



The Basics

This document provides more details to the basic checklist. These items should be implemented as part of your PODS. The purpose of the PODS is to provide patients and their families with the information they need to manage their care at home after discharge in a format that is easy and accessible.

Note:

Other items can be added and are often necessary for unique patient populations. Keep in mind what is relevant for the patient to act on. Skip details that are only nice to know.

Content Considerations

Simple description of the medical condition.

Let the patient know the name of their medical condition and include the dates of hospitalization. It may be useful to have a very short plain language description of what happened to them in hospital.

Medication chart.

Provide patients with a list of medications. Make sure they know when to take their medications, the reasons for each medication, and when they need to pick up their prescriptions. This chart is best provided in a patient friendly format for the patient (As opposed to the family doctor who should receive a list of what has been changed and stopped as well). The chart doesn't need to be on the PODS, but the PODS should be used to ensure that the chart is provided and explained to the patient with a checkbox.

Sample teach back question:

Can you explain to me when and how you will take this medicine?

Can you demonstrate for me how to use the puffer?

Follow up appointments with phone numbers.

List referrals for follow up appointments with names, numbers, and dates. Make sure the patient knows whether they need to book the appointment or if it has been booked for them. When going through this section, talk to the patient on how they will get to their follow up appointments.

Sample teach back question:

Can you explain what you need to do to arrange the follow up appointment with your family doctor?

Normal expected symptoms, danger signals, and what to do

Provide a sense for patients of what symptoms they can expect to have and which might be worrisome. Give them helpful strategies on how to self-manage symptoms before calling their family doctor or going to the emergency department. For mental health patients it may be helpful to include a note that if they recognize danger signs noted in their safety or crisis plan, they should refer to the plan for coping strategies and actions.

Sample teach back question:

Can you explain what you would do if you start to feel short of breath?

When to resume activities and other lifestyle changes.

Provide a list of lifestyle changes that need to be made. If there is an activity that needs to be stopped or is temporary, provide a timeline of approximately when that activity may be resumed. This is also the place to include diet or exercise recommendations. For some patient populations (especially in rehab) a patient may have many changes to what they are able to do independently. We encourage you to look at some of the sample PODS from the rehab population for options on how to structure this section for these patients.

Sample teach back questions:

Can you demonstrate the stretches you will do for your leg?

Can you show me how you will clean the area around your wound?

Applicable Resources.

Provide information such as phone numbers of who to call with questions, phone numbers for their home care organization (when applicable) and other resources in the community and online.

Sample teach back questions:

What would you do if you have a question about your condition once you are at home?

Process considerations

PODS is one element of a larger discharge process. The below guidelines are specific to delivering PODS to the patient.

Delivered in the presence of family or caregiver.

Family plays a key role in transitioning a patient home. Provide the PODS and associated teaching when the family or caregiver is there. Remember that family is whoever the patient defines to be their family.

Copies provided.

The patient should be able to access the PODS easily at home. They should leave with a piece of paper. If possible, there should be the option for them to access the information electronically as well via an email or through a patient portal. It may be helpful to provide multiple copies – for the patient and their caregiver.

Interpreter used (when applicable).

If there is a language barrier, use a professional interpreter. The use of family as interpreters is discouraged as common errors such as omissions and misunderstandings are known to occur. Of course, family support should be there and the caregiver should be present, but a professional interpreter should also be used.

Conversation encouraged - Teach Back

Patients often are afraid to ask questions. Encourage them to ask questions and take notes. Use of teach back is strongly encouraged to assess understanding. Ask a patient or family to explain what they know or what they need to do in their own words. If they are unable to teach back, explain again and recheck. Frame teach back as a way to ensure you explained the information clearly for them to understand.

Design considerations

Use larger fonts.

12 point is a minimum and sans serif fonts work best.

text

text

text

text

Use plain language relevant to the patient.

Use plain language and headings that are relevant to the patient. Use active voice and a positive tone because it makes it easier for patients to understand and act on. Write to the patient and their caregiver using the words I, we, and us and referring to the reader in the first person. Use common words and use words consistently throughout the document. Use analogies familiar to the audience. Avoid unnecessary abbreviations. For mathematical concepts, use familiar words such as chance instead of risk, as these types of words represent concepts that may not have meaning to the patient.

Use visual (when possible) and written communication.

When possible, use common icons to represent section headings and other items, such as phone numbers.



