

**Standard Operating Procedure for:
Discharge Lounge/Hub (GH)
RRCV Clinical Management Group**

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1. Introduction

The University Hospitals of Leicester NHS Trust (UHL) has a discharge lounge function at both the Leicester Royal Infirmary (LRI) and Glenfield Hospitals (GH).

- This SOP is for the Discharge Lounge/Hub based at the Glenfield Hospital Site (GH)

The purpose of the discharge lounge at the Glenfield Hospital is to provide a vital role in the timely and safe discharge/transfer of care of patients from inpatient wards/assessment units within the GH. Its 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 where they can wait for medications, transport or family members to take them home. Its primary function is to 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 'The Discharge Lounge/Hub at GH. 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 Glenfield Hospital.

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 GH 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 'The Discharge Lounge/Hub'

The Discharge Lounge (GH) forms part of the Renal Respiratory, Cardiac and Vascular (RRCV) clinical management group.

The area has a named Head of Nursing (HON), Matron and Ward Manager to oversee and support the day to day operational management of the facilities and staff.

The Discharge Lounge manager is responsible for the day to day operational management of the lounge.

5. Roles and Responsibilities

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

- a) Assistance with toileting.
- b) Refreshments including hot and cold drinks and snacks
- c) Pressure area care
- d) Medication advice
- e) Health education and health promotion advice
- f) Liaison with District nurses, or any other referrals that may be required
- g) Communication with both patients and relatives (relatives must be informed of discharge prior to transfer to the lounge)
- h) 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 via Nerve Centre
- 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 discharge on electronic system
- k) Keep the patient and relative up to date regarding discharge arrangements
- l) All appropriate community referrals made

5.2 The Role of the Health Care Assistant

- a) Undertake observations 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 toileting needs if required
- e) Act as a runner to pharmacy if required

6. Operating Times and Staffing

The Discharge Lounge (GH)
12717/12592
Situated on the ground floor south entrance corridor adjacent to the Physiotherapy Garden/Gym
Capacity: 14 chairs <ul style="list-style-type: none">• No side room• No bed capacity
Opens 10.30 Hours Closes 18.00 Hours Monday to Friday – Not open at the Weekend or Bank Holidays Please note: The Discharge Lounge/Hub is not able to open overnight
Daily Staffing levels
Senior Member of staff available at all times, either – Matron, Sister or Deputy Sister
Registered Nurse x 1 resident and 3-4 as Outreach
Health Care Assistants x2
Transport Worker x1
Ward Clark x1
Pharmacy Technician x1 – part time 2-3 days a week on call – contact Pharmacy direct at all other times

7. Transferring Patients to the Lounge

- a) The discharge lounges endeavour 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 command meetings.

- b) Opening time for patient transfer is 10:30 onwards, the lounge closes at 18:00 and any patients remaining will be transferred back to their ward of origin or to SDEC/CDU if capacity allows.
- c) The patient is to be transferred to the lounge after a referral and nerve centre allocation will take place on arrival.
- d) It is the responsibility of the discharging ward staff and the Discharge Outreach Staff member 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 lounge remains the responsibility of the patient. Property will not be checked but it will be named and stored with the patient.
- f) Transferring staff will ensure that all medication and notes are transferred with patient, including all fridge items.
- 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.

7.1 Referral to the lounge/ Discharge from the lounge

- a) All patients should have a bed space or chair allocated via nerve centre, with as much information completed on nerve centre as possible. A member of staff will also contact the ward/department for a verbal referral.
- 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.

7.2 Arrival to the Lounge (Process)

- a) The patient will be greeted on arrival by the Ward Clerk or staff member supervising the area where it will be ensured that the patient is wearing an identification wrist band.
- b) The patient will then be transferred to the lounge on patient centre.
- c) If the patient's cannula is still in-situ it will be checked and safely removed if no longer needed.
- d) The discharge arrangements are confirmed with the patient, and the patient's next of kin are informed that they have been moved if they are collecting the patient. The lounge staff will also confirm package of care starts times with care providers if required.
- e) The patients transport method will be arranged, if not completed already.

- f) If the patient already has TTOs checked and a printed letter, the lounge will not re-check the medication. If the patient does not have any TTOs completed the lounge staff will investigate how far into the process patients medications are and liaise with the pharmacy technician within the lounge or if not available direct with pharmacy.
- g) 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.
- h) Medication and letters are given on discharge and patient is removed of the electronic system (patient centre with the appropriate date and time)

8. Patient Criteria

8.1 Inclusion criteria:

- a) Adult patients from all inpatient wards/departments across the GH site who are awaiting collection by relatives, hospital transport, TTOs to be dispensed and transfer to home.
- b) All patients whose discharge has been agreed for the same day
- c) All patients must be medically stable and need no further medical input
- d) Patients will be accepted into the area without a TTO letter before 13:00, after this time in order for the patient to be eligible to be transferred to the lounge their TTO will need to have been submitted to pharmacy and approved. During OPEL level 4 the requirement for a completed TTO after 13:00 will be reviewed on a case by case basis.

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 lounge.
- 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 and they have been identified as being of no risk to themselves or others.

- f) Patients in the last days of their life journey.
- g) Patients attending routine outpatients – unless their collection is delayed past clinic closure time.
- h) Children under the age of 17

9. Heightened levels of Privacy and Dignity

Patients being admitted to the discharge lounges are at the end of their hospital stay. The discharge lounges 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 this area 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 the discharge lounge.
- c) Patients, who do not wish to wear this clothing or wish to remain in their night clothes, should be admitted to the discharge lounge 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 are designated male and female toilet facilities 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.

- a) Any special dietary requirements must be identified on referral to the area and incorporated in the handover.
- 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.
- c) Check TTO at status and sign off to authorise the TTO.
- d) Check medications against the prescription
- e) Print off all copies of the Discharge Summary/ TTO and give the patient copy to the patient.
- f) Escalate to Operational Command/Duty management teams if Ward teams are reporting delays in prescribing or dispensing of medications.

Pharmacy will:

- a) Should contact the lounge staff regarding any queries or to inform them that medications have been dispensed and ready for collection
- b) Will complete the stages of e-TTO as per e -Discharge/TTO process
- c) Will support the lounge by being available to come and discuss any medication issues with patients that cannot be dealt with by the registered nurse.

13. Quality Assurance & Monitoring

The quality of care will be monitored through:

- a) 4Cs: Complaints, concerns, comments and compliments
- b) Datix Incident reporting
- c) Quality Risk and Safety/Governance
- d) Patient feedback via message to matron cards
- e) Feedback from ward areas, colleagues and multi professional team
- f) External visits i.e. Care quality commission, Clinical commissioning groups
- g) Patient and Public Initiative involvement
- h) Discharge Lounge Manager and 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
<ul style="list-style-type: none"> a) Number of Discharges through the discharge lounge by CMG b) Number of discharges planned between the ward and the lounge the day before discharge lounge c) Percentage discharges from discharge lounge before 1pm d) No. of datix incidents reported from the Lounge e) Patient Experience indicators/ Clinical Metrics 	Through Metric data monitoring packs linked to SAFER patient Flow bundle.	Matron Discharge and Flow	quarterly	RRCV Senior Management Team

16. Supporting References

- UHL Discharge Policy for Adult Patients leaving Hospital B2/2003
- Good practice in Discharge Planning B20/2009
- Same Sex Accommodation Guidelines B34/2016

17. Key words

- Discharge
- Discharge Lounge

CONTACT AND REVIEW DETAILS	
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Details of Changes made during review:	