Standard operating procedure (SOP) · AFT-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 42.3

At a glance

- Each high-risk patient is identified before discharge (AFT-REG-001).
- Each high-risk patient is contacted within the defined time after discharge.
- Each contact is recorded.
- Any problem is escalated to the responsible clinician the same day.
- Stop and get help straight away if: a high-risk patient is discharged and not contacted within the defined time.

1. Purpose

To catch problems early in patients most likely to be harmed after discharge (42.3).

2. Scope

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

3. Definitions

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

4. Background

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.

5. Responsibilities

Role	Responsibility	Competence
Discharge lead nurse	Identifies high-risk patients and arranges the contact	Clinical director
Contact nurse	Makes the contact and escalates problems	Discharge lead nurse

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 1. Identify.

- Identify high-risk patients before discharge and add them to the contact register (AFT-REG-001).

Key point: Identified.

Step 2. Contact.

- Contact each high-risk patient within the defined time after discharge.

Key point: Contacted.

Step 3. Escalate.

- Escalate any problem to the responsible clinician the same day and record it.

Key point: Escalated.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
High-risk patients contacted within the defined time	100%	Monthly	Discharge lead nurse	Escalate to the clinical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

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

16. Related documents

ID	Title	Use
AFT-REG-001	Post-discharge contact register	Register
HOS-REG-003	Post-discharge follow-up register (existing)	Register

17. Evidence

Reference	Note
E-009	Based on the WHO Global Patient Safety Action Plan 2021–2030 for transitions of care, the WHO Emergency Care Systems framework for urgent help, and the ASF Hospital standard for discharge and aftercare.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Aftercare & Follow-up: Standards for Safe Discharge (H-06)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

Download this document as PDF

Download this document as an editable Word file