



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs and NPs unless otherwise stated.

Contents

| | |
|--|---|
| Overview | 2 |
| Legislative Authority..... | 2 |
| Nursing Act..... | 2 |
| Hospitals Act..... | 2 |
| Professional Accountability Related to Client Admission and Discharge..... | 3 |
| Scope of Practice | 3 |
| Individual Scope of Practice..... | 3 |
| Scope of Employment..... | 3 |
| NP considerations related to client admission and discharge | 4 |
| Considerations related to client admission | 4 |
| Considerations related to client discharge | 4 |
| Liability considerations..... | 4 |
| Key Points | 4 |
| Suggested Reading | 4 |

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Our practice support tools are developed using current reference material. The source of this material is available upon request.



Overview

This tool is a resource for NPs to help them understand:

- Legislative authority in relation to admission and discharge of clients from hospital settings.
- Professional accountability in relation to client admission and discharge, including professional, individual and employment scope of practice.
- Considerations in relation to client admission and discharge from hospital settings.

Like all regulatory tools, use this document in conjunction with employer policy, applicable legislation and the standards of practice and code of ethics for NPs.

Comprehensive health care often requires a [client](#) to move within and across the healthcare continuum, from hospital-based environments to community settings. In most circumstances, clients will require admission to a healthcare facility to access hospital-based services. When the client's needs change they will need to be discharged from the facility. All processes involving admission and discharge from hospital settings are transitional in nature and involve the client, the family, and all members of the collaborative team, including NPs, when they are involved in the client's care.

Legislative Authority

NURSING ACT

The [Nursing Act](#) is the foundation upon which [entry-level competencies \(ELCs\)](#) and [standards of practice](#) for NPs are developed. The [legislated scope of practice](#) for NPs is outlined in the Nursing Act and it defines the [professional scope of practice](#), which encompasses the roles, functions and [accountabilities](#) that NPs are educated and authorized to perform. The professional scope of practice can only be changed by a change in the legislation.

Admitting and discharging clients to hospitals is within the professional scope of practice for an NP; however, provisions in the [Hospitals Act](#) prohibited NPs from admitting clients prior to the most recent legislative amendment.

HOSPITALS ACT

The [Hospitals Act](#) provides the authority for practitioners to admit and discharge clients from hospitals. Under the Hospitals Act, NPs were previously provided authorization to discharge clients from hospital settings. Effective April 22, 2022, NPs are now authorized to admit clients under the Hospitals Act.

A hospital is defined under Section 2(f) of the [Hospitals Act](#).

Specifically, Section 2 and 8 of Chapter 208 of the Revised Statutes, 1989, the Hospitals Act, is amended to include:

- Section 2(hb) *“qualified nurse practitioner” means a nurse practitioner as defined in the Nursing Act*”;
- Section 8 *“Subject to such conditions and regulations as the board of the hospital by by-law prescribes, the administrator of a hospital, when there is accommodation in the hospital, on the application of a qualified... nurse practitioner”*.

These amendments are enabling rather than mandatory, meaning that on an individual basis, health authorities/hospitals will have to work through these new provisions for their organizations to implement these changes.

Professional Accountability Related to Client Admission and Discharge

SCOPE OF PRACTICE

The [Nursing Act](#), [NP Standards of Practice](#), [Entry-Level Competencies for Nurse Practitioners in Canada](#) and other related [provincial](#) and [federal](#) legislation define NP practice in Nova Scotia.

Changes to the Hospitals Act in Nova Scotia allow NPs the ability to admit clients to hospitals for care and therefore optimizes the professional scope of practice for NPs.

INDIVIDUAL SCOPE OF PRACTICE

The [individual scope of practice](#) for an NP is defined in the Nursing Act as the services for which the NP is educated, authorized and competent to perform. The individual scope of practice represents an NPs practice based on their entry-to-practice education, practice experience, [context of practice](#) and education (formal and informal) over the course of a career. [Beyond entry-level competencies \(BELC\)](#) are advanced knowledge, skills and judgment gained through additional education, training and clinical experience outside the core knowledge, skills and judgment obtained through basic nursing education.

The individual scope of practice is narrower than that of the professional scope for NPs, however, individuals may have more specialized, in-depth knowledge and competence in a specific area of practice.

NPs are responsible and accountable to provide safe, [competent](#), compassionate, and ethical care within their scope of practice and in accordance with their standards of practice, code of ethics, individual educational preparation and [competence](#) in their area of practice.

- NPs must perform a comprehensive assessment to determine if a client needs hospitalized care.
- NPs must work with the employer to attain any additional individual competencies/education required to safely admit or discharge clients from hospital.
- NPs are accountable to identify when the client care required is beyond their individual and professional scope of practice.
- NPs are required to [collaborate](#), consult with, and refer clients to the most appropriate health care professional when the needs of the client exceed their individual scope of practice.

SCOPE OF EMPLOYMENT

The [scope of employment](#) is the role description within the employment setting. It is defined by the employer through the job description, [policies](#), guidelines and context specific education.

The scope of employment has a significant impact on the individual scope of practice.

- NPs are expected to optimize their individual scope of practice within employer policies and advocate for policy change to support optimized practice.
- NPs are accountable to be aware of and practice in accordance with any employer specific policies, processes, practices and/or guidelines related to hospital admission and discharge of clients. This includes but is not limited to:
 - Determining whether the NP is authorized to admit or discharge.
 - Determining expectations regarding the management of the client while in hospital, including after work hours.
 - Accessing supports with the collaborative team including discharge planning supports.
 - Completing required notification and documentation requirements related to hospital admission and discharge policies.
 - Management of the transfer of clients from one unit to another or one facility to another.
 - Ongoing care of clients without a primary care provider while in hospital and upon discharge.

To improve client outcomes and access to health care, government, hospitals/employers and NPs each have a role to ensure successful implementation of NPs as an admitting and discharge care provider.

NP considerations related to client admission and discharge

NPs are accountable to follow their standards of practice, code of ethics and employer policies to ensure they are providing safe, competent, compassionate, and ethical care when admitting and discharging clients from hospitals. The considerations listed below, although not exhaustive, are the expectations NPs need to consider to ensure safe admission and discharge of clients from hospital.

CONSIDERATIONS RELATED TO CLIENT ADMISSION

- The client assessment has indicated that the client's diagnosis requires hospitalized care.
- The NP has the required competency to safely admit clients to hospital.
- The client, their family and any caregivers have received all the required information related to diagnosis, treatment and hospital admission.
- Work with an interdisciplinary team or in collaboration with another provider to ensure client's needs are met.
- Collaborate with other care facilities to obtain information on the client's health.
- Follow employer policies, processes and guidelines related to client admission and care.

CONSIDERATIONS RELATED TO CLIENT DISCHARGE

- The client's condition has stabilized or resolved to the point where ongoing recovery or health care management can take place at home or in another healthcare setting.
- The NP or the collaborative team members involved in the client's care, including the individual designated as the primary care provider, are satisfied that ongoing care can be managed outside of the hospital setting.
- Collaborate with other care facilities to ensure a comprehensive discharge plan when appropriate.
- The client, their family and any caregivers have received all information and education required to manage the client's healthcare safely and effectively once discharged.
- Arrangements for any necessary supports or services, including equipment and personnel, are in place.

LIABILITY CONSIDERATIONS

All NPs licensed with NSCN have professional liability protection from the Canadian Nurses Protection Society (CNPS).

If you have questions regarding your liability coverage related to your responsibilities for client admission and discharge, please contact CNPS.

Key Points

- NPs have the authority to admit and discharge clients to hospitals under the applicable Hospitals Act.
- NPs ability to both admit and discharge clients will improve client care and access to needed health services for overall improvement in health outcomes for Nova Scotians.
- NPs must attain the required competencies related to hospital admission and discharge and work within employer policies and processes.
- NPs with questions related to liability coverage regarding responsibilities for hospital admission and discharge should contact CNPS.

Suggested Reading

- [Nursing Scope of Practice Guideline](#)
- [NP Practice Guideline](#)

For further information on anything contained within this tool, please contact an NSCN Practice Consultant at practice@nscn.ca.