

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

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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). The focus of this Standard Operating Procedure (SOP) is the PRH DCL.

- The purpose of the Discharge Lounges is to provide a vital role in the timely and safe discharge/ transfer of care of patients from inpatient wards/ assessment units within the PRH site, there is a separate SOP for RSCH DCL. Our aim is 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's aid improved flow of patients through the emergency and planned care pathways by releasing inpatient bed capacity earlier in the day.

2. Purpose and Objectives

This Standard Operating Procedure (SOP) describes the daily operation of 'PRH DCL'. This 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 PRH site.

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 and appropriate 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) Improved early utilisation of the lounge.

3. Scope

This SOP applies to the care of patients and the necessary escalation process for patients transferred to the DCL facilities at the PRH site. This is a working document and will be subject to amendment and modification as the function and operation of the lounge evolves. 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 the Operational Services. The Discharge Lounge's responsible manager will be the Band 7 based in the IDT HUB and in her absence the Discharge Lounge Coordinator Band 6.

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

The Discharge Lounge Coordinator 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 be 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 Trust's discharge lounge is carried out and to maintain the following for the patients as 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 (subject to their administration protocol and level of monitoring required)
- 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 by the ward, RAMU or A&E staff)
- j) Collection of patients from areas if possible.

5.1 The Role of the Registered Nurse

- a) Provide /oversee competent 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, DNACPR documentation and Discharge /medical notes, equipment, dressings.
- i) Continuous monitoring of the patient.
- j) Work alongside the IQ team to ensure that the date and time of transfer and discharge is logged accurately on Medway.
- k) Keep the patient and relative up to date regarding discharge arrangements in a timely manner.

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) Provide consistency of care rounds as the patients require until they safely leave the Trust premises.

6. Operating Times and Staffing

<p style="text-align: center;">The PRH Lounge EX 68074 Situated on the lower ground floor of the Day Hospital</p>
<p style="text-align: center;">Capacity: Mixed Sex 8 Chairs 1 bed</p>
<p style="text-align: center;">Operational Hours: OPEN: 08.00 CLOSES: 18.00 Monday – Friday The DCL is closed and locked outside of these hours</p>
<p style="text-align: center;">Daily Staffing Levels: 1 x RN 08:00 – 16:00 1 x RN/ HCA 10:00 – 18:00 1 x HCA 09:00 – 17:00</p>

7. Transferring Patients to the Lounge

- a) The DCL endeavours to collect patients in a timely manner after an appropriate referral is accepted. Priority of patient collection will be given to areas under most pressure as directed by the daily site Operational meetings at 08.00 and 13:00 hours in IDT hub and from updates from the Clinical Site Manager (CSM) and IDT Hub Lead throughout the day.
- b) Health care Assistants and DCL volunteers will assist to transfer patients to the lounge. Patients highlighted in the operational meeting at 8am should be transferred to the lounge as soon after opening as practical but before 10am by the ward staff.
- c) 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.

- d) Property in the DCL remains the responsibility of the patient. Property will not be checked again unless required but it will be named and stored with the patient.
- e) Transferring staff will ensure that all medication and notes are moved with the patient, including all fridge items and Controlled Drugs.
- f) 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 and informed their NOK.
- g) It is expected that all patients who meet criteria will be transferred to DCL, when capacity, acuity and dependency factors allow.
- h) The DCL co-ordinator will be pro-active in identifying patients suitable for the lounge, by contacting the wards regularly for suitable patients. They will also make contact with the IDT Hub at 16:00 hours to plan for admissions to the DCL 10am 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 10am.
- b) Discharge Medications (TTOs) for these patients should be requested no later than at afternoon (1pm) huddles ensuring completion and submission to pharmacy by 15.00 hours the day before discharge and Blister packs 24 hours before.
- c) A member of the DCL staff will visit wards in the afternoon to assist with the 'Go Green' allocations, ensuring patients, relatives and staff are aware of the process.
- d) The DCL will support discharge arrangements as much as possible for example comfort and care/medication/ arranging transport/completing referrals.

7.2 Referral to the lounge/ Discharge from the lounge

- a) Referrals should be made promptly from the ward by telephoning the DCL, the electronic and written referral completed and an agreed transfer process put in place. Bed or chair space, dependant on the patients' needs will be allocated and managed via Medway by the DCL Co-ordinator.
- b) Once the patient is verbally accepted by the nurse in charge of the lounge, a prompt transfer can take place.
- c) 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 DCL on Medway.
- c) The nurse will then complete an admission check list in conjunction with the referral originally received and the details within the patients' medical and nursing notes e.g DNACPR
- d) The patient's cannula will be checked and removed if no longer needed.
- e) The discharge arrangements are confirmed with the patient if possible, and the patient's Next of Kin (NOK) are also informed of their expected time of readiness to leave the Hospital. The DCL staff will also confirm package of care start times with care providers, or ensure the patients nursing home or residential home is expecting the patient.
- f) The DCL staff will also confirm with community inpatient facilities that an appropriate handover given by the ward staff has been accepted and confirm their end time of acceptance of the patient into their unit that day to ensure sufficient transport time is allowed.
- g) The patient's transport method should be already arranged by the ward unless the Trust is in OPEL status 3 or above when the need to create capacity in ward areas is a priority and then the DCL can facilitate this booking if not completed already.
- h) If the patient already has TTO's checked and a printed Discharge letter, the lounge will re-check the medication to ensure it is correct. If the patient does not have any TTO's dispensed at their time of arrival to the lounge, the DCL staff will review the Pharmacy Tracker to investigate how far into the process the patient's medications are and liaise with the pharmacy and inform the patient if able.
- i) When the patient is ready to be discharged, they are 'made ready' on the Transport Booking electronic system if traveling via ambulance and all medication is checked and locked in appropriate storage along with the medical notes, or transfer information until such time that their transport arrives.
- j) Medication, copies of necessary documentation e.g DNACPR and letters are given on discharge from the lounge at point of departure and patient is discharged on Medway.

8. Patient Criteria

8.1 Inclusion criteria:

- a) Adult patients from all inpatient wards/departments across the PRH sites who are waiting;
 - 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 units
- Repatriation to other Acute Trusts if the patient meets the clinical criteria and does not require close monitoring or has an unstable medical condition and is Medically Ready for Transfer (MRT)
- Waiting for taxis and local buses and are waiting for their medication to be readied by PRH Pharmacy dept and have been transferred from RAMU and A&E in line with the clinical criteria

b) All patients whose discharge has been agreed for the same day prior to 18:00 hours

c) All patients who are pathway 0 and 1 must be transferred to the DCL if capacity and acuity allows

c) All patients must be Medically Ready For Discharge (MRFD) and need no further direct medical input.

d) When the Trust is operating at OPEL level 3 / 4 patients will be accepted into the areas without a Discharge letter or TTO's. A process of transfer should be agreed with the relevant wards to ensure that the staff know who to contact to progress this in a timely manner maintaining patient safety.

8.2 Exclusion Criteria

a) Any patient with a known or suspected infection or unconfirmed Pathology Swab result (e.g. COVID19)

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

c) Patients who are confused and agitated and have challenging behaviour that can make them aggressive and or at risk of absconding/wandering.

d) Patients with a mental health issue whose safety and the safety of others may be compromised.

e) Inpatients with known or suspected Dementia/ Alzheimer's can be cared for within the DCL; however they should not be transferred to the DCL unless consent has been obtained from the patient in line with Mental Capacity Assessment (MCA) or their Next of Kin (NOK) and a safety risk assessment has been completed to ensure the DCL is an appropriate environment for them to be cared in.

f) Patients in the terminal phase of their life expectancy.

g) Patients attending routine Outpatients (OPD) – unless their discharge is delayed due to transport issues, past clinic closure time but before 18:00 hours 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 - if their needs, care requirements and equipment needs cannot be safely maintained by the DCL team

9. Heightened levels of Privacy and Dignity

Patients being admitted to the DCL are at the end of their hospital stay. The DCL is an ideal reflection of a waiting or day room, and 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 ward or dept (e.g RAMU) staff will have ensured that patients who are admitted to these areas will have already changed into their own clothing, to maintain their privacy and dignity when in the DCL 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, 24-48 hours prior to discharge.

b) Patients who do not have clothing to change into should have the clean used clothing stored in the DCL for this purpose and this should be requested by the ward staff 24 hours prior to discharge to enable the patient to be dressed in a private and dignified manner prior to transfer to the DCL.

c) Patients who do not wish to wear this clothing or wish to remain in their night clothes, should be admitted to the DCL if they are comfortable to do so but this should be clearly documented in their nursing evaluations or Discharge Planners. Staff in the DCL should ensure the heightened levels of privacy and dignity is maintained with the use of dressing gowns, blankets and sheets and curtained areas around the bed space.

d) There is a disabled toilet facility located in the PRH Day Hospital but not within the DCL itself and patients that require this can be wheeled or transported to this facility if required.

10. Catering Arrangements

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

a) Any special dietary requirements must be identified on point of referral to the DCL and upon 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 and availability of choice for the patients.

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 until they are discharged from the lounge
- 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 a MET (Medical Emergency Team) or Cardiac Arrest, the appropriate team will be called by dialling 2222 and if appropriate, resuscitation and close monitoring will be commenced by the DCL staff, in line with the Trust resuscitation training policy. Full resuscitation equipment is located in the waiting area of the Day Hospital near to 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 to ensure that they are correct.
- 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 via message to matron cards
- 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
- h) Plaudits and Complaints : 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

<u>What will be measured to monitor compliance</u>	<u>How will compliance be monitored</u>	<u>Monitoring lead</u>	<u>Frequency</u>	<u>Reporting Arrangements</u>
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	DCL data/ End of day handover from IDT HUB	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

