

Discharge Lounge	Policy
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	Status: Public

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Consulted With	Individual/Body	Date
Senior Site Manager	Helen Ali	August 2017
Mandy Woodley	ADO	August 2017
Professionally Approved By	Lyn Hinton Director of Nursing	September 2017

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Author/Contact for Information	Helen Ali & Alan Wilson
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2.1	Helen Ali - revised staffing section at point 6.2; added Appendix 4	13 th December 2018

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1. Purpose of Document

- 1.1 This document describes the services provided by the Discharge Lounge, and key working relationships within Mid Essex Hospital NHS Trust (MEHT).

2. Aims of the Service

- 2.1 The Discharge Lounge aims to provide a safe clinical alternative environment to the ward area whilst patients await transition to their discharge destination.
- 2.2 This is a self-contained area, which is appropriately furnished for patients waiting for discharge. The nursing team will continue to maintain your individual needs throughout your stay with us and will keep you updated about your Discharge Plan. Our team in the Discharge Lounge believe in and adhere to the Trust values

3. Scope of the Service

- 3.1 The Discharge Lounge is open to all clinical areas within the trust, however an exclusion criteria exists (see below) in the interests of patient and staff safety.
- 3.2 The patient remains under the responsibility of the medical team under whom they were admitted until they have left the hospital premises.
- 3.3 In a clinical emergency the Discharge Lounge will recall the ward medical team to review the patient. Out of hours this would be the on-call team.
- 3.4 The Discharge Lounge is open from 8.00am until 20:00pm Seven days a week including Bank Holidays (exception Christmas Day and New Years' day)
- 3.5 The patient criteria should be as broad as possible in order to optimise the amount of patients that can benefit from this facility and improve the patient discharge experience as well as freeing up acute beds for those who require them. It is anticipated therefore that all adult patients for discharge should be referred and transferred to the lounge with minor agreed exceptions.
- 3.6 **Inclusion criteria**
- Patients who have been declared medically fit to be discharged from all wards/department across the trust
 - Patients must have a completed discharge summary, prescribed medications and transport arrangements confirmed. However in times of escalation patients may be accepted in consultation with the divisional leads and site manager
 - Patients who are confused may be transferred to the Discharge Lounge following discussion of their individual requirements with the Registered Ward Nurse (RN) and the discharge lounge lead
- 3.7 **Exclusions**
- The capacity for patients confined to a bed or stretcher cannot exceed four at any one time. Must meet single sex accommodation criteria.
 - End stage palliative care patients, this is at the discretion of the referring ward

- Patients with mental health issues who's safety and the safety of others may be compromised will not be accepted into the Discharge Lounge.
- Patients who have infections and require barrier nursing
- Patients awaiting transfer via Paramedic transport to an acute setting
- Patients who are severely confused and at risk of absconding or suffering distress due to change of environment (following discussion with the ward team)

4. Work Flows

- 4.1 The Discharge Lounge staff will contact all clinical areas upon opening the lounge at 08.00am to confirm the patients identified the previous day who are still appropriate for admission to the discharge lounge. (please see appendix 1)
- 4.2 Further patients who are definite and potential discharges will be identified at the 09.00, 11:00 and 15:00 Bed Meetings. The nurse in charge of the lounge will ensure patients are identified throughout the working day. If there are no patients identified they will escalate this to the Clinical Site Manager. The Divisional representatives of the day attending the 15:00 Bed Meeting will identify patients for discharge who can go to the Discharge Lounge the following morning before 10 am. This list will be held in the site office.
- 4.2 Discharge Lounge staff will transfer patients from clinical areas.
- 4.3 In busy periods it may be necessary for staff from individual clinical areas to assist with patient transfer. This should be arranged by the Divisional Manager of the day.
- 4.4 It is the responsibility of the clinical area arranging discharge to have patient ready for transfer and to have informed patient and family of this arrangement.
- 4.5 The discharging ward is responsible for ensuring a discharge checklist is completed and all relevant criteria for transfer to Discharge Lounge are met.
- 4.6 The lounge will close at 20:00 daily. In the event that patients are still going to be in the Discharge Lounge after 20:00 hours due to transport delays, the nurse in charge will escalate to the Clinical Site Coordinator (CSC) who will formulate a plan.
- 4.7 The discharge lounge may be kept open overnight as a contingency areas with approval from Chief Operating Officer (please refer to escalation policy)

5.0 Key Operational Requirements

- 5.1 The Discharge Lounge operates from Zone A, A204 located on level 2 PFI Building The area is equipped with comfortable chairs and tables. The current accommodation and staffing profile allow for two patient requiring transfers on a hospital bed to be cared for in the area at a time.
- 5.2 There are four curtained area within the lounge to facilitate patient's privacy and dignity requirements.

- 5.3 There are oxygen and suction facilities for the patients awaiting transfer. Access to bathroom facilities and clean and dirty utility areas so that the staff may meet the needs of the patients as required.
- 5.4 Facilities are available to meet the dietary requirements for patient's transferred to the lounge. Hot and cold drinks are available.

5.5 **Relationship with other Departments**

- All Wards & Clinical Departments
- Bed Management Office
- Clinical Teams
- Phlebotomy
- Pharmacy
- Portering Services
- Patient Transport
- Medical Records
- Estates and Facilities
- Occupational Health
- Catering Services
- British Red Cross

5.6 **Requirements for Facilities Management (F.M.)**

5.6.1 The Discharge Lounge operates from A204 located on level 2 PFI Building.

5.6.2 The Discharge lounge requires the appropriate equipment to deal with clinical emergency situations; and as a minimum this will consist of

- Suction and oxygen

Full resuscitation equipment is located on A204 adjacent to the Lounge.

5.6.3 The Discharge Lounge is required to be cleaned to the agreed standard for a clinical ward area under the Service Level Agreement (SLA) for domestic services.

5.7 **Medical Records Security**

- All patients medical records will be managed confidentially at all times and stored securely in a locked office when not in use
- All movement of patient records will be accurately tracked in accordance with the Trust's Case Note Tracking Policy
- All documentation will be secured into the folder prior to it leaving the department

5.8 **ICT Requirements**

5.8.1 The Discharge Lounge utilises services from ICT including;

- Lorenzo
- Pathology Review
- Telephone and paging system
- Access to PC's with office based software.
- Networked printers and fax machine

6. Staffing

6.1 Responsibilities

- 6.1.1 The Senior Site Manager for the Discharge Lounge is operationally and financially accountable for service delivery.
- 6.1.2 The Senior Site Manager and clinical team are responsible for the day to day running of the unit and work in conjunction with the Associate Divisional Officer to ensure that the service is delivered within the confines of the agreed budget and operational requirements.
- 6.1.3 All staff members are responsible for their own actions as determined by their code of Professional Conduct and job descriptions (see appendix 2)

6.2 Staffing Profile

(Refer to Appendix 4)

- 6.2.1 This service is delivered by a nurse led team comprising 1 x RN and 2 x HCSW, currently under review.

6.3 Training and Education

- 6.3.1 All staff within the department will comply with the Mandatory training for Clinical Staff
- 6.3.2 Registered Nurses: will be able to demonstrate continuous professional development in line with NMC requirements.

7. Equipment Requirements

- Manual handling equipment, slide sheets, hoist is on located A204
- Emergency equipment i.e. oxygen, suction, in lounge Resuscitation Trolley located A204
- Blood pressure monitoring equipment
- Day chairs,
- Over bed tables
- Blood glucose monitoring equipment.

8. Infection Prevention

- 8.1 The service will be delivered in accordance with and compliance to the Trust's Infection Prevention Policies.

9. Equality and Diversity

- 9.1 The Trust is committed to commit to the provision of a service that is fair, accessible and meets the needs of all individuals. The Discharge lounge provides ease of access for disabled users.

10. Contingency

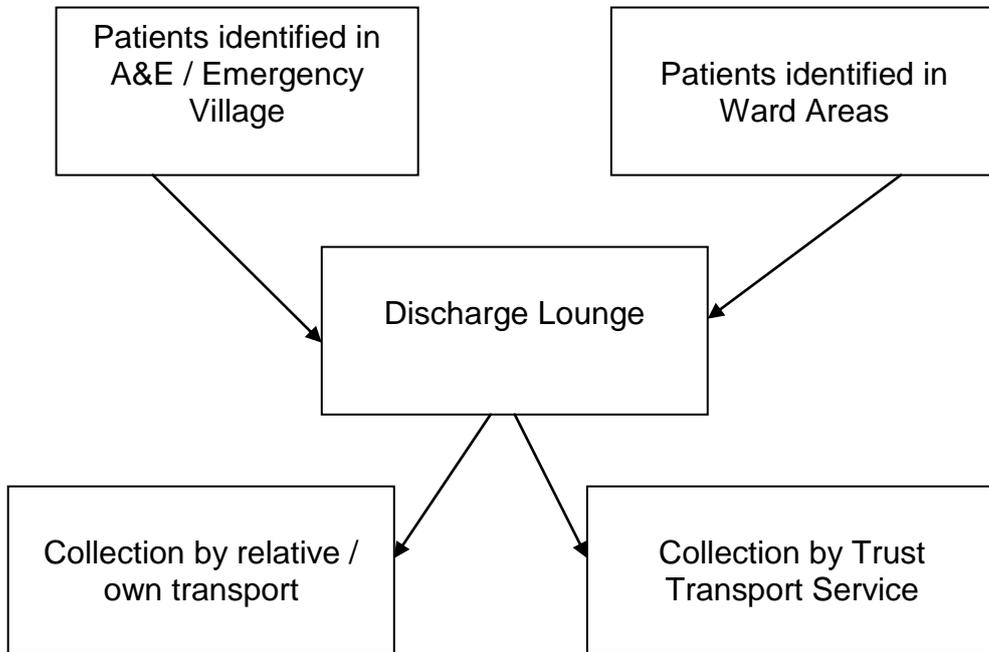
- 10.1 The contingency plans for this area is covered within the Trust Major Incident Plan, copies held in the Majax office and intranet.

- 10.2 The location of the Discharge Lounge is by its nature able to be moved to another location if required in the event of a local incident. Following appropriate risk assessment of the new location, the service can be moved at short notice.
- 10.3 In the event of IT systems failure the department will keep paper documentation which will be uploaded when IT systems are re-established.

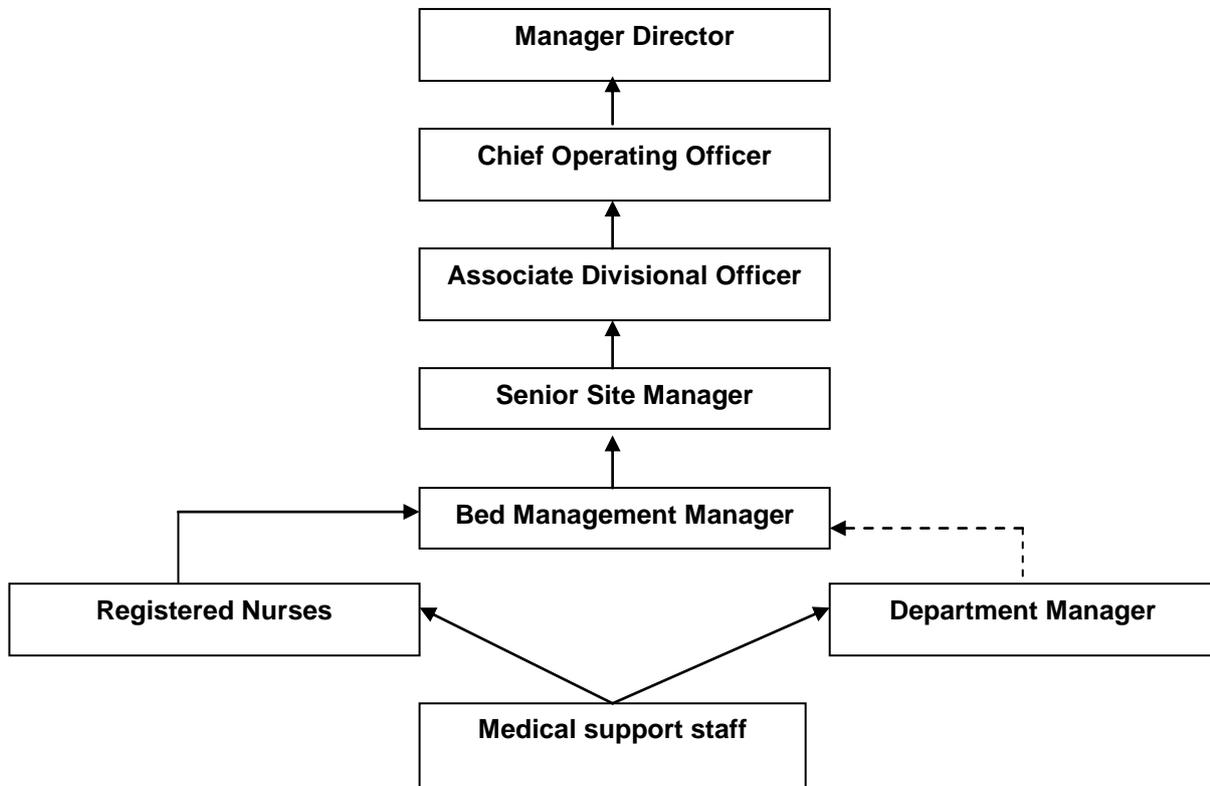
11 Auditing this Policy

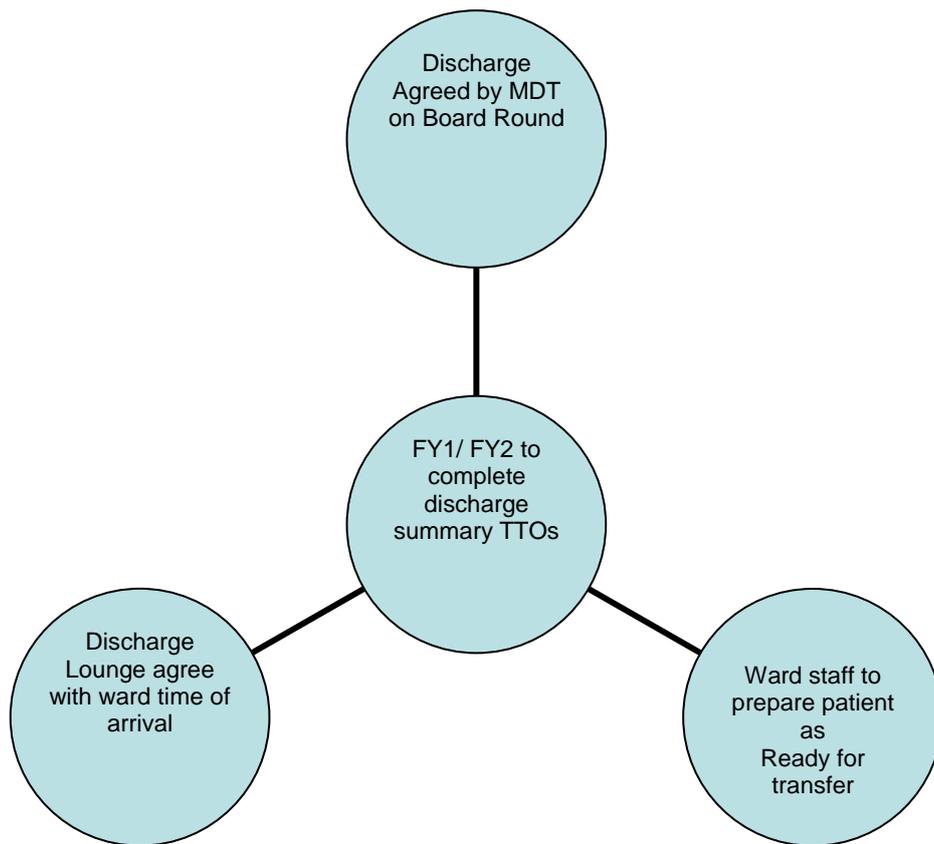
- 11.1 This policy will be audited annually by the Senior Site Manager initially and signed off by the Associate Director of Operations. Updating of this policy will be undertaken as required following audit, and the information shared at the Urgent Care Board.

Patient Flows



Responsibilities Flow Diagram





Before discharge think

T=Take home medication

I = Information

C= Cannula /Clothes

K= Keys

E= Eating and drinking

T= Transport

Discharge Lounge Handover Checklist

Discharge Lounge Handover & Patient Details.

Name	Age	Hospital number
Home Address		
Discharge address if different.		
Keys/Access	Key Code Number	N/A
Care/reablement received?		
Time of 1 st Visit.		
Care provider details.		
Mobility	Bed <input type="radio"/>	Chair <input type="radio"/>
Does the Patient have a Wrist Band insitu?		
Next of Kin	Relationship	
Telephone Number		
Are they aware of discharge?		
<u>Reason for Admission.</u>		
<u>PMH</u> Diabetes? Parkinsons? Dementia? Catheter?		
Special Diet, texture/thickening.		
Skin integrity.		
Is Oxygen required. Yes/No		Litres
IS PATIENT FOR RESUS. Yes/No		
ALLERGY STATUS.		
CANNULA REMOVED. Yes/No		
Does the patient have all their medication for Discharge. Yes / No		
Have TTAs been ordered? Yes / No		
<u>Transport.</u>		
Is the patient being collected by a friend/relative?		
Has Hospital transport been booked?		
• Time _____	Wheelchair or Stretcher _____	
• Reference _____		
Discharge letter completed? Yes/No N/A		
DN Referral? Yes/No		
Ward receiving from.	Time	Date
Signature:	Date:	Reviewed: 02/11/18

	08:00	10:00	12:00	14:00	16:00	18:00	20:00	22:00	00:00	02:00	04:00	06:00
Position												
Position changed to												
Refreshment offered												
Refreshment accepted												
Food offered												
Food accepted												
Cannula removed												
Personal care Pressure care												
Blood sugar (if required)												
Catheter care (if required)												
Patient updated on discharge.												
Signature												

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