Standard Operating Procedure

Pathway Discharge Unit

Written by:	**Juliet Hawkesford-Barnes - DDDN, Specialty Medicine Division Jo Kenyon - DDOps**
Approved by:	**Specialty Medicine DMB**
Approved by Medicines Safety Committee: *Where medicines included in guideline*	**NA**
Date of Approval:	**25th October, 2023**
Date of Review: This is the most current document and is to be used until a revised version is available	**25th October, 2026**

Aim and scope of Standard Operating Procedure

This document defines the operational, governance and leadership arrangements for the management of the Pathway Discharge Unit (PDU). It contains inclusion and exclusion criteria for patients accepted onto the unit, as well as the workforce model.

Target Staff Categories

Divisional Directors
Divisional Director of Nursing
Director of Operations
Executive Directors

Key amendments to this Standard Operating Procedure

Date	Amendment	Approved by:
29/6/23	Amendment of inclusion criteria and process for identifying suitable patients	Juliet Hawkesford-Barnes
17/7/23	Added in medical cover for PDU on Ward 14.	Juliet Hawkesford-Barnes

Contents page:

Introduction

Worcester Royal Hospital PDU managed by Speciality Medicine

The Pathway Discharge Unit (PDU) is a 21 bedded area used to accommodate patients across medical and surgical wards who have been deemed medically fit (i.e. no longer requiring inpatient acute clinical care and treatment) by their named consultant team. This unit functions as an inpatient ward 7 days per week, 24 hours per day.

The Alexandra Hospital PDU (on ward 14) with nursing care managed by Surgery

PDU (on Ward 14) is a 19 bedded area used to accommodate patients across surgical and medical wards who have been deemed medically fit (i.e. no longer requiring inpatient acute clinical care and treatment) by their named consultant team. This unit functions as an inpatient ward 7 days per week, 24 hours per day.

The main principle of PDU is to focus resources in one geographical location to work together, using an MDT approach, to facilitate timely discharge, to provide rehabilitation to progress/reduce discharge needs and to reduce HAFD (hospital acquired functional decline).

The over-arching aim of PDU is to support early availability of beds on inpatient wards which in turn will support flow through our Emergency Department (ED).

The objectives of this unit are:

- To minimise the number of >1 hour ambulance handover delays
- To eliminate corridor care in ED
- To ensure no patients awaiting admission wait >12 hours from arrival in ED
- To eliminate medical patients occupying surgical beds (medical outliers)

The expectation is that the unit will have a maximum length of stay of **48 to 72 hours** and have an average of 10 discharges each day, over a 7 day period i.e. 70 per week at Worcester and aim for 4 discharges a day at the Alex.. Four of these discharges will take place before midday each day in order to facilitate adequate flow through the acute bed base, and ultimately providing access to beds for ED.

Associated System key performance indicators will be monitored and will include bed occupancy, turnover intervals and length of stay (LOS).

Location and environment

Worcester Royal Hospital:

PDU is situated on level 2 of the main WRH site. PDU has 21 beds and two rooms that can be used for isolating patients.

The Alexandra Hospital:

PDU (on Ward 14) is situated on second floor of the main Alex site. PDU has 19 beds.

Patient group criteria

PDU is committed to providing holistic, patient-centred care for patients who are medically fit for discharge awaiting a pathway. In order to ensure the environment and staffing situation is adequate for the needs of the patients

transferred to PDU, the following inclusion and exclusion criteria will be adhered to and checked at the handover stage (via a checklist on the PDU handover document) prior to accepting any new patients:

Inclusion criteria:

- **All patients to have completed their SALT, physiotherapy and occupational therapy assessments**
- **All patients to have a completed EDS**
- Adult patients from medical and surgical wards (including ED, AMU and MSSU) awaiting PW1 as long as STTF completed. These can be identified by the Matron & ward staff, site team, OCT or Flow matrons.
- Adult patients from medical and surgical wards awaiting PW2 or PW3, following a face to face clinical safety review from OCT during working hours and out of hours by the CSM in conjunction with the sending ward nurse in charge and receiving ward nurse in charge (PDU Nurse). These patients are to be identified by OCT to enable them to forward plan an exit route in line with agreed LOS on PDU. If patients are moved into PDU Out of Hours OCT MUST be informed of the patients details so that they are prioritised for immediate action to work up discharge plan.
- Patients deemed medically fit for discharge by the medical team and needing no further medical input.
- Patients with cognitive impairment and learning disabilities may be transferred to PDU following a discussion regarding their individual requirements with a registered nurse and/or their carer
- Patients with resolved Covid
- Patients with dementia (case by case basis)
- Fast-track (case by case basis)

Exclusion criteria:

- Patients on Stroke pathway
- Patients on #NOF pathway
- Warfarin discharge patients
- Patients at End of Life
- Patients awaiting Mental Health placement or review
- Out of area pathway patients **without** a clear discharge date
- Neuro-rehab patients
- Simple discharges
- Unresolved Covid positive patients
- Patients requiring ongoing blood sampling and/or infusions whilst waiting for ongoing care
- Patients with SALT needs and ongoing therapy, included altered diets.
- No patients with piccline unless discharge date is planned

Capacity

The expectation is that this unit would support the aim of 2 discharges before midday from adult inpatient wards.

PDU team will be reviewing the MFFD tracker and identifying patients who are suitable for the unit. This will enable rapid physical transfer when a bed becomes available on PDU. It is also important to note that discharge to a pathway does not require patients to first be transferred to the PDU. Discharges to pathways should continue to be made directly from all wards.

Process

1	Patients will be identified by PDU, site team, OCT, ward managers based on the above inclusion criteria by primarily using the patient tracker system. However direct communication from base wards would also be accepted for PW1 Patients
2	Create a waiting list for patients identified for PW1 by base wards fitting inclusion criteria and PDU team.. A copy will remain on ward and details can be provided to the capacity team. This will be created with collaborative working between wards, site team and OCT.
3	Within 30 minutes of a bed being vacated, the bed will be re-occupied by a patient on the waiting list. The ward team, progress chasers or NIC should Inform capacity hub of patients the unit is intending to pull from base wards to enable allocation of patients from assessment areas.
4	Daily input from the Onward Care Team (OCT) to identify PW2/3 patients suitable to be transferred after all PW1 patients are exhausted List to be provided to PDU team, Flow and Capacity team by no later than 11am each day and reviewed everyday throughout the day to ensure sufficient names of patients suitable to transfer vs discharges from PDU?
5	A member of OCT to attend the PDU ALX at 9 am and PDU WRH at 11am safety huddle to enable oversight over the units current safety and capacity status.
6.	Prior to admission to the unit the NIC, when receiving handover, should check the patients latest bloods and compare against inclusion/ exclusion criteria prior to accepting.
7.	On admission to unit, it is confirmed with the patient, their understanding of their discharge plan and this is communicated to their

	family. Any barriers identified are resolved/escalated to appropriate system partner.
8.	Patient tracker updated regularly by PDU NIC and OCT Team
9.	NIC to review any patients with LOS > 72 hours, completing the form which is kept on a shared drive. Any patient needing a medical review is referred the SHO covering the unit.
10.	Should a patient deteriorate and become not medically fit, an appropriate swap is arranged by PDU with a base ward. Information should be shared and agreed with the capacity and flow team.
11.	Should the list of patients meeting inclusion criteria be exhausted, decision to be taken by senior divisional staff on whether or not to accept patients outside of SOP and out of hours this decision should be taken by Manager on call, in discussion with clinical site team and/or matron on call.OCT in hours if any further patients are suitable to be transferred.

Responsibilities and duties

OPERATIONAL	Executive	Chief Operating Officer
	Day to Day Oversight	Divisional Director of Nursing and Director of Operations – Specialty Medicine Onward Care Team-HWH&CT
GOVERNANCE	Executive	Chief Nursing Officer
	Day to Day Oversight	Divisional Director of Nursing and Director of Operations – Specialty Medicine
CLINICAL	Executive	Chief Medical Officer
	Day to Day Oversight	Divisional Director & Divisional Director of Nursing – Specialty Medicine
STAFFING	Executive	Chief Nursing Officer
	Day to Day Oversight	Deputy Chief Nursing Officer
		Divisional Director Nursing – Specialty Medicine

Operational

- Ensure agreed Key Performance Indicators are met
- Ensure facilities are appropriate to deliver specified service
- Ensure SOP is adhered to

Governance

- Monitor adherence to SOP
- Monitor patient safety and experience via incident reports and patient feedback
- Monitor quality of care is delivered

Clinical

- Ensure agreed patient pathway is adhered to
- Ensure patient safety and experience is maintained
- Ensure clinical care oversight and care quality is delivered

Staffing

- Ensure appropriate staffing levels to maintain patient safety
- Ensure appropriate staff skills to maintain patient care
- Ensure appropriate leadership in place

Deteriorating patients

Due to the nature of patients medically fit but remaining in hospital, clinical deterioration is a recognised and not infrequent occurrence during a continued hospital stay. The following process will be followed for a deteriorating patient:

- If patient deteriorates on PDU and is clinically no longer medically fit, the patient will be transferred back to the original base ward and swapped with medically fit patient on that base ward.
- If it is unclear if a patient on PDU remains medically fit following clinical concerns and an initial medical review, the junior doctor or sister will contact originating base ward to ask for advice/review (see referral pathways IP medical wards).
- If advice/review from the base ward team is not available and clinical concern remains, the patient will be transferred back to the original base ward and swapped with medically fit patient on that base ward.

Interdepartmental relationships

- Medical Wards
- Surgical wards
- Physiotherapy and Occupational Therapy support to unit when required
- Specialist nurses via bleep
- Onward Care Team (OCT)
- Social Workers
- Capacity Hub
- Discharge Lounge
- ISS
- Portering
- Pharmacy

Principles and assumptions

- PDU Worcester to sit within the Specialty Medicine Division
- PDU (on Ward 14) Alex to sit within Surgery with medical cover provided by Speciality Medicine.
- Separate cost centres and appropriate budgets in place
- EDS & TTO completed and authorised on base ward
- A member of OCT, a social worker and PW1 representatives spend time on the unit
- Elimination of medical outliers in surgical beds to release SHO to support PDU
- Support for daily oversight of unit by DDN/DOPs
- Staffing of unit supported by all divisions and teams
- KPIs agreed with system partners regarding expected length of stay on PDU
- Incidents etc. to be monitored by the Specialty Medicine and Surgical Divisional Governance Team in line with other wards
- The Board Round on PDU will replace the medical division's discharge cell meetings

Staffing

The PDU workforce model on both site will be as follows:

- Matron identified to lead the unit
- Band 7 Ward Manager to directly manage the unit
- 3 Registered Nurses per shift, approximately at Worcester and 3 Long Day and 2 Night at the Alex
- 4 Healthcare Assistants (HCAs) long day and 3 HCAs night at Worcester and 3 day and night at the Alex.
- Ward clerk
- Ward housekeeper/admin
- 1 SHO to cover 7 days per week (SHO also covers outliers at the weekend on the Worcester site)

Compliance

Compliance with this SOP will be through cooperation between:

- All medical and surgical wards
- Chief Operating Officer.
- Deputy Chief Operating Officer.
- Divisional Management Teams
- Matrons.

- Ward Managers and nursing teams.
- Capacity team
- System partners

Monitoring Tool

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
P6 (section 9)	Reporting of incidents and near misses by PDU staff	Monitoring of Datix for reported incidents	Daily by the governance team, weekly via Divisional Governance Meetings	Divisional Governance Team and Divisional Governance Group	DMT via email and a set agenda item on Divisional Governance Group meetings	Daily as required for escalation purposes, weekly as routine
P3 (section 1)	Length of stay	Whiteboard/ Informatics	Daily	NIC/ Matron	Shared drive	Daily
P3 (section 1)	Bed occupancy	Whiteboard/ informatics	Weekly	NIC/Matron	Capacity team	Continually

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Deputy Divisional Director of Nursing
Divisional Director of Operations
Divisional Director
Divisional Governance Lead

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Group/Committee
Specialty Medicine Divisional Management Board

Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

NHS
Worcestershire
Acute Hospitals
NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	√	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Juliet Hawkesford-Barnes	**Deputy Divisional Director of Nursing**	**Juliet.hawkesford-barnes@nhs.net**

Date assessment completed	**6.6.23**

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Pathway Discharge Unit SOP**			
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure that patients that are moved to PDU are able to have their care needs met.			
Who will be affected by the development & implementation of this activity?	√❑	Service User	√❑	Staff
	√❑	Patient	❑	Communities
	√❑	Carers	❑	Other _____
	√❑	Visitors	❑	
Is this:	√❑ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	A review of applicable Worcestershire Acute Hospitals Trust policies and review form divisional governance team and actions and learning from incidents.			

Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Key parties have been involved with this policy for review/comment.
Summary of relevant findings	No impact to others from this document, safeguards getting the right patients to the unit

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	√		√	Staff are equipped to provide care for adults of all ages. However environment is lacking and on risk register.
Disability	√			
Gender Reassignment	√			

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Marriage & Civil Partnerships	√			
Pregnancy & Maternity		√		Not applicable
Race including Traveling Communities	√			
Religion & Belief	√			
Sex	√			
Sexual Orientation	√			
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	√			
Health Inequalities (any preventable,	√			

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	6.6.23
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments:	

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.