

**Standard Operating Procedure for:  
'The Lounge': Discharge Lounge –  
(LRI)  
Corporate Operations**

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## 1. Introduction

The University Hospitals of Leicester NHS Trust (UHL) has a discharge lounge function at the Leicester Royal Infirmary (LRI) namely:

- The Lounge' based at the Leicester Royal Infirmary site (LRI) ground floor Windsor Building.

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 LRI. It aims 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 or to another unit/hospital. They 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 Lounge' (LRI). The SOP defines both the roles and responsibilities of staff working within the area which aim to support the safe and effective discharge/ transfer of care of adult patients from the Leicester Royal Infirmary.

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 LRI 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 Lounge': Discharge Lounge**

'The lounge' (LRI) forms part of the Operational Delivery team within Corporate Operations.

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 Trusts discharge lounge is carried out and to ensure the following is provided for the patients if required:

- a) Assistance with washing, dressing, toileting (personal Hygiene).
- b) Meals/ and refreshments
- c) Assistance with feeding if required
- d) Pressure area care
- e) Administration of medication- including IVS
- f) Medication advice
- g) Health education and health promotion advice
- h) Liaison with District nurses, or any other referrals that may be required
- i) Communication with both patients and relatives (relatives must be informed of discharge prior to transfer to the lounge)
- j) 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 ICE
- 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 in line with EWS/ if the patients 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 activities of daily living
- e) Act as a runner to pharmacy if required
- f) Continue with assessment such as water low/ best shot if required
- g) Complete hourly care rounds.

## 6. Operating Times and Staffing

<b>The Lounge (LRI)</b>		
<b>7969</b>		
Situated on the ground floor of the Windsor building, near the security office.		
<b>Capacity</b> The capacity for patients in the discharge lounge is variable and depends on the recommended Infection prevention guidance on social distancing.		
<b>Capacity:</b> 9 chairs and 2 beds ( 2 metre spacing ): Total 11 <ul style="list-style-type: none"> <li>• 4 male chairs</li> <li>• 1 male beds</li> <li>• 5 female chairs</li> <li>• 1 female beds</li> </ul>	<b>Capacity:</b> 17 chairs and 2 beds ( 1 metre spacing ): Total 19 <ul style="list-style-type: none"> <li>• 7 (6)male chairs</li> <li>• 1 (2) male beds</li> <li>• 6 (5)female chairs</li> <li>• 1 (2)female beds</li> <li>• 4 flexible seats depending on sex mix demand.</li> </ul>	<b>Full Hospital escalation additional capacity:</b> 6 beds <ul style="list-style-type: none"> <li>• 3 male beds</li> <li>• 3 female beds</li> </ul>
Opens: 7.30 hours Closes: 20.00 hours	Opens: 7.30 hours Closes: 20.00 hours	Opens: 20.00 hours Closes: 7.30 hours
Monday to Sunday	Monday to Sunday	As per escalation policy
<b>Daily Staffing levels</b>	<b>Daily Staffing levels</b>	<b>Staffing levels</b>
Registered Nurse x3	Registered Nurse x3	Registered Nurse x2
Health Care Assistants x2	Health Care Assistants x2	Health Care Assistants x1
Transport Worker x1	Transport Worker x1	
Ward Clark x1	Ward Clark x1	
Pharmacy Technician x1(M-F)	Pharmacy Technician x1(M-F)	

### Additional Capacity LRI site

'The lounges' 6 beds form part of the **escalation capacity beds** for the Trust. These are staffed as needed with x2 RN for the night shift. Due to the impact that using this area as a bedded facility overnight has on early flow the decision to use this capacity overnight is taken during tactical command meetings by the Deputy Chief Operating Officer or the Director on-call.

## 7. Transferring Patients to the Lounge

- a) The discharge lounge endeavours to collect patients in a timely manner after an appropriate referral is accepted on nerve centre. Priority of patient collection will be

given to areas under most pressure as directed by the daily site operational command meetings and those who have been made ready to travel and have discharge mediations and discharge letter written.

- b) The Hospital transport team and Health care Assistants will assist to transfer patients to the lounge. "Go Green" patients should be transferred to the lounge as soon after opening as practical but before 11am by the ward staff.
- c) Prior to collecting the patient to be transferred to the lounge a referral and nerve centre allocation will have taken place.
- d) 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.
- e) Property in the discharge lounges remains the responsibility of the patient. Property will not be checked but it will named and stored with the patient.
- f) Transferring staff will ensure that all medication and notes are transferred with patient, including all fridge items and Controlled Drugs.
- 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 'Go Green' Patients (Pro-active Approach)**

- a) 'Go Green' patients should be identified and allocated the day before discharge to the lounge, it is preferable that each ward identify two patients that can be transferred to the lounge early morning of the next day before 11am.
- b) Discharge Medications (TTOs) for these patients should be requested no later than at afternoon (1pm) huddles ensuring completion and submission to pharmacy by 15.00 hours the day before discharge.
- c) A member of the discharge lounge staff will visit wards in the afternoon to assist with the 'Go Green' allocations, ensuring both patients, relatives and staff are aware of the process.
- d) A next day discharge list should be created by the Clinical management group bed and flow team the day before discharge to increase flow to the lounge early mornings.
- e) The discharge lounge will support discharge arrangements as much as possible for example washing/medication/ arranging transport/completing referrals.

### **7.2 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 staff with 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.

### 7.3 Arrival to the Lounge (Process)

- a) The patient will be greeted on arrival at the ward Clark desk where it is ensured that the patient is wearing an identification wrist band.
- b) The patient will then be transferred to the lounge on patient centre.
- c) The nurse will then complete an admission check list
- d) The patient's cannula will be checked and removed if no longer needed.
- e) The discharge arrangements are confirmed with the patient if possible, and the patient's next of kin are informed. The lounge staff will also confirm package of care starts times with care providers, or ensure the patients nursing home or residential home is expecting the patient.
- f) The lounge staff will also confirm with community hospitals that an appropriate handover has been accepted and confirm the cut off times.
- g) The patients transport method will be arranged, if not completed already.
- h) If the patient already has TTOs checked and a printed letter, the lounge will re-check the medication to ensure it is correct. 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.
- i) 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.
- j) 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 Admission Criteria

### 8.1 Inclusion criteria:

- a) Adult patients from all inpatient wards/departments across the LRI site who are awaiting collection by relatives, hospital transport, TTOs to be dispensed, transfer to residential and Nursing Homes, accessing rapid response services from emergency and admission/assessment units, awaiting transfer to community step down/ rehabilitation.
- b) All patients whose discharge has been agreed for the same day.
- c) All patients must be medically optimised for discharge and need no further medical input.
- d) When the Trust is operating at OPEL level 3 / 4 patients will be accepted into the area without a TTO letter but a process should be agreed with the relevant CMG wards to ensure that the staff know who to contact to progress.
- e) Those patients with a negative Covid-19 PCR 'swab or who have completed 14 days of isolation following a positive test.

## 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.
- f) Patients in the last days of their life journey.
- g) Patients attending routine outpatients – unless their collection is delayed past clinic closure time or the patient has a clinical need that cannot be met within the Outpatients department. (These patients will require a full handover/ completion of a transfer checklist from the relevant OPD and be accompanied by relevant clinical notes.
- h) Children under the age of 17

## 9. Heightened levels of Privacy and Dignity in the Discharge Lounge

Patients being admitted to the discharge lounge are at the end of their hospital stay. The discharge lounge environment is 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.
- b) Patients, who do not have clothing to change into, should be offered the new clothing purchased for this purpose by the Trust.
- c) Patients, who do not wish to wear this clothing or wish to remain in their night clothes, should be admitted 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) 'The Lounge' provides segregated male and female areas, the expectation is that patients should be segregated in these areas.

## 10. Catering Arrangements

All patients will be assisted with hydration and nutrition whilst in the discharge lounge. Light refreshments, snacks and drinks are served by the staff. Hot meals can be ordered on an individual basis.

- a) Any special dietary requirements must be identified on referral to the areas incorporated in the handover and recorded in the transfer letter.
- 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 on the Discharge Lounges.

## 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 will:

- a) Advise pharmacy of all patients that are transferred to the lounge who are waiting for medication to be dispensed
- b) Discharge Lounge staff will check the status of all patients TTO.
- c) Lounge staff will check TTO at status and sign off to authorise the TTO.
- d) Discharge lounge staff will check medications against the prescription
- e) Discharge Lounge staff will 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) 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-medicines 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 policy 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"> <li>a) Number of Discharges through the discharge lounges by CMG</li> <li>b) Number of discharges planned between the ward and the lounge the day before discharge lounge</li> </ul>	Through Metric data monitoring packs linked to SAFER patient Flow bundle.	HON Patient Flow and Discharge	quarterly	Safe and Timely Discharge Operational Group

<ul style="list-style-type: none"> <li>c) Percentage of that days total discharges in the lounge before 11am</li> <li>d) Percentage discharges from discharge lounge before 1pm</li> <li>e) No. of datix incidents reported from the Lounge</li> <li>f) Patient Experience indicators/ Clinical Metrics</li> </ul>				
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**16. Supporting References**

- a) Discharge and Transfer of Care Policy (Going Home Policy) for Adults Leaving Hospital (updated policy) Trust ref = B2/2003
- b) Good practice in Discharge Planning B20/2009
- c) Same Sex Accommodation Guidelines B34/2016

**17. Key words**

- a) Discharge
- b) Discharge Lounge
- c) The lounge

<b>CONTACT AND REVIEW DETAILS</b>	
<p><b>Standard Operating Procedure Lead ( Name and Title)</b></p> <p><b>Gill Staton, Head of Nursing Patient Flow and Discharge</b></p>	<p><b>Executive Lead</b></p> <p><b>Fiona Lennon, Deputy Chief Operating Officer</b></p>
<p><b>Details of Changes made during review:</b></p> <ul style="list-style-type: none"> <li>a) Removed reference to the Discharge Lounge at the GH – This area has now been closed.</li> <li>b) Patients need to have had a negative Covid-19 PCR ‘swab.</li> <li>c) Bed/seating capacity in the lounge has changed and risk assessed to provide 2 metre/ 1 metre spacing between chairs/ beds.</li> </ul>	