

Why not home? Why not today?

Evidence shows it's much better for a patient's physical and mental wellbeing to leave hospital as soon as they are medically optimised for discharge.

This is why it's really important we do everything we can to enable our patients, particularly older people, to continue their recovery in their own home environment or, for those few who cannot go straight home from hospital, within a care location most suited to their needs.

You have an important part to play in making this happen. And there are a number of practical actions you can take to help get patients to the best place for them.

The evidence

There's lots of evidence to show that patients recover better at home once their treatment in hospital is complete. Patients who stay in hospital longer than is necessary may face issues including:

- **35% of 70-year-old patients experience functional decline** during hospital admission in comparison with their pre-illness baseline; for people over 90 this increases to 65%.¹
- **48% of people over the age of 85 die** within one year of hospital admission.²
- Exposure to the risk of **healthcare-associated infections.**

¹Guide to Reducing Long Hospital Stays, June 2018.

²Imminence of death among hospital inpatients: Prevalent cohort study. David Clark, Matthew Armstrong, Ananda Allan, Fiona Graham, Andrew Carnon and Christopher Isles, 17 March 2014.

How you can make a difference

NHS England and NHS Improvement has worked with a number of partners to identify five key principles which can help ensure that patients are discharged in a safe, appropriate and timely way.

The principles relate to different stages of a patient's stay: some to the moment of admission, some to their time on a ward and some to the end of their stay.



Underneath each key principle are specific actions that health care professionals can take. Three of the principles relate specifically to your role as a healthcare assistant or support worker.

By following these actions and thinking **“Why not home? Why not today?”** every day, we can reduce length of stays and get patients to the best place for their recovery.



1. Plan for discharge from the start

- View patients' time as the most important currency in healthcare and make reducing unnecessary waiting time a priority.
- Think "Why not home? Why not today?" every day.
- Understand what matters to your patients by finding out about how they normally live. Discuss this with other multidisciplinary team members.

2. Involve patients and their families in discharge decisions

- Ensure patients know their plan, including what is going to happen now, later today, and tomorrow.
- Encourage and help patients to get up, dressed and moving. Ask your patient's loved ones to support you with this.

3. Establish systems and processes for frail people

4. Embed multidisciplinary team reviews

- Collect and share key information about patients and share this with the nurse in charge and wider multidisciplinary team during ward and board rounds. Key information about patients could include their functional status, what matters to them and any other key information which will help the multidisciplinary team make decisions.

5. Encourage a supported home first approach

