

SOP28

Discharge Lounge Procedure

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Appendices

[Appendix 1 Discharge Lounge proforma](#)

[Appendix 2 Verification of patients discharge address flowchart](#)

1.0 Policy Statement (Purpose / Objectives of the policy)

The purpose of the Discharge Lounge is to provide a vital role in the timely and safe discharge/transfer of care of patients from inpatient wards/assessment units within the New Cross Hospital site. We aim to provide a pleasant and relaxing environment for patients to wait away from the ward area whilst the final parts of their discharge/transfer of care are being arranged. Patients can wait in the Discharge Lounge for medications, transport or family members to take them home or to another unit/hospital.

The usage of the Discharge Lounge will have a positive impact on patient flow and provide a continuum of quality care whilst finalising discharge plans.

This Standard Operating Procedure (SOP) describes the daily operation of the discharge Lounge. This SOP defines the roles and responsibilities of staff working within the areas which aim to support the safe and effective discharge/transfer of adult patients from the New Cross Hospital site.

By adhering to the SOP, the following will be achieved:

- Allow beds to be freed up earlier in the day therefore facilitating flow from the front door and throughout the hospital.
- Allowing patients to be placed on the clinically appropriate ward
- A smooth transition from hospital to discharge destination
- Patients will have a comfortable and positive experience in the lounge
- The Discharge Lounge will become a part of a holistic system supporting patient flow

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Criteria Led Discharge: A patient may be discharged by a registered health care practitioner based on criteria set by the lead clinician.

Discharge: Conclusion of a patient care spell

Discharge Lounge: a specified area within the New Cross Hospital site to facilitate a timely discharge from the wards. If a patient has been medically or criteria led discharged, they will transfer to the lounge whilst awaiting final arrangements to be made.

Medically Fit for Discharge: A patient has been declared medically fit for discharge, a multi-disciplinary decision has been made that they are safe and ready for discharge.

TTOs: Medications for patients to take with them upon discharge.

3.0 Accountabilities

3.1 Management of the Discharge Lounge

The Discharge Lounge's responsible manager will be the Band 7 based in the lounge.

The Discharge Lounge is in Division Two under the Directorate of Capacity and is overseen by the Matron of this directorate.

4.0 Policy Detail

Patient Criteria

4.1 Inclusion criteria

Adult patients from inpatient wards and ED whilst awaiting one or more of the below. Patients from an outpatient department will be accepted with prior discussion with the lounge if space available however inpatient areas will be prioritised to create flow.

- Collection by relatives
- Hospital transport
- TTOs to be dispensed
- Transfer to Residential and Nursing Homes,
- 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
- All patients whose discharge has been agreed for the same day prior to 18:00 hours
- Patients must be Medically Fit for Discharge and need no further direct medical input.

4.2 Patients who may be accepted with prior discussion and depending on appropriate capacity.

- Patients waiting for final doctor sign off of TTOs
- Any patient with a known or suspected infection or unconfirmed Pathology Swab result (e.g. COVID19)
- Patients needing isolation for infection reasons or are being discharged from a ward that has a known outbreak of infection.
- Patients who are confused and agitated and have challenging behaviour and/ or at risk of absconding/wandering.
- Patients requiring last dose IV antibiotics prior to discharge

4.3 Exclusion Criteria

- Patients with a mental health issue whose safety and the safety of others may be compromised.
- Patients in the terminal phase of their life expectancy: specifically Patients leaving the hospital for their 'last journey', patients on anticipatory medication and patients who are receiving medications via a continuous driver/pump.
- Bariatric patients - if their needs, care requirements and equipment need cannot be safely maintained by the Discharge Lounge team
- Children under the age of 17.

4.4 Roles and Responsibilities of Transferring Ward/Department

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

- Ensure Discharge Lounge Proforma is completed ([Appendix 1](#)) and call the lounge confirming discharge plans and destination and ensuring that appropriate capacity available
- Ensure dressings for wounds are provided for discharge as required
- Ensure all medication accompanies patients to the discharge lounge, including all fridge items and Controlled Drugs
- Ensure District Nurse referrals are completed, and other appropriate referrals required
- Communication with the patient /relatives and care homes regarding discharge plans must have taken place prior to transfer to the lounge
- The patients discharge destination must be confirmed to the lounge (as this may differ from there admitting address) Where the admission and discharge address differ the ward must have taken action outlined in the verification of patients discharge address flowchart ([Appendix 2](#))
- 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
- It is the responsibility of the discharging ward that the patients COVID status is known prior to transferring to the discharge lounge.
- Patient to be escorted by a Registered Nurse if on >2l oxygen in conjunction with [OP67, Patient Escort Policy](#)
- Ensure all essential equipment for discharge is in place to ensure a safe discharge
- If the patient is being transferred to a different Trust the relevant paperwork to support the transfer must be completed in conjunction with [CP05, Patient Transfer Policy](#)

4.5 Roles and Responsibilities of the Discharge Lounge Team

- A nominated member of the team will attend the 08:00 Capacity Team huddle Monday - Friday to collate the confirmed discharge patients information and Trust capacity status

- To actively “Pull” patients who are confirmed for discharge into the lounge working in collaboration with the Capacity Team, collecting the patients from wards at the start of the day.
- Assistance with washing, dressing, toileting (personal hygiene)
- Provide hot meals, snacks and refreshments: providing assistance with feeding needs as required.
- To provide pressure area care
- Administration of medication
- Staff must be visible at all times to maintain patient safety
- Ensure the criteria for referral to the lounge is followed and maintained.
- Ensure patients receive all medications in a timely manner prior to discharge.
- Ensure patients have a safe mode of transport home appropriate for the patients’ level of mobility.
- Ensure they have verified the patients discharge destination in accordance with the ‘Verification of Patients Discharge Address’ flowchart ([Appendix 2](#))
- Complete E-Discharge nurse sign off and ensure all medications are with the patient.
- Ensure patients leave hospital with the correct communication, DNACPR/Respect documentation, discharge notification, equipment and dressings.
- Keep the patient and relative up to date regarding discharge arrangements in a timely manner.
- Liaise with pharmacy for E-discharge sign off
- Collection of medication from pharmacy
- Booking of transport for patients discharge destination.
- Referral data will be provided to the Capacity Team at 09:45, 12:15 and 1545 to present at the Trust bed meetings.

4.6 Operating Times

- 0800- 2030 Monday- Friday (The last patient will be received in the lounge at 19:00 hours)
- 0900:19:00 Weekends (The last patient will be received in the lounge at 17:30 hours)

If at any point the lounge does not have any patients or expected referrals during its operating hours, the staff will be expected to support other wards /departments at the request of the Senior Management Team.

The operating times of the lounge will be reviewed as/when service need requires and in accordance with safe staffing levels.

4.7 Arrival to the Lounge (process)

- The patient will be greeted on arrival to the Lounge where it is ensured that the patient is wearing an identification wrist band
- The Discharge Lounge team will then complete a comfort check and offer refreshments.
- The patient’s cannula will be checked and removed if no longer needed.

- The discharge arrangements are confirmed with the patient (where possible)
- The patient's Next of Kin (NOK) will be informed when the patient is leaving the Hospital.
- The patient's transport method is confirmed, and confirmation of booking made to the correct discharge address.
- 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 staff will track medications using the Pharmacy Tracker system and liaise with pharmacy.
- When the patient is ready to be discharged, they are 'made ready' on the Transport Booking electronic system.
- Medication, copies of necessary documentation e.g., DNACPR/Respect documentation and discharge notification are given on the point of departure.
- The Teletracking badge will be removed from the patient and placed in the drop box.

4.8 Privacy and Dignity

Patients being admitted to the Discharge Lounge are at the end of their hospital stay. The Discharge lounge is a reflection of a waiting or day room, and patients who enter these areas should therefore be made aware that it is an area that is gender neutral.

- It is an expectation that ward or department staff will ensure that patients will have already changed into their own clothing, to maintain their privacy and dignity when in the Discharge Lounge 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.
- Patients who do not have clothing to change into or wish to remain in their night clothes, should be admitted to the Discharge Lounge if they are comfortable to do so but this must be clearly documented in their nursing documentation. Staff in the Discharge Lounge must ensure privacy and dignity is maintained with the use of dressing gowns, blankets and sheets and curtained areas around the bed space.

4.9 Catering Arrangements

- All patients will be assisted with hydration and nutrition whilst in the Discharge Lounge. Hot meals, Light refreshments, snacks and drinks are served by the staff.
- Any special dietary requirements must be recorded in the Discharge Lounge Referral Proforma
- All patients with swallowing difficulties to be identified prior transfer to discharge lounge.

4.10 Untoward Incidents/ Medical emergencies

- All Trust policies will apply.
- Patients remain under the care of the consultant team who have provided care for them on the inpatient ward until they are discharged from the lounge
- 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 must be contacted.
- If the patient was transferred from ED the patients must be transferred back to ED in the event of any emergency or change in condition
- In the event of a Cardiac Arrest, the CRASH team must be called by dialling 2222 and if appropriate, resuscitation and close monitoring will be commenced by the Discharge Lounge staff, in line with [CP11, Resuscitation policy](#). Full resuscitation equipment is located in the lounge.

4.11 Patients requiring readmission or patients remaining after lounge closure time

The Capacity Team will ensure that the lounge staff have explored all opportunities to facilitate the safe discharge of the patient.

The lounge staff will liaise with the Capacity Team where a decision will be made where it is clinically appropriate to allocate the patient.

The Patient Flow Manager on duty will explore providing staff to the lounge if it is still safe and appropriate that the patient is discharged after hours.

4.12 Administration and Data Collection

The lounge staff will collate the following data daily.

- Daily discharge activity
- Discharging ward and patients discharge time and destination. (This data is to be provided to the Capacity Team clerical officer who will forward to the data quality team)
- Patient case notes are to be returned to the discharging ward for clinical coding and outpatient appointments to be made.

4.13 Quality Assurance & Monitoring

The quality of care will be monitored through:

- a) Datix Incident reporting
- b) 'My Assurance' suite of audits will be completed as per clinical area guidelines
- c) Feedback from ward areas, colleagues and multi professional team
- d) External visits i.e. Care Quality Commission

- e) Patient and Public Initiative involvement
- f) Capacity Matron spot checks
- g) Audits and Complaint: Complaints Procedure Grievances and complaints regarding the operation of the Standard Operating Procedure may be progressed through the Trust's normal complaints/grievance procedures.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

6.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
X	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include:

7.0 Maintenance

This policy will be the responsibility of the Matron for Capacity and Patient Flow It will be reviewed in line with Trust Policy OP01 every 3 years or following any significant changes to the way patients are discharged from hospital.

8.0 Communication and Training

- An electronic copy of this policy will be available on the Trust intranet.
- All staff will be notified of a new or renewed policy.

9.0 Audit Process

What will be measured to monitor compliance	How will compliance be monitored	Monitoring lead	Frequency
Number of discharges through Discharge Lounge	Data collected by Discharge Lounge	Discharge Lounge Senior Sister	Daily
Number of failed discharges across the New Cross Hospital Site	Data collected by Capacity Team	Matron Capacity & Patient Flow	Daily
No. of DATIX incidents reported to Lounge	Datix	Discharge Lounge Senior Sister and Matron	Monthly
The discharge checklist is completed for all patients upon discharge	Matrons	Audit of checklist/patient case notes	Annual

10.0 References - Legal, professional or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

- Discharge Planning – Emergency and acute medical care in over 16's: service delivery and organisation, NICE (2017)
[<https://www.nice.org.uk/guidance/ng94/documents/draft-guideline-35>]
- Discharge Lounge: Best practice principles. NHS England London Region Discharge Improvement Programme Emergency Care Improvement Support Team (2022)
- Government Legislation (2007), Safeguarding Vulnerable Groups Act
- West Midlands Quality Standards for: Transfer from Acute Hospital Care and Intermediate Care August 2014
- Department of Health (2022), National framework for NHS continuing Healthcare and NHS-funded nursing care
[<https://www.gov.uk/government/publications/national-framework-for-nhs-continuinghealthcare-and-nhs-funded-nursing-care>]

Part A - Document Control

Policy number and Policy version: SOP28 V1.0	Policy Title: Discharge Lounge Procedure	Status:		Author: Matron Capacity and Patient Flow and Senior Sister Discharge Lounge Chief Officer Sponsor: Director of Nursing
Version / Amendment History	Version	Date	Author	Reason
	1.0	April 2023	Matron Capacity and Patient Flow and Senior Sister Discharge Lounge	New Procedure
Intended Recipients: All wards using Discharge Lounge and Discharge Lounge staff.				
Consultation Group / Role Titles and Date: Division 2 Oversight Group - March 2023				
Name and date of Trust level group where reviewed		Trust Policy Group – June 2023		
Name and date of final approval committee		Trust Management Committee – June 2023		
Date of Policy issue		July 2023		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		3 yearly or as required		
Training and Dissemination: As and when required by staff involved in discharge of patients. This will be disseminated via Heads of Nursing, Matrons and all users.				
To be read in conjunction with: <ul style="list-style-type: none"> • CP04 Discharge Policy • CP05 Transfer of patients between wards, departments, specialist Units and Other Hospitals • OP67 Patient Escort Policy and OP07 Health Records Policy • OP29 Booking non urgent patient transfers 				
Initial Equality Impact Assessment (all policies): Completed Yes Impact assessment (as required):				
Monitoring arrangements and Committee		Monitoring Discharge Data		
Document summary/key issues covered. This SOP applies to the care of patients and the necessary escalation process for patients transferred to the Discharge Lounge at the New Cross Hospital site. This is a working document and will be subject to amendment and modification as the function of the lounge adapts in accordance with service need. The SOP				

applies to all New Cross Hospital staff involved in any way with the discharge of patients.	
Key words for intranet searching purposes	Discharge Lounge

Discharge Lounge Referral Form

Form completed by ward
↓
Ring Discharge Lounge to confirm space and give a verbal handover (85582 / 85589)
↓
Book Porters

Surname	Unit No
Forename	NHS No
Address	DOB
Postcode	(or affix patient label)

Referring Ward: Completed by, Name & Stamp: GP Tel No. or Postcode:.....	Discharge address inc. post code if different from above : Telephone no.
Reason for admission: Relevant past medical history: RESPECT in situ: Any allergies? Infection risk? Pressure area concerns?	Transport Information: <input type="checkbox"/> Ambulance <input type="checkbox"/> Taxi <input type="checkbox"/> Relatives Has the ambulance been booked? Time of booking? Controller name and Ref No:
Dietary Requirements: Specific instructions IDDSI level diet: IDDSI level fluids: Nil by Mouth Yes / No Falls risk? Yes / No Does the patient have mental capacity? Yes / No Do they have a tendency to wander? Yes / No	Discharge information: Has the patient been signed off by a doctor? Yes / No Has the patient been signed off by pharmacy before 5:00pm? Yes / No Are the TTO's with the patient? Yes / No Are the TTO's in pharmacy? Yes / No Discharge COVID-19 swab result (date and result required if transferring to care home):
Level of mobility: <input type="checkbox"/> Independently mobile <input type="checkbox"/> Mobile with aids <input type="checkbox"/> Stands and transfers with assistance <input type="checkbox"/> Chair <input type="checkbox"/> Bed bound	Are Next of Kin aware of Discharge? Contact No: Nursing / Res Home aware? Key Safe Number? Any cut off time?
Has the cannula been removed? Yes / No Has the Green Discharge checklist been completed? Yes / No (ED N/A) Adult complex discharge form completed if asterix ticked yes on discharge checklist questions Teletracking badge in situ? Yes / No	Any Additional Information: Property with the patient:

Verification of Patients Discharge Address

