

TRANSFER UNIT			
STANDARD OPERATING PROCEDURE			
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<input type="checkbox"/> Trust wide <input checked="" type="checkbox"/> Business Group <input type="checkbox"/> Local  Tick where appropriate		<input type="checkbox"/> Policy <input checked="" type="checkbox"/> Standard Operating Procedure <input type="checkbox"/> Guideline <input type="checkbox"/> Protocol	
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RELATED APPROVED TRUST DOCUMENTS		Discharge Policy/ Procedure  SOP for the transfer of patients	
AUTHOR/FURTHER INFORMATION		Lead Nurse Admissions/Discharge	
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Issue No	Page	Changes made (include rationale and impact on practice)	Date
Version 3	3	Added ad hoc basis under hours Patient Groups – added all pts	Oct 2016

## **1 Introduction**

The Unit plays a vital part in maintaining safety for patients needing unscheduled care, by ensuring beds are available in a timely way.

The purpose of the Transfer Unit is to provide a safe and comfortable environment, where patients can remain whilst awaiting final discharge arrangements to be completed (e.g. discharge medication, transport etc.).

This applies to all patients on medical wards

The aim of the Transfer Unit is to improve overall experience for patient awaiting both admission and discharge by:

- Ensuring safe and timely discharge of patients
- Increase bed availability for admissions supporting the 4-hour access standard
- Reduce waiting time for hospital transport services by advising appropriate personnel when a patient is fully ready for discharge

The Transfer Unit is temporarily based on A12 but will be relocated to ward A14

The Unit has 8 bed spaces and 16 chairs, two of which are reclining. It has full bathroom and kitchen facilities and offers breakfast, teas, coffees and light meals.

## **2 Management of the Transfer Unit**

The Unit is managed by the Lead Nurse Admissions/Discharge and the Duty Bed Manager in their absence.

## **3 Staffing and Hours of Operation**

The Unit is staffed by one Registered Nurse, supported by a team of Healthcare Assistants (HCA).

The Unit will be open Monday – Friday between the hours of 08:00 – 20:00hrs, with the exception of Bank Holidays.

The last patient will be accepted into the Unit at 19:00hrs in order to ensure that they are transferred to their destination prior to the closing time of 20:00hrs.

In times of demand, the Unit is also identified as escalation capacity to accommodate patients overnight that have been identified for discharge the next day.

At times the Transfer Unit may be staffed at weekends on an ad hoc basis.

## 4 Patient Groups

The remit of the Unit is as broad as possible so as to encompass as wide a range of patients as possible.

All adult in patients who are deemed as medically fit for discharge and awaiting transport or being picked up by relatives should be transferred to the Transfer Unit.

## 5 Transfers from the Ward

The aim of the Transfer Unit is to streamline the transfer of the care process and not to generate increased paperwork for the Unit or the transferring wards. However, it is essential that sufficient information is passed on to the Unit staff to enable them to continue with the patient's care and facilitate efficient, effective transfer of care from the Unit onward.

When patients are transferred between wards and departments, information will initially be transferred verbally by phone to the Transfer Unit staff by trained members of staff. It is vital that the Unit staff are informed of all information relevant to the patient's clinical condition, care needs and discharge arrangements.

Therefore, when a patient is transferred to the Unit, the ward will provide:

- A verbal handover using SBAR to enable the Transfer Unit staff to complete the discharge transfer form.
- A HCR, TTOs or TTO prescription, outpatient appointment and transfer of care letters where appropriate.
- Information on outstanding discharge arrangements to be completed.
- Nursing and medical notes/ internal transfer form
- Patient's own drugs from the POD.
- Information to Transfer Unit staff regarding transport arrangements for discharge.

The ward team retain responsibility for ensuring effective communication with the primary health care / adult social care team and ensuring that all the arrangements for the patient's discharge package are in place. Where complex transfer of care arrangements have been made, it is important that the transfer Unit team are fully briefed.

## 6 Process of Transfer

The Unit staff will undertake the majority of transfers within the hospital.

The prime aim of the Unit is to facilitate 'early day discharges', so that patients arrive home at a convenient time and to ensure that flow is created in the hospital at the beginning of the day. Patients identified as the 'early day discharges' will be collected from the ward at 08:00hrs and will be given breakfast in the Transfer Unit in most cases. The Transfer Unit HCAs will assist with personal care and other arrangements to ensure dignified transfer. The qualified nurse within the Transfer Unit will contact AMU and wards from 08:00hrs to arrange transfer of any patients for discharge, so as to provide immediate flow from ED.

The Unit staff will work in close liaison with the bed management / discharge coordination teams and the transport Booking Clerks to identify those patients who are suitable for discharge that day.

The Transfer Unit healthcare assistants will go to the wards to collect patients, assist them to get ready if required and transfer them to the Unit. If necessary, they will assist with making the bed area ready for the next patient.

All patients will be expected to transfer to the Unit as part of the normal discharge process, unless their departure from the ward is imminent – i.e. within thirty minutes.

Transfers can be accommodated by the Transfer Unit staff from 08:00 - 19:00hrs Monday to Friday. Where there are a high number of patient movement requests, the Duty Bed manager must be contacted by the Transfer Unit staff in order to prioritise requests.

The Unit staff will ensure that the notes and other relevant documentation are transferred with the patient. This is to provide essential information should an untoward incident occur between departments.

Prior to transferring patients between departments, it is the transfer staff's responsibility to check with staff that appropriate arrangements have been made to support such a transfer. The staff are expected to give due regard to the care and comfort of the patient and conduct themselves at all times to support this aim.

A record of all patient arrivals, care whilst on the Unit and departures will be maintained by the Unit staff.

## **7 Catering Arrangements**

Any special dietary requirements must be identified on referral to the Transfer Unit, incorporated in the verbal handover and recorded on the transfer form.

Patients will be provided with beverages and food throughout the day as required.

## **8 Untoward Incidents and Medical Emergencies**

Normal Trust policies will apply. Patients remain under the care of the consultant team who have provided care for them on the wards or departments. 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 on call team should be contacted.

In the event of cardiac arrest in the Unit, the cardiac arrest team will be called via the hospital bleep system and resuscitation commenced by the Unit staff, in line with the Trust resuscitation training policy. Full resuscitation equipment is available on the Unit.

## **9 Care on the Unit**

All care will continue as detailed in the patient's care plan; this includes all pressure area care and continence care.

Ensure privacy and dignity standards are maintained at all times.

Care will be documented within the patient's nursing notes, along with any communication from family/carers.

## **10 Discharge from the Unit**

The Transfer Unit staff are responsible for ensuring that patients are discharged safely from the hospital.

This can be achieved by:

- Checking that the patient or their relatives are aware of follow-up arrangements, care packages, out patient appointments etc.
- All medications are sent with the patient or relatives and there is clear understanding of their use or application.
- Ensuring that patients are transferred onwards in suitable outdoor clothing.
- Checking that arrangements are in place for the patient to be received by someone at their onward destination where appropriate and that there are facilities for food and a hot drink when they arrive there.
- Patients may need to be accompanied to their transport and assistance with seating provided where necessary.
- Patients must be discharged on Patient Centre, immediately following their departure by discharge Unit staff to maintain accurate hospital records.
- The location of medical notes must be correctly shown on Patient Centre.

It is essential that the discharge Unit staff assess each patient individually and fully to ensure the patient's safety and security in the transfer of care process.

## **11 Domestic Services**

The Lead Nurse Admissions/Discharges is provided with a schedule of work for domestic services.

In conjunction with the Head of Patient Flow, the Lead Nurse is responsible for monitoring standards of cleanliness and ensuring that any breaches to the schedule are reported and actioned.

## **12 Infection Prevention**

All Unit based staff and visiting staff are responsible for ensuring compliance to all Trust Infection Prevention Standards and policies.

## **13 Quality and Governance**

The Lead Nurse is responsible for ensuring that all quality and governance standards are achieved by ensuring that audits are undertaken in a timely manner and that results are reported to staff and actioned.

Where complaints/ incidents are received, these will be answered within given timescales, action plans formulated where indicated and shared with staff.

The Lead Nurse will ensure that effective systems are in place for the review of Datix reports.

A set of Key Performance Indicators will be agreed to allow for appropriate performance monitoring and to allow for analysis of the effectiveness of the Discharge Unit in order to deliver improved patient flow.

## **14 Escalation**

When the Trust is in escalation, there may be the need to open the Transfer Unit to in-patients overnight (max 8 patients). This decision will be made by the Senior Manager on call and Director on call when all other options are exhausted.

### **14.1 Escalation beds staffing**

- The beds must be staffed separately to the core Transfer Unit.
- Staff must be identified prior to 18:00hrs.
- There should be a minimum of 1 registered nurse and 1 health care assistant for the night shift.
- A member of staff must be identified to take handover at 07:15hrs.

### **14.2 Patients identified for escalation in the Transfer Unit overnight**

- All patients who use this facility overnight must have a clear discharge decision documented.
- All patients who use this facility overnight must have TTOs written and preferably dispensed.

## **15 Capacity in the Transfer Unit**

The minimum staff on the Unit is 1 Registered Nurse and 1 Healthcare Assistant; when the Unit is on 'minimum staffing', it is not safe for the HCA to leave the Unit except at the beginning of the day, to transfer early discharge patients. If this situation affects patient flow, this is to be escalated to Lead Nurse or Duty Bed Manager to request portering assistance.

## 16. Monitoring

Monitoring Arrangements	Responsibility	Process/ Frequency	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for monitoring of action plan
Cleaning	Staff Nurse	Daily	Lead Nurse	Lead Nurse
Equipment	Staff Nurse	Daily	Lead Nurse	Lead Nurse
Patient Group	Lead Nurse	Monthly	Heads of Nursing	Lead Nurse
IPCT	Staff Nurse	Daily	IPCT	Lead Nurse



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Sue Clark, Equality & Diversity Manager, Aspen House, Stepping Hill Hospital.  
Tel: 0161 419 4784. Email: [susan.clark@stockport.nhs.uk](mailto:susan.clark@stockport.nhs.uk)

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