SOP Template: Post-discharge Feedback Collection and Documentation

This SOP details the process for **post-discharge feedback collection and documentation**, covering methods for gathering patient feedback after discharge, standardized documentation practices, roles and responsibilities of staff, data security and confidentiality measures, analysis of feedback for quality improvement, and communication of findings to relevant departments. The goal is to enhance patient satisfaction and healthcare service quality by systematically capturing and utilizing discharge feedback.

1. Purpose

To establish a standardized approach for collecting, documenting, and utilizing patient feedback following discharge to promote continuous quality improvement and patient-centered care.

2. Scope

This SOP applies to all staff involved in patient discharge, feedback collection, data management, and quality improvement within the facility.

3. Definitions

- **Post-discharge Feedback:** Information provided by patients or their representatives regarding their care experiences after leaving the healthcare facility.
- **Feedback Documentation:** The recording and storage of patient feedback in physical or electronic formats for review and analysis.

4. Roles and Responsibilities

Role	Responsibility
Feedback Coordinator	Oversee feedback collection, ensure timely documentation, and coordinate analysis.
Clinical Staff	Inform patients about feedback mechanisms and encourage participation.
IT/Data Security Officer	Maintain data security and confidentiality standards.
Quality Improvement Committee	Analyze feedback trends and recommend improvements.

5. Procedure

1. **Feedback Collection Methods**
   - Distribute feedback forms at discharge or via email/SMS post-discharge.
   - Conduct follow-up phone calls within 48â€"72 hours post-discharge.
   - Provide access to online patient experience surveys.
2. **Documentation**
   - Record all feedback in the standardized Feedback Log (electronic or paper-based) within 24 hours of receipt.
   - Ensure feedback entries are de-identified if used for reporting.
   - Maintain original documents securely for the required retention period.
3. **Data Security and Confidentiality**
   - Store feedback data on secure, access-controlled platforms.
   - Only authorized personnel may access feedback documentation.
   - Destroy or anonymize feedback data per data retention policies.
4. **Analysis and Reporting**
   - Feedback Coordinator compiles monthly reports highlighting trends and key findings.
   - Reports reviewed by the Quality Improvement Committee for action planning.
   - Summarize significant feedback and action items for relevant departments.
5. **Communication of Findings**
   - Schedule regular meetings to share feedback trends and recommended improvements.
   - Recognize positive feedback and address negative feedback with corrective measures.

6. Documentation and Records

- Completed feedback forms (physical or electronic copies)
- Feedback Log/Register
- Analysis reports and action plans
- Records of communication to departments

7. Review and Audit

- This SOP should be reviewed annually or when feedback processes are significantly revised.
- Conduct periodic audits to ensure compliance with SOP steps and data security.

8. References

- Data Protection and Privacy Policy
- Quality Improvement Standard Procedures
- Record Retention Guidelines