COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA

Nurse Practitioner Discharge and Registered Nurse Assess, Treat and Release:

Frequently Asked Questions

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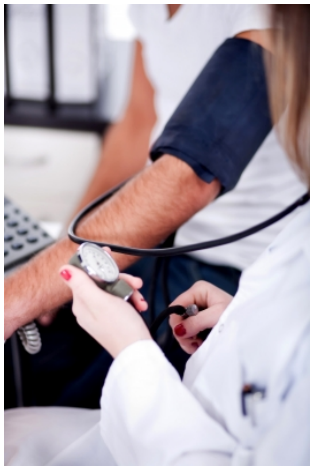
What is Nurse Practitioner (NP) Discharge?



Recent amendments to the Regulations under the *Hospitals Act* allow Nurse Practitioners in a collaborative practice to independently discharge a patient from a provincially funded facility. This includes hospitals, Emergency Departments and Collaborative Emergency Centers (CECs).

Within a collaborative team, who is ultimately responsible for the discharge of a patient from hospital by a nurse practitioner?

Under the *Hospitals Act* only a physician, dentist or midwife has the authority to admit a patient to hospital. The health care provider who admits the patient becomes the most responsible provider (MRP) for that hospital admission unless there is a transfer of care. The MRP is responsible for all aspects of the hospital admission, including the discharge process.

Once the appropriate handoff has been made, the NP discharge initiative enables the NP within the collaborative team to independently discharge the patient from hospital with all the attendant duties and tasks on his or her own authority.

What are the effects on medico-legal liability in the case where a NP independently discharges my patient from hospital?

Case law indicates that the admitting physician will continue to be held liable for events related to discharge if they were the most responsible provider during the admission. If it is determined by the collaborative team during the discharge planning process that the NP will independently carry out the discharge process, it is critically important for the team to communicate clearly and to allow the MRP to hand over that responsibility to the NP. This conversation must be documented in the patient's chart.

As an Emergency Department physician working within a collaborative care team with a Nurse Practitioner, how will NP Discharge affect my practice?

The NP/collaborative care model in Emergency Departments is not well established in Nova Scotia. The level of independence of NP practice and the intensity of collaboration with the attending emergency physician will vary from patient to patient depending on the acuity of the problem, the competence of the NP and the practice setting. In most cases some degree of physician collaboration will occur.

This initiative allows the NP to discharge the patient from the department on his or her own authority, once the appropriate collaborative discussions about disposition and release have occurred and a documented handoff takes place. For selected patients where the acuity of the presentation is appropriately low and is well matched to the competencies of the NP, no physician collaboration will be required.

Can I be held liable if the NP independently discharges a patient from the Emergency Department in which I am working and I have not been involved in the care of this patient?

Likely not, according to information provided by the Canadian Medical Protective Association (CMPA) in response to our request for feedback. Discharge, in this situation, is a function carried out under the independent authority of the NP and is not a function you have delegated to the NP. If so, you will likely not be held liable even if you are the duty physician in the department. However, if one of your clinical functions had been delegated to another health professional, like a Nurse Practitioner, you would retain some degree of liability irrespective of who performed it.

Therefore, it is important, as a means of managing liability, for physicians to avoid unnecessary delegation of tasks that lie within the competencies of other health professions.

What is Registered Nurse (RN) assess, treat and release?

The recent amendments enable independent release of patients from an Emergency Department or a CEC by a RN. These changes simply legitimize practices that already occur.

In Emergency Departments and CEC's, Registered Nurses will be allowed, under strict protocols, to independently perform such duties as treating minor burns and abrasions, tick removal, fishhook removal, administration of tetanus toxoid (under a delegated function as it requires administration of a drug) and removal of a ring from a finger.

This also allows an RN in a CEC to direct a patient, after appropriate triage, to a primary care physician within the CEC that day, without requiring an order from the CEC on-call physician.

Was the Canadian Medical Protective Association (CMPA) consulted over the medico-legal liability questions this initiative raises?

Yes. The College staff member on the working committee for this initiative wrote to Dr. Hartley Stern, CEO and Medical Director of CMPA with details of this initiative. The committee received a comprehensive response from CMPA as well as a similar response from the Canadian Nurses Protective Society that informed health authority policies that will govern the implementation of this initiative.