

Post-discharge follow-up

Standard operating procedure (SOP) | HOS-SOP-011

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Title	Post-discharge follow-up
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.11
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Identify higher-risk patients at discharge using the set criteria.
2. Book a follow-up call or visit for each one.
3. Record each follow-up and its outcome.
4. Act on every problem found the same day.

Stop and get help straight away if: a higher-risk patient has not been contacted within the set time after discharge.

1. Purpose

To check on patients at higher risk after they leave, so that problems are found early (S1.11).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

Some patients are more likely to deteriorate after going home. A defined follow-up, with the outcome recorded, finds them in time.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Discharging clinician	Identifies higher-risk patients	Doctor or nurse
Follow-up nurse	Makes the follow-up and records the outcome	Trained

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Post-discharge follow-up register (HOS-REG-003)	Current	Updated daily

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Identify.	Use the criteria for higher risk at discharge, and mark the patient.	Mark at discharge, not later.
2	Contact.	- Call or visit within the time set. - Check the key points of the aftercare plan.	The call is short and specific.
3	Record and act.	- Write the outcome on the register. - Act on each problem the same day, and tell the clinician.	A problem found but not acted on is a failure.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Higher-risk patients with follow-up	At least 70%	Monthly	Ward manager	Escalate to clinical director
Problems with action the same day	100%	Monthly	Ward manager	Escalate to clinical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-REG-003	Post-discharge follow-up register	Register

16. Evidence

ID	Source and status
E-009	Higher-risk criteria set by the ASF Expert Committee by the clinical director.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval