discharge.
- f) The authorised Professional must inform the Consultant or nominated deputy if there is any cause for concern with the patient's condition and /or suitability to proceed with Non- Medical Led Discharge.

7. Education and Training

The nominated professional will be required to undertake a training session on Non- Medical Led Discharge. The training will cover the key principles relating to discharge planning and the principles of Non- Medical Led Discharge practice, accountability, responsibility and documentation. This can be delivered locally.

The nominated professional will need to demonstrate achievement of all core competency criteria within the Non- Medical Led Discharge scope package plus additional Divisional / Speciality specific criteria before being signed off to undertake the role.

A period of supervised practice with an authorised assessor is required to allow the Practitioner to demonstrate the achievement of competence in Non- Medical Led Discharge.

If nominated professionals have not achieved their competence within 6 months of commencement they will be withdrawn from the scheme.

It is the responsibility of each authorised Professional to maintain their competence in the skills and knowledge achieved for Non- Medical Led Discharge. It is expected that the authorised Professionals must discharge at least one patient per month for Non- Medical Led Discharge in order to meet this criteria. In the event that this is not possible e.g. no patients have been referred onto the scheme, or the authorised Professional has a period of absence or in the event that the authorised Professional no longer feels confident to practice the skill, then a refresher training session will be offered, delivered by a key trainer. The key trainer will then decide if it is also necessary for the Professional to proceed to a repeat formal assessment of competence and a period of additional supervised practice.

The ACP is identified as a non-medical practitioner who has achieved, or is in the process of achieving a Masters level award and demonstration of competence in agreed core competencies. The ACPs however can vary in knowledge and skill and as such is required to be nominated as at a suitable point in their training to take on non-medical led discharge by their clinical and or educational supervisor

8 Assessors for Non- Medical Led Discharge:

Assessors must be experienced senior clinical staff, Band 6 or above, working within the area of speciality and have an underpinning knowledge of the subject being assessed.

It is desirable that Assessors' for Non- Medical Led Discharge have attended one of the following programmes:-

ENB 997/998 Teaching and Assessing

FLIPS Facilitating Learning in the Practice Setting

SLAiPS Supporting Learning and Assessment in Practice

City and Guilds 7307

D32/ D33

Certificate of Education or other relevant teaching and assessing qualification.

IPPE- Interprofessional Education

Assessors must be nominated by their line manager

9 Liability

The Trust, as an employer, will assume vicarious liability for the actions of staff authorised to discharge patients using the Non- Medical Led Discharge approach, providing that:

- The authorised Professionals have undergone the approved training and are recorded on the central database as having developed competence to practice Non- Medical Led Discharge.
- They have been fully authorised by their line manager.
- They fully comply with the terms of all relevant policies and/or procedures at all times.

Ultimate responsibility lies with the patient's recognised Consultant /Physician acting within the GMC boundaries.

10. Monitoring Compliance and Effectiveness

Monitoring Requirement:	<p>Individual Divisions will manage the risks associated with Non- Medical Led Discharge and monitor the degree of compliance with the policy by:</p> <ul style="list-style-type: none"> • Ensuring that only those patients who meet the criteria for NON-MEDICAL LED DISCHARGE have been referred onto the scheme. • Ensuring that eligibility criteria for staff are strictly adhered to by Managers. • Ensuring that only those Practitioners who have successfully completed the NON-MEDICAL LED DISCHARGE training and competence assessments are performing Non- Medical Led Discharge • Maintaining accurate training records for staff that have completed the Scope of Professional practice for Non- Medical Led Discharge. • Review compliance at local Clinical Governance meetings.
Monitoring Method:	<p>Regular audit of practice for Non- Medical Led Discharge against specific key performance indicators and outcome measures</p> <ul style="list-style-type: none"> • Review of Datix reports received by the Risk Department relating to Non- Medical Led Discharge • The underlying themes from the incidence reports regarding Non- Medical Led Discharge • Numbers of staff who have completed their training and competency assessments for NON-MEDICAL LED DISCHARGE per Directorate • The numbers of staff practicing NON-MEDICAL LED DISCHARGE per Division compared with the numbers trained and competent to do so. • Readmission rates of those patients discharged by the Non- Medical Led Discharge • Documentation compliance through the use of approved Non- Medical Led Discharge

	documentation by Doctors and Nurses.
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DIVISION

SAMPLE TEMPLATE FOR NON- MEDICAL LED DISCHARGE

Important note:

Professionals may discharge patients using the criteria set out below providing the patients' clinical condition is stable and not a cause for concern.

1.	It is documented in the medical notes by medical staff that the patient may be discharged according to the Non- Medical Led Discharge policy and Agreed Local Protocol.
2.	The instructions and/or specific criteria listed in the patient's medical notes by the Doctor (who delegated the discharge responsibility to the professional), has been followed.
3.	The patient/carer is aware that they are being discharged according to the Trust's Non- Medical Led Discharge policy.
4.	The patient's orientation / alertness / mental state is comparable to their normal state.
5.	The patient is tolerating diet and fluids comparable to their normal state/has a documented nutritional support plan.
6.	The patient's pain is within acceptable limits for the patient and has analgesia available if required.
7.	The patient is apyrexial (less than 37.3) and other observations are within the patient's own parameters/ normal limits.
8.	Any wounds are covered and the patient has a documented wound care plan.
9.	The patient is able to mobilise safely with or without aids comparable with their normal mobility / has a documented mobility/moving and handling plan.
10.	The nurse undertaking Non- Medical Led Discharge has documented in the medical notes that the patient has been discharged as per the Non-Medical Led Discharge policy and local protocol.
11.	The generic Trust Discharge Core Care /Checklist plan been completed.
12.	The patient/ carer has received information verbal /written on their medical condition, treatment / complications.
13.	<p>Applicable to Day Case/Planned Investigations patients only</p> <p>The patient has:</p> <ul style="list-style-type: none"> a) Access to a telephone b) Has been informed "who to call" post discharge with problems/concerns e.g. G.P c) Has the availability of a responsible adult present for 24 hours post-procedure in case of an Emergency.