ACCRÉDITATION SANS FRONTIÈRES (ASF)
NON-GOVERNMENTAL, NON-PROFIT

ASF Health Standards Version 11

Standard 35: Aftercare, Follow-Up and Post-Discharge Safety

Applies to services that discharge patients from inpatient or outpatient care

DOCUMENT NUMBER	ASF-HS11-S35
REVISION	01
DATE OF THIS REVISION	1 November 2026
STATUS	Approved for use.
OWNER	Accréditation Sans Frontières (ASF)
APPROVED BY	Prof. Giorgi Pkhakadze, MD, MPH, PhD, President, Accréditation Sans Frontières
APPLIES TO SURVEYS STARTING AFTER	1 November 2026
REVIEW	Every year, or earlier if the law, a cited guideline or the standard itself changes. Next scheduled review: 1 November 2027.
CONTROLLED COPY	The copy on france-asf.fr is the controlling copy. A printed copy is valid only for the version shown on its cover.

REVISION HISTORY

Revision	Date	Change	Approved by
01	1 November 2026	First version, from the Version 10 standard on aftercare, follow-up and post-discharge safety, renumbered as Standard 35. Approved.	Prof. Giorgi Pkhakadze, MD, MPH, PhD

APPROVAL

Approved on 1 November 2026. Approved for use in surveys.

APPROVED BY

Prof. Giorgi Pkhakadze, MD, MPH, PhD
President, Accréditation Sans Frontières

Date: 1 November 2026

Complete on its own, without internet access. References are listed in section 12. The current version is at france-asf.fr.

Contents

1 Introduction

2 About ASF and this standard

3 How to use this standard

4 Scope

5 Ratings and colours

6 Abbreviations

7 Terms and definitions

8 Standard 35 at a glance: criteria, responsibilities, training

9 Criteria 35.1 to 35.6 (each on its own page)

10 Questions and answers

11 E-learning by standard

12 References

13 Document register

Criterion pages: 35.1 The Discharge Plan Is Written and Passed On · 35.2 Follow-Up Is Booked Before the Patient Leaves · 35.3 High-Risk Patients Are Contacted After Discharge · 35.4 Patients Know When and How to Seek Urgent Help · 35.5 Readmissions and Aftercare Problems Are Reviewed · 35.6 Patients Can Complain After Leaving, and Complaints Are Answered.

1 Introduction

This document is Standard 35 of ASF Health Standards. It sets out how a service keeps patients safe after they leave: a written discharge plan with a reconciled medicines list, follow-up booked before the patient goes, contact with high-risk patients, written warning signs and a route to urgent help, review of readmissions and aftercare problems, and a complaint route that works after discharge.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

Purpose of this document. Standard 35 protects patients in the period when most harm after hospital care happens: the days and weeks after the bed is empty. A written plan, a booked review, a call to high-risk patients, clear warning signs and a complaint route keep each patient safe at home.

Who should read it. Head nurses and ward managers, the patient services manager and bed manager, nurses and triage staff, community and home care nurses, family physicians, the consultant physicians who discharge patients, the clinical audit officer, the complaints and patient experience officer, the secretary who keeps the registers, and the assessors who verify the service. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

2 About ASF and this standard

Accréditation Sans Frontières (ASF) is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

Each standard is an independent document. Standard 35 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

3 How to use this standard

If you manage or work in a service that discharges patients, read section 4 to confirm that the standard applies to your service, then section 5 to find the rating for your setting. Read each criterion from 35.1 to 35.6, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

If you are an assessor, use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

Reading a criterion. Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, and standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example **AFT-SOP-002** (aftercare, procedure, 002). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan), POL (policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 13.

4 Scope

Standard 35 covers the period after a patient leaves care: the written discharge plan and medicines reconciliation, follow-up booked before discharge, contact with high-risk patients, written warning signs and urgent help, review of readmissions and aftercare problems, and complaints after discharge.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: humanitarian settings (emergency or crisis, very limited resources), transition and fragile settings (a health system in change or under strain), and standard settings (full resources).

WHERE STANDARD 35 APPLIES

Standard 35 applies to services that discharge patients from inpatient or outpatient care, including hospitals and clinics that follow patients after they leave. Each facility type is shown as Default (normally offered, so the standard applies), Optional (applies only if the facility offers the service), or N/A (not applicable). Default: Hospital, Ambulatory clinic, Long-term care, Home care, Aesthetic and procedure clinic. Optional: Primary health clinic, Telemedicine, Dental clinic. N/A: Fitness and wellness.

Criterion	Applies to
35.1 The Discharge Plan Is Written and Passed On	Default: Hospital, Ambulatory clinic, Long-term care, Home care, Aesthetic and procedure clinic Optional: Primary health clinic, Telemedicine, Dental clinic N/A: Fitness and wellness
35.2 Follow-Up Is Booked Before the Patient Leaves	Default: Hospital, Ambulatory clinic, Long-term care, Home care, Aesthetic and procedure clinic Optional: Primary health clinic, Telemedicine, Dental clinic N/A: Fitness and wellness
35.3 High-Risk Patients Are Contacted After Discharge	Default: Hospital, Ambulatory clinic, Long-term care, Home care, Aesthetic and procedure clinic Optional: Primary health clinic, Telemedicine, Dental clinic N/A: Fitness and wellness
35.4 Patients Know When and How to Seek Urgent Help	Default: Hospital, Ambulatory clinic, Long-term care, Home care, Aesthetic and procedure clinic Optional: Primary health clinic, Telemedicine, Dental clinic N/A: Fitness and wellness
35.5 Readmissions and Aftercare Problems Are Reviewed	Default: Hospital, Ambulatory clinic, Long-term care, Home care, Aesthetic and procedure clinic Optional: Primary health clinic, Telemedicine, Dental clinic N/A: Fitness and wellness
35.6 Patients Can Complain After Leaving, and Complaints Are Answered	Default: Hospital, Ambulatory clinic, Long-term care, Home care, Aesthetic and procedure clinic Optional: Primary health clinic, Telemedicine, Dental clinic N/A: Fitness and wellness

5 Ratings and colours

Rating	Colour	Meaning
Must		Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them.
Medium		Required, adapted to what a transition setting can realistically do.
Minimum		The lowest acceptable level in a humanitarian setting, where resources are very limited.

In standard settings every criterion is Must.

TRAINING LEVELS

Level	Colour	Meaning
Essential		Must be completed by the people named in the role table.
Recommended		Good practice. Not checked as a requirement.
Optional		May be used for development.

6 Abbreviations

Abbreviation	Meaning
ISCO	International Standard Classification of Occupations (ISCO-08), used to code each role
ISO	International Organization for Standardization
NICE	National Institute for Health and Care Excellence (UK)
CQC	Care Quality Commission (UK)
WHO	World Health Organization

DOCUMENT CODE PREFIXES

Prefix	Topic
AFT	Aftercare, follow-up and post-discharge safety

7 Terms and definitions

Term	Definition
Discharge plan	The written plan a patient takes away on leaving, with a reconciled medicines list, the follow-up arranged and the warning signs, sent to the next provider.

Term	Definition
Medicines reconciliation	Checking the medicines a patient was taking against the medicines they leave with, so that every change is known and explained.
High-risk patient	A patient most likely to be harmed after discharge, identified by the service's defined criteria, for example a patient living alone or with many conditions.
Warning signs	Symptoms that need urgent help, given to the patient in writing with a route to get help at any hour.
Readmission	An unplanned return to the service within the defined period after discharge, reviewed to find any aftercare failure.

8 Standard 35 at a glance: criteria, responsibilities, training

Standard 35: Aftercare, Follow-Up and Post-Discharge Safety is a standard of ASF Health Standards for services that discharge patients. It covers the written discharge plan, follow-up booked before discharge, contact with high-risk patients, warning signs and urgent help, reviews of readmissions and aftercare problems, and complaints after discharge.

The standard has 6 criteria. Each is shown below and explained on its own page in section 9. Each criterion states its own rating for each setting, its evidence and its pass rule.

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
35.1	The Discharge Plan Is Written and Passed On	Must	Must	Must
35.2	Follow-Up Is Booked Before the Patient Leaves	Minimum	Medium	Must
35.3	High-Risk Patients Are Contacted After Discharge	Minimum	Medium	Must
35.4	Patients Know When and How to Seek Urgent Help	Minimum	Must	Must
35.5	Readmissions and Aftercare Problems Are Reviewed	Minimum	Medium	Must
35.6	Patients Can Complain After Leaving, and Complaints Are Answered	Minimum	Must	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. Each position should have written terms of reference.

No.	Criterion	Positions responsible or involved
35.1	The Discharge Plan Is Written and Passed On	**Manager** (ISCO 1342) · **Head nurse / ward manager** · **Consultant physician (internal medicine)** (ISCO 2212) · **Social worker** (ISCO 2635)
35.2	Follow-Up Is Booked Before the Patient Leaves	**Nurse** (ISCO 2221) · **Manager** (ISCO 1342) · **Patient services manager** · **Bed manager / patient flow coordinator** (ISCO 1342) · **Head nurse / ward manager**
35.3	High-Risk Patients Are Contacted After Discharge	**Manager** (ISCO 1342) · **Secretary** (ISCO 3344) · **Head nurse / ward manager** · Community / home care nurse (ISCO 2221) · **Family physician (GP) lead** (ISCO 2211)
35.4	Patients Know When and How to Seek Urgent Help	**Manager** (ISCO 1342) · **Nurse** (ISCO 2221) · **Head nurse / ward manager** · **Triage nurse** · **Family physician (GP) lead** (ISCO 2211)
35.5	Readmissions and Aftercare Problems Are Reviewed	**Secretary** (ISCO 3344) · **Manager** (ISCO 1342) · **Clinical audit officer** (ISCO 2250) · **Quality manager** (ISCO 1342) · **Consultant physician (internal medicine)** (ISCO 2212)

No.	Criterion	Positions responsible or involved
35.6	Patients Can Complain After Leaving, and Complaints Are Answered	**Manager** (ISCO 1342) · **Secretary** (ISCO 3344) · **Complaints and patient experience officer** (ISCO 2250) · **Patient services manager** · Legal counsel (ISCO 2611)

Reporting lines. The reporting line and supervision of each role are taken from the ASF terms of reference for that role, published on france-asf.fr. A facility with a different structure records its own reporting lines in its organogram.

Role	Reports to	Supervises
Legal counsel	**Chief executive officer (CEO)**	None
Quality manager	Chief quality and safety officer	**Quality assurance officer**; **Patient safety officer**; **Accreditation coordinator**; **Clinical audit officer**; **Infection prevention and control (IPC) lead**; **Complaints and patient experience officer**
Clinical audit officer	**Quality manager**	Medical records quality auditor
Complaints and patient experience officer	**Quality manager**	None
Consultant physician (internal medicine)	**Head of department (per specialty)**	**Resident physician / house officer**
Head nurse / ward manager	**Director of nursing**	**Nurse specialist**; **Registered nurse**; **Nursing associate**; **Health care assistant / nursing aide**
Community / home care nurse	**Head nurse / ward manager**	None
Social worker	**Patient services manager**	None
Triage nurse	**Head of emergency department**	None
Patient services manager	**Chief operating officer (COO)**	**Admissions officer**; **Receptionist**; **Appointments clerk**; **Medical records manager**; **Bed manager / patient flow coordinator**
Bed manager / patient flow coordinator	**Patient services manager**	None
Family physician (GP) lead	**Medical director**	**Practice nurse (immunisation, chronic care)**; **Walk-in clinic physician**; **Same-day procedure nurse**

8.3 E-LEARNING

The e-learning courses for this standard, who must take each one, who is recommended to take it, and the criteria it supports, are listed in section 11.

8.4 RELATED COURSES IN THE GMJ ACADEMY

No related GMJ Academy courses are listed for this standard.

35.1 The Discharge Plan Is Written and Passed On

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: Default in: Hospital, Ambulatory clinic, Long-term care, Home care, Aesthetic and procedure clinic. Optional in: Primary health clinic, Telemedicine, Dental clinic. **Not applicable to:** Fitness and wellness.

> **Criterion.** Every patient leaves with a written discharge plan. The plan includes a reconciled medicines list and is sent to the patient and to the next provider.

Rating rule. Must in humanitarian settings, in transition and fragile settings, and in standard settings.

GUIDANCE

A patient who leaves without a written plan may not know their medicines, their follow-up or the warning signs. The plan is written before the patient leaves, and the medicines list is reconciled against what the patient was taking on arrival.

The plan is sent to the patient and to the next provider, whether that is a family physician, a community nurse or another hospital. A plan that stays in the file does not protect the patient after the bed is empty.

> **Good practice.** Every discharge has a written plan with a reconciled medicines list, and the plan is confirmed as sent to the patient and the next provider.

> **Partial because.** Most patients leave with a written plan, but some medicines lists are not reconciled or some plans are not sent to the next provider.

WHAT GOOD LOOKS LIKE

- A written discharge plan (**AFT-PLN-001**) for every patient.
- A reconciled medicines list in every plan.
- Confirmation that the plan was sent to the patient and to the next provider.
- Plans checked for completeness before the patient leaves.

COMMON MISTAKES

- A discharge plan written after the patient has gone.
- A medicines list copied from admission without reconciliation.
- A plan kept in the file and not sent to the next clinician.
- A plan given only in a language the patient does not read.

> **Why it matters.** A patient who leaves hospital without a written plan may not know their medicines, their follow-up or the warning signs. A written discharge plan, passed to the next clinician, keeps care safe after the bed is empty.

WHAT THE ASSESSOR CHECKS

Sample. Review discharge records for 20 patients discharged in the last 3 months.

Pass. The criterion is met when the records sampled meet the criterion statement and the evidence listed is shown.

Immediate fail. A patient discharged with no written plan and a medicines list never reconciled. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AFT-PLN-001	Discharge plan: written, agreed and passed on	Chief executive (ISCO 1120)	Governing body members (ISCO 1120)	Chief executive (ISCO 1120)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks the criterion at each review	Facility induction; safeguarding adults (general recommendation) Essential
Head nurse / ward manager	Responsible for the discharge plan	Facility induction; safeguarding adults (general recommendation) Essential
Consultant physician (internal medicine) (ISCO 2212)	Supports the medicines reconciliation and the plan	Facility induction; safeguarding adults (general recommendation) Essential
Social worker (ISCO 2635)	Supports the plan for the patient at home	Facility induction; safeguarding adults (general recommendation) Essential

REFERENCES FOR THIS CRITERION

- WHO (2020). Medication safety in transitions of care. https://news.gmj.ge/guideline/medication-safety-in-transitions-of-care/
- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

35.2 Follow-Up Is Booked Before the Patient Leaves

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: Default in: Hospital, Ambulatory clinic, Long-term care, Home care, Aesthetic and procedure clinic. Optional in: Primary health clinic, Telemedicine, Dental clinic. **Not applicable to:** Fitness and wellness.

> **Criterion.** Where a review is needed, the date, place and responsible clinician are set before the patient leaves, and the patient knows them.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings.

GUIDANCE

A follow-up visit that is not booked before the patient leaves is often forgotten. Setting the date, place and clinician before discharge makes the follow-up happen.

The patient is given the booking details in writing and is told who to contact if the date does not work for them.

> **Good practice.** Every review needed after discharge is booked before the patient leaves, with the date, place and clinician recorded and given to the patient.

> **Partial because.** Most reviews are booked before discharge, but some are left to be arranged later with no named clinician.

WHAT GOOD LOOKS LIKE

- A follow-up booking form (**AFT-FRM-001**) completed before discharge.
- Date, place and responsible clinician recorded for every review.
- Booking details given to the patient in writing.
- A contact route for changing the appointment.

COMMON MISTAKES

- A patient told to "come back in a few weeks" with no date.
- A review booked with no clinician named.
- Booking details given verbally and not recorded.

> **Why it matters.** A follow-up visit that is not booked before the patient leaves is often forgotten. Setting the date, place and clinician before discharge makes the follow-up happen.

WHAT THE ASSESSOR CHECKS

Sample. Review discharge records for 20 patients who needed a review after discharge.

1 The date, place and responsible clinician are set before the patient leaves.

Method. Check each record for the three elements before the discharge time.

Evidence to show. Follow-up booking before discharge (**AFT-FRM-001**).

Pass when. Every sampled review has the three elements set before discharge.

Pass. The criterion is met when every check above is passed.

Immediate fail. A patient told to come back for a review with no date, place or clinician named. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AFT-FRM-001	Follow-up booking before discharge	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the follow-up booking before discharge	Facility induction; safeguarding adults (general recommendation) Essential
Manager (ISCO 1342)	Checks the criterion at each review	Facility induction; safeguarding adults (general recommendation) Essential
Patient services manager	Responsible for booking follow-up and the patient flow	Facility induction; safeguarding adults (general recommendation) Essential
Bed manager / patient flow coordinator (ISCO 1342)	Supports the booking of the review	Facility induction; safeguarding adults (general recommendation) Essential
Head nurse / ward manager	Supports the booking of the review	Facility induction; safeguarding adults (general recommendation) Essential

REFERENCES FOR THIS CRITERION

- WHO (2023). Primary Ear and Hearing Care: Training Manual. https://news.gmj.ge/guideline/primary-ear-and-hearing-care-training-manual/
- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

35.3 High-Risk Patients Are Contacted After Discharge

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: Default in: Hospital, Ambulatory clinic, Long-term care, Home care, Aesthetic and procedure clinic. Optional in: Primary health clinic, Telemedicine, Dental clinic. **Not applicable to:** Fitness and wellness.

> **Criterion.** Patients identified as high risk are contacted within a defined time after discharge. The contact is recorded and any problem is escalated.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings.

GUIDANCE

Some patients are at high risk after discharge, such as those living alone or with many conditions. The service defines who is high risk and how soon they are contacted.

Each contact is recorded, and a problem found on the call is escalated to a clinician the same day.

> **Good practice.** High-risk patients are identified at discharge, contacted within the defined time, and every contact and escalation is recorded.

> **Partial because.** Most high-risk patients are contacted, but the contact is not always recorded or the time limit is missed.

WHAT GOOD LOOKS LIKE

- A defined list of high-risk groups and a defined contact time.
- A post-discharge contact register (**AFT-REG-001**) kept current.
- Each contact and each escalation recorded with its date.

COMMON MISTAKES

- High-risk patients not identified at discharge.
- Calls made but not recorded.
- A problem heard on the call and not passed to a clinician.

> **Why it matters.** Some patients are at high risk after discharge, such as those living alone or with many conditions. A call within a set time catches problems before they become emergencies.

WHAT THE ASSESSOR CHECKS

Sample. Review contact records for all patients identified as high risk in the last 6 months.

1 Each high-risk patient is contacted within the defined time after discharge.

Method. Check each record for the contact date against the discharge date.

Evidence to show. High-risk patient contact after discharge (**AFT-SOP-001**).

Pass when. Every high-risk patient is contacted within the defined time.

2 Each contact is recorded.

Method. Check the post-discharge contact register for each contact.

Evidence to show. Post-discharge contact register (**AFT-REG-001**).

Pass when. Every contact is recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. A high-risk patient discharged, not contacted, and no one notices for weeks. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AFT-SOP-001	High-risk patient contact after discharge	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Chief executive (ISCO 1120)
AFT-REG-001	Post-discharge contact register	Secretary (ISCO 3344)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the high-risk patient contact after discharge	Facility induction; safeguarding adults (general recommendation) Essential
Secretary (ISCO 3344)	Keeps the post-discharge contact register	Facility induction; safeguarding adults (general recommendation) Essential
Head nurse / ward manager	Responsible for the high-risk contact	Facility induction; safeguarding adults (general recommendation) Essential
Community / home care nurse (ISCO 2221)	Supports the contact after discharge	Facility induction; safeguarding adults (general recommendation) Essential
Family physician (GP) lead (ISCO 2211)	Supports the contact and escalation	Facility induction; safeguarding adults (general recommendation) Essential

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

35.4 Patients Know When and How to Seek Urgent Help

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: Default in: Hospital, Ambulatory clinic, Long-term care, Home care, Aesthetic and procedure clinic. Optional in: Primary health clinic, Telemedicine, Dental clinic. **Not applicable to:** Fitness and wellness.

> **Criterion.** Each patient receives written warning signs that need urgent help, and a route to get it at any hour.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings and in standard settings.

GUIDANCE

Patients who do not know which symptoms need urgent help may wait too long. Written warning signs, with a route to get help, let them act in time.

The patient repeats back the warning signs and the route, so the team knows the patient understood them.

> **Good practice.** Every patient leaves with written warning signs, an out-of-hours route, and a recorded check that the patient understood both.

> **Partial because.** Most patients receive written warning signs, but the out-of-hours route or the understanding check is missing for some.

WHAT GOOD LOOKS LIKE

- Written warning signs and urgent help route (**AFT-SOP-002**) given to every patient.
- Warning signs and urgent help record (**AFT-FRM-002**) completed for each patient.
- Out-of-hours route stated in the leaflet.
- Patient repeat-back check recorded.

COMMON MISTAKES

- Warning signs given verbally only.
- An out-of-hours route that is not in the leaflet.
- No check that the patient understood.

> **Why it matters.** Patients who do not know which symptoms need urgent help may wait too long. Written warning signs, with a route to get help, let them act in time.

WHAT THE ASSESSOR CHECKS

Sample. Review discharge leaflets and records for 20 patients discharged in the last 3 months.

1 Each patient is given written warning signs that need urgent help.

Method. Check each record for the written warning signs given.

Evidence to show. Written warning signs and urgent help route (**AFT-SOP-002**).

Pass when. Every sampled patient has written warning signs.

2 Each patient is given a route to get urgent help at any hour.

Method. Check each record for the out-of-hours route given.

Evidence to show. Warning signs and urgent help record (**AFT-FRM-002**).

Pass when. Every sampled patient has an out-of-hours route recorded.

3 The patient confirms they understand the warning signs.

Method. Check each record for the understanding check.

Evidence to show. Warning signs and urgent help record (**AFT-FRM-002**).

Pass when. Every sampled patient confirms understanding.

Pass. The criterion is met when every check above is passed.

Immediate fail. A patient discharged with no warning signs and no way to reach help at night. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AFT-SOP-002	Written warning signs and urgent help route	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Chief executive (ISCO 1120)
AFT-FRM-002	Warning signs and urgent help record	Manager (ISCO 1342)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the written warning signs and urgent help route	Facility induction; safeguarding adults (general recommendation) Essential
Nurse (ISCO 2221)	Completes the warning signs and urgent help record	Facility induction; safeguarding adults (general recommendation) Essential
Head nurse / ward manager	Responsible for the warning signs route on the ward	Facility induction; safeguarding adults (general recommendation) Essential
Triage nurse	Supports the out-of-hours route	Facility induction; safeguarding adults (general recommendation) Essential
Family physician (GP) lead (ISCO 2211)	Supports the out-of-hours route	Facility induction; safeguarding adults (general recommendation) Essential

REFERENCES FOR THIS CRITERION

- Patient experience in adult NHS services: improving the experience of care for people using adult NHS services (CG138) (NICE, 2012, last updated 2021).

35.5 Readmissions and Aftercare Problems Are Reviewed

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: Default in: Hospital, Ambulatory clinic, Long-term care, Home care, Aesthetic and procedure clinic. Optional in: Primary health clinic, Telemedicine, Dental clinic. **Not applicable to:** Fitness and wellness.

> **Criterion.** Unplanned returns within a defined period, and complaints or incidents after discharge, are reviewed. Changes are made where a pattern is found.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings.

GUIDANCE

Patients who come back soon after discharge, or who complain afterwards, show where aftercare is failing. Reviewing those cases is how the service improves.

A review looks for a pattern, such as the same ward, the same medicine or the same missing plan, and records the change made.

> **Good practice.** Every readmission within the defined period and every aftercare complaint or incident is reviewed, and any pattern leads to a recorded change.

> **Partial because.** Readmissions are counted, but not every one is reviewed, or the review does not lead to a change.

WHAT GOOD LOOKS LIKE

- A readmission and aftercare problem review register (**AFT-REG-002**) kept current.
- Each unplanned return reviewed within the defined period.
- Patterns identified and a change recorded.

COMMON MISTAKES

- Readmissions counted but never reviewed.
- Reviews that do not record a change.
- Complaints and incidents kept in separate logs that no one compares.

> **Why it matters.** Patients who come back soon after discharge, or who complain afterwards, show where aftercare is failing. Reviewing those cases is how the service improves.

WHAT THE ASSESSOR CHECKS

Sample. Review the readmission register and the complaint and incident records for the last 12 months.

1 Aftercare problems and incidents after discharge are reviewed.

Method. Check the problem register for each entry and its review.

Evidence to show. Readmission and aftercare problem review register (**AFT-REG-002**).

Pass when. Every aftercare problem is reviewed.

Pass. The criterion is met when every check above is passed.

Immediate fail. Ten patients readmitted within a week of discharge, with no review. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AFT-REG-002	Readmission and aftercare problem review register	Secretary (ISCO 3344)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Secretary (ISCO 3344)	Keeps the readmission and aftercare problem review register	Facility induction; safeguarding adults (general recommendation) Essential
Manager (ISCO 1342)	Checks the criterion at each review	Facility induction; safeguarding adults (general recommendation) Essential
Clinical audit officer (ISCO 2250)	Responsible for the review of readmissions	Facility induction; safeguarding adults (general recommendation) Essential
Quality manager (ISCO 1342)	Supports the pattern review and change	Facility induction; safeguarding adults (general recommendation) Essential
Consultant physician (internal medicine) (ISCO 2212)	Supports the clinical review of each return	Facility induction; safeguarding adults (general recommendation) Essential

REFERENCES FOR THIS CRITERION

- World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

35.6 Patients Can Complain After Leaving, and Complaints Are Answered

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: Default in: Hospital, Ambulatory clinic, Long-term care, Home care, Aesthetic and procedure clinic. Optional in: Primary health clinic, Telemedicine, Dental clinic. **Not applicable to:** Fitness and wellness.

> **Criterion.** A complaint or feedback route can be used after the patient has left. Complaints are read, answered and acted on, not only collected.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings and in standard settings.

GUIDANCE

A patient who has left may still have a complaint, and may find it hard to raise it from home. A complaint route that works after discharge, and answers that are given, keeps the service accountable.

Each complaint is read, answered in writing and acted on where action is needed, and the response time is recorded.

> **Good practice.** A complaint route is open after discharge, every complaint is answered in writing, and each action needed is recorded.

> **Partial because.** The route is open, but some complaints are logged without an answer or without recorded action.

WHAT GOOD LOOKS LIKE

- A post-discharge complaints and feedback policy (**AFT-POL-001**) with routes open after discharge.
- A post-discharge complaint response register (**AFT-REG-003**) kept current.
- Each complaint answered and each action recorded.

COMMON MISTAKES

- A complaint route that requires a visit to the hospital.
- Complaints logged and never answered.
- Answers given without any action recorded.

> **Why it matters.** A patient who leaves may still have a complaint, and may find it hard to raise it from home. A complaint route that works after discharge, and answers that are given, keeps the service accountable.

WHAT THE ASSESSOR CHECKS

Sample. Review post-discharge complaints and feedback for the last 12 months, including response times.

1 A complaint or feedback route can be used after the patient has left.

Method. Check the route for the access options available after discharge.

Evidence to show. Post-discharge complaints and feedback (**AFT-POL-001**).

Pass when. The route is available after discharge.

2 Each complaint leads to action where needed.

Method. Check each complaint for the action recorded.

Evidence to show. Post-discharge complaint response register (**AFT-REG-003**).

Pass when. Every complaint that needs action has action recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. A complaint after discharge logged and never answered. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
AFT-POL-001	Post-discharge complaints and feedback	Chief executive (ISCO 1120)	Governing body members (ISCO 1120)	Chief executive (ISCO 1120)
AFT-REG-003	Post-discharge complaint response register	Secretary (ISCO 3344)	Chief executive (ISCO 1120)	Manager (ISCO 1342)

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the post-discharge complaints and feedback route	Facility induction; safeguarding adults (general recommendation) Essential
Secretary (ISCO 3344)	Keeps the post-discharge complaint response register	Facility induction; safeguarding adults (general recommendation) Essential
Complaints and patient experience officer (ISCO 2250)	Responsible for complaints after discharge	Facility induction; safeguarding adults (general recommendation) Essential
Patient services manager	Supports the complaint response	Facility induction; safeguarding adults (general recommendation) Essential
Legal counsel (ISCO 2611)	Supports the complaint response where needed	Facility induction; safeguarding adults (general recommendation) Essential

REFERENCES FOR THIS CRITERION

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16 (Receiving and acting on complaints) (Care Quality Commission (UK), 2014).
- Patient experience in adult NHS services (CG138) (NICE, 2012, last updated 2021).

10 Questions and answers

The criterion text is the authority. These answers summarise it.

Who does Standard 35 apply to?
Services that discharge patients from inpatient or outpatient care, including hospitals and clinics that follow patients after they leave.

What do the colours mean for this standard?
Red (Must) is required. Yellow (Medium) is recommended. Green (Minimum) is the lowest acceptable level in humanitarian settings. Standard setting is Must on every criterion.

Does every patient leave with a discharge plan?
Yes. Under 35.1 every patient leaves with a written discharge plan with a reconciled medicines list, sent to the patient and the next provider.

Is follow-up booked before discharge?
Where a review is needed, under 35.2 the date, place and responsible clinician are set before the patient leaves, and the patient knows them.

Are high-risk patients followed up?
Under 35.3 high-risk patients are contacted within a defined time after discharge, and the contact is recorded and any problem is escalated.

Do patients know when to seek urgent help?
Yes. Under 35.4 each patient receives written warning signs and a route to urgent help at any hour.

How are readmissions and aftercare problems reviewed?
Under 35.5 unplanned returns and post-discharge complaints or incidents are reviewed, and changes are made where a pattern is found.

Can a patient complain after leaving?
Yes. Under 35.6 a complaint route can be used after discharge, and complaints are read, answered and acted on.

11 E-learning by standard

These are the GMJ Academy courses named in the criteria of this standard.

Course	Essential for	Recommended for	Criteria	GMJ Academy course page
Aftercare & Follow-up: Standards for Safe Discharge (H-06)	**Manager**; **Nurse**	None	35.1, 35.2, 35.3, 35.4	GMJ Academy, course code H-06
Complaints Handling and Patient Feedback (T-12)	**Manager**; **Nurse**	None	35.6	GMJ Academy, course code T-12

12 References

CITED FOR CRITERIA

1. WHO (2020). Medication safety in transitions of care. https://news.gmj.ge/guideline/medication-safety-in-transitions-of-care/ (criterion 35.1)
2. World Health Organization (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/ (criterion 35.1, 35.2, 35.3, 35.5)
3. WHO (2023). Primary Ear and Hearing Care: Training Manual. https://news.gmj.ge/guideline/primary-ear-and-hearing-care-training-manual/ (criterion 35.2)
4. Patient experience in adult NHS services (CG138) (NICE, 2012, last updated 2021). (criterion 35.4, 35.6)
5. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16 (Receiving and acting on complaints) (Care Quality Commission (UK), 2014). (criterion 35.6)

13 Document register

Every document code used in Standard 35, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

Code	Document	Type	What it is for	Criteria
AFT-PLN-001	Discharge plan: written, agreed and passed on	Plan	To make sure every patient leaves with a written discharge plan that they understand and agree with, and that the plan reaches the people who will care for them next, so that care continues without a gap.	35.1
AFT-FRM-001	Follow-up booking before discharge	Form (record)	Records that a review is booked before discharge, with its date, place and responsible clinician, and that the patient knows them.	35.2
AFT-SOP-001	High-risk patient contact after discharge	Procedure (SOP)	To catch problems early in patients most likely to be harmed after discharge.	35.3
AFT-REG-001	Post-discharge contact register	Register	Records each high-risk patient, the discharge date, the contact made and any problem found.	35.3
AFT-SOP-002	Written warning signs and urgent help route	Procedure (SOP)	To make sure a patient knows when to seek urgent help and how to reach it at any time.	35.4
AFT-FRM-002	Warning signs and urgent help record	Form (record)	Records that the warning signs and the urgent help route were given, and that the patient understood them.	35.4
AFT-REG-002	Readmission and aftercare problem review register	Register	Records each unplanned return within the defined period and each aftercare problem or incident, with its review and any change in practice.	35.5
AFT-POL-001	Post-discharge complaints and feedback	Policy	To make sure patients can complain after they leave, and that complaints lead to a reply and to action.	35.6
AFT-REG-003	Post-discharge complaint response register	Register	Records each complaint or feedback received after discharge, the answer given and the action taken.	35.6