

**Discharge Lounge Guidelines  
Version 3**

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<b>Date reviewed:</b>	November 2015	<b>Date ratified:</b>	23/11/2015	<b>Ratifying Committee:</b>	Divisional Team
<b>Target audience:</b>	Trust-wide				
<b>Guideline Summary:</b>	This guideline sets out the procedures in place to ensure the safe and timely use of the Discharge Lounge for patients deemed medically fit for discharge.				
<b>Equality Impact Statement:</b>	<p>University Hospital of South Manchester NHS Foundation Trust ('UHSM') strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, UHSM aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore had an initial assessment, in accordance with the equality impact proforma incorporated in 'the Checklist for Review and Ratification of UHSM-wide Documents', to ensure fairness and consistency for all those covered by it regardless of their individuality.</p> <p><b>This initial impact assessment indicated that the potential discriminatory impact is yes and supports the End of Life Pathway. An additional step in the discharge process would be inappropriate for this client group.</b></p>				
<b>Training impact and plan summary:</b>	It is not anticipated any further training will be required.				
<b>Outline plan for dissemination:</b>		Policy will be disseminated via the Lead Discharge Nurse and Deputy Head of Patient Flow in e-mail format			
<b>Dissemination lead: name / title / ext n°</b>		Karen Hatch/ Head of Patient Flow Manager - 6475			
<b>This version n°</b>	3	<b>Date published:</b>	24/11/2015		

<b>Version Control Schedule</b>			
<b>Version number</b>	<b>Issue Date</b>	<b>Revisions from previous issue</b>	<b>Date of ratification by Committee</b>
V1	Aug 2012	New document	19/07/2012
V2	Jul 2014	Addition to inclusion criteria	
V3	Nov 2015	Reviewed	23/11/2015

<b>Document Control</b>	
Summary of consultation process	Standard consultation procedure – Trust wide Consultation via Emergency Flow Project Group Discharge Team and Discharge Lounge Staff
Control arrangements <i>[Review usually every 3 years, but more frequently if required]</i>	Compliance monitoring arrangements:  Annual audit to be undertaken by the Lead Discharge Nurse. Audit results to form part of annual discharge report to Healthcare Governance Committee Lead Discharge Nurse and Patient Flow Manager are responsible for developing and monitoring improvements required in the form of an action plan to be tabled at the bi monthly Discharge Team meetings and bi annually through Healthcare Governance Committee The Policy will be reviewed every 2 years by the Lead Discharge Nurse
Associated documents	Discharges from Hospital: pathway, process and practice (DoH)
References	N/A

<b>Document Compliance Monitoring Arrangements</b>	
Process for monitoring	Regular Audits
Responsible individual / group/ committee	Senior Discharge Nurse Heads of Nursing
Frequency of monitoring	Every six months
Role responsible for preparation / approval of report and action plan	Heads of Nursing
Committee responsible for review of results / approval of action plan	Heads of Nursing Meeting
Individual / group / committee that is responsible for monitoring of action plan	Heads of Nursing

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## 1. Introduction

Discharge planning is a process made up of several steps and in some cases will end with the patient leaving the Trust via the Discharge Lounge.

This guidance has been developed to establish a standard approach to the management of patients who may be suitable to utilise the services of the Discharge Lounge as part of their discharge from hospital. It is designed to promote and facilitate optimum use of the facility and to improve patient care and inpatient flow within the Trust. The Discharge Lounge provides a facility which can assist with the operational management of beds by supporting effective and efficient transfer of care throughout the hospital.

The objective of the Discharge Lounge is to provide a facility which can smooth the patients' transition from hospital to home (or other place of safety) whilst allowing acute beds to be made available as soon as possible for the admission of acutely ill patients.

This guidance sets out to ensure that the inclusion and exclusion criteria for admission to the Discharge Lounge are clearly defined as well as the roles and responsibilities of staff involved in patient care.

## 2. Policy

The purpose of this document is to provide all wards at UHSM with the relevant information to enable them to utilise the Discharge Lounge ensuring a positive end to any inpatient stay. The document aims to keep the patient experience at the heart of all we do.

## 3. Scope and Exclusions

The policy applies to all UHSM employees, particularly acute hospital staff and discharge lounge team.

## 4. Key Definitions

**Discharge:** Discharge from hospital is a process and not an isolated event. It involves the development and implementation of a plan to facilitate the transfer of an individual from hospital to an appropriate setting. The individuals concerned and their carer(s) should be involved at all stages and kept fully informed by regular reviews and updates of the care plan.

**Discharge Lounge:** The discharge lounge is a comfortable, staffed area where patients can wait for transport home once they no longer require the level of nursing care offered on an inpatient ward. Patients can be collected from these areas by family members or transport services to take them home. Meals, drinks and basic nursing care are all available. The discharge lounge is located in the hospital where there is easy transport access for ambulances. Beds are provided for patients to wait in but for the majority chairs are provided.

## 5. Processes

### 5.1 Location and Facilities of the Discharge Lounge

- **Location:** The Discharge Lounge is located on the Ground Floor of the main hospital and entrance 5 is the nearest entrance. There is car parking available in the main visitor car park with disabled parking outside the Discharge Lounge exit. The PTS ambulance parking is also directly outside of the Discharge Lounge exit.
- **Opening Hours:** The hours of opening are Monday to Friday 08:00hrs – 20:00hrs.
- **Facilities:** The Discharge Lounge has wheelchair and stretcher / bed access and can accommodate 2 bed patients and 14 patients sitting in arm chairs. The Lounge also has disabled access to toilet facilities. There is also a patient hoist and resuscitation equipment in the case of an emergency. There is provision for patients to change out of their nightwear and into day clothing however, patients should usually arrive into the Discharge Lounge wearing their day clothes. There is however no piped oxygen or suction which is why only limited numbers of patients using oxygen can be taken.
- **Catering:** The Discharge Lounge can provide limited catering for patients throughout their stay. Regular hot and cold drinks will be provided and sandwiches will be made available for those patients in the Lounge at lunch and evening meal times. Toast, cereal and a hot drink will be provided to those arriving early in the morning. Any special dietary requirements must be identified to the Discharge Lounge staff on handover and special meals ordered from the ward should be sent down to the Discharge Lounge for the patient.
- **Medication:** All patients must have had TTO's written before sending the patient to the Discharge Lounge. If patients are likely to require medication during their stay in the Discharge Lounge they must come with TTO's and instructions regarding medication given to the nurse on handover.
- **Infection Control:** Patients with known infections should be discussed with the Infection Control Team and the Discharge Lounge staff prior to transferring the patient. Failure to do this may impact on discharge lounge capacity being available pending the appropriate cleaning of the area.

### 5.2 Key Inclusion and Exclusion Criteria

The criteria for admission to the Discharge Lounge aims to be as broad as possible to ensure that a wide range of people can use the facility whilst ensuring the safety of both staff and patients in the facility. Therefore the exclusion criterion is as limited as possible, and if a patient does not fall within the exclusion criteria they are appropriate for the Discharge Lounge.

## **Exclusion Criteria**

- End stage palliative care patients (Not all palliative patients are unsuitable for the discharge lounge. If the patient has a terminal diagnosis but is not receiving end of life care they may utilise the lounge)
- Limited patients requiring low levels of oxygen (maximum of 2 patients)
- Patients transferring to other hospitals (this depends on the patients medical condition, if they are being repatriated, transferred for rehab, ICT, or are medically stable they can be transferred to the lounge)
- Patients who have not had their TTO's prescribed
- Patients with known infections should be discussed with the Infection Control Team and the Discharge Lounge staff prior to transferring the patient.

## **5.3 Transfers from the Ward**

Patients should always be informed early in their stay if they are to be discharged home via the Discharge Lounge.

As the aim of the Discharge Lounge is to smooth the transfer of patients from hospital to home it is essential that sufficient information is relayed to the discharge nurses to enable the staff to continue to provide the right care until the patient is discharged to their final destination.

Where possible the wards should notify the Discharge Lounge of their intention to send a patient there the day preceding discharge. The Discharge Lounge can then support the ward to transfer the patient to the Discharge Lounge on the day of discharge. The wards are responsible for organising any porters if required. Patients should be ready for transfer if being collected by one of the Discharge Lounge staff.

All patients who are travelling home via ambulance should have their transport booked prior to transfer to the discharge lounge. This should be done before 14:00hrs on the day before discharge.

Therefore, when a patient is to be discharged via the Discharge Lounge the ward will need to ensure they have all the relevant information for the discharge lounge to complete their handover document (see appendix 1).

## **5.4 Medical Emergencies**

If the patient's condition gives the staff cause for concern they should contact the responsible medical team for that patient. They should come and review the patient and make a decision regarding any treatment and whether that patient can still be discharged. If they can no longer be discharged the Discharge Lounge co-ordinator must liaise with the bed management team to secure an appropriate bed. Where at all possible this bed should be on the ward the patient was transferred from, but if this is not possible the patient should remain the responsibility of their current medical team and a bed should be found in this directorate. When this is agreed to inform the patient, their next of kin and anyone involved in their on-going care.

If an appropriate bed is not readily available and the patient's condition continues to deteriorate it may be necessary for the patient to be transferred to the A&E department. This should be discussed with the appropriate nursing team, the relevant medical team and the bed managers.

In the event of a cardiac arrest the staff will telephone 2222 to alert the cardiac arrest team to attend. There is a resuscitation trolley within the Discharge Lounge.

### **5.5 Fire**

In the event of a fire alarm, Trust procedures should be adhered to. On the sound of the continuous alarm evacuation should be commenced. The fire assembly point for the Discharge Lounge is outside the main building.

### **5.6 Security**

In the event of any security issue the staff will contact 2818. Otherwise they should contact the Lead Discharge Nurse and / or the Patient Flow Manager. Due to a recent spate of thefts from the discharge lounge it is now locked outside working hours. It will be locked down daily from 22.00-06.00 and from Friday 22.00- to 06.00 Monday morning. If access is needed out of hours security can assist.

### **5.7 Governance**

Any incidents occurring in the Discharge Lounge or to a transfer to the Discharge Lounge should be reported via the Trust HIRS system. Any complaints received about the Discharge Lounge will be investigated by the Lead Discharge Nurse and/or the Patient Flow Manager.

### **5.8 Performance Reporting**

Monthly Utilisation of the Discharge Lounge by each ward will be reported to Ward Managers and recorded in Ward KPI's.

## **6. Duties and Responsibilities of individuals and groups**

### **Discharge Lounge Co-ordinator's Responsibilities**

The staff nurse rostered on for that day will adopt the role of Discharge Lounge Co-ordinator. At 08:00 hrs each morning the co-ordinator should check the Patient Transport List web based booking screen to ascertain who has pre-booked transport for that day, and then contact all wards to: -

- Review with ward staff all patients with transport booked and then take a hand-over of these patients and agreed a suitable time for collection.
- Identify and trouble-shoot any prospective problems for that day's transfers to the discharge lounge, including identification of mode of transport from ward to lounge.
- Ensure appropriate levels of communication between all concerned parties, including Arriva Transport Solutions and the family

- Check and review TTOs with the patient. (Liaise with Pharmacy re prescribed TTOs as necessary)
- Ensure that all patients have transport booked if required, with a booking reference number, prior to their transfer to the Discharge Lounge. Alternatively, that an agreed plan has been made with the designated Band 6 discharge nurse.
- Effectively manage healthcare support worker (HSW), ensuring roles and responsibilities are defined and understood, delegating accordingly.
- Ensure that all patients are asked every hour if there is anything they need, including beverages and sandwiches, and that their dignity is maintained at all times. Make sure that this is documented on the Discharge Lounge paper-work.
- Where necessary liaise with patient's family, carers or social worker regarding their estimated time of discharge, and then when they actually leave the Discharge Lounge.
  - Maintain accurate records of admissions and discharges through the Discharge Lounge.
  - Make sure that patients are discharged promptly from Lorenzo once that have left the unit.
  - Make sure the patient leaves the unit with all their personal belongings, discharge summary and medication.
  - Liaise with ward staff regarding patient case notes and ensure any notes are returned to the appropriate ward.
  - Ensure safe environment is maintained at all times.
  - Liaise with the Discharge Team, Bed Managers and ward staff to identify patients for discharge the following day.
  - Report any deterioration in patient's condition to the appropriate medical team.(see also section 6)
  - Ensure that all patients received from Out Patients Clinic have transport booked or relevant cost code.
  - Challenge ward staff SMART board EDD, to pull patients through the system.

### **Health Care Support Workers Responsibilities**

- Ensure transportation to the lounge is identified i.e. walking, chair, bed.
- Collect patients from ward, check transfer documentation and identification band.
- Ensure that that the patient does not still have a venflon in situ.
- Ensure that all patients are appropriately dressed if possible in their own clothes.
- Ensure regular pressure area relief to appropriate patients and document.
- Liaise with Arriva to ensure they are aware that the patient has been transferred to the Discharge Lounge
- Orientate patients to the discharge lounge and introduce all staff on duty.
- Provide meals and beverages as required (at least every hour and more frequently if necessary). Ensure that all care given is clearly documented on the Discharge Lounge pro-forma
- Maintain safety and comfort of patients (including assisting with toileting as required).
- Return all medical notes to the appropriate ward once the patient has been discharged
- Assist and act on instructions from the Discharge Lounge Co-ordinator and Band 6 Discharge Nurses.
- Fax transport list to the bed managers each morning
- Complete morning and evening checks to ensure smooth and safe running of the discharge lounge.



### **Ward Responsibilities**

- Liaise with Discharge Lounge Co-ordinator & identify appropriate patients to use the facility, and give a verbal hand-over.
- Ensure that the patient has their TTO's written
- Inform patients & relatives of the transfer where possible.
- Complete all discharge arrangements prior to transfer (including transport if possible).
- Ensure all patients have been assessed as medically fit for discharge.
- Where possible ensure that patients receive their TTO's and medication counselling prior to transfer – however this is not essential and can be undertaken on the discharge lounge itself if need be.
- Complete the nurse transfer documentation/letter (where applicable e.g. where patient is being discharge to a nursing home).
- Ensure the patient has an identification band on prior to leaving the ward.
- Ensure all venflons have been removed.
- Ensure relevant information and referral forms have been communicated (such as completed District Nurse referrals, social care packages etc.)
- To ensure the patient reaches the discharge lounge In time for on going transportation

### **Lead Discharge Nurse**

The Lead Discharge Nurse is responsible for the day to day management of the Discharge Lounge. They are responsible for ensuring the correct policies and processes are adhered to in order to ensure the safe and effective discharge of patients from the Trust

Appendix 1

TRANSFER TO THE DISCHARGE LOUNGE PROFORMA

<b>PATIENTS FULL NAME:</b> <b>NHS NUMBER:</b>	<b>DATE:</b>
<b>DISCHARGING WARD:</b>	<b>NAMED NURSE:</b>
<b>ADDRESS PATIENT BEING DISCHARGED TO:</b>	<b>NEXT OF KIN:</b>  <b>TEL NO:</b>
<b>DETAILS OF COLLECTION:</b>  <input type="radio"/> RELATIVE <input type="radio"/> FRIEND <input type="radio"/> AMULANCE      Ref No = <input type="radio"/> OTHER	<b>NAME OF PERSON COLLECTING PATIENT:</b>  <b>CONTACT NUMBER:</b> <b>AWARE OF MOVE TO THE LOUNGE:</b> <div style="text-align: right;"> <input type="radio"/> YES  <input type="radio"/> NO         </div>
<b>EXPECTED TIME OF DEPARTURE:</b>	<b>ID BAND IN SITU</b> <div style="text-align: right;"> <input type="radio"/> YES  <input type="radio"/> NO         </div>
<b>BRIEF DIAGNOSIS:</b>	<b>RELEVANT MEDICAL HISTORY:</b>
<u><b>ASSESSMENT OF PATIENT NEEDS</b></u> <b>MOBILITY:</b>  <b>HOIST SLING WITH PATIENT:</b> <input type="radio"/> YES <input type="radio"/> NO  <b>DIET:</b>  <b>WARFARIN:</b>  <b>CONTINENCE:</b>  <b>WATERLOW SCORE:</b>  <b>ANY PRESSURE RELIEVING AIDS:</b> (PLEASE STATE)  <b>FALLS RISK</b>  <b>OTHER:</b>	<u><b>ACCESS TO PROPERTY</b></u>  <b>DOES THE PATIENTS HAVE THEIR KEYS:</b> <input type="radio"/> YES <input type="radio"/> NO  <b>IF NOT HOW WILL THEY ACCESS THE PROPERTY:</b>  <b>IF STRETCHER PATIENT IS THERE CAPACITY FOR ACCESS TO THE PROPERTY:</b> <input type="radio"/> YES <input type="radio"/> NO  <u><b>ON DISCHARGE</b></u>  <input type="radio"/> PATIENT IS APPROPRIATELY DRESSED <input type="radio"/> VENFLON REMOVED <input type="radio"/> TTOS IN PATIENTS POSSESSION <input type="radio"/> DISCHARGE SUMMARY

<p><b>MEDICATION</b></p> <ul style="list-style-type: none"> <li>○ DOES NOT REQUIRE MEDICATION</li> <li>○ TTO GIVEN ON WARD</li> <li>○ TTO TO BE COLLECTED BY LOUNGE STAFF</li> </ul> <p><b>TTO CHECKED BY:</b></p>	<p><b>TTO SENT IN A TAXI</b></p> <p><b>NAME OF TAXI FIRM</b> <b>SIGNATURE OF DRIVER</b></p>
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Appendix 2

**COMMUNICATION SHEET**

(PLEASE DOCUMENT ALL CARE GIVEN TO PATIENTS WHILST ON THE DISCHARGE LOUNGE, INCLUDING PRESSURE AREA CARE, DIET TAKEN, ETC)

DATE & TIME	COMMENTS

Please Record What Medical Notes Received from Ward (please specify if only loose papers received)

Medical Notes Returned to Ward on Date -----

**Signature of Person Receiving Notes and Their Designation -----**