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Review Article

Nurse-led Discharge in Saudi Arabia: A Thematic Investigation of the Literature

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Abstract

Registered nurses are accountable for patient's discharge planning that includes a series of complex decision-making activities. The implementation of nurse-led admissions and discharges is one of the key roles influencing the future of nursing and evidence suggests that there are many benefits for patients, nurses and the organization when developing a nurse-led discharge. This thematic investigation of the literature evaluates evidence in the literature and categorizes it into three main themes; which will provide information on what the evidence suggests about nurse-led discharge, the rationale behind using it and the means for establishing it within the organization.

Keywords: *Nurse-led Discharge; Discharge Planning*

Introduction

The ability to take decisions in complex patient situations and assess how patient outcomes will be impacted are important aspects of a nurses' job. Their work includes activities related to assessing a patient's health, observing for changes that require nursing interventions, interdisciplinary care facilitating, and delivery of care. The accountability for each patient's discharge planning includes a series of complex decision-making activities carried out by Registered Nurses. When additional evaluation of the patient's discharge planning situation is needed however not acknowledged or acted on, the potential for the patient to experience post-discharge complications increases [1].

As nurses are focal points in patient care, their role in discharge planning cannot be ignored. In fact, the importance of nurse-led discharge (NLD) has been emphasized in government plans to overhaul the NHS discharge process [2]. New guidance in discharge planning recommends that in the case of simple discharges nurses are the appropriate health care professionals to undertake the process. It also recommends the involvement of nurses in discharging patients who have more complex needs [3].

The implementation of nurse-led admissions and discharges is one of the key roles influencing the future of nursing, as set out by the chief nursing officer for England in The NHS Plan [4]. Although there have been improvements in nursing roles, discharge planning has rarely been seen as an area suitable for new roles. With that said, evidence suggests that there are many benefits for patients, nurses and the organization when developing NLD [3].

NLD, also known as nurse facilitated discharge, can be defined as the delegation of responsibility for the patient's discharge process according to an agreed plan following a specific criteria or tool. 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 [5]. NLD involves the nurse facilitating the discharge process by coordinating with all involved professionals to accelerate discharges. This includes providing the medication needed on time, and arranging for transportation ahead of time. NLD aims to make each patient's hospital admission a more positive experience, improve patient flow, reduce bed management pressures and expand the role of the nurse [6].

Evidence suggests that a NLD initiative can improve the discharge process as well as patient care [7]. Ideally, patients should come to the ER and stay for a maximum of six hours. If necessary, patients requiring admission should be processed as soon as the physicians order is completed. The main issue in the organization is a discharge crisis -patients occupying beds they don't need - and the solution is implementation of an alternative patient discharge process.

Simple discharges make up approximately 80% of all discharges [7]. Therefore, changing the current process will have a major impact on patient flow [8]. Literature suggests that NLD facilitates well-organized discharge with few delays and positive patient and family experiences. Reports estimate a reduction in the length of stay resulting in a reduction of cost as well [9]. Ultimately, this will alleviate the issues of ER overstaying, discharge process delays, bed occupancy and OR cancellations related to bed unavailability experienced in the author's organization, as well as increase overall patient satisfaction. Most importantly, this will allow the organization to provide the best patient care possible.

The potential benefits of NLD also include the ability to discharge more patients after working hours (i.e. 5:00 pm) and on weekends, rather than discharge being concentrated between 9:00 am and 5:00 pm [5]. This also improves the flow of patients admitted to the ER throughout the day. From a patient perspective, a range of discharge times gives them greater flexibility to coordinate family arrangements and resolve transport issues that often arise during working hours.

With adequate plans, protocols, parameters and training in place, nurses can be empowered to take discharge decisions, which can reduce the length of stay in hospitals, freeing up beds and creating capacity for patients requiring urgent transfer from the ER. The system also has the potential to increase knowledge and improve nursing practice, allowing greater interaction with consultants and therapists around the discharge process. This could also benefit patients, who would have more interaction with the nurses responsible for their discharge [5].

The purpose of this thematic investigation is to evaluate evidence in the literature and categorize the results into three main themes: nurse led discharge, discharge planning and education and competency. These themes will provide information on what the evidence suggests about NLD, the rationale behind using it and the means for establishing it within the organization.

Methodology

Search Strategy

A number of databases were used to extract data and critically analyze the findings. These databases included but were not limited to Emerald, Pub-Med, Wiley online library and Ovid. Two textbooks were also used as a reference for this project: Discharge Planning Guide for Nurses by Judith Roden and Elizabeth Taft, and Nurse Facilitated Hospital Discharge edited by Liz Lees. In addition, electronic searches for relevant publications were carried out using Google scholar search engine, in addition to a comprehensive review of the Saudi health rules and regulations which were collected from: http://www.scfhs.org.sa/en/pages/default.aspx and http://www.moh.gov.sa/Pages/Default.aspx.

Search Terms

Nurse led, nurse facilitated, discharge, nurse's role in discharge, discharge process, discharge planning, education, and/or competency.

Inclusion Criteria

Primary research studies establishing and implementing an NLD program from the ground up.

Exclusion Criteria

The limitations imposed on all articles included: full-text articles, published between the year 1995 to present, written in the English language, written by Author Liz Lees on NLD, focused on nurse led care or discharge from hospitals and excluded nurse led admission and nurse led care in nursing homes.

Discussion

Nurse Led Discharge

The importance of NLD as an aid to the discharge process has been emphasized in many articles [2,3,5]. The new regulation recommends that in the case of simple discharges, which account for approximately 80 percent of all discharges, nurses are the appropriate health care professionals to undertake the process, and a shift towards nurses leading discharges in more complex situations should be explored [3].

NLD can be defined as the delegation of responsibility for the patient's discharge process according to an agreed plan following a specific set of criteria. The plan must be agreed on by the doctor in charge of the patient's care and the nurse must be willing to accept the delegated role [5]. Rooney [10] also states that NLD involves the assessment of patients, liaising with a multi-disciplinary team and conducting the discharge process in a timely manner based on an agreed protocol [10]. This delegated role is vital in providing safe practices and has a positive impact on patient satisfaction and the length of stay [6,11,12]. However, Lees [3] argues that NLD is not a new role for nurses, but rather has always been carried out by them and simply confirmed by doctors [3].

The delayed discharge of patients can have significant financial impact on hospitals, as well as cause frustration among patients and their families, further highlighting the tremendous benefits NLD can provide to organizations. These include reduced costs by between 15.5 – 45 million pounds a year as it improves bed utilization, decreases cancellations and the length of stay between two to six days per patient, as well as helping to lessen overall infection rates. NLD has also been shown to improve patients and their families overall experience due to the reduction in their discharge delays and the fact that they are involved in their own care decisions [13,14].

A study conducted by knight [15] on NLD in high dependency units (HDU), found that NLD was extremely useful especially on weekends and holidays when medical staff were limited [15]. It allowed nurses to discharge patients to general wards, making HDU beds available and allowing them to be effectively utilized by other critical patients in need. This conclusion is supported by Lees [5] who stated that NLD will enable patients to be discharged after 5 pm rather than discharging being concentrated during the morning working hours [5]. With that said, NLD cannot have a positive effect unless the discharge process is working properly.

Lawton [16] argues the perception that there are potential risks associated with nurses discharging pediatric patients unlike adults and describes that it is vital to create simple NLD pathways in order to aid in improving care provided to children and make it a better experience for them and their families as well as reduce costs [16]. These pathways have been proven to be safe and effective for children and ensure that they are receiving the best care possible in a timely manner. They also empower nurses and ease their decision-making process by boosting their confidence. Resistance to NLD from clinicians can affect the nurse's ability to carry out this role safely, therefore it is important to provide good education and comprehensive NLD competencies to help implement this practice.

Nursing staff also benefit from NLD as the system has the potential to increase their knowledge and improve their practice by having them constantly interacting with a multi-disciplinary team from the time of the patient's admission [5]. NLD has also improved staff satisfaction as they did not feel pressured to transfer patients at the last minute or experience bed blocks on weekends [17]. In a study conducted by Crocker and Keller [18], it was stated that nurses felt empowered as doctors actively accepted and trusted their ability to discharge patients safely [18]. However, it is important to highlight the fact that NLD could potentially shift the focus of patient care from being a priority to one where patient turnover and bed capacity is more important. To overcome this, nurses need to be confident in their clinical judgment and their ability to make the right decisions rather than being pressured to free up beds [19].

The accomplishment of NLD plays a vital role in guiding the evolution of nursing in any organization. Therefore, management support is crucial. However, the success of NLD is dependent on the ability of the organization to overcome certain challenges. For example, management may view NLD as an activity carried out by nurses instead of doctors on the day of discharge, shifting patient discharge to an 'event-driven' process that can be determined by capacity problems at peak periods. This could have a negative impact on patients result-

ing in discharging them before they were absolutely ready to leave the hospital. It is therefore essential to have clear protocols, policies, pathways and guidelines on what NLD exactly is and how it should be managed. It is also important that all involved personnel understand the effect and impact NLD will have on the organization [3,5].

Discharge planning

The hospital is a dangerous place for patients. One in five patients will experience an adverse event within 72 hours of discharge [20]. In one study reported by the ARHQ, nearly 20% of patients experienced an adverse event within three weeks of discharge and it is estimated that three fourths of the events could have been prevented. Most complications post- discharge are due to pending laboratory results or adverse drug events. Additionally, hospital-acquired infections and procedural complications increase the risk for morbidity [21].

Being admitted to a hospital may raise the level of anxiety for patients and their families. Not only do they have to deal with the disease but also with the treatment and outcome of their stay. And although being discharged home may relieve their stress, it is more often than not accompanied by the need to follow specific instructions to ensure they stay healthy. These instructions can result in misunderstandings or even complications that, if left addressed, can lead to the patient's re-admission. Therefore, including the patient and families - as appropriate - in the discharge planning process is essential to ensure the patient's continued health and safety when going home [22].

Historically, discharge planning has been defined as the activities leading to referring a patient to a community service facility after being discharged from a healthcare facility, and it focused mainly on a single event, the moment when the patient physically leaves the hospital. However, with time, the word planning has been integrated into the definition, as the process is actually made up of several events whose short-term goal is to anticipate changes in the patients' needs and the continuity of his or her care as a long-term goal. Unlike the past, the focus now leans towards helping patients progress through various levels of care. The process might be complex however the concept is simple: discharge planning helps patients evolve towards a return to health [23].

According to JCI [22], continuity of care requires special preparation and considerations for some patients, such as discharge planning, hence making it a required standard for obtaining accreditation. Hospitals need to develop tools, such as checklists or criteria, to identify patients for whom discharge planning is critical based on their medical, social and psychological circumstances, among others [22]. Although preparations for discharge may take some time, the actual assessment and planning process needs to be initiated as soon as patients are admitted. Successful patient discharges depend on effective planning.

Literature revealed important fundamental elements for successful discharge planning. Effective communication between patients and healthcare workers is essential, and the lack of it may leave patients unready for discharge [24-28]. This was also supported by Bull and Roberts [29] who concluded in their study that communication - whether written or verbal - was an important part of all phases of discharge planning [29]. They also argued that discharge planning involved setting realistic discharge dates, preparation for home as well as the actual transition from hospital to the patient's living environments. With that said, a lack of communication often resulted in problems with medication, discharge delays and in some cases re-admission. Therefore, creating standard tools for hospital workers to follow can aid in preventing miscommunication [22,30].

On tackling delays in patient discharges, The National Audit Office [14] emphasized the importance of planning patient discharge early and the need to investigate the internal and external causes of delayed discharges on a regular basis and work to resolve them. For example, notifying social services early enough of a patient's need for assessment may help them initiate the care services required [14]. They also state the need to develop the role of the discharge coordinators to ensure that internal causes of discharge delays are addressed. However, the National Institute for Health and Care Excellence suggest in their guidance that each patient should have their own 'discharge coordinator' [31]. Kalisch [32] stated that nurses are the primary professional responsible for discharge planning and teaching, therefore nurses are the appropriate healthcare providers to take on this role due to their availability to patients day in and day out, awareness of their needs and their ability to gather relevant information form patients due to the trust relationships they form together [23,32].

It is important for professional nursing staff to be knowledgeable of, and use best practices before discharge [33]. Therefore, including nursing staff in the multi-disciplinary team early and having them be actively engaged in the discharge planning phase is crucial. While, nurses need to be involved in all stages of discharge planning, their admissions assessment is vital as it provides the starting point for the entire discharge planning process. With that said, nurses can face several challenges in meeting discharge planning requirements. These challenges include having insufficient time to plan, maintaining continuity of care when there is an increase in patient complications, frequent patient transfers, unplanned admissions as well as nurse turnover and reduced length of patient stay [32]. Therefore, support is required to encourage and enable nurses to perform their jobs effectively, communicate with families and patients who have complex and chronic conditions, or are unwell and speak other languages. Furthermore, systematic changes to discharge planning processes that include medical staff are required to address issues related to unpredictable illness paths [34].

In order to enable patients to vacate beds promptly and allow new patients to be admitted to them, discharge planning should ensure the maximum cooperation between medical and social services to meet the needs of discharged patients. A potential solution could be providing appropriately located and staffed discharge lounges in which patients can wait before leaving the hospital. This would beds to be released promptly for other patients being admitted, as well as providing a single location from which patients could be collected and streamlining the delivery of drug prescriptions for patients to take home [14,35]. However, discharge lounges can also lead to increased workload on ward nursing staff, as wards are able to take on more patients as beds become available faster. Also discharge lounges are only effective as part of a holistic discharge policy, and this solution requires many initial steps to be taken prior to internal transfer of the patients to the discharge lounge [36]. With that said, the benefits provided by the lounges far outweighs the potential negativities.

Education and competency

According to Davis., *et al*. [37], role expansion is defined as a task normally taken by the doctors and not included in fundamental nursing education, but which may be delegated to nurses when proper training is conducted [37]. Therefore, it is important to determine the outcome that the learner (aka the nurse) needs to demonstrate when designing any study programs [38].

Patient discharge should be a planned part of holistic care. Discharge planning, including NLD, should only be conducted by health professionals or nurses trained in that role [39]. It is often an assumption that newly registered nurses are equipped with the skills to discharge patients, but regulations stress that it should only be a role for senior qualified nurses. According to the Department of Health [8], Patient discharge is a skill nurses will often learn on the job. And because some universities do not include discharge planning in their academic programs for registered nurses, is it vital to ensure that nurses have the necessary knowledge and skills before carrying out discharge practices [8]. It is also recommended that preparation for NLD should be based on the nurse's attainment of specific competencies, else there is no point in introducing NLD to begin with.

According to Rorden and Taft [23], it is important to ensure that nurses develop the skills needed to assess patients' needs perfectly [23]. This includes the interview skills that enable nurses to listen to patient's complaints, interpretation skills that allow nurses to understand what is being described to them and assess it, nonverbal communication skills that permit nurses to recognize subtle responses from patients, observational skills that allow nurses to distinguish normality from abnormality, evaluation skills that empower nurses to not only diagnose a patient's condition but also the interconnections between the strengths and deficits, and finally, the goal setting skills that qualify nurses to identify long term goals of care. These skills and the resulting assessment benefits they provide, along with the nurse's education, make the nurse's assessment of patients' needs an important part of the overall discharge planning process.

Understanding what the nurse's role in the discharge planning process is important. Just as important is developing a mechanism for developing nurses' competencies to a level where they not only are capable of actively participating, but also of contributing positively to the overall process. Competency is identified as the person's ability and capacity to do something successfully [40]. It represents the integration of knowledge, skills, values and attitudes. However, whether one has successfully achieved competency is complex, as views range from minimum standards to independent practice [41]. On the other hand, competency is difficult, perhaps impossible to measure

[42,42]. Clinical evaluation tools are continually suffering from issues related to validity and reliability as few are ever tested for their validity [44]. With that said, there is a need for collaboration among all stakeholders to develop a consistent approach to competency assessment in nursing education [42].

Evaluating and assessing clinical nursing competence is an important part of professional development [23]. Nurses have shown appreciation for the assessment of their clinical competence as it has developed their practice as well the level of competence among their team [45]. Assessment of nurses needs to be done over a period of time and in a clinical setting, as it allows for acknowledging how nurses actually carry out their work. This requires the support of trained objective assessors to be able to give feedback and provide support [46]. It is also worth mentioning that competencies need to be reviewed regularly as best clinical practice is constantly changing [45].

There are drawbacks to pursuing continuous competency training and development, as it is important to recognize that when developing any new initiative, the necessary funding must be secured. Creating educational materials can be expensive especially when it involves multimedia technologies. Therefore, a cost analysis should be carried out from the outset to estimate the amount of time and money needed to initiate the project [38].

Also, when it comes to creating nursing competency in discharge planning, healthcare workers don't have the time, in addition to their clinical responsibilities, to dedicate to developing the necessary materials. Therefore, utilizing existing evidence based competency frameworks that can be adapted to fit the organization is helpful [38]. However, it is crucial to ensure that the educational offering focuses on the understanding and compliance with educating the patient at the time of discharge about medications, identification of conditions that require the patient to notify their provider urgently and satisfaction with the discharge process. It is also essential to educate patients about medication reconciliation, as most health complications post-discharge are the result of adverse drug events [21].

Competence will likely remain key in nursing practice and education for the foreseeable future; however, there is still much work that needs to be done to make it a workable reality [44]. For example, competency statements to describe performance should be established in more concrete terms to avoid confusion [42]. The role of procedural skills should be re-evaluated and have a stronger presence as part of the overall competency assessment [42], but not at the expense of making visible and of compensating the strong intellectual skills and practices that are integral to nursing work [44].

Conclusion

In summary, the literature review has shown that there are many different aspects to NLD, discharge planning and the requirements to implement this type of program in an organization. Both the positive and negative aspects of enhancing the nursing role to include having them play an integral role in the patient discharge process were explored. Discharge delays have been shown to be a source of financial loss for organizations due to the many reasons described above, and because nurses are present with patients throughout their stay, evidence suggests that they are the right individuals to lead the discharge process when and where applicable. With that said, they are not expected to come to the job knowing the complexities involved in actually managing the discharge process for their patients. However, with strong competencies in place, nurses can be trained to take up this responsibility.

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