The Discharge Letter - Transcript

Welcome to lungfit, pulmonary rehabilitation podcast, which is dedicated to topics related to the practice and research of pulmonary rehab. I'm your host, Dr. Pat camp. I'm a physiotherapist and researcher at the university of British Columbia in Vancouver, Canada.

Hi everyone. And welcome to the lung fit podcast. Today on this episode, I'd like to talk a little bit about the discharge letter that you write to your referring physician or whoever referred your patient to you. This is kind of a neglected area of our practice, actually, and it makes sense, you know, it's the end of the program, We're so busy. We're trying to wrap everything up to sit down and write a discharge letter can just seem like, Ugh, one more thing to do. And you know, there's not a lot of guidance on how to do this. Um, often times, you know, we just don't have a lot of examples. Sometimes pulmonary rehab programs just end and the patient is finished and we don't really necessarily follow up with that formal letter to the referring physician, but it's an important area of your practice. It is important for you to communicate to whoever referred-

I think I'm gonna use referring physician just to make it easier. It's important to communicate to your referring physician, how their patient did in the pulmonary rehab program. And so I'd like to just chat for a few minutes today on some dos and don'ts based on the experience that I have as well as conversations with physicians about what they would like to see in that letter. So the first thing is don't make the letter too long, a page or a page and a half should be enough space, single spaced for you to be able to type up enough information about the patient and for the doctor to be able to read it quickly and get the main points. So just make it fairly concise. You don't need to have a big long, um, narrative at for many pages, but don't make it too short either-

You know, it should provide individual details about that specific patient. It shouldn't look like a certificate of completion. It shouldn't just say Mr. Smith completed the pulmonary rehab program. There were 12 sessions. He, you know, would've exercised on this equipment and please call for any other information. That's just too much of a form letter. It doesn't have any specific details about the patient. So it's important that you include those individual details. Now don't make it a long narrative. And what I mean by that is where the whole thing is one big paragraph. Probably the doctor won't read it if you just structure it in that way. So you do need to break it up. And I do think that it's helpful to either put things in different paragraphs, maybe with subheadings, or you could use different kinds of formats. And I'll talk a little bit about tables and things like that, but just don't make it a big long paragraph with all the information in there-

And like I said, don't make it generic. You know, the individual details should be specific to that patient, both in terms of what, um, what you know of them. So you can talk a little bit. Mr. Smith is a 55 year old man who you referred to me because of challenges with his C O P D. Um, you can talk a little bit about what, what happened in the program and then also specific outcomes that the patient, uh, that you were able to measure for that patient. So you don't wanna have it too generic, uh, where you don't really have any of those important details. Don't reserve the letter, just for people who complete your program. You should also be doing some sort of a discharge letter or a memo or something like that, for those who don't complete your program, who dropped out for whatever reason, because this often isn't communicated back to the physician.

And so it's important for them to know that, you know, we attempted to contact your, your patient. They came for one session, they never came again. We were unable to, um, have them come back or they had to drop out because of an exacerbation, you should be able to communicate with them, whether the patient completed or not. And if they didn't complete what you did to try to have them come back or any other extenuating circumstances that you might know, just so that they have an understanding that they referred their patient to you, and that they understand how that referral went.

What was the outcome of that? So when you think about providing those specific details, I like to really give the actual values for the outcome measures that I'm using. And of course you must be using outcome measures in your program. That is a minimal standard of practice.

So I think it's helpful if you can report the outcomes in a number of different areas. So I usually at a minimum would report some sort of exercise outcome. And for most programs, that's probably gonna be a six minute walk distance or a shuttle walk test. And so make sure that you report what the initial walk test was in terms of meters, and then what the end of program walk test was. And you can calculate the distance as well in terms of the improvement. And sometimes what I like to do when I've got something like, uh, say, I'll say 50 meter improvement. Well, is that going to be easily interpreted for the doctor? So I might also add my own interpretation to it and let them know that say the minimal clinically important difference for a particular test was say, 35 meters so that they can look at how their patient changed in terms of a particular outcome.

And then have an understanding about what the minimal clinically important difference is in terms of those outcomes. And if you can't remember what those are I'll attach that paper in the show notes that lists the different minimal and clinically important differences for patients with C O P D anyway. So you should have that six minute walk test or shuttle walk test, uh, that exercise outcome. You should also have some sort of measure of quality of life, because this is a key part for patients they're gonna come back and their doctor might say, well, okay, you've got this 50 meter increase, but how do you feel? And so having a measure of quality of life gives a little bit more context to how the patient is doing. So if you have something like the C O P D assessment test, or the chronic respiratory questionnaire, or one of these other health status or quality of life measures, that can be very helpful for your referring physician to read that and say, okay, they actually are reporting that they're feeling better on a number of different domains and that's reflected in this questionnaire.

And then finally, I typically have some sort of measure of shortness of breath. And you might find that, uh, the Borg scale, maybe at the end of the six minute walk test might be useful. That's a little bit harder though, because oftentimes patients, uh, have walked more by the end. So they might actually have a very similar amount of shortness of breath because they've pushed themselves even more after your program. So maybe something like the modified MRC Dyspnea scale would be more useful. And you can report that and say, you know, the patient, uh, reports at two on the MRC, which means, and using that, the text that goes with that level so that the physician can understand what that means. And again, we're always making sure that you present to them the beginning value, and then the end of program value. Now it's true-

A lot of patients don't necessarily improve on all of these different outcomes or maybe even any of the outcomes. So sometimes you might not have a reason for that, but if you do know of any extenuating circumstances, I'll also include that in the letter. It might be that the patient ended up having a flare up of some knee pain, or they weren't able to attend very regularly or they had an exacerbation, or maybe you don't know, but the idea is to provide some context, uh, around those particular outcome measures. Now, you also do wanna include how many sessions that they attended, and you can provide a bit of description in the beginning of your letter as to what the actual program looked like. So, you know, your letter can, uh, include those details about how often the patient was able to come. Now, I find writing all this out in a text, you know, long sentences.

It's not very easy for physicians or anyone to read if they're trying to get to the important information quickly. So I actually like using tables to portray data on the patient. It's way easier to read and understand. So I might have a little narrative that says, thank you for referring your patient. And Mr. Smith was a 50 year old man with C O P D, et cetera. I might have a little detail about then what the program looked like, Mr. Smith attended 12 sessions or 15 sessions, et cetera. He also learned about

some of these topics. I don't usually list them all out. And then I might have a table after that that will have the outcome measures in terms of the measure, the pre and the post. And then I can often provide a bit of interpretation in there about the minimal clinically important difference.

So it is important to include those tables with the data. And it's also important to include any comments that you wanna make, where you need to explain the outcomes or any other important things that happened with your, with their patient while they were in the program. I think it's really helpful to make your life easier when you do this though. And so creating a template ahead of time is a great idea, so that you can just really, um, select the key information and put it into the letter as quickly as possible. So I'll often have a, a template that will have sort of the table already in there with the columns and everything labeled and a little, uh, you know, detail about the program is already in there. And then I can just go in and insert the key things that are about that specific patient.

So there's specific outcomes. Um, there's specific details, any specific extenuating circumstances. So use some sort of a template just so that you can do this quite quickly and remember to give a copy to your patient. So remember, don't share anything with the physician, you know, that you wouldn't wanna share with the patient. So I always use that as a reminder to make sure that I'm using very professional and courteous and respectful language, because it can be helpful for the patient to be able to see how they did in terms of the outcomes. And so if there's anything in particular that, um, that you wanna share with them as well, like in terms of this is what your six minute walk test was having that discharge letter for them to be able to take with them can be super helpful. So this is just, uh, some general advice about both including a discharge letter.

If you don't already do one, it's a really important piece. It's really the last professional view that both your patient and the refer sees of your program, it really reinforces that good impression. It enforces the importance of outcome measures as well. It educates everybody about the importance of these particular outcomes. Uh, and it shows the referring physician that this is a, an evidence based program that patients do improve. And here is the details about that specific patient. And it is a little bit of a check as well for you. If you finding that you're writing discharge letters and a lot of your patients are not improving well, it's time to ask why. And so it can be a little bit of a quality check for you as well. Is there something about how the program is designed or delivered where patients are not meeting their potential?

So I really encourage you to think a little bit about your discharge letter. Don't make it too long, but make it informative. Don't make it difficult to read, use tables and data and description, to be able to convey the important information. Don't just provide a lot of numbers, but give context to those numbers, make sure that your physician knows the minimal clinically important difference of these outcomes. And if there's any extenuating circumstances, handing this as quickly as you can to the patient and the referring physician really also just gets this off your desk and it helps to finish up with that patient. You've got that final piece of information in the chart that summarizes where they were, if that patient ends up, need needing, uh, a referral to another, another healthcare provider and they wanna know what it was that they did in their program or what happened. You've also got a nice summary there in the form of a discharge letter. So I hope this was helpful for you. I hope that you go back and have a look at your discharge letters, if there's anything on this, uh, podcast that you think, Hey, maybe I should, uh, add that to my letter. I think that'll be fantastic. And until next time stay well, everyone. Bye for now.

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