BASSETLAW HOSPITAL

BED MANAGEMENT POLICY
(ADULT WARDS)

This procedural document supersedes previous documents relating to Bed Management at the Bassetlaw Hospital site – please read in full.

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| Date Issued: | October 2010 |
| To be reviewed by: | Lynne Whitaker - Matron, Clinical Site Management Team |
| Next Review Date: | June 2011 |
| Target Audience: | Staff Involved with Bed Management at the Bassetlaw Hospital Site |

WARNING: Always ensure that you are using the most up to date approved procedural document. If you are unsure, you can check that it is the most up to date version by looking on the Trust Website: www.dbh.nhs.uk under the headings → ‘Freedom of Information’ → ‘Information Classes’ → ‘Policies and Procedures’
# BASSETLAW HOSPITAL

## BED MANAGEMENT POLICY

### CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction 3</td>
</tr>
<tr>
<td>2</td>
<td>Principles of the Policy 3</td>
</tr>
<tr>
<td>3</td>
<td>Management Responsibility 3</td>
</tr>
<tr>
<td>4</td>
<td>Bed Management 4</td>
</tr>
<tr>
<td>5</td>
<td>Infection Prevention and Control 8</td>
</tr>
<tr>
<td>6</td>
<td>Managing Bed Pressures 9</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Intranet Information re Bed Status 11</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Bed Manager E-Mail to External Personnel 12</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Patient Transfer Guidance 14</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Hospital Discharge Lounge 17</td>
</tr>
</tbody>
</table>
1. INTRODUCTION

This policy clarifies action to be taken at Bassetlaw Hospital, as bed occupancy nears or exceeds full capacity. It describes the internal escalation principles to be considered by the Ward teams and Clinical Site Management teams (CSM) and the communication cascade to Managers and Clinicians, as well as to other organisations.

2. PRINCIPLES OF THE POLICY

This policy defines:

2.1 the circumstances for transferring existing in-patients within the hospital to create beds in appropriate locations for anticipated new admissions

2.2 the requirement of the clinical teams to undertake additional review of those patients who may be deemed fit for discharge, in order to create additional bed availability

2.3 the use and function of the designated discharge lounge in order to create additional bed availability

2.4 the communication within the hospital to alert teams with regard to the bed status, which may inform the decision to cancel non-urgent elective admissions

2.5 the communication necessary with other organisations e.g. the PCT and the Ambulance Services

2.6 the communication with the Manager on Call teams

3. MANAGEMENT RESPONSIBILITY

3.1 All adult beds within the Trust will be managed corporately under the direction of the Executive Team. The overall specialty bed allocation will be reviewed annually.

3.2 The ‘bed holding’ management teams are responsible for ensuring the efficient use of beds. This includes creating the capacity required to meet all elective and non-elective admissions and ensuring that all patients are regularly reviewed for discharge. The CSM is responsible for overviewing the appropriate use of the adult beds on site.
3.3 The Bassetlaw Hospital Manager supports the 'bed holding' management teams and the CSMs by reviewing bed availability on a regular basis, and agreeing any escalation plan.

3.4 The Out of Hours Manager may be contacted by the on-site CSM, for advice in relation to bed management and to authorise any escalation plan. He/she may have to liaise with the Executive Director on call if there is any request to/from other Trusts to help with pressure of beds.

4. BED MANAGEMENT

4.1 Ward Updates

Information will be published on the Intranet that will advise of the bed situation (see appendix A). Up to date information regarding the bed status across the hospital will be updated on the Intranet three times a day. The Intranet information will display the overall bed alert status for the hospital and by individual ward, ie

- The number of beds available
- The anticipated discharges later that same day
- The planned admissions i.e. elective cases, that day and the following day.
- The number of patients waiting in the A & E Department awaiting admission to identified wards, with an indication of the time that they have been in that department.
- The number of patients who may be waiting for transfer from the Critical Care Department to an in-patient ward

The Intranet will be updated by the CSM at the following times of the day:

- 07.00 a.m.
- 11.30 a.m.
- 4.30 p.m.
- 8.00 p.m.

4.2 The Role of Ward Managers/Shift Leads

Ward Managers/Shift Leads are required to work corporately to ensure that there are sufficient empty beds on the wards to receive transfers from the Medical Assessment Unit, whilst also retaining the capability for an emergency admission to the surgical floor. The Ward Managers/Shift Leads on assessment areas should be proactive in ensuring that if there are empty beds across the hospital, they should plan patient movement to ensure that there is minimal delay in transfers. Other Ward Managers/Shift Leads should be anticipating a request to receive patient transfers into their empty beds.

In extreme circumstances, it may be necessary to ‘sleep out’ a patient to an alternative specialist ward, in order to facilitate emergency admissions. Ward Managers/Shift Leads when assessing which patients might be identified for
transfer, must follow the ‘Patient Transfer’ guidance – see Appendix C. Ward Managers/Shift Leads are expected to work together to activate transfers as quickly as possible, this may involve the receiving ward agreeing to retrieve the transfer.

The system will advise Surgical Ward Managers/Shift Leads of the planned elective admissions to their wards, which will also inform their ability to receive transferred patients.

When the CSM visits the wards routinely, he/she will expect the Ward Managers/Shift Leads to have already considered what action, if any, needs to be taken to relocate the empty beds. Ward Managers/Shift Leads should not wait for the CSM to identify that action is required. They will also be able to advise the CSM of anticipated discharges, if the information is different from that displayed on the Intranet.

Ward Managers/Shift Leads must ensure that all patients ready for discharge are moved to the Discharge Lounge as soon as possible – see Appendix D re the Discharge Lounge. The movement of such patients in a timely way, can avoid another patient having to be transferred unnecessarily. Or a patient waiting in the A & E Department for admission.

Representatives from the medical and surgical wards as well as the A & E Department are required to attend regular update meetings called by the CSM/Hospital Manager.

<table>
<thead>
<tr>
<th>WARD MANAGER/SHIFT LEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>BED MANAGEMENT – ACTION</td>
</tr>
<tr>
<td>i. At the commencement of the shift, check the Intranet system to determine the bed situation across the hospital.</td>
</tr>
<tr>
<td>ii. Check if there are any anticipated transfers from the assessment areas to your ward.</td>
</tr>
<tr>
<td>iii. If there are empty beds in the hospital but not on the appropriate wards to receive new admissions/transfers, identify any potential patient movement – see Appendix C re patient transfers. The CSM will require this information.</td>
</tr>
<tr>
<td>iv. Identify patients ready for discharge and make immediate arrangements for transfer to the Discharge Lounge – see Appendix D re the Discharge Lounge. The CSM will require this information.</td>
</tr>
</tbody>
</table>
4.3 The Role of the Waiting List Office

The Waiting List Office will update the Intranet information about planned elective admissions to each ward. They should indicate the status of the patient’s admission e.g.

- Clinically urgent
- Cancer
- Previously cancelled
- ‘Breach’ status

This information is crucial in case it is necessary to cancel any admission due to the shortage of beds.

4.4 Patient Transfer Guidance - See Appendix C

4.5 Hospital Discharge Lounge - See Appendix D

4.6 Guidelines for the Repatriation of Patients from other hospitals see Appendix E

4.7 The Role of the Clinical Site Management (CSM) Team

This Manager will update the Intranet (see Appendix A) which will give up to date information regarding the bed status across the hospital. The content and frequency of the information is detailed below in the CSM – Action Card.

All staff has access to the bed status information via the Intranet. The CSM, as he/she visits the wards, should expect Ward Managers/ Shift leads to have given consideration to possible patient transfers, to ensure that there are sufficient beds available to receive transfers/emergency admissions, planned admissions and transfers from the A & E Department.

The CSM member will need to liaise with the A & E Department, to gauge the potential demand for hospital admission from that department and therefore beds, before agreeing to the proposed patient transfers.

This Manager is expected to leave messages at handover indicating the current bed status within the hospital and any action plan designed to address any problems, this includes advising the on-call senior manager of the situation.

For guidance in managing bed pressures, see section 6
CLINICAL SITE MANAGERS

BED MANAGEMENT – ACTION

i. Update the Intranet information four times each day, to include:
   • The overall bed alert status for the hospital
   • The number of beds occupied
   • The number of beds available
   • The anticipated discharges later that same day
   • The planned admissions i.e. elective cases, that day and the following day.
   • The number of patients waiting in the A & E Department awaiting admission to identified wards, with an indication of the time that they have been in that department.
   • The number of patients in the Critical Care department awaiting transfer to an in-patient ward

The Intranet information will be created by the Clinical Site Manager, at the following times of the day:
   ➢ 7.00 a.m.
   ➢ 11.30 a.m.
   ➢ 4.30 p.m.
   ➢ 8.00 p.m.

ii. If patient transfers are required, to ensure that the available beds are in the appropriate areas, liaise with the Ward Managers/Shift Leads to ascertain their proposals for patient transfers.

iii. Movement and placement of patients with suspected or proven infection should be jointly agreed with the CSM and a member of the infection prevention and control team.

iv. If patient discharges are identified liaise with the Ward Managers/Shift Leads to ensure that these patients are transferred to the Discharge Lounge as soon as possible.

v. If the bed status of the hospital changes advise the personnel identified in Bed Management Policy (para 6.3) Ensure that information, on action taken or proposed, is communicated at handover. This includes informing the on-call senior manager.

vi. If when on amber alert there is an indication that the situation is likely to deteriorate, request the medical teams to undertake further patient reviews to identify additional discharges.

vii If on amber/red alert, consider in liaison with the Surgical Manager and/or the Hospital Manager the cancellation of elective admissions the following day. Advise the Waiting List Office Manager and Theatre Manager of any proposed cancellations.

viii Be the single point of contact, for the Community Nursing Teams, with regard to reviewing patient’s potential for discharge.
4.8 The Role of Medical Secretaries

The Medical Secretaries of the bed-holding Consultants are expected to review the Intranet information regarding the hospital’s bed status. They are expected to advise their Consultants when the hospital has less than 4 available beds, so that their Consultants can undertake further patient reviews for discharge and also appreciate that there may need to be some cancellation of planned surgical admissions.

When the hospital is on Amber or Red status, Medical Secretaries should not call for late elective admissions the following day, without reference to the Clinical Site Manager, as it may be necessary to stand-down a particular theatre list, due to the shortage of beds.

4.9 The Role of Matrons on site

Matrons can overview the situation, by accessing the Intranet and ensuring that the Ward Managers/Shift Leads are being proactive in anticipating patient transfers/discharges.

5. INFECTION PREVENTION AND CONTROL

When there are competing demands for beds/single rooms, Clinical Site Managers and the infection Prevention and Control Team should jointly agree on the placement of patients with suspected or proven infection.

The correct and timely placement of these patients into a single room can be very effective in reducing the overall risk of colonisation in other patients within the ward.

When there are significant numbers of patients infected or colonised with the same organism, isolation practices can be carried out within the ward area; this is called cohorting. This is generally used when the number of cases exceeds single room capacity. The Trust Isolation Policy PAT/IC gives clear guidelines on how staff should prioritise the need for isolation facilities.

5.1 Movement of Patients

Transfer and movement of patients with suspected or proven infection should be kept to a minimum and should only be undertaken for clinical reasons.

- If a transfer is necessary, the receiving area must be informed so that effective infection control measures can be put into place.
- Hand hygiene and personal protective equipment procedures should be closely followed when transferring an infected patient
Any equipment used to transfer the patient, e.g. trolley, must be decontaminated appropriately (refer to PAT/IC policies)

6. MANAGING BED PRESSURES

6.1 The Role of the Clinical Site Management Team (see section 4.7 also)

The CSM will lead a daily review of the bed situation to agree action to be taken. This forum will include a combination of the following managers based at Bassetlaw Hospital:

- Clinical Site Manager
- Hospital Manager
- Matron/nursing representative, Medical Wards
- Matron/nursing representative, Surgical Wards
- Lead nurse/representative, A & E Department

In the event of the Hospital Manager not being on site, contact can be made via mobile or the secretary on Ext 2772.

Although the information in respect of future elective admissions will be on the Intranet system, further input to this forum may be required from the

- Waiting List Office Manager
- Theatre Manager

These Managers should be advised immediately, if any decision is reached to cancel elective admissions.

The decision taken by this forum, should be communicated to the on-coming CSM. Such communications should be left in the Manager’s folder, which is handed over as new Managers take up their shift.

The CSM must inform the Clinical Site Management team at DRI either by phone call/Email of any changes in the alert status. The Hospital Manager must also be advised by Email, if the status is changed out of hours.

6.2 Bed Alert Status

There are 3 stages in the Bed Alert status, i.e.

GREEN – There are available beds and no anticipated disruption to service Delivery

AMBER – There are only 4 available beds PLUS non-urgent elective cases are being cancelled.

RED - There are no available beds PLUS urgent elective cases are being cancelled
6.3 Escalation/de-escalation of Amber and Red status

Before any action is taken by the CSM to escalate the Bed Status in the hospital to either AMBER or RED, medical teams must be requested to review patients for discharge. It may be possible to avoid escalation if further discharges are identified.

In the event of the status being changed, the CSM member must communicate this information by updating the Intranet information. They must also telephone the local PCT Single Point of Access (in–hours) or via Derbyshire Healthcare (out-of-hours) and Ambulance Services (see below and Appendix B). It will however still be necessary to telephone other local hospitals, in order to ascertain their bed availability. This information should be passed to the on-call medical teams, so that they may in turn advise GPs anxious to admit a patient.

When the hospital escalates to RED, the Bassetlaw PCT requires additional information as to what action is being taken to address the problem (see Appendix B)

Local Hospital telephone numbers:

<table>
<thead>
<tr>
<th>Short dial</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chesterfield</td>
<td>87 304</td>
</tr>
<tr>
<td>Royal Hallamshire</td>
<td>87-335</td>
</tr>
<tr>
<td>Northern General</td>
<td>87-322</td>
</tr>
<tr>
<td>Rotherham</td>
<td>87-340</td>
</tr>
<tr>
<td>Kings Mill</td>
<td>87-313</td>
</tr>
</tbody>
</table>

Ambulance Services

<table>
<thead>
<tr>
<th>In-hours-Telephone</th>
<th>Performance Delivery Manager</th>
<th>Team Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>E Mail</td>
<td>Team Leaders – see CSM file</td>
<td></td>
</tr>
<tr>
<td>Out of hours</td>
<td>Ambulance Control</td>
<td></td>
</tr>
</tbody>
</table>

EMAS YAS
Intranet Information

from: Bed Manager / Nurse Practitioner / Bleep holder

re: Bassetlaw Hospital Bed Status: RED / AMBER / GREEN

on ………………….. (date) at ………………….. (time)

<table>
<thead>
<tr>
<th>Ward</th>
<th>Empty Beds</th>
<th>Anticipated Discharges</th>
<th>Outstanding Planned Admissions</th>
<th>Awaiting Transfer From ITU</th>
<th>A &amp; E Awaiting Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Today</td>
<td>Tomorrow</td>
<td>Today</td>
<td>Tomorrow</td>
<td>Status *</td>
</tr>
<tr>
<td>MSS</td>
<td>No</td>
<td>No</td>
<td>To be admitted by (time)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1</td>
<td></td>
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</tr>
<tr>
<td>C2</td>
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</tr>
<tr>
<td>B7</td>
<td></td>
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<tr>
<td>A4</td>
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<tr>
<td>A5</td>
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</tr>
<tr>
<td>B5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>B6</td>
<td></td>
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<tr>
<td>B7</td>
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</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Status

1 Clinically urgent
2 CANCER
3 Previously cancelled
4 Breach status
APPENDIX B

Information to be communicated to “external” personnel listed in para 6.3

From Clinical Site Manager

Re: Bassetlaw Hospital Bed Status

Date: …………………………

At …………………. Insert time) this hospital went onto

Please tick ✓

GREEN There are available beds and no anticipated disruption to service delivery. □

AMBER There are only 4 available beds PLUS non-urgent elective cases are being cancelled. □

RED* There are no beds available PLUS urgent elective cases are being cancelled. □

NB

i When on red status, the A & E Department will still receive and stabilise patients for transfer, as the hospital has NO beds. However, it is hoped that the Ambulance Service and GPs will divert admissions if possible.

ii If the hospital moves to RED ALERT, the PCT requires additional information. The attached pro forma should be completed and sent with this e-mail.
Bassetlaw Hospital is currently on Red Alert. This means that there are 0 adult beds available, with no potential discharges or other options to identify unoccupied beds.

Please note that this may have an impact on the clinical work of the PCT, as the hospital are advising that only emergency admissions are to be referred. Please ensure that your staff is aware of the situation, and where necessary please also ensure that you liaise closely with staff in general practice.

We will notify you as soon as the situation changes.

Please insert here the reason behind the bed alert

How long will this cause a problem?

What is the Trust doing about the issue?

Single Point of Access
Retford Hospital
Tel: 01777 274422
PATIENT TRANSFER GUIDANCE

1. Introduction

Ideally all patients should receive their on-going treatment in the appropriate specialist ward. However occasionally, due to the pressure of admissions in a particular specialty, it is necessary to ‘sleep-out’ patients to a ward within another specialty. Such transfers should be anticipated by the Ward Managers and appropriate arrangements made for a satisfactory transfer.

This guidance should be used in order to ensure that empty beds within the hospital are located on the admission areas.

Whilst every effort should be taken to minimise disruption to patients through transfer, this is often a necessary course of action. Patients, and their relatives / carers, should therefore be advised and prepared for the possibility of transfer.

2. Patient Selection

The following patients may be considered as the most suitable to be transferred:

1. A patient with an established plan of care, who can be safely managed in a non-specialised area.

2. A patient who has a discharge plan / date who will be subsequently discharged either home or to a Residential / Nursing Home.

3. In circumstances where the patients identified in (1) or (2) are unavailable, wards must identify the most medically stable patient for transfer.

3. Patients unsuitable for transfer

The following patients are unsuitable for transfer:

- Patients with known or suspected infection which poses a risk of cross-infection, including MRSA, C-difficile and Diarrhoea and Vomiting (D&V).
- Patients with a confirmed or suspected communicable infection e.g. open tuberculosis, chickenpox, measles, etc., unless after discussion with IPC team.
- Patients identified as acutely confused.
- Patients considered medically unstable.
- Patients with an imminent death. It is likely that these patients will be on the Care of the Dying Integrated Pathway of Care.
- Patients identified as immunosupressed
- Patients who have already undergone a previous ward transfer.
4. Transfer Process

Ward Managers must refer to the bed status information E-mailed to all the wards and anticipate that there will be a request for some patient transfers to ensure that there are beds available on the admission areas. They should therefore begin to identify which patients are suitable for transfer and consider what action must be taken to respond to a request for patients to be transferred.

The Clinical Site Manager will expect that the Ward Managers have anticipated the request for patient transfers and so, when visiting the wards, will be advised of which patients are suitable for transfer. He/she will then be able to confirm which patients are to be moved and to which location. He/she should also indicate the speed in which the transfer must be completed, possibly because of pressures from General Practitioners and/or the A & E Department to expedite the emergency admissions.

The Ward Manager must inform the patient that they have been selected for transfer to another ward. It is important that this information is conveyed sensitively, with a detailed rationale for why this action is required. Staff should be proactive in delivering the message to the patient to ensure compliance.

The Ward Manager must then ensure that

- the standard Transfer Documentation is completed (see annex 1) and the receiving ward is made aware of the transfer.
- the patients’ personal belongings are prepared for transfer, along with named medication and all relevant records.
- in the event of a medical patient being transferred to a surgical ward, the printed copy of the Electronic Medication Administration Chart (MAC Report) is attached to the Patients’ notes.
- once transfer arrangements are in place, the patients’ next of kin is advised of the transfer and the rationale given behind the transfer. In the event of the next of kin being unavailable, it should be the responsibility of the Receiving Ward to ensure that this communication occurs at the earliest possible opportunity.
- the patient is transferred by the most appropriate member of staff, based on the assessment of clinical need. Contact Portering Staff, if necessary, to assist with the transfer of patient.

It is important that patient privacy and dignity is maintained at all times.

5. Receiving Ward

When the Ward Managers reviews the bed status information E-mailed throughout the hospital, they must not only consider the potential for them to transfer patients out of their ward, but also to anticipate that they might be a receiving ward. They should therefore anticipate a request from the Clinical Site Manager to make arrangements to receive a patient being transferred from another ward. They should therefore:

- receive patient specific details
- begin preparation of appropriate bed area, including any equipment required.
- communicate the expected transfer to the Ward Team. Nurse in Charge to nominate a member of staff to receive and welcome the patient.
- nominated staff member to welcome patient and undertake initial baseline observations and establish any immediate care needs.
- ensure that next of kin has been notified and patient is aware of this.
Patient Label

Consultant……………………
Age…………………………
Date and time………………
Transferred to……………..
Predicted discharge date
………………………………

Notes  Yes  No  Buff
Obs Forms Yes  No

Drug chart transferred.  Yes  No  OTHER
Named drugs Yes  No
Request forms Yes  No
Ward informed.  Yes  No
Admissions aware Yes  No
Name band Yes  No
Patient property. Yes  No
Family aware Yes  No

MRSA Positive  Negative  Screened
Referrals Social  DANS  Physio  OT  Diabetic nurse Tissue viability.

Yes
No

ON TRANSFER

MENTAL STATE:..................................................................................................

MOBILITY:..............................................................................................................

CONTINENCE:........................................................................................................

SKIN STATE:.......................................................................................................... 

DIETARY INTAKE:....................................................................................................

DIAGNOSIS:.............................................................................................................

PLAN OF CARE......................................................................................................

..............................................................................................................................

DISCHARGE LOUNGE DISCUSSED: YES..........NO...............................

SIGNATURE.........................................................................................................

..............................................................................................................................
HOSPITAL DISCHARGE LOUNGE

1. Introduction

The Hospital Discharge Lounge is a unique facility established to support effective patient throughput and bed management.

Patients identified as fit for discharge, on the day, can be transferred to the Discharge Lounge to await their medication from Pharmacy and / or their transport home. The aim of the facility is to increase bed availability for new admissions and to potentially to reduce intra-ward transfers. The use of this facility will be audited and wards will be asked to justify non-utilisation.

2. Operational Information

Opening: Monday to Friday (09:00 – 17:00)
Location: At the main entrance of Ward A4
Capacity: Equipped to accommodate 10 patients
Staffing: 1.0 wte Staff Nurse and 0.8 wte HCA
Telephone: Extension 2599

3. Acceptance / Exclusion Criteria

The acceptance criteria includes all patients scheduled for discharge, on that day.

The only exclusions include patients who are stretcher-bound or bed-bound.

4. Transfer Process

Discharge Lounge staff will contact the wards, during the day (early a.m. and early p.m.), to identify potential patients for transfer to the Discharge Lounge. However, the wards are advised to proactively contact the Discharge Lounge to notify staff of any possible transfers rather than wait to receive the call from the Discharge Lounge.

In the majority of cases, the Discharge Lounge staff will attend the ward to collect the patient. However, at busy times, the wards may be asked to assist with the transfer.

On transfer, the patient; their belongings (only one bag allowed for ambulance transport); two patient identification stickers; and any prescribed medication, if available, are taken to the Discharge Lounge.

If a patient’s TTO medication is unavailable from Pharmacy, prior to the patient’s transfer, this can be redirected to the Discharge Lounge. The transferring ward and discharge lounge staff should negotiate and agree who will contact Pharmacy to notify them of the patient’s movement.