Contents and Quality of referral letters received at the Emergency Paediatric unit of a Tertiary hospital in Southeast Nigeria

Abstract

Background: The referral letter is a document that contains vital medical information about a patient and also a means of transferring information about the care of patients from one healthcare worker to another. In developing regions of the world like Africa, where it may serve as the major route for transferring patient's information, the referral letter has infrequently been studied.

Objective: The study is to assess the quality of referral letters to the Emergency Paediatric Unit(EPU) of a tertiary hospital in Southeast Nigeria.

Methods: Referral letters sent to the Emergency Paediatric Unit of the Federal University Teaching Hospital Owerri (FUTHO) between January and March 2023 were reviewed for the content of information using a structured pre-tested proforma.

Results: A total of 87 letters met the inclusion criteria. Seventy nine of the letters (95.2%) were from private health facilities. There were no expectation (0%) for feedback from any of the referring facilities. Only 4(4.8%) letters were adjudged good referral letters

Conclusion: Majority of the referral letters written to the Emergency PaediatricUnit did not contain sufficient information about the patient.

Keywords : Children , Emergency room**,** Referral letters, Paediatricians

1. INTRODUCTION

A referral letter in a hospital context is a formal document written by a healthcare provider to recommend or refer a patient to another healthcare professional or specialist for further evaluation, diagnosis, or treatment. It is a flexible means of transferring information about the care of patients from one healthcare worker to another and in a place like Nigeria and other resource challenged countries, it may serve as the only means of transferring patient's information[1].Referral letters play a crucial role in facilitating collaboration and communication among healthcare providers, ensuring that patients receive comprehensive and coordinated care. They help streamline the transfer of medical information, allowing specialists to

build on the work of primary care providers and provide more targeted and effective care to the patient. The key items that typically should be included in a referral letter are patient information,referring provider information, reason for referral,medical history, physical examination findings and previously or already conducted diagnostic tests. While communication can be by phone, however, in the referral process, letters are the standard and typically the sole-method of communicating information between general practitioners and hospital specialists [2]. The increasing specialized nature of Paediatric care has resulted in referrals from community, district or other peripheral healthcare facilities in the recent years [2].

A good referral letter affords the Paediatrician the opportunity to garner better insight into the management the child received at the referring facility and it is important for appropriate and effective continuum of care. Ideally in turn, all patients presenting to hospital with a referral letter should return to the referring health care worker with a hospital report.Thisflow of information back to the referring team is as important as the initial referral highlighting the bidirectional nature of referrals[3],[4]. As a result, the clinical teamgains the opportunity to understand the management plan of the referred patient as well as providing an opportunity for professional development and networking for the referring physician. In the absence of this bidirectional flow of information, the information gained during the referral consultation is lost [4].

Several authors [5-13] including Osinaike et al[1] in Lagos reported that referral letters received were poorly written and with significant information about patient care frequently missing. The information commonly documented as missing in the referral letters included identity of the writers, the patients' age and gender, the treatment given, the findings from the investigations performed, the medical history and what the writers expect from the referral. Other commonly missing information included examination findings, provisional diagnosis, history of presenting complaints, writers' addresses, reasons for the referral and patients' names [5-13].

With the dearth of studies assessing the contents and qualities of referral letters in Southeastern, Nigeria, this study was carried out to evaluate the quality of the contents of referral letters received at the Emergency Paediatric Unit of the Federal University Teaching Hospital Owerri, Nigeria.

2. MATERIALS AND METHODS

This descriptive cross-sectional study was carried out at the Emergency Paediatric unit EPU) of Federal University Teaching Hospital Owerri (FUTHO) Imo State. The EPU serves as a point of admission into the paediatric wards especially for emergencies.

A resident doctor inthe EPU collected the referral letters at the time of patient arrival to the EPU. The aim was to collect 100 consecutive referral letters addressed to the EPU from January 2023. Letters that were not addressed to the EPU and those that were addressed to facilities other than FUTHO were excluded.

The referral letters were examined by two of the investigators independently using a structured questionnaire which was pre-tested at the Children outpatient clinic of FUTHO.The scoring system used by Akodu et al[5]was used for scoring. Each item on the check list was assigned a score '0'or '1'if the information needed was either missing or documented respectively. The sum of these individual scores denoted the overall value of the letter. A maximum score of 12 is obtainable after review of the letters based on the 12 items on the questionnaire. A good referral letter was defined by a score of $\geq 75^{th}$ percentile of total marks of 12 components used to assess the quality of letters. A referral letter was adjudged poor if the score is $< 75^{th}$ percentile of the total marks for 12 components used to assess the quality of letter [5].

Data were entered and analysed using SPSS version 20.Frequencies and percentages were done for all variables. The results were presented as percentages, tables and charts. Approval for the study was obtained from the ethical committee of FUTHO.

3. RESULTS

3.1 General characteristicreferral letters

Atotal of 87 letters met the inclusion criteria during the study period. Majority of the letters 79(95.2%) were from private health facilities. Most of the letters were hand written 78(93.9%) while letter head paper was used in 66(79.5%) letters. The phone number of the referring doctor was not documented in majority of the letters 80(96.4%) Table 1

Table 1 General Characteristics of referral letters

Variables	Frequency/Percentage n(%)
Type of Referring Facility	
Public	4 (4.8)
Private	79 (95.2)
Designation of the Writer	
Physician	73 (87.9)

Other cadre	2 (2.5)
Unknown ID	8 (9.6)
Letter dated	
Yes	74 (89.2)
No	9 (10.8)
Doctor's Contact No	
Yes	3 (3.6)
No	80 (96.4)
Patient's name documented	
Yes	80 (96.4)
No	3 (3.6)
Mode of Letter	
Handwritten	78 (93.9)
Typed	5 (6.1)
Reason for Referral	
Medical	70 (84.3)
Surgical	13 (15.7)
Type of paper used	
Letter-headed	66 (79.5)
Plain	17 (20.5)
Gender of Referred patient documented	
Male	58 (69.8)
Female	24 (28.9)
Not documented	1 (1.3)
Age Distribution of referred patients	
0-1 month	28 (33.8)
2-12 months	21 (25.3)
13-60 months	19 (22.9)
>60 months- 10 years	10 (12)
Not documented	5 (6)
Referral time documented	
Yes	18 (21.7)
No	65 (78.3)
Time of the Day	
Morning	4 (22.2)
Afternoon	8 (44.5)
Evening/Night	6 (33.3)

3.2 Contents of the referral letter

Majority 82(98.8%) of the letters stated reasons for the referral and the urgency of the referral 63(75.9%). However, there was no expectation of any feedback response from the referring doctor (0%). Most of the letters documented brief history 82(98.8%) and medications child received prior to referral 56(67.5%) Table 2

TABLE 2: Summary of content of referral letter

Variables	Yes (n/%)	No (n/%)
Was the letter addressed to the Consultant Paediatrician?	31(37.3)	52(62.7)
Was the urgency of the case stated?	63(75.9)	20(24.1)
Was the contact of the referring personnel clearly written?	03(3.6)	80(96.4)
Was the patient's problem as a title before the main problem/was the diagnosis stated?	56(67.5)	27(32.5)
Was a brief history documented?	82(98.8)	01(1.2)
Was important past medical history documented?	26(31.3)	57(68.7)
Was current medication documented?	56(67.5)	27(32.5)
Were the physical examination findings(s) documented?	40(48.2)	43(51.8)
Were the investigation(s) done documented/attached?	32(38.6)	51(61.4)
Were the reason(s) for the referral documented?	82(98.8)	1(1.2)
Did the referring personnel document any expectations?	0(0)	83(100)
Were the treatment(s) given at the referring centre documented?	11(13.3)	72(86.7)

3.3 Scoring of the letter content

Only 4(4.8%) letters were adjudged good referral letters while the proportion for poor referral letter was 79 (95.2%). See Figure 1.

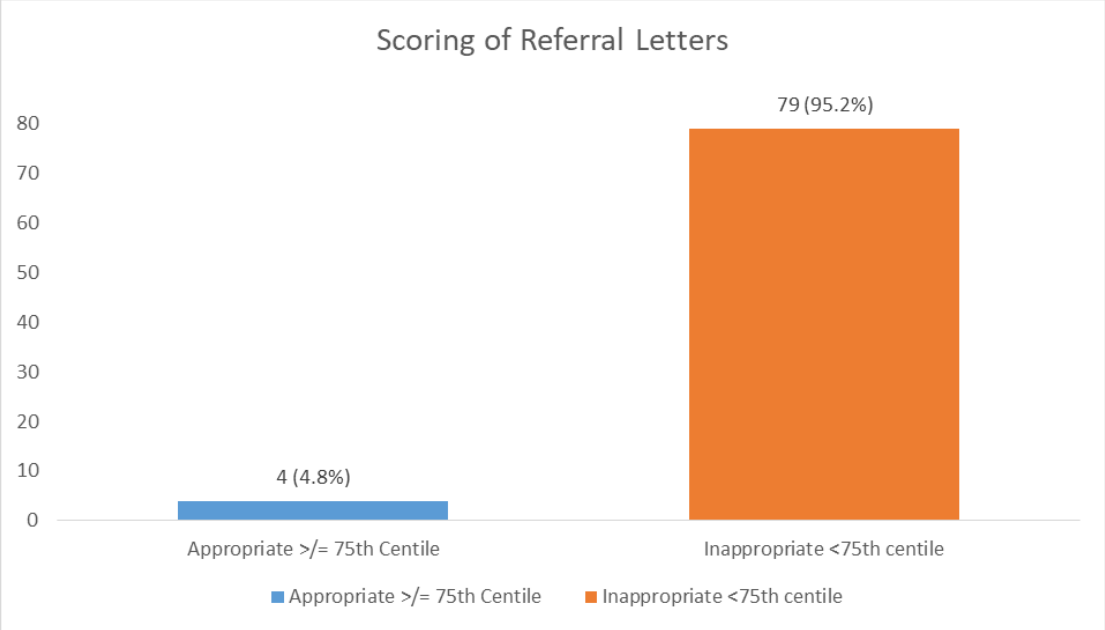

Figure 1: Scoring of referral letters

4. DISCUSSION

This study sought to assess the content and quality of referral letters received in our Emergency Paediatric Unit (EPU). Only 4.8% of the letters were adjudged as being good and appropriate. Most of the referral letters were grossly deficient in information pertaining to the patient, the reason for the referral and treatment earlier administered.

Similar finding of 2.1 % was documented by Akodu*et al*[5] but differed from 13 % documented by Haeusler et al in South Africa [4].The reason for this difference could be on account of the tool used for assessing quality of referral letters. The assessment tool used by Akodu et al and our study were similar but different from that of the South African study [4].To the best of the authors knowledge the act of referral writing is not taught in undergraduate medical schools and there is no nationally accepted structured format for writing a referral letter and this can largely affect the outcome when evaluating for quality of referral letters. Referral letters play a crucial role in facilitating collaboration and communication among healthcare providers, ensuring that patients

receive comprehensive and coordinated care. They help streamline the transfer of medical information, allowing specialists to build on the work of primary care providers and provide more targeted and effective care to the patient.

Majority of the children referred to the EPU of FUTHO were from private hospitals and clinics. This was not surprising because FUTHO is a tertiary health centre that provide largely specialist services to its environs, thereforeexpectedly majority of the referrals will come from private facilities. However, Akodu et al [4] and Osihoya et al[5] in Lagos documented more referrals from Government –owned health facilities compared to private- health facilities. This could be because Lagos being the country's commercial capital has many more functional government primary and secondary level health facilities than Owerri.

Physicians signed majority of the referral letters. This findings corroborates the earlier findings of Akodu et al [4]and Oshikoyaet at [5]which is not unexpected giving that most of the referring facilities are headed by physicians. The poor content and quality highlight the need for the incorporation of referral writing into the medical curricula of medical schools as well as the yearly update programme required by doctors practicing in Nigeria for renewal of their license. Also, some authors documented in Norway that while referral letters similarly had poor content and quality, dissemination of referral templates coupled with consistent monitoring and evaluation, produced higher quality referrals [14]. It was observed that 9.6% of the referral letters had their writers unidentified. This is similar to 6.7% documented by Orimadegun et al[6]but lower than 41.6% observed by Akoduet al [4]. The reason for thisdifference is not obvious. This shows that referral letters are still not being signed by the referring facilities.

It was observed that 67.5% referral letters contained the medication child had received prior to referral. This is similar to 59.9% documented by Akodu et al but higher than 19% documented by Osikoya et al [6]. A plausible reason for this difference could be that there is no universally accepted template for documenting referrals. However, it is noteworthy that most private hospitals/clinics rarely disclose medication information to their patients and the patients mosttimes do not inquire about their medications from healthcare providers [15], [16].

The time on a referral letter is a useful indicator of the time duration from the referring to the receiving hospital/ health facility. This willensure proper monitoring of the patient's clinical condition[3], [7]. The time of referral was not documented in 78.3% of the referral letters. Documentation of time of referral is essential because it can avert medico legal suits as well as give the recipient facility an idea of how time influences the prognosis of the condition and the promptness of intervention. Most of the referral letters did not contain the phone number of the referral physician and as such it will be difficult to communicate with to the clinician who referred the child should there be need for further information regarding the management of the patient. The presence of phone number contact will also help foster an atmosphere of collaborative care. It is possible that the

rising spate of insecurity in the country may deter some clinicians from documenting their phone numbers in public document.

An appropriate referral letter is a valuable communication tool that supports effective collaboration, timely access to specialized care, and improved patient outcomes. By facilitating the exchange of relevant information, referral letters contribute to a patient-centered, coordinated, and efficient healthcare system.

5. CONCLUSION

The referral letters written to the Emergency Paediatric Unit were poorly written and did not contain vital information about the referred patient and the referring health personnel.The quality of referral letters can be improved by the development of a structured referral letter format which should be introduced into the medical school curriculum and post graduate medical training since majority of referral letters are written by medical doctors.

LIMITATIONS

The study included only referral letters from the children emergency room in a tertiary hospital and thus the findings may be limited by external validity.

ETHICAL APPROVAL

Ethical approval for this study was obtained from the Ethical committee of the Federal University Teaching Hospital Owerri Nigeria.

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