Standard Operating Procedure for: 'The Discharge Lounge' – (DCL)

1. Introduction

The Brighton and Sussex University Hospital has a discharge lounge (DCL) function at both the Royal Sussex County Hospital Site (RSCH) and Princess Royal Hospital (PRH). This SOP covers the RSCH site.

• The purpose of the discharge lounges are to provide a vital role in the timely and safe discharge/ transfer of care of patients from inpatient wards/ assessment units within the RSCH. It aims to provide a pleasant and relaxing environment for patients to wait away from the ward area while the final parts of their discharge/transfer of care are being arranged. It is a place where the patient can wait for medications, transport or family members to take them home or to another unit/hospital. The DCL aid's to improve flow of patients through the emergency and planned care pathways by releasing inpatient bed capacity earlier in the day.

Authors: P.Heafield, V. Lalsing, D. Symons Oct 2020. Review Date Oct 2021.

2. Purpose and Objectives

This Standard Operating Procedure (SOP) describes the daily operation of 'RSCH DCL'. The SOP defines both the roles and responsibilities of staff working within the areas which aim to support the safe and effective discharge/ transfer of care of adult patients from the RSCH.

By adhering to this SOP the following should be achieved:

a) Timely availability of beds on inpatient wards, improving patient flow across the trust.

b) Improved placement of patients on wards appropriate to their condition.

c) Smooth patient transition from hospital to home or other specified destination.

d) Patients will have a positive and comfortable experience of the lounge.

e) Improve utilisation of the lounge.

3. Scope

This SOP applies to the care of patients and the necessary escalation process for patients transferred to the discharge lounge facilities at the RSCH site. This is a working document and will be subject to amendment and modification as the function and operation of the lounges evolve. The SOP applies to all Trust staff involved in any way with the discharge/transfer of patients.

4. Management of 'DCL'

'The DCL' is the responsibility of operational services. The Discharge Lounge responsible manager will be the Band 7 based in the IDT hub.

Both areas are managed by the Matron and Lead for Back Door Integrated Discharge Team and have a named Co-ordinator for the service who oversees and support the day to day operational management of the facilities and staff.

The Discharge Lounge co-ordinator is responsible for the day to day operational management of the lounge.

If the Discharge Lounge is not able to meet the requirements of the ward referrals then this should be escalated to the Matron or Hub Manager for support.

The Discharge Lounge should not able to decline patients due to transport issues or pharmacy concerns without authorisation from the Hub Manager or Matron.

5. Roles and Responsibilities

All clinical staff are responsible for ensuring that the criteria for transfer to the Trusts discharge lounges is carried out and to ensure the following is provided for the patients if required:

a) Assistance with washing, dressing, toileting (personal hygiene).

b) Meals/ and refreshments.

c) Assistance with feeding if required d) Pressure area care.

e) Administration of medication- including IV's, insulin and analgesia.

f) Medication advice.

g) Health education and health promotion advice.

h) Communication with both patients and relatives (relatives must be informed of discharge prior to transfer to the lounge).

j) Collection of patients from areas if possible.

5.1 The Role of the Registered Nurse

a) Provide /oversee care for patients in the area.

b) Maintain the effective day to day running of the department.

c) Ensure the criteria for referral to the lounge is followed and maintained.

d) Contact the correct medical teams when required.

e) Ensure patients receive all medications in a timely manner prior to discharge.

f) Ensure patients have a safe mode of transport home.

g) Check medication prescriptions prior to leaving.

h) Ensure all patients leave hospital with the correct communication, equipment, dressings.

i) Continuous monitoring of the patient.

j) Capture the date and time of transfer and discharge on Medway.

k) Keep the patient and relative up to date regarding discharge arrangements.

l) Provide support to patients on ward to ensure timely flow into DCL – e.g dressing or checking TTO's.

5.2 The Role of the Health Care Assistant

a) Undertake observations in line with NEWS 2 if the patient deteriorates.

b) Support the Registered Nurses with the daily running of the lounge.

c) Ensure hydration and dietary requirements are achieved for each patient.

d) Assist with activities of daily living.

e) Act as a runner to pharmacy if required.

f) Continue with pressure area care.

g) Complete hourly care rounds.

h) Provide support to patients on ward to ensure timely flow into DCL – e.g wash patient first thing.

6. Operating Times and Staffing

<u>The RSCH Lounge</u> EX 4058 Situated in the lower ground floor of the Barry Building
CAPACITY: Mixed sex 6 Chairs 1 Bed
<u>OPENING HOURS</u> OPEN: 08.00 CLOSES: 20.00 Monday – Friday The DCL is closed and locked outside of these hours
<u>DAILY STAFFING HOURS:</u> RN: 3 HCA: 1
Referral of patients: Via Panda can be made in advance

7. Transferring Patients to the Lounge

a) The discharge lounge team endeavour to collect patients in a timely manner after an appropriate referral is accepted on Panda. Once the patient has been accepted the DCL will comment on the patient narrative when they are on their way to collect. Priority of patient collection will be given to areas under most pressure as directed by the daily site operational meetings at 08.00 in IDT hub.

b) Health care Assistants and DCL volunteers will assist to transfer patients to the lounge. Patients highlighted in the operational meeting should be transferred to the lounge as soon after opening as practical but before 11am by the ward staff.

c) Prior to collecting the patient to be transferred to the lounge a bamboo referral will have taken place.

d) It is the responsibility of the discharging ward staff/ member of staff collecting the patient to ensure that the patient's locker is checked before transfer to ensure they have all their belongings.

e) Property in the discharge lounges remains the responsibility of the patient. Property will not be checked but it will named and stored with the patient.

f) Transferring staff will ensure that all medication and notes are transferred with patient, including all fridge items and Controlled Drugs.

g) Before transferring the patient, it is essential that the ward/department have agreed the patient is safe to be transferred to the lounge and meet the patient criteria.

h) It is expected that all patients who meet criteria will be transferred to DCL, where capacity allows.

i) The DCL co-ordinator will be pro-active in identifying patient suitable for the lounge, by contacting the wards regularly for suitable patients. They will also make contact with the discharge hub at 15.00 to plan for admissions to the DCL 11am the next day.

7.1 'Go Green' Patients (Pro-active Approach)

a) 'Go Green' patients should be identified and allocated the day before discharge to the lounge, it is preferable that each ward identify two patients that can be transferred to the lounge early morning of the next day before 11am. At least 2 of these patients can be booked in for a 'wash and assist' meaning the DCL HCA will attend ward, wash and dress the patient and transfer down to DCL.

b) Discharge Medications (TTOs) for confirmed next day discharges should be requested no later than at afternoon huddles ensuring completion and submission to pharmacy by 15.00 hours the day before discharge.

c) A member of the discharge lounge staff will visit wards in the afternoon to assist with the 'Go Green' allocations, ensuring both patients, relatives and staff are aware of the process.

d) A next day discharge list should be created by the DCL team from the Real Time Bed State to increase flow to the lounge early mornings. This could also be created from the COP MRFD list.

e) The discharge lounge will support discharge arrangements as much as possible for example washing/medication/ arranging transport/completing referrals/ wound care.

7.2 Referral to the lounge/ Discharge from the lounge

a) All patients should be referred via Bamboo, if the patient is not accepted the DCL will make contact with the ward. Once accepted and the DCL have left to collect patient, a note will be made on the whiteboard for the patient.

b) Bed space and chair space will be allocated and managed via Medway by the DCL Co-ordinator.

c) Once the patient is accepted by the Nurse in Charge of the lounge, a prompt transfer should take place.

d) A daily record will be kept of all patients arrivals/discharges to and from the lounge in addition to data added to the trusts electronic system.

7.3 Arrival to the Lounge (Process)

a) The patient will be greeted on arrival at the reception desk where it is ensured that the patient is wearing an identification wrist band.

b) The patient will then be transferred to the lounge on Medway, if not completed by the previous ward.

c) The nurse will then complete an admission check list.

d) If IVABX are required the patient's cannula will be checked and removed if once no longer needed. If no IVABX are to be given the cannula should be removed by the Ward.

e) The discharge arrangements are confirmed with the patient if possible, and the patient's next of kin are informed. The lounge staff will also confirm package of care starts times with care providers, or ensure the patients nursing home or residential home is expecting the patient. The staff will ensure that the IPC transfer checklist has been completed and communicated with the discharge destination.

f) At the DCL staff will also confirm with community hospitals that an appropriate handover has been accepted and confirm the cut off times. The staff will ensure that the IPC transfer checklist has been completed and communicated with the discharge destination.

g) The patients transport method with be arranged, if not completed already.

h) If the patient already has TTOs checked and a printed letter, the lounge will re-check the medication to ensure it is correct. If the patient does not have any TTOs completed the lounge staff will review the Pharmacy Tracker to investigate how far into the process patients medications are and liaise with Pharmacy.

i) When the patient is ready to be discharged, they are 'made ready' if traveling via ambulance and all medication is checked and locked in appropriate storage along with the medical notes, or transfer information.

j) Medication and letters are given on discharge and patient is discharged on Medway

8. Patient Criteria

8.1 Inclusion criteria:

a) Adult patients from all inpatient wards/departments across the RSCH and PRH sites who are awaiting;

- Collection by relatives.
- Hospital transport.
- TTOs to be dispensed.
- Transfer to residential and Nursing Homes.
- Accessing rapid response services from emergency and admission/assessment units.
- Transfer to community step down/ rehabilitation.

b) All patients whose discharge has been agreed for the same day.

c) All patients who are pathway 0 and 1 must be transferred to the DCL – capacity dependent.

c) All patients must be medically stable and need no further medical input.

d) When the Trust is operating at OPEL level 3 / 4 patients will be accepted into the areas without a TTO letter. A process should be agreed with the relevant wards to ensure that the staff know who to contact to progress.

8.2 Exclusion Criteria

a) Any patient with a known or suspected infection.

b) Patients who have needed isolation for infection reasons/ being discharged from a ward that has a known outbreak of infection.

c) Patients who are confused and agitated and/or aggressive and or at risk of absconding/wandering.

d) Patients with a mental health issue who's safety and the safety of others may be compromised will not be accepted into the discharge lounges.

e) Inpatients with known or suspected dementia should not be transferred to the discharge lounge unless consent has been obtained from the patient in line with Mental Capacity Assessment (MCA) or a Family member.

f) Patients in the last days of their life journey.

g) Patients attending routine outpatients – unless their collection is delayed past clinic closure time or the patient has a clinical need that cannot be met within the Outpatients department. (These patients will require a full handover/ completion of a transfer checklist from the relevant OPD and be accompanied by relevant clinical notes.

h) Children under the age of 17.

i) Bariatric patients – due to lack of equipment.

9. Heightened levels of Privacy and Dignity

Patients being admitted to the discharge lounge are at the end of their hospital stay. The discharge lounge are reflective of a waiting or day room, patients who enter these areas should therefore be made aware that it is an area that accommodates both men and women.

a) It is an expectation that staff will encourage patients who are admitted to these areas to change into their own clothing, to maintain their privacy and dignity when in the area and for their journey home. Staff on the wards should encourage patient's relatives to bring clothing in for the patients in preparation for discharge home, the day prior to discharge.

b) Patients, who do not have clothing to change into, should be offered the new clothing purchased for this purpose by the Trust which is available in both discharge lounges.

c) Patients, who do not wish to wear this clothing or wish to remain in their night clothes, should be admitted to the discharge lounges if they are comfortable to do so. Staff in the discharge lounge should ensure the heightened levels of privacy and dignity is maintained with the use of dressing gowns, blankets and sheets.

d) There is a disabled toilet facility within the Discharge Lounge.

10. Catering Arrangements

All patients will be assisted with hydration and nutrition whilst in the discharge lounges. Light refreshments, snacks and drinks are served by the staff. Hot meals can be ordered on an individual basis.

a) Any special dietary requirements must be identified on referral to the areas incorporated in the handover and recorded in the transfer letter.

b) It is essential that the catering department are informed by the discharge lounge staff, of those patients who require meals. This should be done as early as possible to allow meals to be transferred to the Discharge Lounge and prevent service duplication

11. Untoward Incidents/ Medical emergencies

a) All normal Trust policies will apply.

b) Patients remain under the care of the consultant team who have provided care for them on the Wards or Departments.

c) In the event of a relapse or medical emergency the patient's Consultant team will be contacted and arrangements made for the patient to be reviewed. If the Consultant team is not available then the team on call for that speciality should be contacted.

d) In the event of cardiac arrest, the cardiac arrest team will be called by dialling 2222 and resuscitation commenced by the Discharge Lounge staff, in line with the Trust resuscitation training policy. Full resuscitation equipment is available in the Discharge Lounge.

12. Pharmacy Arrangements

It is essential that pharmacy is aware of patient movements to ensure that medications reach the patient in a timely fashion.

The Discharge Lounge staff must:

a) Advise pharmacy of all patients that are transferred to the lounge who are waiting for medication to be dispensed.

b) Check the status of all patients TTO.

d) Check medications against the prescription

e) Ensure all copies of the TTO are printed give and explain the patient copy to the patient.

f) Escalate to Site team/ Duty management teams if ward teams are reporting delays in prescribing or dispensing of medications.

Pharmacy will:

a) Contact the lounge staff regarding any queries or to inform them that medications have been dispensed and ready for collection, via the Pharmacy Tracker.

b) Will complete the stages of e-TTO as per e -Discharge/TTO process.

13. Quality Assurance & Monitoring

The quality of care will be monitored through:

a) Datix Incident reporting.

b) Quality Risk and Safety/ Governance.

c) Patient feedback.

d) Feedback from ward areas, colleagues and multi professional team

e) External visits i.e. Care quality commission, Clinical commissioning groups.

f) Patient and Public Initiative involvement.

g) Discharge Matron spot checks.

14. Complaints Procedure

Grievances and complaints regarding the operation of the standard operating procedure may be progressed through the Trust's normal complaints/grievance procedures.

15. Monitoring Compliance

What will be measured to monitor compliance	**How will compliance be monitored**	**Monitoring lead**	**Frequency**	**Reporting Arrangements**
Number of discharges through DCL	Through Data – Medway/DCL	DCL co-ordinator	Weekly	Operational Productivity Bed Optimisation Discharge Improvement Programme Working Group.
Number of discharges planned between ward and DCL the day before	Bamboo ref and DCL data	DCL Co-ordinator	Weekly – monthly	Operational working group
% of discharges to the lounge before 12.00	Medway/ DCL data	PFIS team	Weekly-monthly	Operational Working group
No. of DATIX incidents reported to Lounge	DATIX	DCL Co-ordinator/ Matron	Monthly	Safety group
Patient experience indicators	Questionnaires	DCL team	Monthly	Operational Working group

Brighton and Sussex University Hospitals NHS Trust

INFECTION PREVENTION AND CONTROL DISCHARGE / TRANSFER COMMUNICATION FORM

To be completed on discharge/transfer to other care or shared housing facilities, including care homes and sheltered housing

Patient Name:	**D.O.B:**		**Hospital N^{o} / NHS N^{o}:**
Date of discharge:	**Discharging ward and hospital:**		
IS THE PATIENT KNOWN TO HAVE ANY OF THE FOLLOWING CROSS-INFECTION RISKS?			
	Yes	**No**	**Additional information**
METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)			
If yes, date of positive swab:			
If yes, has skin suppression been administered?			
Any further rescreens and results?			
CLOSTRIDIUM DIFFICILE			
If yes, date of toxin positive sample:			
Does the patient still have diarrhoea?			
Detail the patient's bowels for the last 72 hours:			
CARBAPENEMASE RESISTANT ORGANISMS (CRO) / CARBAPENEMASE PRODUCING ENTEROBACTERIACEAE (CPE)			
If yes, date of positive swab:			
VANCOMYCIN RESISTANT ENTEROCOCCI (VRE) / GYLCOPEPTIDE RESISTANT ENTEROCOCCI (GRE)			
If yes, date of positive result			
Does the patient have diarrhoea (which would increase the risk of cross-infection)?			
EXTENDED SPECTRUM BETA LACTAMASE (ESBL) PRODUCING ENTEROBACTERIACEAE			
If yes, date of positive result			
INFLUENZA			
If yes, date of positive swab/diagnosis:			
Is the patient still symptomatic?			
COVID-19			
If yes, date of positive result:			
Is the patient still symptomatic?			
Has the patient been rescreened?			
Date and result of rescreen:			
Has the patient been exposed to COVID-19 whilst in hospital and requires self-isolation?			
If yes, indicate when self-isolation period will end:			
TUBERCULOSIS			
If yes, date of positive result			
Has the patient received 2 weeks compliant therapy?			
Is the patient now non-infectious?			
DOES THE PATIENT HAVE INFECTIOUS DIARRHOEA AND / OR VOMITING			

Is the patient still symptomatic?			**ANY OTHER CROSS-INFECTION RISKS?** If yes, provide full details:
If yes, date / time of last symptoms (within last 72 hours)			

IF ANSWERING YES TO ANY CROSS-INFECTION RISK(S), PLEASE DETAIL THE INFECTION PREVENTION AND CONTROL PRECAUTIONS REQUIRED:

☐ **Single room / source isolation**

☐ **Standard infection control precaution**

☐ **Droplet precautions**

☐ **Contact precautions**

☐ **Airborne precautions**

Any additional information:

Name and job title of person completing the transfer form: _____

Signature: _____ Date: ____ ____ / ____ ____/ ____ ____

Definitions:

Standard infection control precautions (SICPs): the basic IPC precautions necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection. SICPs include the use of patient placement and assessment for infection risk, hand hygiene, personal protective equipment, safe management of: the care environment, care equipment, healthcare linen, blood and body fluids, waste, sharps, occupational safety and maintaining physical distancing (new SICP due to COVID-19).

Contact precautions: used to prevent and control infection transmission via direct contact or indirectly from the immediate environment (including care equipment). This is the most common route of infection transmission and hand hygiene is vitally important when using contact precautions.

Droplet precautions: used to prevent and control infection transmission over short distances via droplets (>5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual and includes the use of good respiratory hygiene, hand hygiene and use of fluid resistant surgical masks.

Airborne precautions: used to prevent and control infection transmission via aerosols (=5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual and includes the use of FFP3 respirator masks.