

NEWS2 flow chart – Decision support tool

This straightforward ‘decision support tool’ has been designed by patient facing senior clinicians to support ‘balanced risk’ discharge decision making on a ‘day to day’ basis. From personal experience over many years of Consultant clinical practice, when the risks of ongoing inpatient care, such as avoidable hospital acquired functional decline or nosocomial infection, are starting to become potentially greater than the risk of returning home, then that is the time for a patient to return home. This is best pre-planned with an expected date of discharge along with clinical criteria for discharge set at the point of admission which have been jointly agreed with the person based around ‘what matters to me rather than just what is the matter with me’.

Safety netting post discharge can be achieved by providing a direct point of contact with the in-patient team, a virtual ward process or similar simple re-assurance processes. This ensures that discharge planning commences at the point of admission and comes as ‘no surprise’ to anyone. Readmissions can never be 0%, yet with the processes described above, the term ‘failed discharge’ becomes irrelevant and is supplanted by the phrase ‘the inability of the system to maintain someone at home’ which better describes the overall reasons that re-admissions occur.

This tool can be used on a board round, ward round or in periods of patient review in escalation. The aim is to identify potential patients for discharge and to suggest alternative ways of providing ongoing care for the patient. The [Hospital Discharge Service: Policy and Operating Model](#) defines that discharge decisions are made by the clinical team and patients are discharged via the appropriate pathway as soon as they no longer require acute in-patient care. It is important to stress that the decision to discharge a patient sits with the clinical team that has seen the patient.

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