



Health
South Eastern Sydney
Local Health District

ED Nurse - Led Discharge

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St George Emergency Department

Acknowledgements to Dr Peter Grant

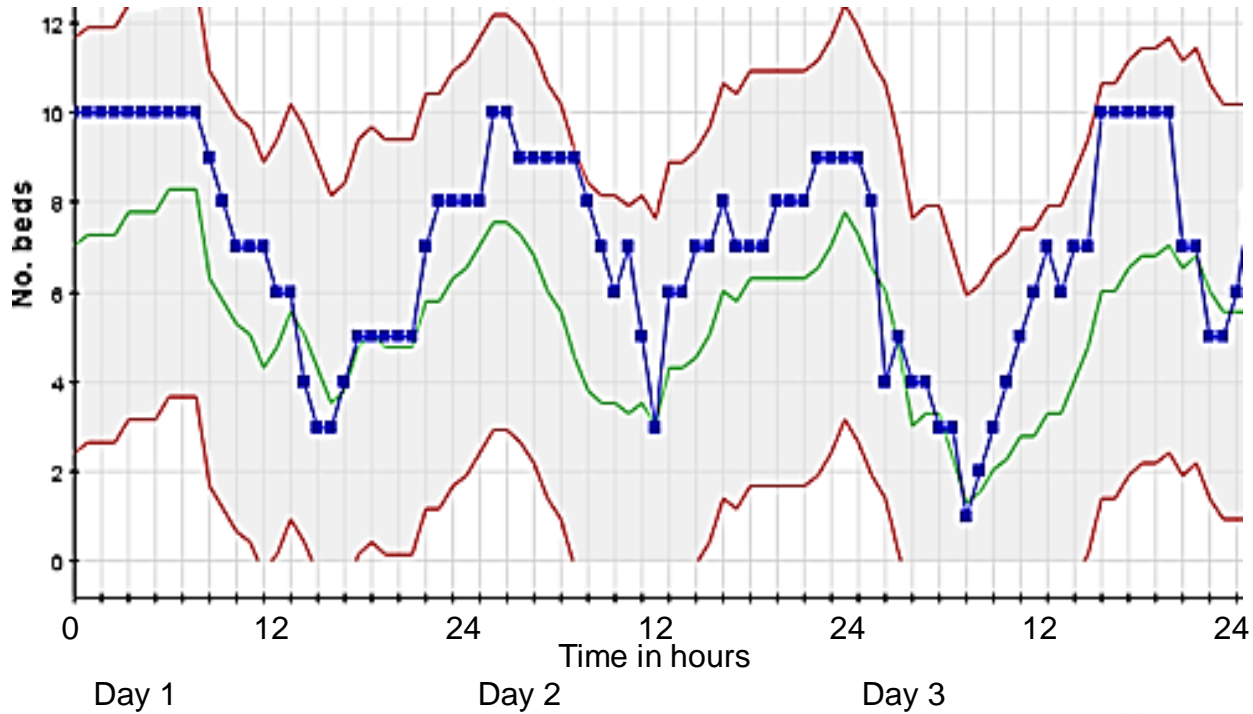
May 2018

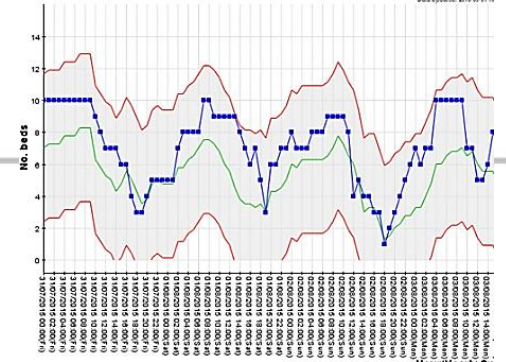
Case for Change

- ED SSU 10 bed unit
- Approximately 540 admissions/month
- EDSSU utilisation has a positive influence on patient flow and ETP
- Medical officers needing to leave clinical area to review and discharge identified as a barrier to SSU usage
- Increased LOS in SSU awaiting discharge
- Adverse impact on patient satisfaction and ETP
- Lightfoot data highlighted latent capacity after hours



SSU Occupancy by Hour





Goals

- Enhanced utilisation of EDSSU
- Increased afterhours EDSSU discharges
- Reduced ED and EDSSU LOS
- Greater medical focus on managing new arrivals
- Enhanced departmental flow
- Improved admitted and discharged ETP
- Engagement and empowerment of nursing staff
- Greater patient satisfaction

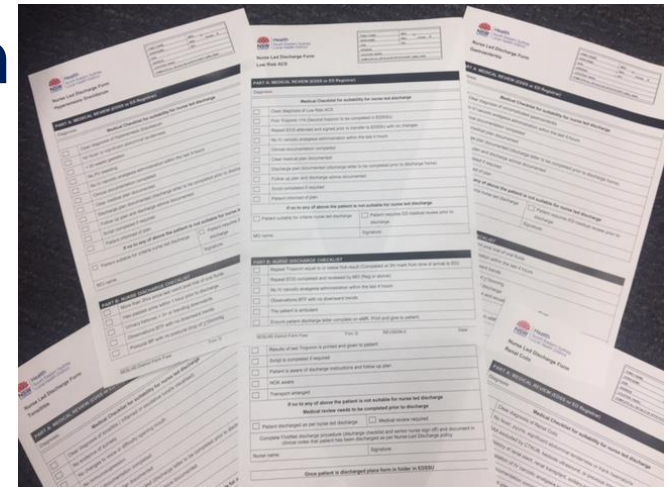
Project Description

- Data revealed low risk/high discharge diagnoses in EDSSU
- Started with 2 diagnosis and now 5:
 - ✓ Gastroenteritis
 - ✓ Low risk ACS
 - ✓ Uncomplicated renal colic
 - ✓ Tonsillitis
 - ✓ Hyperemesis Gravidarum
- Reduced medical workload for discharge process
- Increased nursing involvement in discharge process



Project Description

- Engagement of medical and nursing staff early in project development
- Gathered supporting data from lightfoot
- Draft form and project description circulated
- Nursing and Medical education
- NLD data collated



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Nurse Led Discharge Form
Gastroenteritis

FAMILY NAME:	MRN: <input type="text"/>
GIVEN NAME:	Male <input type="checkbox"/> Female: <input type="checkbox"/>
DOB:	M.D
ADDRESS	
LOCATION / WARD:	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

PART A: MEDICAL REVIEW (EDSS or ED Registrar)

Diagnosis:

Medical Checklist for suitability for nurse led discharge

<input type="checkbox"/>	Clear diagnosis of uncomplicated gastroenteritis
<input type="checkbox"/>	No IV narcotic analgesia administration within the last 4 hours
<input type="checkbox"/>	Clinical documentation completed
<input type="checkbox"/>	Clear medical plan documented
<input type="checkbox"/>	Discharge plan documented (discharge letter to be completed prior to discharge home)
<input type="checkbox"/>	Follow up plan and discharge advice documented
<input type="checkbox"/>	Script completed if required
<input type="checkbox"/>	Patient informed of plan

If no to any of above the patient is not suitable for nurse led discharge

<input type="checkbox"/> Patient suitable for criteria nurse led discharge	<input type="checkbox"/> Patient requires ED medical review prior to discharge
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MO name:	Signature:
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PART B: NURSE DISCHARGE CHECKLIST

<input type="checkbox"/>	More than 2hrs since last vomit post trial of oral fluids
<input type="checkbox"/>	No narcotic analgesia administration within the last 4 hours
<input type="checkbox"/>	Observations BTF with no downward trends
<input type="checkbox"/>	Postural BP with no postural drop of ≥ 15 mmHg - If yes continue with nurse led discharge - If no cease nurse led discharge and escalate to a medical officer
<input type="checkbox"/>	The patient is ambulant
<input type="checkbox"/>	Ensure patient discharge letter complete on eMR. Print and give to patient.
<input type="checkbox"/>	Script is completed if required
<input type="checkbox"/>	Patient is aware of discharge instructions and follow up plan
<input type="checkbox"/>	NOK aware
<input type="checkbox"/>	Transport arranged
If no to any of above the patient is not suitable for nurse led discharge Medical review needs to be completed prior to discharge	
<input type="checkbox"/> Patient discharged as per nurse led discharge	<input type="checkbox"/> Medical review required
Complete FirstNet discharge procedure (discharge checklist and senior nurse sign off) and document in clinical notes that patient has been discharged as per Nurse-Led Discharge policy	

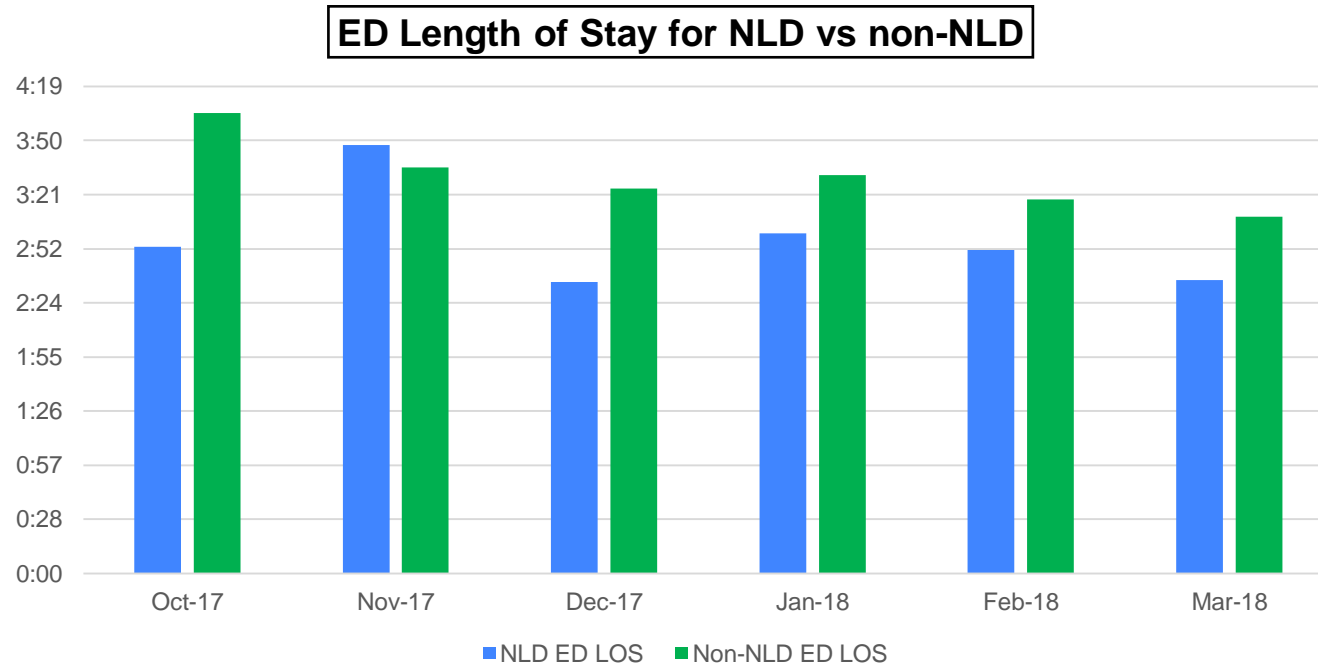


Key Outcomes

- Positive response from nursing and medical staff
- Empowerment of nurses
- Increased utilisation of NLD
- Decreased LOS in ED and EDSSU
- Nil adverse patient outcomes



ED LOS



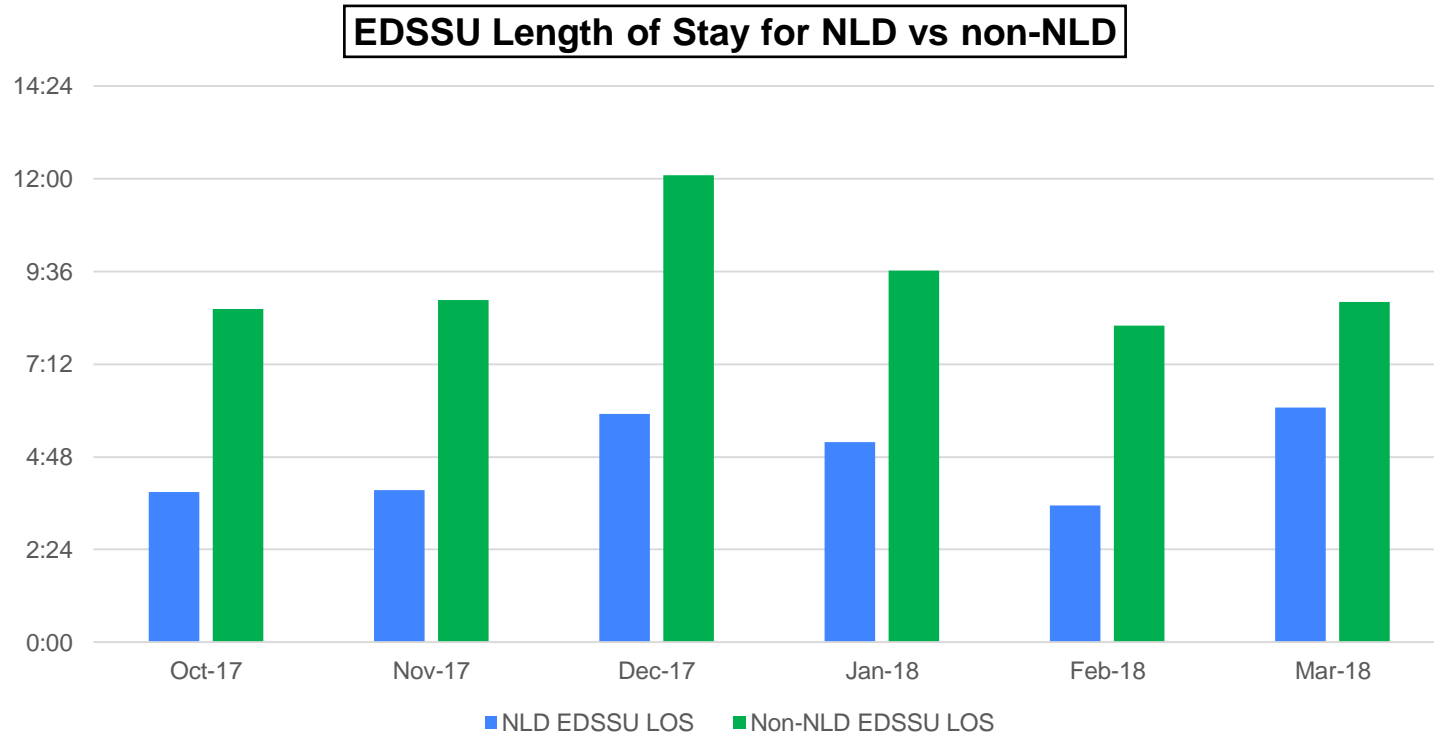
Combined Average Oct 17 - March 18 ED LOS

- NLD = 2:57 Hrs
- Non NLD = 3:31 Hrs



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EDSSU LOS



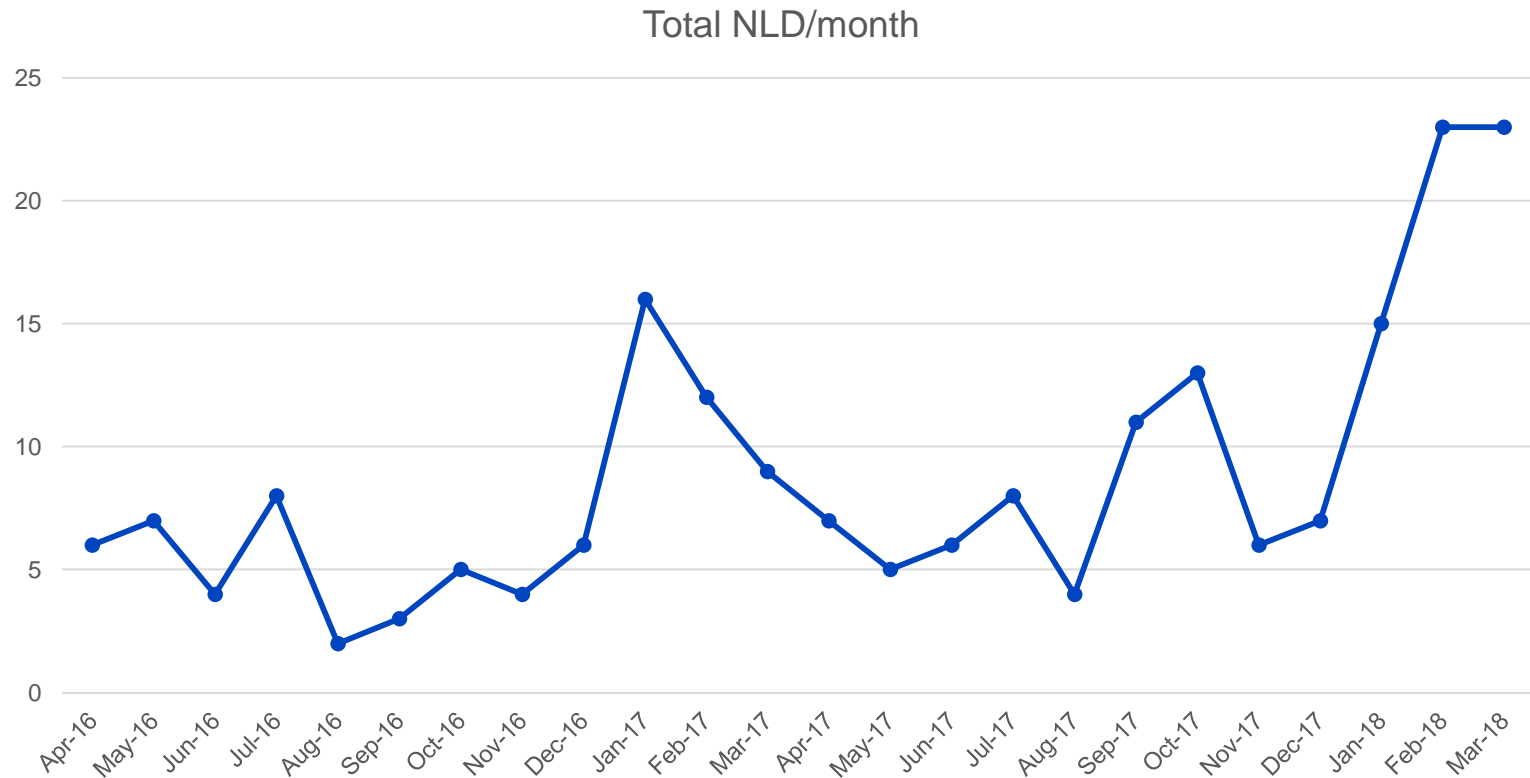
Combined Average Oct 17 - March 18 EDSSU LOS

- NLD = 4:45 Hrs
- Non NLD = 9:22 Hrs



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Total NLD/month



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Future Direction

- Changing perceptions of ED discharge processes.
- NLD pathway to become part of standard practice.
- Formalising NLD process.
- Increase scope of diagnoses
 - Urinary retention
 - Post Procedural Sedation
 - Migraine
- NLD process adopted across the district.



Questions



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