

Referral tickets to secondary healthcare: is communication effective?

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Abstract

Communication between primary and secondary health care relies primarily on referral tickets. They determine how patients' details are conveyed and hence the quality of care. The aim of this study was to assess the quality of referral tickets at the Surgical Outpatients at Mater Dei Hospital in Malta and to develop recommendations for improvement. Consecutive referral tickets between the 7th February and 4th March 2015 were prospectively included in the study and analysed for completeness. The data was entered into a *proforma* which was revised after the first ten entries. A total of 351 referral tickets were included in the study. Names and surnames were present in all reports and identification number in 99.42% of cases. 44.16% of referrals were inappropriate according to clinical details.

The majority of the forms had a history of presenting complaint (98.29%) while the past history, drug history / allergies and examination findings were available in 69.23%, 67.81% and 76.64% respectively. The source of referral was not clear in 56.13%. Only 69.23% of all referral tickets were completely legible while 30.77% were partly legible. This study shows the need for an overhaul in the referral system. Recommendations include the use of electronic referrals and the introduction of feedback letters by hospital specialists.

Keywords

Malta, communication, referral and consultation, secondary care

Introduction

Effective communication between primary and secondary care is an integral aspect of the national healthcare system ensuring cost-effective, timely, smooth transition and specialised care for the patient.¹ Elective referral of patients in Malta requires completion of referral tickets by general practitioners / family doctors and the Accident & Emergency Department, and inter-speciality referral.

This referral form is a generic two page form applicable to all specialties available at Mater Dei Hospital, Malta which has been revised a few years ago. In 2009, Chetcuti *et al*² described the poor quality of referral to the Vascular Surgery team with use of the older version of the form.² Despite revision of the this form the quality of referral is still being questioned, an issue which has been present internationally over time and across medical specialties.^{1,3-7}

The aim of this study is to assess the quality of referral tickets at the Surgical Outpatients, Mater Dei Hospital, Malta and to develop recommendations to the current setup.

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Methodology

Consecutive referral tickets received by the Surgical Outpatients, Mater Dei Hospital, Malta between 7th February 2015 and 4th March 2015 were prospectively included in the study. All referral tickets marked for review by a general surgeon and submitted on the standard form were included. Patients referred to any subspecialty within general surgery were excluded from analysis. The referral tickets were analysed for completeness of the report and the data available was input into a *proforma*. Since no standards for the said *proforma* are available in the medical literature and this study evaluates the local scenario, this form was reviewed by the investigators following the first ten entries and revised accordingly.

The data collected included date, patient demographics (name, surname, national identification number, address, contact number, age, gender, next of kin name / surname / contact details), appropriateness of referral according to clinical details provided in the report, clinical details (history of presenting complaint, past medical history, drug history and allergies,

examination findings, investigations if applicable), source of the referral (general practitioner, Accident & Emergency, other specialties), details of referring doctor (name / surname, signature / stamp, medical registration number) and legibility. The latter was defined as completely legible (all words read by 2 assessors), partly legible (at least 1 word not read by 2 assessors) and completely illegible (no words read by 2 assessors).

The data was analysed using Microsoft Excel.

Results

A total of 351 referral tickets received by the Surgical Outpatients, Mater Dei Hospital, Malta between the 7th February and 4th March 2015 were included in the study.

The data was available in 97.15% (341/351) while the names and surnames were present in all the reports. The identification number was present in 99.42% (349/351) of cases while the address, contact details, age and gender were available in 94.87%, 86.32%, 82.62% and 89.45% respectively (Table 1).

Table 1: Patient demographics number and percentage of completed fields from a total of 351 forms

	Number of fields completed	%
Name	351	100%
Surname	351	100%
Identification number	349	99.42%
Address	333	94.87%
Contact number	303	86.32%
Age	290	82.62%
Gender	314	89.45%
DoB	81	23.08%

The patients' next of kin name and/or surname was complete in 17.66% of the referral tickets and the contact details in 13.67%. The referral was inappropriate in 44.16% (155/351), with the majority 38.75% (136/351) which would be more appropriately referred to the surgical subspecialties. 5.41% (19/351) of all referrals were wrongly referred to the surgical clinic.

A significant proportion of the referral tickets had a history of presenting complaint (98.29%) while the past history, drug history / allergies and

examination findings were available in 69.23%, 67.81% and 76.64% respectively. Only 74.93% of patients were investigated prior to referral. If investigation was not needed according to the referee's diagnosis the referral ticket was analysed with the "*investigated*" category.

Most of the patients were referred to the Surgical Outpatients by the general practitioner (33.05%), followed by A&E (8.83%) and other specialties (1.99%), however the source of referral was not clear in 56.13% of referral tickets.

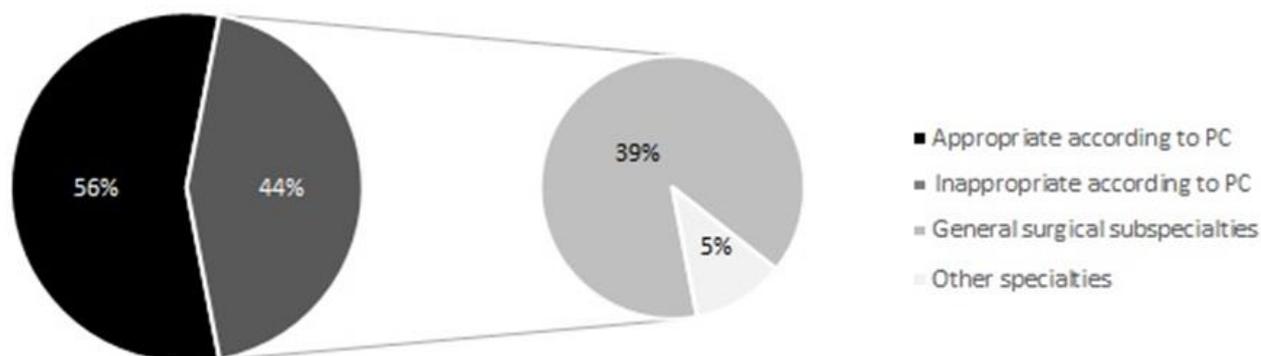
The details of the referring doctor were available in most of the completed forms with the name / surname, signature / stamp and registration number available in 94.59%, 97.15% and 96.30%.

Only 69.23% of all referral tickets were

completely legible while 30.77% were partly legible and none of the forms were completely illegible.

Nearly all tickets were hand written with only 1.42% (5/351) of referrals in the printed form.

Figure 1: Appropriateness of referral



Discussion

Referral letters are an essential tool to the management of patients by hospital specialists. The above data reveals the inadequacy of the information provided to secondary healthcare which potentially impacts on the patients' quality of care and safety.

Basic patient details were missing in a significant proportion of patients with some referrals lacking the important unique identification number and also contact details. Despite the appointment details being sent by post, the address was not available in 5% of the completed forms. Clinical details were also poor with a third of referrals not having a past medical or drug history, and examination findings not written for one fourth of patients. Furthermore, the forms were completely legible in only two thirds of cases limiting further the amount of information reaching the hospital specialists.

This study did not attempt to verify the information available to the hospital physicians so it is safe to assume that there is an underestimation of the inaccuracy in the scrutinised referral tickets.

Despite revision of the referral form template the quality is regrettably substandard and, although unable to compare directly with a similar study by Chetcuti *et al*,² does not show significant improvement from data obtained in the current study.

The results presented highlight the need for a major overhaul in the referral system, thus enhancing communication between primary and secondary care. With increased familiarity and access to technology a possible solution lies in the use of electronic referrals, which ensures completion through use of compulsory fields, legibility, instant receipt and acknowledgement apart from being environmentally friendly. Implementation of this form of referral requires the appropriate infrastructure, especially with respect to data protection and patient confidentiality. More importantly a culture change is needed to adopt this method of referring patients, unless this is the sole method of referral following phasing out of the conventional forms.⁸

Communication is bidirectional therefore introduction of feedback letters by the hospital specialists to the primary care physicians should be introduced and taken up as standard practice. This will undoubtedly boost the quality of care, ensure appropriate patient follow up in the community and indirectly improve the quality of referrals to hospital specialists.^{2,9}

In conclusion, referral tickets are an important means of communication between primary and secondary care. The current study shows substandard referral forms and highlights the need for changes in the current system. Possible improvements are the introduction of electronic referrals and provision of feedback letters by the specialists within secondary care.

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