**Departmental Operating Procedure: Louisa Martindale Building**

Discharge Lounge

**Version Control**

|  |  |
| --- | --- |
| Document reference |  |
| Document title | Discharge Lounge DOP |
| Author | Pamela Heafield |
| Published Date | 06/10/2023 |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Version | Author | Notes |
| 08.09.23 | 1 | Pamela Heafield | Draft for reader panel review |
| 20.09.23 | 2 | Pamela Heafield | After medical division review and comments |

Contents

[1. Introduction 5](#_Toc146022057)

[2. Background 5](#_Toc146022058)

[3. Scope 5](#_Toc146022059)

[4. Operational Model 6](#_Toc146022060)

[4.1 Operating Principles 6](#_Toc146022061)

[4.2 Transfer Criteria 8](#_Toc146022062)

[4.3 Management Arrangements 8](#_Toc146022063)

[4.4 Discharge Lounge Staffing 9](#_Toc146022064)

[4.5 Operating Hours and Contact Details 9](#_Toc146022065)

[4.6 Accommodation and Capacity 9](#_Toc146022066)

[4.7 Discharge Lounge Care Provision 10](#_Toc146022067)

[4.8 Infection Prevention and Control 10](#_Toc146022068)

[4.9 Transport 10](#_Toc146022069)

[4.10 Pharmacy/ drug stores 11](#_Toc146022070)

[4.11 Manual handling 11](#_Toc146022071)

[4.12 Patient Records 11](#_Toc146022072)

[4.13 Privacy and Dignity 11](#_Toc146022073)

[4.14 Medical Emergencies 11](#_Toc146022074)

[4.15 Hospitality 12](#_Toc146022075)

[5. Performance Monitoring and Metrics 12](#_Toc146022076)

[6. Discharge Lounge Process 12](#_Toc146022077)

[5.1 Process Pathway 12](#_Toc146022078)

[5.2 Patient Identification 13](#_Toc146022079)

[5.3 Patient Transfer 13](#_Toc146022080)

[5.3 Arrival to the Discharge Lounge 14](#_Toc146022081)

[7. Escalation Procedures 15](#_Toc146022082)

[7.1 TTO Escalation 15](#_Toc146022083)

[7.2 Divisional Single Point of Contact 15](#_Toc146022084)

[8. Internal Mutual Aid 16](#_Toc146022085)

[9. Discharge Lounge Roles and Responsibilities 16](#_Toc146022086)

[10. Governance, Quality and Safety 17](#_Toc146022087)

[11. Reader Panel 17](#_Toc146022088)

[12. Distribution Control 18](#_Toc146022089)

# Introduction

This document sets out the departmental operating procedure for the RSCH Discharge Lounge and must be enacted as part of the discharge pathway to ensure all clinically appropriate adult patients who have a confirmed discharge date and destination are transferred and discharged from this facility.

Transfer to Discharge Lounge is an important phase in the discharge pathway to facilitate early release of inpatient beds for new admissions and provides a safe and discrete area for patients to complete final treatments and discharge arrangements.

This procedure is based on the principle that the Discharge Lounge will be the default discharge area for all adult patients (excludes maternity), unless there is a clinical exception as determined by the responsible nurse in charge of the patients care.

# Background

The hospital continues to experience significant pressure, where bed availability does not meet admission demand.

This situation is compounded by discharges frequently occurring later in the day, which means patients who are medically optimised and deemed suitable for discharge remain in hospital beds for final discharge arrangements to be completed.

The consequence of delayed discharges is a severely congested Emergency Department (ED), with patients requiring emergency admission waiting significant periods of time for transfer to an inpatient bed, and delayed ambulance handovers due to lack of ED assessment capacity to receive the patient.

Both impacts create significant risk to a patients experience of care, who are unable to access the most appropriate treatment and care, in the most appropriate clinical setting, at the most appropriate time.

The Discharge Lounge is a service specifically targeted to support early release of inpatient beds and lessen the discharge burden for ward staff by providing a dedicated discharge area, staffed by qualified nurses, where patients can receive continued nursing care, final treatments, and complete final discharge arrangements.

The Discharge Lounge also provides benefits for patient transport services, enabling patients to be collected from one area, which minimises wasted time and increases patient transport efficiencies.

# Scope

All staff should be aware and read this document, but specifically staff involved in treatment and discharge of adult patients.

The Discharge Lounge service is available to adult patients, aged 17 or above, excluding maternity services.

The use of the Discharge Lounge service is appropriate for the following services:

* Adult inpatient ward areas (emergency and elective)
* Emergency assessment areas (AAU, CDU)
* ED (patients awaiting transport post ED assessment and discharge)

This is a working document and will be subject to amendment and modification as the new operating model evolves.

# Operational Model

## Operating Principles

The model is based on a core principle that the Discharge Lounge is a final stage in the discharge pathway and will form part of the holistic discharge journey to:

* Reduce hospital pressure through early release of inpatient beds
* Support patient flow across the hospital
* Improve the patient discharge experience through the provision of a discrete and quiet facility away from a busy inpatient area
* Support ward and unit staff through the provision of a ‘pull model’ that offers a comprehensive and easily accessible service

The Discharge Lounge should be seen as a fundamental stage in the discharge pathway, and an easily accessible service for adult patients; therefore, the Discharge Lounge does not endorse restrictive transfer criteria, it remains the responsibility of the clinician referring to identify that their patient can be supported in the Discharge Lounge.

The expectation is for most adult patients (80% of total discharges) to complete their discharge journey within the Discharge Lounge.

As such the Discharge Lounge will be the default discharge area for all adult in-patients (excludes maternity) unless clinically validated by the responsible nurse in charge as not suitable, if required a conversation should occur with Discharge Lounge NIC.

It is recommended that new starters spend half a day in the Discharge Lounge during their orientation – to support understanding and processes of the Discharge Lounge. This is to be organised between the Wards and the Discharge Lounge Lead Nurse.

**The Discharge Lounge service will:**

* Provide facilities that will meet the requirements of modern-day health care and will embrace the principles of patient safety ensuring privacy and dignity to allow high-quality safe care to be delivered.
* Work collaboratively in a professional, calm, and caring manner ensuring an organised and welcoming environment that is conducive to safety and cleanliness.
* Operate 5-days a week, 07:30hrs to 20:00hrs Monday to Friday (excluding public holidays), providing seated and bedded accommodation for patients that are assessed as clinically suitable.
* Be a nurse-led model of care, providing comprehensive discharge support to the patients by continuing basic levels of care (including nutrition), completion of final treatments, coordination and dispensing of discharge medications, and management of transport.
* Work collaboratively with wards and units to strengthen the professional relationship and confidence in the service, and provide a proactive, trusted, and safe operating model.
* Work proactively with wards and units, to identify patients for transfer to the Discharge Lounge, and confirm arrangements for patient collection and transfer.
* Assume accountability and responsibility for the quality and standards of care provided to the patient upon transfer to the area.

**The ward/unit teams will:**

* Optimise Discharge Lounge utilisation and ensure patients are identified and referred for transfer to the Discharge Lounge in a timely manner.
* Inform the patient, carer/relative or receiving facility of discharge arrangements prior to transfer to the Discharge Lounge.
* Check the patient’s bed space before transfer to ensure all belongings are accounted for and handed over to the Discharge Lounge team, who will then assume responsibility for ensuring the property is named and stored with the patient.
* Provide clinical handover within the referral to the Discharge Lounge team, including any special dietary requirements, ensuring handover includes all necessary information to safely progress the discharge.
* Make ready, and declare the bed as ready to receive the next patient, within 30mins of the patients transfer to the Discharge Lounge

**The named consultant teams will:**

* Continue to assume clinical responsibility for patients under their care until they are discharged from the Discharge Lounge; in the event of clinical concern or patient deterioration whilst in the Discharge Lounge, the senior clinician (consultant, registrar) will be expected to attend the unit to review the patient in accordance with Deteriorating Patient Proforma.
* Complete TTOS in a timely manner, ideally prior to transfer to the Discharge Lounge. It is with exception that patients can transfer to Discharge Lounge with TTOs incomplete. If this happens the Discharge Lounge Team will transfer the patient and escalate to the relevant divisional Single Rep of the Day (SRoD) (in hours) or Clinical Site Manager (CSM) (out of hours) to expedite completion (see TTO Escalation Procedures)

## Transfer Criteria

The expectation is most adult patients (excludes maternity) will be suitable for transfer to the Discharge Lounge, unless clinically assessed as not appropriate by the responsible nurse in charge.

Suitability for transfer to the Discharge Lounge also includes patients with planned discharges to:

* Residential and nursing homes
* Community hospitals and rehabilitation units
* Repatriation to other acute hospitals where the patient does not require close monitoring or has an unstable medical condition.

Patients that have been assessed and discharged from ED, who are awaiting transport to their normal place of residence are also able to access the Discharge Lounge during operational hours where they do not meet any explicit exclusions (see below).

Whilst the aim of the Discharge Lounge is for criteria to be as broad as possible to optimise the number of patients that can benefit from this facility, it is recognised that some patients will not benefit nor be suitable for transfer to the Discharge Lounge.

Patients who are confused, agitated and/or have challenging behaviour that can make them aggressive or at risk of absconding/wandering, or have a mental health issue whose safety and the safety of others may be compromised, will need to be clinically assessed on a case by case basis by the Nurse in Charge of the Discharge Lounge to confirm if the level of risk can be safely managed within the Discharge Lounge.

Explicit exclusions include patients who:

* Need to be isolated for infection reasons, are symptomatic of communicable infection, or that are being discharged from a ward that has a known outbreak of infection.
* Require a specialised bariatric bed and/or unable to independently transfer from bed to chair.
* Are under the age of 17
* Are being discharged to a penal institution.
* Are attending routine outpatients – unless their collection is delayed past clinic closure time or has a clinical need that cannot be met within the OPD (These patients will require a full handover/ completion of a transfer checklist from the relevant OPD and be accompanied by relevant clinical notes).

## Management Arrangements

The Discharge Lounge forms part of the Hospital Nursing Director portfolio and is supported by a Band 7 Discharge Lounge Lead Nurse, responsible for day-to-day service delivery and utilisation.

The Discharge Lounge Lead Nurse is responsible for the management of the Discharge Lounge Nursing Team and ensuring a safe rota and service continuity.

## Discharge Lounge Staffing

The staffing profile for the Discharge Lounge is detailed in the table below:

|  |  |
| --- | --- |
| Role | Number of staff |
| Discharge Lounge Lead Nurse | 1 |
| Discharge Lounge Coordinator | 1 |
| Discharge Lounge RN | 1 |
| HCA | 2 |

Staffing levels will be reviewed regularly as the service evolves.

## Operating Hours and Contact Details

The Discharge Lounge will:

* Operate 5-days a week, 07.30hrs to 20:00hrs, Monday to Friday, excluding bank holidays.
* Receive patients from 07.30hrs every day, Monday to Friday

Patients can be transferred to the Discharge Lounge up to 19:00hrs every day, Monday to Friday. **Please note** patients transferring on or after 16:00hrs must have confirmed transport arrangements and TTOs available.

As soon as it is anticipated that patients will remain in the Discharge Lounge after 20:00, owing to transport delays, an escalation will be made by the Discharge Lounge team to the CSM who will arrange for alternative transport or provide a bed for the patient to transfer to. contingency staffing cover and liaise with transport providers to progress appropriate transport arrangements for the patients.

Discharge Lounge Extension: 64058

## Accommodation and Capacity

The Discharge Lounge is located on Level 1 of the LMB and operates as a dedicated discharge facility within mixed sex environment.

The Discharge Lounge is located on Level 1 of the LMB, with accommodation comprising:

* 2 Beds
* 3 care spaces (trolleys or recliners depending on what is required)
* 7 chairs

Maximum capacity at any one time is 12 patients up 20 depending on staffing and patient decency, with the expectation patients are discharged within 4 hours of arrival, therefore potential throughput over a 12-hour period is 48.

There are common and disabled toilet facilities available

Kitchen facilities, and clean and dirty utility rooms, are located within the unit.

The following security arrangements will be in place:

* Swipe access on all entrance doors into the department
* Intercom for access for non-staff
* Swipe access to restricted areas e.g., the Clinical room
* All staff will have security-cleared ID passes
* CCTV in service and public areas
* Trust security for support if required via 67474

## Discharge Lounge Care Provision

Basic care will be provided to patients, to include:

* Assistance with washing, dressing, toileting (personal hygiene).
* Provision of meals and refreshments
* Assistance with feeding (if required)
* Hydration and dietary requirements are maintained for each patient
* Pressure area care
* Removal of cannula
* Administration of medication
* Medication advice
* Health education and health promotion advice
* Communication with patients, carers/relatives and receiving care facilities

Care will also include final treatments/interventions, including but not limited to:

* Last dose IV antibiotics (up to two doses)
* Cannula removal
* Removal or reinsertion of catheter

## Infection Prevention and Control

Discharge Lounge will uphold and maintain the Trust IPC requirements and policy.

The Lounge will be unable to take patients who require isolation or special precautions due to the environment.

## Transport

Transport HLO's are based in the Discharge Lounge, and the Discharge Lounge team will liaise as required.

For patients who require transport from the Discharge Lounge they should be dressed in outdoor clothes for transfer. For patients’ who do not have their own clothes, these can be provided from the Discharge Lounge cupboard.

For patients unable to get dressed, they will be covered with a blanket to maintain dignity and requested to be collected from the hammerhead.

## Pharmacy/ drug stores

Drugs will be stored according to the Trust policies. Access to the drug storage room is swipe access only.

TTO packs of medication are stocked in the Discharge Lounge, to facilitate discharge. The TTO letter must be screened by a pharmacist prior to discharge with medications.

## Manual handling

Discharge Lounge staff will have completed the Trust manual handling training, ensuring that they remain updated as per requirements. The staff will only use equipment they are trained and competent to use.

## Patient Records

Notes will be kept in line with Trust requirements and returned to the ward once the patient has been discharged for coding.

## Privacy and Dignity

The Discharge Lounge environment reflects that of a waiting or day room, and patients who transfer to the unit this should be made aware that the accommodation is mixed sex.

It is expected that patients will be changed into their own clothing prior to transfer, to maintain their privacy and dignity.

Staff on the ward/unit should encourage patient’s carers/relatives to bring clothing in for the patients in preparation for discharge home, 24 - 48 hours prior to discharge.

## Medical Emergencies

The patients in the Discharge Lounge remain under the care of the Consultant team who have provided care for them on the wards/units. 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.

In the event of a cardiac arrest in the Discharge Lounge, the cardiac arrest team will be called by dialling 2222 and resuscitation commenced by the Discharge Lounge staff, in line with the Resuscitation Training Policy

## Hospitality

All patients will be assisted with hydration and nutrition whilst in the Discharge Lounge

* Light refreshments, snacks, and drinks, including breakfast, will be provided
* Hot meals can be ordered on an individual basis from catering services as required

# Performance Monitoring and Metrics

The aims of this procedure are to:

* Increase Discharge Lounge utilisation and support early release of inpatient beds for new admissions.
* Enhance the quality of the patient journey by providing a safe and comfortable environment for patients to complete their discharge.

It is paramount that the Discharge Lounge is fully utilised to create patient flow earlier in the day and support our patients to arrive at their normal place of residence or new care facility as early as possible.

Discharge Lounge utilisation will be monitored throughout the day and a ward level review undertaken on a weekly basis, to identify utilisation.

Wards identified as not utilising the Discharge Lounge service will be escalated to the responsible Matron who will be asked to investigate and respond to the Divisional Director of Nursing.

Discharge Lounge performance standards include:

* 2 transfers before 08:00hrs (Monday to Friday) – **2 before 8**
* 10 patients before 10:00hrs (Monday to Friday) – **10 before 10**

# Discharge Lounge Process

## 5.1 Process Pathway



The success of the Discharge Lounge is reliant on each service observing the requirements of their role in the process.

## 5.2 Patient Identification

**The ward/unit team will:**

* As part of daily board round and afternoon huddles, identify and refer patients for transfer to the Discharge Lounge

**The Discharge Lounge team will:**

* Continuously review RTBS to identify potential new referrals.
* Communicate with the ward to confirm patient collection times and preparation arrangements.
* Attend divisional huddles, where established, to jointly plan for next day transfers.

## 5.3 Patient Transfer

**The ward/unit team will:**

* Provide an electronic referral, to include diagnosis, relevant medical history, mobility, special dietary requirements, and confirmation of transport and TTO status.
* Check the patient’s bed space, particularly the locker, before transfer to ensure all belongings are accounted for and handed over to the Discharge Lounge team, who will then assume responsibility for ensuring the property is named and stored with the patient.
* Update CareFlow upon patient transfer to the Discharge Lounge, recording the transfer time and location to ensure real time and accurate PAS information.
* Declare the empty bed to receive the next patient, within 30mins of the patients transfer to the Discharge Lounge.

**The Discharge Lounge team will:**

* Will attend the ward at the agreed collection time to transfer the patient, utilising porters to support transfers as needed.
* Complete patient property checks to ensure all property is accounted for.
* Transfer the patient, including case notes and medication to the Discharge Lounge, booking porters as required to facilitate timely transfer.

## 5.3 Arrival to the Discharge Lounge

**The Discharge Lounge team will:**

* Greet the patient at the Discharge Lounge reception desk and confirm the patient is wearing an identification wrist band.
* Check CareFlow to ensure the patient transfer has been recorded and PAS information is accurate.
* Complete discharge checklist on Patientrac, to ensure all relevant documents are with patients. Checking DNAR form to ensure meets requirements.
* Check medication and lock in appropriate storage along with the case notes.
* Cannula checked and removed if no longer needed.
* Confirm discharge arrangements including:
* Informing the patient or carer/relative of their expected time of discharge from the hospital
* Liaison with care providers to confirm package of care start times to ensure sufficient transport time is allowed
* Liaising with community facilities/nursing home/residential home to confirm they are expecting the patient, appropriate handover has been provided by the ward staff and their end time of acceptance to ensure sufficient transport time is allowed
* Once patient is ready ensure transport (family or ambulance is organised) to ensure timely discharge from hospital.
* TTO’s, property and copies of relevant documentation provided to the patient or responsible carer/relative/transport service at point of departure
* upon discharge from the Discharge Lounge update CareFlow in real time, to ensure accurate PAS information
* Case notes returned to the patient’s transferring ward/unit for case note filing and tracked on Careflow as per Trust policy.

All patients to be discharged by 20:00hrs

# Escalation Procedures

## TTO Escalation

It is important that flow through the Discharge Lounge is maintained, and patients are discharged to their usual place of residence or receiving care facility as soon as possible, thereby not unnecessarily delaying a patients discharge. This is particularly important for patients discharging to community care providers such social care, care/nursing homes that have care cut off times.

Ensuring TTOs are available to support timely discharge from the lounge is a fundamental requirement of this procedure.

Ideally the patient should arrive to the Discharge Lounge with TTOs already prepared, awaiting pharmacy dispensing. However, it is recognised on occasion patients will need to transfer before TTOs have been completed. In this instance the following procedure applies:

**Stage 1 Escalation**

**If after 60 minutes** of arrival to the Discharge Lounge the TTO is still not available, Discharge Lounge staff to escalate TTO delay to the relevant Divisional Representative of the day.

Medicine: Patient Flow Coordinator 62058

Surgery: SRoD via CSM

Specialist: SRoD via CSM

The Divisional Representative will be responsible for communicating with the relevant medical team to prioritise TTO completion.

**Stage 2 Escalation**

**If after 2 hours** of arrival to the Discharge Lounge the TTO is still not available, the Divisional Representative should contact the Operational Lead for the speciality who will communicate the delay in TTO to the named consultant, requesting prioritisation of TTO completion. The Discharge Lounge Team should inform the Clinical Site Manager of the delay.

## Divisional Single Point of Contact

It is expected that once a patient has been accepted and transferred to the Discharge Lounge all necessary and relevant information has already been made available by the referring ward/unit.

In the situation where a patient has left the ward/unit and transferred to the Discharge Lounge, and further information is required, the request should be managed a single divisional point of contact.

This is to ensure the Discharge Lounge can access information more quickly, avoiding multiple calls to the inpatient area, and to limit clinical interruption for teams across the inpatient’s areas

**Divisional single points of contact:**

Medicine: Patient Flow Coordinator 62058

Surgery: ￼ SRoD via CSM

Specialist: SRoD via CSM

# Internal Mutual Aid

The basis of internal mutual aid arrangements is recognition the Discharge Lounge is a flow critical area that enables early release of bed capacity and should be supported when required to maintain patient transfer and access to the area.

In the situation where Discharge Lounge is unable to administer controlled drugs and/or prepare IV treatments, owing to reduced Registered Nurse (RN) numbers (less than two RNs), nursing assistance to act as the second nurse will be provided by the relevant Division.

Mutual aid can be accessed through the following contact numbers:

Medicine: Patient Flow Coordinator 62058

Surgery: SRoD via CSM

Specialist: SRoD via CSM

# Discharge Lounge Roles and Responsibilities? Add in Leader standard work.

Discharge Lounge Leader standard work.



**Discharge Coordinator/Nurse in Charge is responsible for:**

* Effective day to day operational management of the unit, ensuring visibility and a proactive and supportive in reach model is provided to the wards
* Overseeing competent care for patients in the Discharge Lounge and ensuring basic levels of care are provided and final treatments are completed
* Attendance at relevant meetings and/or huddles to confirm expected and actual Discharge Lounge transfers and plan for additional capacity if required
* Continuous review of the Discharge Lounge Transfer List to ensure referrals are being reviewed by the Discharge Lounge staff in a timely manner
* Coordination and allocation of Discharge Lounge staff for the collection and transfer of patients to the Discharge Lounge
* Arranging porter services to assist with patient collection and transfer in periods of surge and escalation

**Discharge Lounge RN is responsible for:**

* Provision of basic levels of care (as described within this procedure)
* Continuous monitoring of the patient and undertaking observations in line with NHS Early Warning Score (NEWS) Wales, escalating to the named clinical team where necessary
* Patients receive all medications in a timely manner prior to discharge
* Undertaking final treatments where indicated
* Medication prescriptions are checked prior to the patient leaving the area
* Patients have a safe mode of transport home
* Patients leave hospital with the correct communication and documentation, including DNAR, discharge /medical notes, equipment, dressings etc.
* Consistency of care rounds as the patient requires until they safely discharge
* Real time recording of discharge on CareFlow
* Information regarding discharge arrangements is communicated to the patient, carer/relative or receiving care facility in a timely manner
* Continuous liaison with the integrated pharmacy team, to ensure TTOs are available at the time of discharge
* Liaison with transport services to arrange transport and/or obtain an estimated pick-up time

# Governance, Quality and Safety

The Discharge Lounge will assume accountability and responsibility for the quality and standards of care provided for patients upon transfer to the area.

The safety and effectiveness of this procedure will be measured through:

* DATIX Incident reporting
* Complaints
* Patient feedback
* Feedback from ward areas, colleagues and multi professional team
* External visits i.e. CQC

# Reader Panel

The following formed the Reader Panel that reviewed and contributed to this document.

|  |  |
| --- | --- |
| Terece Walters | Royal Sussex Hospital Nurse Director |
| Louise Skelt | Divisional Director of Nursing, Specialist Division |
| Beverley Hales | Divisional Director of Nursing, Medicine Division  |
| Mr Mark Edwards  | Chief of Service, Medicine Division  |
| Project Group Members  | FI08 Discharge Lounge Utilisation Project  |

# Distribution Control

Given the escalated position and the need for immediate communication, printed copies of this document will be made available to teams throughout the hospital and any updates or changes communicated through cascade via divisional nursing, clinical and operational teams.