

## Discharge Lounge SOP

Issue Date	Review Date	Version
January 2021	January 2026	1

### Purpose

This document has been developed to outline the prescribed procedure to be followed routinely for the daily operation of the Discharge lounge, based at Derriford Hospital.

It will define the roles and responsibilities of the staff which will support the safe and effective discharge of adult patients from the University Hospitals Plymouth (Derriford Hospital) who are discharged via the Discharge lounge.

By adhering to this policy, University Hospitals Plymouth NHS Trust should achieve the following:

- Improved efficiency of the Discharge lounge
- Increased early discharge from wards before 10am, Improvement in patient flow across the Trust
- Patients will have a positive and comfortable experience of the Discharge lounge

### Who should read this document?

All staff groups involved in inpatient activity, discharge and patient flow.

### Key Messages

The policy applies to adult patients who are suitable to transfer to the Discharge lounge and who satisfy the criteria to do so within wards at Derriford hospital. The policy applies to admission area wards as well as any medical and surgical wards along with any escalation areas being used. The policy will be supported by a Multi-Disciplinary Team (MDT) approach including Heads of Nursing, Clinical Matrons, Nurses, Discharge Coordinators and Clinical Site Managers, Doctors and Therapists who will make decisions on discharge planning and organise the patient transfer. Staff within the Discharge lounge will receive or collect patients as required.

### Core accountabilities

<b>Owner</b>	Vicky Deery
<b>Review</b>	Bev Allingham, David Brown, Lee Johns, Liz Cox
<b>Ratification</b>	Bev Allingham, David Brown, Lee Johns, Liz Cox
<b>Dissemination (Raising Awareness)</b>	Bev Allingham, David Brown, Lee Johns, Liz Cox, Vicky Deery, KellyAnn Whalley, Victor Sanchez
<b>Compliance</b>	Bev Allingham, David Brown, Lee Johns, Liz Cox, Vicky Deery, KellyAnn Whalley, Victor Sanchez

### Links to other policies and procedures

Managing patient expectations policy (formerly Choice)

Complex Discharge SOP

Simple Discharge SOP

HM Government – Hospital Discharge Service: Policy and Operating Model (August 2020)

## Version History

1	January 2021	This SOP was reviewed and ratified by Bev Allingham, David Brown, Lee Johns, Liz Cox, Vicky Deery, KellyAnn Whalley, Victor Sanchez. Was not presented at a committee/Group due to none taking place during the COVID Pandemic
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*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents.  
Larger text, Braille and Audio versions can be made available upon  
request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

<b>Section</b>	<b>Description</b>	<b>Page</b>
1	Introduction	
2	Definitions	
3	Regulatory Background	
4	Key Duties	
5	Procedure to Follow	
6	Document Ratification Process	
7	Dissemination and Implementation	
8	Monitoring and Assurance	
9	Reference Material	
<b>Appendices</b>		
	Appendix A - Discharge Lounge Process	
	Appendix B – Discharge Lounge Patient Pathway	
	Appendix C - Discharge Lounge Leaflet	

## Standard Operating Procedure (SOP) UHP Derriford Discharge Lounge

### 1 Introduction

This SOP relates to all adult inpatient and Day Case areas to facilitate patient flow and efficient, safe discharge of patients from the Trust.

This document has been developed to outline the prescribed procedure to be followed routinely for the daily operation of the Discharge lounge, based at Derriford Hospital.

It will define the roles and responsibilities of the staff which will support the safe and effective discharge of adult patients from the Trust.

By adhering to this policy, University Hospitals Plymouth NHS Trust should achieve the following:

- Improved efficiency of the Discharge lounge
- Increased early discharge from wards before 10am, Improvement in patient flow across the Trust
- Patients will have a positive and comfortable experience of the Discharge lounge

### 2 Definitions

The Discharge Lounge is situated on level 3 in the Terrence Lewis Building and will have capacity for 19 seated patients (reduce to 13 in lie with Covid 19 precautions) with the option of 2 bed spaces within this number.

Discharge lounge – Special designated are set up for holding patients who are being discharged the same day. It is staffed and managed within Specialist medicine and Managerial oversight from the General Manager for Patient Flow

Clinical Site Manager – Band 7 Nurse who is controlling the movement of patients from ED to wards and patients towards discharge or other internal transfer

TTA – To Take Away (medications for discharge)

### 3 Regulatory Background

Care Act

HM Government Hospital Discharge Service: Policy and Operating Model, August 2020

## 4 Key Duties

### Standards and Practice

This is the proposed minimum staffing establishment:-

Unit Manager/Sister 1.0 WTE  
Registered Nurses band 6 x 3.2 WTE  
Registered Nurse band 5 x 2 WTE  
HCAs x4 WTE  
Ward Clerk x 1 WTE

### Additional Clinical Support

Medical cover – Patients will remain under the care of the consultant and team with responsibility for their care whilst on the base ward

Open 7 days from 08:00 – 20:00hrs with last transfer to lounge being 18:00hrs

If it is looking likely that there may be patients in the discharge lounge after 2000hrs due to transport delays, the nurse in charge will escalate to the Clinical Site Manager at the earliest opportunity. The clinical site manager will then identify an alternative appropriate waiting area for the patient.

The transferring of patients to the lounge will be facilitated by the discharge lounge staff, supported by the ward teams, Bed Managers and Trust support staff.

Patients will be identified from the afternoon White Board Rounds as being likely for discharge the following day by ward staff and Site Managers. Three “Golden Patients” should be identified where possible to leave the ward before 10am. TTAs should be written for all identified Golden Patients.

## 5 Procedure to Follow

### 5.1 Exclusion Criteria

- Patients who are End of life who are likely to die within the next 24 hours must not be moved in any circumstances.
- Patients awaiting transfer via paramedic transport.
- Patients requiring one to one attention or a secure ward environment to avoid the risk of absconding will need to risk assessed on an individual basis to ascertain their suitability for the lounge. The discharge lounge doors are locked and operated by staff only, via video intercom lock.
- Patients who require isolation or barrier precautions unless agreed by Discharge Lounge staff.
- Patients with transport booked after 20.00 hours will stay on their base ward.
- Patients for whom a discharge summary TTA has not been written

If regular drug therapy is required to be completed on the unit, this must be administered before the patient is transferred. For example, if the patient is being transferred in the morning, they should receive their morning doses on the base ward before they are transferred to the discharge lounge.

The discharge lounge staff will receive a verbal handover from the ward staff (using the SBAR tool) prior to transfer and this will include details of the patient’s clinical condition.

Information around discharge such as transport arrangements and status of TTAs and the discharge summary remain the responsibility of the consultant team caring for the patient.

All patients will be recorded on SALUS by the ward staff using the discharge lounge attribute to indicate suitability for the lounge and whether they are ready to be transferred. The patient's medical notes, belongings and any equipment allocated will be transferred to the discharge lounge with the patient. The responsible clinician and specialty will remain unchanged on SALUS when patients are transferred to the discharge lounge.

## **5.2 The transferring ward will:**

- Ensure the consultant and clinical team are made aware that the patient has transferred to the discharge lounge.
- The clinical ownership of the patient remains with the base ward consultant and clinical team
- Ensure all eligible patients are identified on SALUS in order that Synbiotix system is updated real-time to allow portering services to collect and transfer patients
- Ensure that patients have transport booked or if independently arranged that they have arranged suitable transport home (taxi, family, hospital transport) and assist in making necessary arrangements within Trust policy if required. This must be communicated to the discharge lounge staff at handover.
- Patient's medication to take away should, where possible, be prescribed the day before discharge for those patients identified for discharge tomorrow.
- All current medications dispensed as a named patient supply (i.e. labelled with directions) for the patient must be transferred with the patient. If this patient is identified for discharge on the day and the prescribing is delaying transfer, medication prescribing can be completed on the discharge lounge but remains the responsibility of the consultant team caring for the patient on the base ward.
- Ensure that all discharge plans are in place including Clinical Handover completed for receiving care setting.
- Ensure equipment/dressings have been ordered for delivery at home or have been supplied to the patient.
- Inform the patient and Next of Kin of move to the Discharge lounge, where this is possible.
- Ensure a Discharge Checklist is completed.
- Contact the Discharge Lounge Nurse in Charge on identification of further patients for discharge.
- Ensure SALUS is updated with the transfer to discharge lounge

## **5.3 The Discharge lounge staff will:**

- Maintain the effective day-to-day running of the Discharge lounge
- Attend 0830 daily safety brief meeting Monday to Friday

- Ensure that the criteria for referrals to the discharge lounge are followed and maintained, in collaboration with the therapy teams at board rounds. Any deviation must be reported to the Matron immediately for follow up action to take place
- Where possible, workload allowing, the Health Care Assistants (HCA) can go to the ward to assist with preparation of patients for transfer to discharge lounge
- Assist with the transfer of patients to the lounge
- Ensuring patients receive any medications they are due whilst on the discharge lounge prior to discharge
- Ensure medicines are stored safely and securely
- Check medication prescriptions with all patients/carer/family as appropriate prior to leaving the unit and ensure patient understanding of these is achieved and documented in the notes
- Ensure all patients leave the hospital with the correct information (leaflets), equipment and dressings
- Ensure all patients transferred to the lounge are updated on SALUS in real time
- Ensure all patients are given assistance with meeting their activities of daily living if required
- Act as a runner to pharmacy and other department to expedite the collection of TTAs and equipment
- Ensure the Discharge Checklist in the nursing documentation is completed
- Keep audit logs of patients using local the discharge lounge
- Ensure that all patient paper notes are appropriately traced on iPM and stored securely

#### **5.4 Nurse in Charge of the Discharge lounge Responsibilities**

- Upon telephone handover document the NEWS score and time of the NEWS score
- Record a set of observations upon the patient's arrival in the Discharge lounge and repeat if clinically indicated
- Continue with and record intentional rounding for patients being nursed in bed
- Ensure patients have the Oxygen requirements provide as per discharge plan and this is in the transport plan
- Discharge lounge staff will check if an electronic TTA has been written and dispensed by pharmacy for the patient prior to them being transferred to the discharge lounge. Pharmacy staff based on the unit will provide support with medication related issues.
- Discharge lounge staff will check all medications are accounted for against the discharge medication discharge summary
- Discharge lounge staff will print off the discharge summary and ensure the patient is given a copy if this has not been given on the transferring base ward

- Ensure capacity is monitored; capacity can be flexed to support patient flow requirements, to a maximum of 19 seated patients and 2 bedded (long-use trolley) patients.
- Ensure Pharmacy is made aware of potential movements to ensure that medications reach the patient in a timely fashion.

### **5.5 Pharmacy Responsibilities:**

- Complete all relevant stages for processing TTAs
- Prioritise the delivery of TTAs to the discharge lounge when a pharmacy priority porter is available
- Will support the lounge by being available to discuss any medication issues with patients that cannot be dealt with by the registered nurse.

### **5.6 The Clinical Site Team Will:**

- Liaise with the discharge lounge staff and assist with expediting patients from the wards where there is an issue with flow. They will also keep discharge lounge staff informed of the priority areas in order to create flow appropriately.

### **5.7 All Staff Will:**

- Act in a professional manner at all times and in accordance with Trust policies
- Ensure all care provided during the patient's stay is documented on the Trust's nursing documentation in accordance with Trust standards.

### **5.8 Physical Environment**

- The environment provides a comfortable resting area where patients can sit to receive nursing care, whilst waiting. This consists of 19 chairs, 2 trolley spaces (extended use) and with portable suction and oxygen cylinders accommodated if required
- Cold food and drink is available at the discharge lounge.

### **5.9 Untoward Incidents and Medical Emergencies**

- All normal Trust policies will apply. Patients remain under the care of the Consultant team who has provided care for them on the wards or departments (including ED and front door wards).
- In the event of a relapse or medical emergency, the doctor with retained clinical responsibility will review the patient.
- If the consultant team is not available, the team on call for that speciality should be contacted and the patient will be transferred back to their original ward/department.
- In the event of a cardiac arrest in the lounge, the cardiac arrest team will be called by dialling 2222 and resuscitation will be commenced by the lounge staff, in line with the Trust's Adult Basic Life Support guidelines. Full resuscitation equipment is available in the discharge lounge.
- TEP/resuscitation status will remain as previously determined on the transferring ward.

### **6.0 On Discharge from the Lounge, the staff will ensure they:**

- Check the patient or their relatives are aware of follow-up arrangements, care packages, outpatient appointments, etc.

- All medications are sent with the patient or relatives and there is clear understanding of their use of application. They must be clearly labelled with the patient's identifying information.
- Patients are accompanied to their transport and assistance with seating provided where necessary, ensuring that Transport staff are made aware of the patient bags and belongings and which item belongs to which patient. All bags must be clearly labelled with patient identifying information.
- Patients must be discharged from SALUS immediately following patient departure by Lounge staff to maintain accurate hospital records.
- The location of medical notes must be correctly shown on iPM. Following collection by Clinical Coding, notes will be returned by Clinical Coding to the originating base ward. Whilst in the Discharge lounge, they are stored in a secured notes cabinet.
- It is essential that the lounge staff appraise each patient individually and fully to ensure that patient's safety and security in the transfer of care process.

## **6 Document Ratification Process**

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the group or committee and ratified by the Director.

Non-significant amendments to this document may be made, under delegated authority from the Director, by the nominated author. These must be ratified by the Director and should be reported, retrospectively, to the group or committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

## **7 Dissemination and Implementation**

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## 8 Monitoring and Assurance

Element to be monitored	Patient Flow
Lead	Senior Commissioning Manager – Urgent Care, Western NHS Devon Clinical Commissioning Group
Tool	Review of Discharge lounge patient flow and activity figures
Frequency	Annual Review
Reporting arrangements	Activity patient flow figures reported to OEG. Review documented in meeting minutes.
Acting on recommendations and Lead(s)	The General Manager for Patient Flow will coordinate the actions to the audit results. Actions from the incident reports will be at a local level and may also result in broader actions.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within the timeframe specified in the action plan.

## 9 Reference Material

[Simple Discharge SOP](#)  
[Complex Discharge SOP](#)  
[Patient Transport Policy](#)  
[Medicines Management for patients being discharged from hospital](#)  
[Trust Policy for the Internal Transfer of the Adult Patient throughout UHP](#)  
[Consent to Examination or Treatment Policy](#)  
[Incident Reporting Policy](#)  
[Mental Capacity Act 2005 Policy and Associated Deprivation of Liberty Safeguards and Codes of Practice](#)  
[Trust Policy for Safeguarding Adults](#)  
[Care Quality Commission Outcomes](#)  
[NHSLA Risk Management Standards for Acute Trusts](#)  
[UHP Major Incident Plan](#)



# DISCHARGE LOUNGE PROCESS



Patient is medically fit for discharge, activate the Home today attribute on SALUS



Compete Discharge Paperwork and TTA's. NB: TTA's have to be in draft form before



Q: Is my patient fit for the discharge lounge

Activate Discharge lounge Attribute and change it to either:

Suitable



Unsuitable



Ensure the following is completed:

- Pt Informed.
- Transport booked or family aware.
- Pt washed and bags packed.
- Pts own medication give back to them from the locker.
- Dressings and catheter supplies given to the Pt.
- Notes are placed together on nurses station for collection.

If required

- Scripteasy and/or a District Nurse referral to be completed.



Only when all of the above has been completed please change the SALUS Icon to:



A member of the Discharge Lounge team will be dispatched to collect the Patient as soon as possible.

**Unsuitable patients:**

- Children
- End of life care
- Advanced Dementia
- Mobility requiring hoist or higher dependency
- Immunocompromised

**Benefit for the Ward**

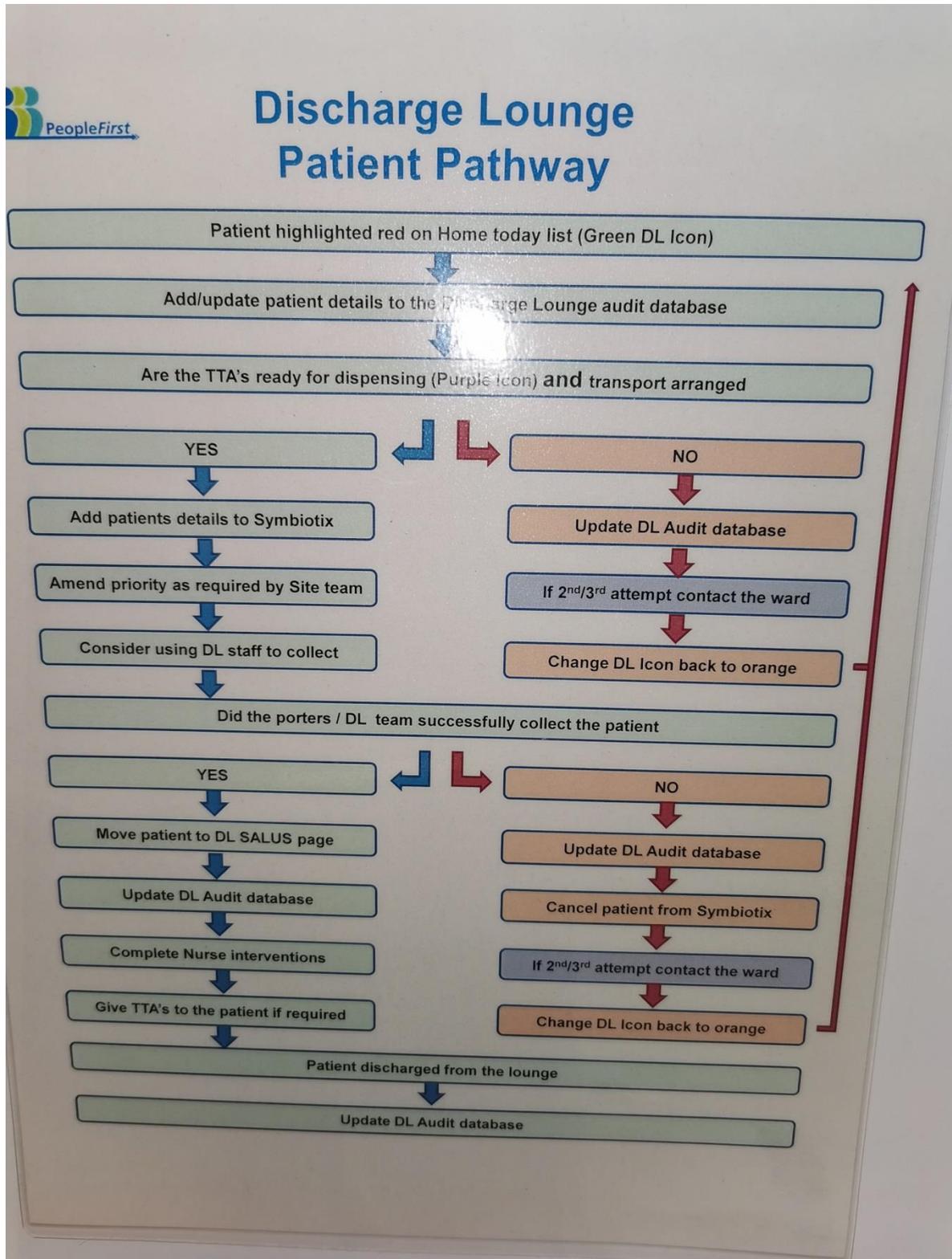
- New Pt in the bed space early
- Doctor can review the patient earlier
- Potential investigations completed earlier
- Fewer outliers into the bed space

**Benefit for the Patient**

- Comfortable environment away from poorly patients
- Easy access for relatives to pick up from. (5 car spaces)
- The next patient gets their bed earlier in the day

For more advice please don't hesitate to contact the Discharge Lounge on

01752 438045



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