EDITORIAL

QUALITY ASSESSMENT OF PATIENTS REFERRAL LETTERS

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2.Faculty of Medicine, University of Gezira P. O. Box 20 **INTRODUCTION:**

This study is a descriptive undertaking aiming at assessing the quality of referral letters submitted to departments of seven selected Medani Hospitals from different levels of health institutions.

Required data was collected by observation and by a check list with a scoring system. Indirectly relevant data was extracted from historical data sources.

METHOD:

The total number of the collected referral letters was 412 of which 206 were randomly and systematically sampled out and studied. The letters were checked for items that should be included in a good referral letter. Results and interpretation were obtained manually and with the aid of SPSS.

RESULTS:

It was found that 171 (83%) letters were of poor quality. Factors that lead to this were: bad handwriting, writing on slips of paper 69 (33.5%), senders poor perception of the importance of mentioning the negative as well as positive findings, improper utilization of health units pharmacies and laboratory facilities and lastly referring of cases without trying to manage first at the site of origin.

Recommendations suggested were: training of GPs and health auxiliaries on writing good referral letters as well as having continuous medical education to improve their knowledge and skills on managing cases before instantly referring them. Design a standardized "fill-in- space" form and provide facilities for typing.

INTRODUCTION:

The referral system is the mean of communication between physicians at all levels of the health system and it is one of the indicators of the quality of the public health care services.

Good communication between primary and secondary care is essential for the smooth running of health system. There are many benefits of the referral system, the most essential being to avoid overload. It contributes to improving the quality of care by limiting over-medicalization, overinvestigation and over-treatment. In addition, communication between two physicians of different experience and expertise is an important tool of education for both of them. It is as well help general practitioners (G.Ps) to make appropriate referrals and improve compliance[1].

Communication between primary care and hospitals is often poor. Variation in the perception of patients, G.Ps and consultants can lead to resentment and strained relations between them and worse still; they may confuse and reduce the confidence of the patient.

EDITORIAL

So referral letters if well filled out will ensure successful communication. Thus it is important that referral letters should include important positive as well as negative points.

In addition to this function, it is acknowledged that the referral can be used as a tool for clinical audit. Good quality referral letters are essential part of good clinical care and act as the interface between health care professionals in primary and secondary care. As such they have a number of functions: The referral letters provide patient information, which will include demographic details, as well as clinical information relating to the reason for the referral decision. In addition, the referring professional may choose to include information which would be otherwise unavailable to the receiving health professional. The referral letter is also used by medical records, appointments and clinic staff and necessarily includes a significant amount of administrative information.

This study is aiming at assessing quality referral letters submitted to departments of seven selected Medani Hospitals from different levels of health institutions.

METHODS:

The total number

Conducting the research, a total of 206 referral letters were randomly selected. Also randomly as well seven hospitals were sampled out. Thereafter, the letters were compared with a list which includes the components that should be integrated in an ideal referral letter. This included 10 items: the general information (name, age, sex, etc), examination findings, investigations, diagnosis, cause and general condition of letters and place of referral. The quality of referral letters were estimated by granting one score to the presence of each item. Some items were subdivided into their integral components and each component was granted equal scores either 0.2 or 0.5 in accordance to the number of components. This is so done because all components are considered equally important.

A letter was considered as 'good' if it scored > 7 points while if scored 5 – 7, was regarded as 'fair' otherwise, if scored less than 5 it was labeled as 'illegible'.

RESULTS:

By implication, referral letters should be viewed in the context of the social marketing model first articulated by Philip Kotler and based on commercial marketing practice[(2)]. Nevertheless referral letters analysis of findings reflected clearly the incredible permissiveness and negative attitude of the senders towards writing good referral letters and transfigures, as well, their poor perception of the importance of including all data pertaining to patients' management. Although relatively better recoding rates 135 (65.5%) appear on the component of "provisional diagnosis". Worse it was the situation with all other components" e.g., 95.6% absent recording on the part of central nervous system (CNS) function tests.

EDITORIAL

Table (1): Quality of referral letters:

Quality	No.	%
Illegible (score<5)	171	83.0%
Fair (score 5-7)	25	12.1%
Good (score > 7)	10	4.9%

As shown on table (1): 83% of the letters were illegible while 12.1% and 4.9% had fair and good legibility respectively.

Table (2) Quality of referral letters against health institutions referred to

Quality referral letter	Referred to							
	Medicine	Pediatrics	Dermatology	Ophthalmology	Obgyn	Dentistry	Oncology	Surgery
Illegible	57.7%	75.9%	75.0%	100.0%	100.0%	100.0%	87.3%	83.3%
Fair	11.5%	20.7%	25.0%	0	0	0	10.9%	16.7%
Good	30.8%	3.4%	0	0	0	0	1.8%	0

Reference to this table, referral letters to dermatology, ophthalmology, obstetrics and gynecology and dentistry, are all poor and illegible. As a fact these departments share, in common, dealing with specific organ disease - highly specified specializations. It seems that health providers are less concerned with these highly specified disciplines. This could explain, but does not justify, these high rates of poorly written referral documents.

Table (3) Quality of referral letters against health institutions referred from:

Quality referral letters	Referred from		
	Hospital	Health center	Private clinic
Illegible	73.7%	79.3%	85.2%
Fair	17.1%	17.2%	11.5%
Good	9.2%	3.4%	3.3%

This table illustrates that letters coming from private clinics are the most deficient ones having (85.2%) illegibility. This could be because doctors (senders) do not mention many items to examine the knowledge of their housemen otherwise there is no justification to send deficient referral letters.

EDITORIAL

Table (4): Causes of referral:

Causes	No.	%
For treatment	99	48
For diagnosis	46	22
For further investigation	35	17
For surgical intervention	26	13
Total	206	100

Table (5): Department where cases referred:

Department	No	Percent
Medicine	26	12.6
Pediatric hospital	29	14.1
Dermatology	16	7.8
Ophthalmology	15	7.3
Obgyn	18	8.7
Dentistry	17	8.3
Oncology	55	26.7
Surgery	30	14.6
Total	206	100.0

Table 4 and 5 detail causes and place of referral letters respectively.

Regarding causes of referrals, the largest 99 (48%) proportion of cases were referred for treatment while the least proportion 26 (13%) were referred for surgical intervention.

EDITORIAL

Oncology hospital had the largest proportion of the sample size; first because its statistical department has a unique records keeping system: the colour code system, secondly the hospital receives referrals from diverse country states locations.

Table (6) Materials of referral letters:

Materials	No	Percent
Printed card	28	13.6
Page	101	49.0
Slip	69	33.5
Discard paper	8	3.9
Total	206	100

Findings in this table show that most of the referral letters 101 (49.0%) were written on pages, 69 (33.5%) were on slips and 8 (3.9%) were written on a discard paper whose other side was already written on. Designed cards are used only for28 (13.6%) of cases.

DISCUSSION

Referral letters are not good worldwide for different reasons in some countries, referral letters seem to have improved but in many, there is room for further improvement (Dowie 1983)[3]. In Britain, Westernman *et al.*[4] found that the majority of referral letters (60.5%) were of poor quality. In Riyadh, Jarallah found that 26% of the referral reports were poor, while in this current study, 83% of referral letters were poor. A vast difference!

The main reason for referral was for treatment 99 (48%). The second reason 46 (22%) was for diagnosis. This is similar to that of Grace *et al*[5]. Referral for investigation was the third reason 35 (17%).

Although the reason for referral was written in 56.3% of the cases, it was inappropriate in 27.2% of the referral documents. Different findings were reported in Riyadh, Jarallah[6] where 20% of the reasons for referral was inappropriate. This might be intentional or arbitrary. If intentional it might be just to fill space as the health professionals did not know exactly where he should refer such a patient.

EDITORIAL

Through interpretation of table 5 and 6 it was found that most referred cases need to be checked at the center before referral. These tables emphasize and highlight that the missed components are important since most of the cases referred to medical pediatrics, and other department could have been managed at the public health care unit.

The vital signs, basic investigations and treatment given should be recorded before referring such cases; nevertheless the vital signs were not recorded in 92.3% (greater than that of Riyadh which was 81 % of referrals). The investigations were not recorded in 83% of the cases although facilities were available in the laboratory of the health institution; for example, general and microscopic examinations were available but not recorded in the cases of malaria, and the fasting blood sugar level was not recorded for diabetic patients.
Considering avoidable referrals, analysis of 170 consecutive referrals to secondary care, G. J. Elwyn, N C H Stott, 1994 found that 110 referrals were agreed to be appropriate and 58 were considered avoidable. The reason for 32 of the inappropriate referrals was lack of resources: 10 were due to lack of information (mainly failure of hospitals to pass on information to general practitioner)[7]. As for this current study, the avoidable referral cases were twice as much.

Treatment was not recorded in 78.6% of cases where prescriptions could have been available at the pharmacy of the health unit center, similarly hypertensive and diabetic patients and those with abdominal pain, backache etc, could have been prescribed medicine at least for symptomatic relief until their hospital appointment.

The data written in referral letters should include important positive as well as negative points. For example in cases of dysurea, only the word dysurea was written. However, in such a case additional information should be recorded such as absence or presence of haematurea, lion pain etc. The fact that such information was not recorded reflects the ignorance of the health professional as to what constitutes a good referral letter.

Although trachoma diagnosis does not need sophisticated facilities, only skills, nevertheless there were considerable cases of trachoma referred to the ophthalmology clinic. The health professionals who did not diagnose it therefore did not offer treatment available in the public health care units. Both oral sulphonamide and tetracycline eye ointment are always available in all units pharmacies.

It is very important to understand why such mistakes happened; was negligence or ignorance or both.

In conclusion, the factors that led to the poor quality of referral letters were:

- Bad handwriting and grammar.
- Incomplete document.
- Health professionals negligence of the importance of mentioning the negative as well as positive findings.
- Poor utilization of senders potential medical skills and knowledge.
- No proper utilization of the units laboratory and pharmacy facilities.
- Instead of using their medical knowledge and skills the health professionals referred cases without try to mange them first at their units.

At the end the outcome of poor quality referral letters will lead to the overload of cases that could have been managed at the centers. The health professionals will gradually lose their medical knowledge

EDITORIAL

and skills, while patients might lose confidence in their health care providers. Poor letters will lose their value as an important means of communication between physicians at the centers and other units in the hospitals. This will end in the direct and indirect financial outlay by the referred patient, along with wastage of much resources[8]. Therefore, health professionals need encouragement to improve the quality of their referral letters. It is also essential to train health professionals to write ideal referral letters and similarly train health care providers to improve their skills in managing the cases at their centers. Health professionals should be advised to use properly their units laboratory and pharmacy facilities before referral. Health authorities may design and distribute a standardized "fill-in-space" card and provide facilities for typing. Further feedback is necessary for referring physicians and relatives.

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