

# Letters

## Correspondance

### Congratulations CFP and VAC!

As a disabled Veteran of World War II and a retired family physician, I wish to congratulate *Canadian Family Physician*, Veterans Affairs Canada (VAC), and Sloan and colleagues for the excellent May 2009 article, "Overgrown lawn. Military Veteran no longer able to maintain the yard."<sup>1</sup> Sloan et al provide an informative summary of the assistance available to eligible Veterans of our armed forces who have served our country in times of war and peace.

The Royal Canadian Legion, in conjunction with VAC, has developed a Long Term Care Surveyor Program, which reviews the degree of satisfaction or dissatisfaction resident Veterans experience while living in long-term care facilities. Trained surveyors describe their findings in confidential reports, which are sent to The Royal Canadian Legion Dominion Headquarters and VAC.

As a surveyor, I find most Veteran family members have very little understanding of the assistance offered by VAC. If I were permitted to give all the Veterans I interviewed a copy of the Sloan et al article, I know that Veterans and their families would be most grateful.

—John Hall MD  
Castlegar, BC

#### Reference

1. Sloan J, Caron-Boulet N, Pedlar D, Thompson JM. Overgrown lawn. Military Veteran no longer able to maintain the yard. *Can Fam Physician* 2009;55:483-5.

### Editor's response

Copies of the Veteran Health Files articles may be printed from [www.cfp.ca](http://www.cfp.ca), or patients may be directed to the website to access the articles on-line.

### More than the diagnosis

As a long-time practising emergency physician, I would like to comment on the May 2009 article "Are long-term care residents referred appropriately to hospital emergency departments?"<sup>1</sup> Jensen et al looked at one dimension of this issue but not at another: the quality of the documentation that is sent with patients. High-quality information is always important, but even more so for cases in which patients are unable to provide a thorough history owing to either their acute illness or dementia.

I have frequently seen patients sent to emergency departments with minimal amounts of information (eg, documentation does not mention how long the symptoms have been present, recent hospital discharge summaries are not included, results of physician examinations for the same problem are not present). In addition, transfer forms might not indicate whether the family has been called, and advanced directives might have been signed years ago and not updated. This lack of high-quality documentation

means time spent on the telephone trying to get the necessary information from the facility, and often, by the time the patient is seen in the emergency department, the staff member who was responsible for initiating the transfer is off-duty and unavailable.

Future studies determining the appropriateness of transfers need to examine more than just the diagnoses of patients and whether or not they were admitted to hospital.

—Joel Lexchin MD CCFP(EM) FCFP  
Toronto, Ont

#### Reference

1. Jensen PM, Fraser F, Shankardass K, Epstein R, Khera J. Are long-term care residents referred appropriately to hospital emergency departments? *Can Fam Physician* 2009;55:550-5.

### Response

I thank Dr Lexchin for his comments on our article in the May 2009 issue of *Canadian Family Physician*.<sup>1</sup> He highlights the importance of the referring facility sending some basic information with the patient. In the facility where I work, a brief narrative about the patient's present illness and a medication list is routinely sent; patients' families are informed about the transfer if they do not already know. All the hospitals in Hamilton are connected electronically, so any previous admission data are available to the emergency department. Communication works both ways, and sometimes patients return from emergency departments with no information. We all have an obligation to improve communication, particularly for this population of patients who often cannot speak for themselves.

—Fred Fraser MD CCFP FCFP  
Stoney Creek, Ont

#### Reference

1. Jensen PM, Fraser F, Shankardass K, Epstein R, Khera J. Are long-term care residents referred appropriately to hospital emergency departments? *Can Fam Physician* 2009;55:550-5.

### The top 5 articles read on-line at [cfp.ca](http://cfp.ca) last month

1. **RxFiles:** Taking the stress out of acne management (March 2009)
2. **Clinical Review:** Treating prediabetes with metformin. *Systematic review and meta-analysis* (April 2009)
3. **Child Health Update:** Polyethylene glycol 3350 without electrolytes for treatment of childhood constipation (May 2009)
4. **Clinical Review:** Femoroacetabular impingement syndrome. *Nonarthritic hip pain in young adults* (January 2008)
5. **Clinical Review:** Update on acute rheumatic fever. *It still exists in remote communities* (May 2009)