

Operational Aspects of the Discharge Lounge Standard Operating Procedure

V7.0

April 2024

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Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This document has been developed to outline the prescribed procedure to be followed routinely for the daily operation of the Discharge Lounge, based at the Royal Cornwall Hospitals Trust.
- 1.2. The Discharge Lounge is a facility where patients can prepare for leaving hospital. The care team promote independence, activity and health and wellbeing to support patients going home or to another place of onward care, such as a residential home. Doctors, nurses, therapists, social workers and mental health experts are just some of the professionals who work together on this unit to enable people to leave hospital as quickly as possible.
- 1.3. It will define the roles and responsibilities of the staff which will support the safe and effective discharge of adult patients from the Trust.
- 1.4. This version supersedes any previous versions of this document.

2. Purpose of this Standard Operating Procedure

By adhering to this procedure, the Royal Cornwall Hospitals Trust should achieve the following:

- Improved efficiency of the Discharge Lounge.
- Increase early discharge from base wards, From 7 am.
- Improve patient flow across the Trust.
- Maintaining Patient safety.
- Discharge Lounge.
- Reduce overcrowding in ED.
- Reduce/ Prevent ambulance holds.

3. Ownership and Responsibilities

- 3.1. The Unit Manager and designated Nurse in Charge are responsible for the day to day running of the Discharge Lounge and supervision of staff.
- 3.2. The Discharge Lounge is managed within Acute and Emergency Medicine Care group.
- 3.3. The Clinical Matron will have overall responsibility for the Discharge Lounge.
- 3.4. All clinical staff are responsible for ensuring that the criteria for referral to the Discharge Lounge is followed.
- 3.5. **Scope**

The policy applies to patients who are suitable to discharge to the Discharge

Lounge and who satisfy the criteria to do so within wards at Royal Cornwall Hospital. The policy applies to Emergency Department and any Medical or Surgical wards along with any escalation areas being used. The policy will be supported by an MDT approach including Heads of Nursing, Clinical Matrons, Discharge Coordinators, 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.

3.6. Definitions / Glossary

Discharge Lounge	Special area set up for holding patients who are being discharged the same day. It is staffed and managed within Acute and Emergency Medicine Care group with Managerial oversight from the Matron and Service Manager.
Clinical Site Manager – Manager of the Day (MOD)	Band 7 Nurse who is controlling the movement of patients from ED to wards and patients towards discharge or other internal transfer.

4. Standards and Practice

Unit Manager: Charge Nurse Band 7, 1.0 WTE.

Registered Nurses: Band 5, 3.00 WTE.

Assistant Practitioner: Band 4, 1.0 WTE.

Health Care Assistant: Band 3: 8.07 WTE.

4.1. Additional Clinical support

- Open 7 days a week, inclusive of Bank Holidays 7.00 till 1930.
- Contact telephone number: 01872 253866 / 07826936517.
- This procedure will be reviewed regularly to meet the needs of the service.

4.2. If it is looking likely that there may be patients on the Ambulatory Discharge Lounge after 19.00 hours due to transport delays, the nurse in charge will escalate to the Clinical Site Manager at the earliest opportunity to arrange safe transfer from Ambulatory discharge lounge (ADL) to Bedded Lounge.

4.3. The transferring of patients to the Lounge will be facilitated by the Discharge Lounge staff, supported by ward teams, Bed Managers, discharge coordinators and Trust support staff.: Best practice would be for patients to be in the discharge lounge at 07.00 for breakfast, if able and safe. (In the patient's best interest).

4.4. Patients expected to be discharges the following day from the base wards, should be identified during the Base ward's afternoon rapid rounds. Where

possible Golden Patients should be Highlighted for a discharge to the Discharge Lounge (DCL) by 7am. The Tablets to Take Out (TTO's) and Discharge letters for all identified patients should be completed prior to the patient being discharged to the discharge lounge, except when they have come from ED. Ideally, these patients should have a criteria – led discharge (CLD) in place day before. Enabling a nurse to facilitate the discharge.

- 4.5. Each evening at 16.00 the Care groups will complete the night plans on the patient flow Teams channel containing next day discharges. This will be collated by the site coordination team and sent to the rch.rchdischangelounge@nhs.net
- 4.6. The Discharge lounge Senior Nurse/ Unit Manager will then assess the discharges for suitability for the discharge lounge and plan for the next day, including 'Golden patients' and CLD patients. Obtaining handover where possible.
- 4.7. **The discharge Lounge does not hold a stock of drugs.** If regular drug therapy is required whilst in the department then this must be included in the handover. When the patient is likely to remain on the discharge lounge for when the next dose is due (e.g., their lunchtime doses) then the stock should be transferred with the patient. All named patient supplies for current medicines must be transferred with the patient to the discharge lounge.
- 4.8. The Discharge Lounge staff will receive a verbal handover from the ward staff using the SBARD (Situation, Background, Assessment, Decision) tool prior to transfer; this will include clinical condition and information around discharge such as transport arrangements and status of TTO's. TTOs and the discharge summary remain the responsibility of the consultant team caring for the patient. If the patient is transferred to the discharge lounge before the TTO is written, the consultant team will still be responsible for ensuring it is completed.
- 4.9. All patients transferring to the Discharge Lounge will be recorded on Swift plus and Nerve centre by the ward staff to indicate they have left the ward with the Discharge Lounge icon allocated. The patient's medical notes, belongings and any equipment allocated must be transferred to the Discharge Lounge with the patient.
- 4.10. The discharge lounge can take telephone handover by phone or receive a patient with a completed SBAR, a courtesy call should always be made if sending with a SBAR. There is a TEAMS' Chat – Discharge lounge Comms, that can be used to book beds/chair or ask a question. The telephone is the best handover is to ensure the safe discharge of patients from the wards to the discharge lounge.
- 4.11. Performance of the Discharge Lounge will be monitored via the Base Ward RADAR report.
- 4.12. **Patient Admission Criteria to the Ambulatory Discharge Lounge**
 - Patients who are medically optimised and clinically fit for discharge must have a discharge summary completed, TTO'S on system (if not with patient) and transport booked (or clearly handed over to discharge lounge if they are required to complete).

- Family or receiving care facility informed of the move to discharge lounge.
- Collection up to 19.30 hours.
- All patients who are transferring to West Cornwall Hospital or Community hospitals.
- All patients must be fully dressed (where possible) for their dignity and that of others and this must be disclosed at handover to ensure appropriate placement of the patient in the lounge.
- Patients must be ambulatory (The nearest toilet to the ambulatory discharge lounge is approximately 20m along the corridor in the Tower block).
- Enhanced care patients can be supported if the discharge lounge staffing can manage the acuity. This is to be discussed by the NIC as required.

4.13. Support available from the Discharge Lounge to wards

- Discharge lounge can support patients while they wait for transport home.
- Wait for TTO'S.
- The unit is Staffed with a Registered nurse, who can administer oral medications Only – they cannot give IVI (Unless agreed by Matron and NIC).
- Simple District Nurse referrals.
- Support with packing patient's belongings on the ward.
- Support with dressing and personal care, prior to going to the discharge lounge.
- Collect patients from Base wards.
- Giving breakfast.

4.14. Exclusion Criteria

- Patients who are End of life who are likely to die within days to hours must not be moved in any circumstances.
- Any patient awaiting fast track to home, nursing home or those awaiting a hospice Transfer.
- Patients awaiting transfer via Paramedic transport (emergency escalation of care).
- Patients requiring safe and supported attention or a secure ward with whom there is a risk of absconding.
- Patients with severe dementia and Delirium should not be moved out of hours as per trust policy - (Appendix 3) for Transfer form.

- Patients with transport booked after 19.00 hours that day or early the following day will need to go to the Bedded discharge lounge.
- Patients who are not Medically optimised for Discharge must not be transferred to this area, (excluding patients transferring to WCH or SMH who are stable to transfer).
- Any patients with transferable infections must not attend the discharge lounge as we are unable to isolate these patients.

4.15. The transferring ward will:

- Ensure the Consultant and clinical team are made aware that the patient will be transferred to the Discharge Lounge within 15 minutes of the decision being made for discharge.
- The clinical ownership of the patient remains with the ED/AMU/Base ward Consultant and clinical team.
- Ensure all eligible patients are referred to the Ambulatory Discharge Lounge, with communication to family.
- Ensure that patients have transport booked either with the hospital approved ambulance transport 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 home (TTO's) can be prescribed for patients 24hrs prior to leaving the ward.
- 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 that patient.
- Ensure that all discharge plans are in place including Clinical Handover completed for receiving Hospital or Home Family or NOK updated.
- 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, where not possible this must be handed over to the discharge lounge for them to continue to contact the NOK.
- Ensure the Discharge Checklist is completed.
- Ensure either CHA2938 Internal Transfer or External CHA702 transfer form is completed and is placed within patient's notes.

4.16. The Discharge Lounge staff will:

- Maintain the effective day to day running of the Discharge Lounge.
- Ensure that the criteria for referrals to the Discharge Lounge are followed and maintained, in collaboration with the therapy teams at Rapid rounds. Any deviation must be reported to the Clinical Matron immediately for follow up action to take place.
- Where possible, workload allowing, the Health Care Assistants can go to the ward to assist with preparation of patient 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 using the EPMA system.
- Ensure medicines are stored safely and securely in the patient's bedside locker or other secure area.
- 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 admitted to the Swiftplus system to capture arrival and departure times within 15 minutes.
- Ensure all patients leave the hospital with the correct information (leaflets), equipment and dressings.
- Ensure all patients are given assistance with meeting their activities of daily living if required.
- Act as a runner to Pharmacy and other departments to expedite the collection of TTO's and equipment.
- Ensure the Discharge checklist in the nursing documentation is completed.
- Keep audit logs of patients using local form "Discharge Lounge Patient Admission/Discharge".

4.17. Nurse in Charge of the Discharge Lounge Responsibilities

- Ensure the Care Groups have handed over next day discharges the night before.
- Assess discharges and plan as necessary for the next day.
- 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 continue Nerve Centre Policy and Procedures.
- Continue with and record CARE rounding for patients who are being nursed in a bed.
- Ensure patients have the Oxygen requirements provided as per discharge plan and this is in the transport plan.
- Amend Swiftplus for all patients transferred to the Lounge who are waiting for medications to be dispensed.
- Discharge Lounge staff will check if an electronic TTO has been written and dispensed by pharmacy (via electronic prescribing tracking system) 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 Summary sheet.
- Discharge Lounge staff will print off the discharge letter and ensure the patient is given a copy if this has not been given on the transferring ward.
- Ensure capacity is monitored; capacity can be flexed to support patient flow requirements. The Maximum capacity is 16 patients in its current location.
- Ensure Pharmacy is made aware of patient movements to ensure that medications reach the patient in a timely fashion.

4.18. Pharmacy Responsibilities

- Complete all relevant stages for processing TTOs.
- Assist ward in the prompt completion of the TTO prescribing.
- Prioritise the delivery of TTOs to the discharge lounge when a pharmacy priority porter is available.
- Log the discharge lounge prescriptions on the electronic prescription tracking system so that the discharge lounge can monitor its progress.
- Will support the Lounge by being available to discuss any medication issues with patients that cannot be dealt with by the registered nurse.

4.19. 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 to create flow appropriately.

4.20. All staff will:

- Act in a professional manner always 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.
- Patients moving to the discharge Lounge is only ever going to be a transient step on their journey home, Communication to the family and NOK to uphold with any updates.

4.21. Physical Environment

- The environment provides a comfortable resting area where patients can sit or receive nursing care, whilst waiting.
- Environment- a combination of 12 high backed chairs or recliners.
- Hot and cold food and drink is available on the Discharge Lounge.
- The ambulatory discharge lounge is on the ground floor of Tower block (opposite the friend's café). There are no toilet facilities in the lounge, the nearest being opposite the tower block lifts (approximately 20m along the corridor).

4.22. Untoward Incidents and Medical Emergencies.

- All normal Trust policies will apply. Patients remain under the care of the Consultant team that has provided care for them on the wards or departments (Including ED/AMU).
- Staffing will be allocated to provide care for any overnight outlying patients at safe care at 2:30 am.
- In the event of an emergency the team responsible for that patient's care will be responsible and be contacted.
- If the Consultant team is not available, the team on call for that specialty should be contacted and the patient will be transferred back to their original ward/department.
- Where the nurse continues to have concerns about a patient and no response is achieved from the designated team, the discharge lounge must follow the escalation tree process to seek help.
- 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 resuscitation training policy. Full resuscitation equipment is available on the Discharge Lounge.
- TEP/resus status will remain as previously determined on the transferring ward.

4.23. Onward care from the Discharge Lounge, the staff will ensure

- Checking 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 or application. They must be clearly labelled with the patients identifying information.
- Checking that patients have suitable clothing for discharge/transfer – (Eden have a store of female clothes and Discharge lounge have male clothing if required).
- Provide all patients with the opportunity to use the toilet before they leave, where the onward journey may be prolonged depending upon traffic and the time of departure.
- Patients may need to be accompanied to their transport and assistance with seating provided where necessary. Ensuring the 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 Swiftplus immediately following patient departure by Lounge staff to maintain accurate hospital records.
- The location of medical notes must be correctly shown on PAS, and these are returned to the base ward following discharge. Whilst in the Discharge Lounge, they are stored in a secure cabinet.
- It is essential that the Lounge staff appraise each patient individually and fully to ensure the patients' safety and security in the transfer of care process.

4.24. In the event that the discharge lounge is opened as an escalation space:

- The criteria for opening the discharge lounge as an overnight bedded escalation area are met. This includes:
 - Staffing at a minimum of 1 x registered nurse and 1x healthcare assistant from 1900-0730 is in place and 1x registered nurse and 2x healthcare assistant (or 1 healthcare assistant and 1 assistant practitioner) by day.
 - All bed spaces are full across all 3 of the RCHT sites, all boarding spaces are full.
 - In ED, the ADL and corridor are operational.
 - Ambulances are holding over 3 hours.
 - Patients moving to the Discharge Lounge is only ever going to be a transient step on their journey home.
- The patients will have a confirmed discharge plan within the next 24 hours (i.e. confirmed Community Rehab Bed, Nursing home placement or Package of care).
- The bedded discharge lounge will be opened in Trelawny (in C and D bay of the SDMA template).

- It can take a maximum of 6 patients of the same gender into C bay and 3 patients of the same gender into D bay. C bay and D bay patients could be different genders.
- This will allow the discharge lounge to still operate their usual service from the ambulatory discharge lounge in the Tower Block.
- TTO's and a discharge summary will be complete by the transferring ward.
- The patients will remain under the medical responsibility of the transferring area or ward.
- In the event of a fire alarm out of hours, both clinical site managers will attend to assist with evacuation.
- Patients with confirmed Dementia will not be moved out of hours (8AM – 8PM) as per Dementia and Delirium Policy.
- Four beds should be left overnight for ED patients with a confirmed discharge plan.
- Site team to support Discharge lounge out of hours with inappropriate referrals.

5. Dissemination and Implementation

- 5.1. The document will be disseminated to frontline staff via the Divisional Management Team. The document is available on the Trust's Document Library. Significant updates will be communicated via Trust-wide email. Appropriate training will be provided for the relevant members of staff.
- 5.2. The patient identification and collection flowcharts will be disseminated to all RCHT Sisters and Charge Nurses.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Patient Flow
Lead	Natalie Keogh – Clinical Matron
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.

Information Category	Detail of process and methodology for monitoring compliance
Acting on recommendations and Lead(s)	The Service Manager for Specialist medicine for 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.

7. Updating and Review

This procedure, its operation and the operation of the procedures will be reviewed every three years by the Trust's Management Group (TMG).

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Operational Aspects of the Discharge Lounge Standard Operating Procedure V7.0
This document replaces (exact title of previous version):	Operational Aspects of the Ambulatory Discharge Lounge Standard Operating Procedure V6.0
Date Issued / Approved:	November 2024
Date Valid From:	April 2024
Date Valid To:	April 2027
Author / Owner:	Natalie Keogh – Clinical Matron
Contact details:	01872 253385
Brief summary of contents:	Procedure to be followed routinely for the daily operation of the Discharge Lounge at the Royal Cornwall Hospital.
Suggested Keywords:	Discharge Lounge, patient discharge
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Operating Officer
Approval route for consultation and ratification:	Care Group Governance
Manager confirming approval processes:	Rachael Pearce
Name of Governance Lead confirming consultation and ratification:	Paul Evangelista
Links to key external standards:	None required

Information Category	Detailed Information
Related Documents:	• Adult Discharge and Transfer Policy. • Patient Transport Policy. • RCHT Medicines Management when Patients are Discharged from Hospital. Medicines Code of Practice. • Trust Policy and Procedure for the Safe and Effective Handling of Discharge Medication. • Trust Policy for the Internal Transfer of the Adult Patient throughout Royal Cornwall Hospitals Trust. • Business Continuity Policy/Internal Incident Plan RCHT. • Consent to Examination or Treatment Policy RCHT. • Incident Reporting Policy and Procedures Manual. • Mental Capacity Act 2005 Policy and Associated Deprivation of Liberty Safeguards Policy and Codes of Practice. • Trust Policy for Safeguarding Adults. • Care Quality Commission Outcomes. • NHSLA Risk Management Standards for Acute Trusts. • RCHT Major Incident Plan.
Training Need Identified:	Yes, staff who work in patient transfer and discharge need to be familiar with this procedure.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Chief Operating Officer / Patient Access

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
24 th Oct 18	V 1.0	First issue of procedures for Document Library	Johanna Floyd – Head of Patient Flow
30 th Oct 18	V 1.2	Golden Patient process added	Johanna Floyd – Head of Patient Flow

Date	Version Number	Summary of Changes	Changes Made by
4 May 17	V1.0	First issue of procedures for Document Library	Bill Thornton, Patient Flow Project Manager
4 July 17	V2.0	Minor amendments to 6.2, 6.8 and 6.9 for greater clarity on transfer and mention of additional controlled forms	Bill Thornton, Patient Flow Project Manager
5 Dec 17	V3.0	Minor amendments to 6.8 for clarity around documentation to go with patient	Bill Thornton, Patient Flow Project Manager
11 Jan 18	V4.0	Amendments to 6.1, 6.12, 6.13, 6.14, 6.15, 6.20 and appendix 1, to update capacity and criteria of Discharge Lounge and further updates in general practice. Also, updates to named persons information.	Bill Thornton, Patient Flow Project Manager
24 Oct 18	V5.0	Procedure reviewed in full	Johanna Floyd – Head of Patient Flow
30 Oct 18	V5.1	Golden Patient process added	Johanna Floyd – Head of Patient Flow
19 Nov 18	V5.2	Updates from Pharmacy	Iain Davidson – Chief Pharmacist
26 Nov 18	V5.3	Review and amendments - general	Claire Martin – Deputy Director of Nursing Chris Dobson – Clinical Director of Patient Flow
23 May 22	V6.0	Review and adjustment to location of tower reception and ambulatory care	Rachael Pearce – GM Melissa Winn- Service Manager. Sarah Budden- Interim HoN
December 2024	V7.0	Updated to cover both DCL locations (ambulatory in Tower and Bedded-escalation area in Trelawny)	Natalie Keogh, Clinical matron

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team

rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Operational Aspects of the Discharge Lounge Standard Operating Procedure V7.0
Department and Service Area:	Department/Speciality and Care Group or Corporate Group
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Natalie Keogh – Clinical Matron
Contact details:	01872 253385

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To ensure safe and timely discharge of adult patients facilitating availability of beds in a timely fashion and patient pathways out of acute care.
2. Policy Objectives	Designated stand-alone unit and ensuring clinical best practice standards in delivering structure in the discharge process/pathway.
3. Policy Intended Outcomes	That all adult patients are discharged appropriately and safely in consultation with the patient and/or their carers and/or family.
4. How will you measure each outcome?	Audit of the policy and feedback from patients and carers.
5. Who is intended to benefit from the policy?	All adult patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: Yes - Patients/ visitors: No - Local groups/ system partners: No - External organisations: No - Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Care Group Governance
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Natalie Keogh – Clinical Matron.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3. Out of Hours Transfer Form

[CHA4523: Transferring a patient with dementia and or delirium following admission out of hours \(8pm - 8am\) - Care Plan](#)

[Dementia Care Policy](#)

[Systemwide Delirium Policy for Frail, Older Adults](#)

Appendix 4. Ambulatory Discharge Lounge Triage Criteria

Ambulatory Discharge Lounge Inclusion Criteria

- ✓ Medically fit for discharge – within 12 hours and a PDD for that day.

Essential

- ✓ Able to mobilise with assistance of one.
- ✓ Have TTO's on system (ED, SDMA and AMU being the exemption).
- ✓ Discharge letter to have been completed on the base wards (ED, SDMA or AMU being the exemption).
- ✓ Transport plans agreed and pre-arranged.
- ✓ Verbal handover given to discharge lounge or SBARD (15-minute moves).
- ✓ STARTA – Completed on wards for District Nurses.

Desirable

- ✓ Family/NOK to be updated of the move and documented in notes.
- ✓ Discharge checklist completed.
- ✓ Handover to receiving onward destination.
- ✓ Fully dressed (where possible – clothes can be provided).

Exclusion Criteria

- Patients needing more than assistance of one to mobilise.
- Patients unable to Communicate or have swallow problems.
- Enhanced care patients, High falls risk or Absconding risk.
- Active Cancer treatment any patients receiving systemic anti-cancer treatment, palliative care or IVI.
- Patients that do not have a confirmed discharge plan.
- Patients awaiting transfer via Paramedic transport (Emergency escalation of care).
- Patients with transport booked after 19:30.
- Patients with transferable infections – That need isolating.

Appendix 5. Bedded Discharge Lounge Triage Criteria

Ambulatory Discharge Lounge Inclusion Criteria

- ✓ Medically fit for discharge – within 24 hours and a PDD.

Essential

- ✓ Have TTO's on system (ED, SDMA and AMU being the exemption).
- ✓ Discharge letter to have been completed on the base wards (ED, SDMA or AMU being the exemption).
- ✓ Transport plans agreed and pre-arranged.
- ✓ Verbal handover given to discharge lounge or SBARD (15-minute moves).
- ✓ STARTA – Completed on wards for District Nurses.

Desirable

- ✓ Family/NOK to be updated of the move and documented in notes.
- ✓ Discharge checklist completed.
- ✓ Handover to receiving onward destination.

Exclusion Criteria

- Enhanced care patients, High falls risk or Absconding risk. (Discussion to be had with NIC/Matron).
- Active Cancer treatment any patients receiving systemic anti-cancer treatment, palliative care.
- Patients currently receiving end of life care (last days/hours).
- Patients being discharged to home/nursing home under fast-track rules (rapid deterioration).
- Patients that do not have a confirmed discharge plan.
- Patients awaiting transfer via Paramedic transport (Emergency escalation of care).

Appendix 6. Fire Evacuation Plan

Description of ward/area	The Bedded Discharge Lounge – The Discharge Lounge Trelawney Wing, RCHT
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	Max Number of patients	Bed Spaces	Bed Bound				
C Bay	6	6	6				
D Bay	3	3	3				

Number of Staff able to assist evacuation	Ward Staff	Daytime: 2 RN + 1 AP + 2 HCA Nighttime: 1 RN + 1 HCA
	Other responders	SDMA team, Dr, site coordinator, matron.

Special considerations in area , such as High dependency, Radiation, Infectious diseases, Covid	Overnight, not more than 9 patients, 6 of whom are ambulatory. Limited staffing means that they would be unable to safely evacuate bedded patients. Out of hours, if the fire alarm is sounded then both clinical site managers must attend to assist with evacuation.
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Pre-determined locations	SDMA, Trelawney main street
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Horizontal evacuation route	1. Through most convenient fire exit (usually from D Bay) and move across the corridor to Roskear. 2. Horizontal to SDMA via corridor.
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Vertical evacuation route	Main staircase or fire exit staircase at rear of unit requiring ambulance recovery at exit point to outside.
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Evacuation Priority	Ambulant patients first, Then NIC and team to prioritise the clinically urgent and then work from least dependant to most dependant. Team to be communicated clearly with the team to ensure maximum safety.
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Essential equipment to be evacuated	notes trollies				
Evacuation equipment	Evac sheet	Evac Mattresses	Stair Chair	Bariatric Equipment	Neonatal Equipment
	Yes	No	No	No	No
Location	On all beds as we have them through the lounge. Regularly audited	N/A	N/A	N/A	N/A

Isolation of gases/ equipment process	On SDMA
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Arrangement for Roll Call	All patients should be in locations 1 and 2. In both bays, as mentioned on the previous page. Fire Warden to check these areas. Safe care will be used for nursing staff and nerve centre/ swift plus to be used for patients.
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Attached to plan will be evacuation drawing for horizontal and vertical routes, indicating equipment and extinguisher locations on route.