DOLING OUT TOO LITTLE FOR PRIORITY SAKE: AN AUDIT OF REFERRAL LETTERS TO A TERTIARY PSYCHIATRIC UNIT IN NIGERIA

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ABSTRACT
Background: *A referral process seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or to take over the management of the client's case. The referrals received at the psychiatric unit of our tertiary health care facility from across the clinical specialties vary in both quality and content.*
Objective*: This study aimed to assess quality of the content and highlight the important elements of 261 referral letters received at the Department of Psychiatry of the Ekiti State University Teaching Hospital (EKSUTH), southwest Nigeria.*
Method*: A checklist adapted from the University of Manitoba was used carefully to evaluate the quality of each of the referral letters received within a period of 18 months.*
Results*: More than half, 147 (56.3%), of the letters were received from the adult emergency unit. About a third (31.0%) of the letters had incomplete biodata of the patients; and one out four of the letters did not indicate the reason for the referral. Majority of the referral letters did not give relevant information about patients regarding psychosocial history, clinical findings. About 60% of letters that referred known psychiatric patients gave information on neither previous episodes of psychiatric illness, nor relevant clinical findings. More than a quarter (27.2%) of the referral letters under analysis did not express statement of what was expected, by the referring clinicians, for the patients.*
Conclusion*: Earnest efforts should be made to include the art of medical communication in both undergraduate and postgraduate medical education curriculum.*
Key Words: *Audit, Nigeria, psychiatry, referrals.*

INTRODUCTION

It is a normal practice, within a health care system where specialist health care is available, for referrals to be exchanged; written clinical information is used to triage patients.[1] Such practice engenders near ideal accessibility to specialized health care. A referral is a process by which a health worker at one level of the health system seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or to take over the management of the client's case.[2] Neuropsychiatric disorders had been projected to constitute about 14% burden of disease, globally.[3] Provision of psychiatric healthcare, through limited specialized mental health care, to patients suffering from mental disorders is important to patients,

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their relatives and the society at large.[4] More so, in a developing country like Nigeria, prioritization is a necessity that could be enabled by quality referral letters for optimized clinical care without delays.[5]

The referrals received at the psychiatric unit of our tertiary health care facility from across the clinical specialties vary in both quality and content. Studies worldwide have reported paucity of relevant information in referral letters and therefore dissatisfaction among specialists.[4] Hence, there is the need for quality improvement in the content of referral letters to provide adequate information for optimization of patient's care.

The art of writing good referral to other doctors is a skill to be learned by every practicing doctor for effective health care delivery. Information in referrals must be relevant and accurate.[6] Referral letters containing all necessary information in a context of shared understanding would enhance communication needed for patient's care.[7] Poor communication can cause delay in response which can have adverse effects on patients' care. The role of referral letter in medical communication has received little attention. This study aimed to assess quality of the content and highlight the important elements of referral letters received at the Department of Psychiatry of the Ekiti State University Teaching Hospital (EKSUTH), southwest Nigeria.

METHODS

Setting and Design

This is a review of consultations/referral at the department of Psychiatry, EKSUTH, Ado-Ekiti. The Ekiti State University Teaching Hospital was established 12 years ago with the aim of providing specialized care to the people of the state and its environs, in addition to provision of training for Medical students of the State University. There are ten other specialized departments in addition to the department of Psychiatry.

Data Collection

The materials for this study were 272 referral letters received at our department over a period of 18 months (July, 2018-December, 2019). Eleven of the letters were excluded from analysis due to gross ineligibility that made the letters unreadable. A total of 261 referral letters were assessed using a checklist to explore the quality of communication.

In the assessment of the letters, a checklist (Table 1) adapted from the University of Manitoba was used carefully to evaluate the quality of each referral letter.[8] The tool had been used by the Family Medicine department, University of Manitoba, for skill improvement purpose. The checklist items are as shown in Table 1. In addition to the adopted checklist, some other variables such as handwriting eligibility, approximate word count for the body of the letters.

Data Analysis

Results and interpretations were obtained manually and with the aid of SPSS. Descriptive statistics using frequency tables was performed. For the purpose of qualitative analysis, significant statements and writing styles were noted for contextual

report of the letters.

Table 1: Checklist items for quality assessment of referral letters

A. Content	Yes	No
Initial statement identifying the reason for the referral		
Patient demographics		
Description of chief complaint		
Provisional diagnosis or clinical impression		
Statement of what is expected from the referral		
Description of associated symptoms		
Description of relevant collateral history		
Past medical history		
Relevant clinical findings		
Current medication list		
Relevant psychosocial history		
Outline of management to date		
Results of investigations to date		
Allergies		
B. Style		
One topic per paragraph		
Paragraph with fewer than 5 sentences		
One idea per sentence		
C. Overall appreciation		
Letter unhelpful to consultant *Informative helpful letter*		
1 2 3 4 5		

RESULTS

A total of 261 letters analyzed revealed they emanated from nine service units of the hospital and more than half, 147 (56.3%), of the letters were received from the adult emergency unit. The least number of 7 (0.03%) referral letters were received from the medical out-patient clinic. Table 2 shows the various units in the hospital from which referral letters were sourced.

Table 2: Sources of referral letters

Service unit	Frequency N=261	Percent (%)
Accident & emergency	147	56.3
General out-patient	23	8.8
Medical out-patient	2	0.8
Medical ward	43	16.5
NHIS clinic	5	1.9
Obstetrics & Gynaecology	13	5.0
Paediatrics	7	2.7
Surgical out-patient	3	1.1
Surgical ward	18	6.9

Sixty-two (23.8%) of the referral letters received were concerning patients who had been known to have suffered from mental illness, prior to presentation that prompted the referral. Forty-two (16.1%) of the letters indicated a provisional diagnosis of Deliberate self-harm, among which also included thirteen with pre-existing mental illness. Asides of the eleven grossly illegible referral letters that could not be included in analysis, thirty-two (12.3%) of the 261 eventually analyzed had some degree of illegible handwriting.

About a third (31.0%) of the letters had incomplete biodata of the patients; and one out four of the letters did not indicate the reason for the referral. Majority of the referral letters did not give relevant information about patients regarding psychosocial history, clinical findings, history of allergies and current medications; information on results of investigations and management update of patients were not communicated in a significant proportion of the referrals. More than a third (37.2%) of the referrals did not indicate provisional diagnosis.

Table 3: Frequencies of assessed contents of the referral letters.

Content	YES	%
Initial statement identifying the reason for the referral	201	77.0
Patient demographics	80	30.7
Description of chief complaint	175	67.0
Provisional diagnosis or clinical impression	164	62.8
Statement of what is expected from the referral	190	72.8
Description of associated symptoms	134	51.3
Description of relevant collateral history	149	57.1
Past medical history	41	15.7
Past surgical history	17	6.5
Relevant clinical findings	62	23.8
Current medication list	17	6.5
Relevant psychosocial history	41	15.7
Outline of management to date	35	13.4
Results of investigations to date	7	2.7
Allergies	5	1.9
Statement of expectation	190	72.8
One topic per paragraph	128	49.0
Paragraph with fewer than 5 sentences	126	48.3
Helpful	178	68.2
Past psychiatric history	62	23.8
Diagnosis of deliberate self-harm	42	16.1

The mean of the approximate words count for the 261 letters was 41.0 ±19.0. The shortest letter had 6 words count and the longest had it written in 120 words. On overall assessment, 178 (68.2%) of the letters were adjudged helpful to the receiving department. The referral letters considered ''helpful'' had statistically significant approximate word count mean that was higher than mean for the ''unhelpful'' letters (p= 0.00).

Cross tabulations done for assessment of some relevant aspects of the letters revealed that about 60% of letters that referred known psychiatric patients gave information on neither previous episodes of psychiatric illness, nor relevant clinical findings. Thirty-three (78.6%) out of 42 letters that entertained a provisional diagnosis of deliberate self-harm gave no information on relevant psychosocial history of patients.

More than a quarter (27.2%) of the referral letters under analysis did not express statement of what was expected, by the referring clinicians, for the patients. Table 3 shows the frequencies of assessed contents of the referral letters.

DISCUSSION

In as much as referral to other specialists remains an essential part of health care, written communication will enhance quality care.[9] Thus, content of such communication must include important information. This study, similar to some earlier studies, showed that majority of referral letters received at the psychiatry unit of our health facility left much to be desired in both quality and content. The finding of about one-third (31.0%) of referral letters having incomplete demographics of patients was quite lower when compared with another Nigerian study which reported about two-third of referral letters had information on patient demographics.[10]

Majority (77%) of the letters did not fail to indicate initial statement identifying the reason for referral. This in contrast to another study that reported a lower rate of 38%, and a Sri Lanka study reported 90.2% as the rate of presence of information about reason for referral.[11,12] There is no doubt that

reason for referral is often the most important identifiable in such communication.[*]

Mental health care practitioner satisfaction rates can be linked to ineffective referrals.[5] It is evident from this study that information of great values to psychiatric practice such as relevant clinical findings and psychosocial history were inadequate in most of the letters. For instance, only 23.8% and 15.7% of the referral letters indicated relevant clinical findings and relevant psychosocial history, respectively. This is similar to another study that reported 19.7% for clinical findings and 12.0% for psychosocial history.[13] When referral letters are devoid of information of such great values, communication may become unhelpful to the receiving doctor. Such inevitable helplessness could be as a result of either lack of time, or paucity of knowledge of the essentials required, on the part of the referring doctor.

This study endeavoured to, empirically, gauge the word count of the referral letters under review relative to helpfulness, or otherwise, of the content. An example was the shortest referral letter of 6-word count encountered among letters under review written thus: *Above named patient for expert management*. Obviously, this would be grossly inadequate for any meaningful quality care of patient and such a sub-optimal referral letter can be a source of poor continuity of care.[14] The letter was adjudged "not helpful". In fact, this study made an incidental observation of statistically significant difference between the means of approximate word count for letters adjudged "helpful" and "not helpful". This implies the shorter a referral letter, the more it is likely to be devoid of important and relevant information that could make such communication helpful. About 40% of referrals from the emergency room were adjudged unhelpful. This was not unexpected as it is often presumed that doctors working in emergency room are usually quite busy.[15] Possibly, provision of a template that can be completed by the referring doctor can mitigate this deficiency.

Furthermore, this study identified referral letters that indicated history of psychiatric illness. There were 62 of such letters. More often than not, letters would communicate a cliche: .....*above named is a patient of your unit* (referring to psychiatric unit). Aside the dearth of information, as reflected by most of such letters, the letters in context would project prejudicial labelling.

Another trend of inadequate information was observed to extend to referral letters written of patients who had provisional diagnosis of Deliberate Self-harm (DSH). Thirty-three per cent of the letters that indicated DSH failed to give adequate information on items such as clinical findings and psychosocial history, or circumstances relevant to such important diagnosis in psychiatry. An example of such letters had its body of content written thus: *"The above-named known patient of your unit is hereby referred to you on account of ingestion of organophosphate substance."* Again, no doubt, this was a reality fell short of expectation! referral letter to specialised

mental health care should have a larger emphasis on the overall treatment plan.[4] A psychiatrist would desire and require a better biopsychosocial information, than the little doling, in order to help the patient. Referral letters should contain both administrative data and clinical details.[16]

Deciphering illegible handwritings has become a real issue in medical records and medical communication, albeit not unexpected. Sixty percent of the letters with relatively poor legibility emanated from the emergency unit. Indeed, the emergency room might be quite busy; trying to save time by writing quickly, and illegibly, is considered a false economy.[11]

In as much as this study tried to eschew bias, it could extend further audit to referrals to other specialties, including referrals from psychiatric unit to other units in the hospital. The fact that this study was carried out in only one tertiary center would not allow the findings to be generalized. A multicenter approach could have made it more robust. The study also presumed that most, if not all, of the referral analyzed in this study were written by junior cadres of medical doctors who often wrote on behalf of the managing consultants. Designations of writers of the referral letters were not documented in almost all of the letters.

CONCLUSION

In solving the recurring conundrum posed by inadequate information in referral letters, as observed in this study, it has thus become pertinent that there would be a need for an enhanced template format. This format could be adequately filled in laid out titles. Besides, earnest efforts should be made to include the art of medical communication, particularly writing of referral letters, in both undergraduate and postgraduate medical education curriculum. If these would serve as starting efforts, it would go a long way in correcting doling of too little information in medical communications. Completeness of referral letters is paramount for effective communication in clinical practice.

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