

Structured Referral Form; Is it a solution for problems of referral communication in Sri Lanka

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Abstract

Introduction: Referral letters convey information required for continuity of care when patients are referred to a hospital or a specialist. In Sri Lanka conventional, hand written letters are used for patient referrals and there is no standard format or a widely accepted guideline for referral communications. A structured referral form was designed to as a guide for the information to be included, as a solution to the problems in producing a good referral letter (time constrains, competence in language) and to prevent key problems identified in letters (omission of vital information, poor legibility and unsatisfactory format). This study was conducted to explore the acceptability, advantages and limitations of the structured referral form for GPs.

Methodology: Referral form was designed based on the guidelines and literature reviews. 20 GPs were purposely selected to represent different backgrounds. Printed referral forms were provided to them and requested to use those for patient referrals for a period of 3 months. Telephone Interviews were conducted at the end of the study period to obtain their view on the format. Themes expressed by participants were identified.

Results: It has improved the comprehensiveness of letters and saved time. Overall quality of letters has improved and participants were of the view that it could be used in any instance, competence in language was immaterial and retrieval of information would be easier. Inadequate space under a few subheadings was a limitation. There was no increase in reply letters after introducing this letter. They were willing to use that format in the future as well.

Conclusions: This is a useful and acceptable tool to improve information transfer and it will also be a guide for doctors. It could be a solution to the problems of communication in patient referral in Sri Lanka.

Key words: Referral letters, Structured referral form, general practice

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In the management of patients at primary care, often, a patient's condition necessitates referral to a better resourced institution for further management. In such instances communication with the receiving institution becomes imperative. Often there is no direct contact between primary care doctors and specialists (Francois, 2011). Even though methods of communication have changed dramatically in the past few decades with the advent of mobile phones, internet, email etc written communication in the form of referral and reply letters are the most common and most of the time sole means of communication between doctors (Grasen et al, 2007; Tattersall et al, 2002; Tejal et al, 2000). In the Western world, the use of referral letters by general practitioners (GPs) dates back to the late 19th Century (Loudon, 2008).

One needs letter writing skills, good command in language, legible hand writing, adequate time and patience to produce a referral letter which serves an important aspect of informational continuity which is timely transfer, and sharing of essential patient information among care providers (Whitney, 2009).

Poor communication between primary care doctors and specialists/hospital doctors can have a negative effect on patient care such as repetition of investigations, delayed diagnoses and polypharmacy (Tejal et al 2000, Tattersall et al 2002). It could also lead to patient dissatisfaction, increased litigation risk and increased health care costs (Francois, 2011; Tejal et al, 2000). Specialists frequently complain about the poor quality of referral letters they receive from the GPs (Francois, 2011; Sia peng et al, 2005). They have complained that letters were too brief and key information were often missing (Graham et al, 1994; Newton

et al 1992). Studies have found time constraints (Karunaratna, 1999; Tejal et al 2000,) and lack of secretarial support (Langalibalele 2011) as reasons for substandard referral letters. GPs are also concerned that specialists do not give a feedback on patients referred to them (Siddiqi et al 2001; Smith 2009 et al). It has been shown that there is a correlation between quality of referrals and reply letters from hospitals (Couper et al 1996; Richard et al 2005). It has been proposed that use of structured or standardized referral forms should be encouraged in order to improve the content of referral communications (Cornwall, 1994; Jenkins 1993; Jones et al 1990). A study conducted in, South Africa, which investigated the effect of a pro forma letter in enhancing the quality of referral letters revealed that the quality of referral letters improved after the introduction of the pro form letter (Couper et al, 1996). Stuart Jenkins et al recommended that form letters be used for referrals as they contain more information than conventional letters of equivalent length (Jenkins et al, 1997). Epstein recommended the use of a friendlier letter format to enhance communication (Epstein et al, 1995). A structured referral form with headings would remind the writer to include essential information and prevent omission of vital information. Such a format facilitates easy retrieval of information as well.

Sri Lankan health system is such that referral from primary care doctor is not essential to consult a specialist or to get admitted to secondary or tertiary care hospital. Patients are free to consult a specialist of their choice even for a minor ailment in the private sector (Ramanayake et al 2013a). In Sri Lanka GPs are frequently single handed with little or no secretarial support. Most of the GPs do not have a formal training or qualification in general practice (Ramanayake et al 2013b). Although the language of learning is English in Sri Lankan medical faculties and documents in health care institutions are also maintained in English, mother tongue of the vast majority of doctors and patients is not English and its with native language that they communicate often. Therefore acquiring competence in English language is also vital for doctors to produce a proper referral letter within a few minutes amidst a busy practice.

Referral letters are usually hand written and frequent complaints are that these letters are scrappy, do not contain adequate information and retrieval of information is a problem due to poor legibility and clarity (Ramanayake et al 2013c). A study conducted to evaluate the quality of referral letters written by primary care doctors to secondary and tertiary care hospitals in the country also revealed lack of essential items of information and poor legibility (Ramanayake et al 2013d). Another scenario is that primary care doctors refer patients to hospitals and specialists with only verbal instructions perhaps due to time constraints and heavy work load (Karunaratna 1999; Ramanayake et al 2013d). There is no accepted guideline or a standard format for referral letters²⁵. Use of computers for record keeping or to generate prescriptions and letters is not common and popular among primary care doctors in Sri Lanka yet. Use of standardized or structured referral forms is also not common among GPs (Ramanayake et al 2013d).

Under this backdrop authors felt that introducing a structured referral form would improve the quality of referral letters since it serves 3 purposes. Firstly, it will be a guide as to what information should be included in a referral letter and secondly it will be a solution to the problems faced by doctors in producing a good referral letter (time constraints, competence in language) and thirdly it will prevent key problems identified in conventional hand written referral letters (omission of vital information, poor legibility and unsatisfactory format).

To achieve these objectives a structured referral form was designed and to explore its acceptability to general practitioners and assess the advantages and limitations it was introduced to general practices.

Methodology

This was an interventional study. A structured referral form (Figure 1) was designed based on the guidelines and systematic review of literature. (Chantal et al 2006; Francois 2011; Campbell 2004.) Opinion was

sought from general practitioners and specialists regarding the content and the format of the letter. Only the minimal essential items were included taking into consideration the heavy work load and time constrains of primary care doctors in Sri Lanka. Dimensions of the letter 210mm x 148mm(A5 paper).

20 general practitioners who agreed to use the structured referral form for patient referrals were selected from different backgrounds for the study using the purposive sampling approach to obtain maximum range of views. They included full time, part time, male, female, urban and semi urban practitioners and doctors with and without post graduate qualifications in family medicine.

Printed referral forms sufficient for a period of 3 months were provided to each practice. Letter heads of these forms were designed according to the needs of each practitioner. At the end of 3 months an in depth interview was conducted over the telephone to obtain their views. Interviews were conducted by a pre intern doctor who had no prior contact with the participants to facilitate frankness of the views. Open ended exploratory questions were posed to interviewees to obtain their views. Interviews were recorded and transcribed verbatim. Interviews were studied to get underlying meaning and then coded. Codes were then reduced to themes by grouping codes that relate to each other. To ensure reliability analysis was done independently by two coders. They reached consensus on identified themes.

Ethical approval for the study was obtained from the ethical review committee of the faculty of medicine, University of Kelaniya, Sri Lanka and the study was conducted in 2012.

Figure 1: Structured Referral Form

<i>Name</i>	
<i>Address & Tel number of the practice</i>	
Referral Letter	
.....	Date:.....
.....	
Dear Dr/Sir/Madam,	
Name:.....	Age:.....
Symptoms & signs:	
.....	
.....	
Ix results:.....	
Treatment given:.....	
.....	
Probable diagnosis:.....	
Comobidities/PMH:.....	
Rx for comobidities:	
.....	
.....	
Allergies:.....	
Family & Social Hx:.....	
Reason for referral:.....	
.....	
Dr.	

Results

Out of the 20 general practitioners to whom this referral form was provided, 18 practitioners were interviewed at the end of the study period. Other two were not reachable over the phone after repeated attempts and therefore could not be interviewed. Themes expressed by the participants are presented here. All the GPs have regularly used the format provided to them to refer patients.

Usefulness of the format

One constant theme emerged regarding usefulness was the completeness of letters. Participants emphasized that it facilitated a comprehensive letter and headings prevented omission of vital information. Everybody agreed that it saved their time. Another opinion was that good command in language, letter writing skills and ability to spell words correctly were not essential in using this format. Another advantage described by them was that it would help the recipient to retrieve information at a glance. Another recurrent theme was that the format improved the overall quality of the letters. They were of the view that this format did not restrict them in giving relevant information and they could use it to refer patients irrespective the complaint or the condition of the patient.

“First thing is that it is good format, good quality of referral, Second one is that it is time saving. So I could do it very quickly. Thirdly the completeness, because all the details are there I didn't miss any thing.

“This format reminds me to include information I may miss if I write a letter.”

“It is very useful to manage the limited time and we can write in short form saying what they need”

“Every thing is printed there. So there is not an issue of hand writing or spelling mistakes.”

“it can be used irrespective of the patient's complaint.”

“they (recipients) don't want to read everything, at a glance they can have the information needed. So it is easy for them.”

“It is nice for the patient to carry this kind of well organized referral letter”

“Quality was definitely improved, because you have given all the details and the true picture of the patient.”

“Of course, it carries more information than a conventional letter.”

“this type of a letter is respectable.”

Limitations

It was not without drawbacks and limitations. Some of the doctors expressed the view that in emergency situations its time consuming since there was too many information to be included. A few others thought space given under certain items was not sufficient.

“There were about 3 accidents, where I wanted to immediately send them to the hospital.

In those cases I thought it was time consuming.”

“Space provided for the investigations and seal is not adequate.”

One doctor mentioned that to make the letter more polite he included the words “thanking you”

Reply rate

Almost all the GPs were unanimous in their opinion that there was no impact on the reply rate with the introduction of this letter.

“because of this I don't think feed back will improve, they are not used to replying, that is our culture. That is not link to referral letter.

“No, very rarely they write reply letters, there is no much improvement with this letter.”

They would use this format in the future

Another recurrent theme was that they would like to use this for patient referral in the future as well. A few participants wanted to change the format a little.

“Yes, because it is easy for me and very systematic, so I like to use it.”

“Of course yes. There is more recognition to this referral letter as there is a format and as this is well planned”

“Exactly, with some modifications I will use it. Because it saves my time a lot. Thank you for giving me that format; it was an eye opener to me.”

They were of the view that majority of the doctors in the country will accept this format and it will benefit them.

“I think majority will benefit with this referral letter.”

Discussion

Good communication between primary and secondary care is essential for the smooth running of any health care system. It allows patient to receive optimal care at the correct time without undue delays.

This structured referral form was designed with the objective of addressing the deficiencies of referral letters written by general practitioners in Sri Lanka with the view to improve the information content, format, clarity and paper quality of referral letters. This format was designed to refer any patient. Since GPs do not use computers to generate letters, using different formats to refer different age groups or different problems is not practical, cost effective or user friendly in Sri Lanka.

In a qualitative study, role of interviewer could have an impact on the views expressed by the interviewees. To minimize such an impact and encourage frank views an independent interviewer was selected. Use of open ended exploratory questions allowed free expression of ideas.

All the GPs who were interviewed had used this referral form regularly when they referred patients and therefore their views can be considered as their true experience. Since these doctors represent a broad spectrum of GPs in the country their expressions could be generalized to the GP population in the country.

Participants did not identify omission of any essential item of information in the letter and this showed that the selection of minimum essential items of information was satisfactory.

Advantages identified by the participants of this referral form, over a conventional letter were similar to the benefits of structured referral forms revealed by researches conducted worldwide (Cornwall 1994; Couper et al 1996; Rawal et al 1993). Rawal & colleagues described four advantages of a structured letter over a conventional letter (Rawal et al 1993); Completeness, easy retrieval of information, brevity and easy transfer of information from the letter to computerized records. Similar to the theme emerged in this study, Stuart and colleagues also found that form letters provided more information than non form letters with no increase in length²¹. Its usefulness in writing a letter in foreign language is a unique finding in this study. This could be due to the fact that most of the research on referral communication were conducted in western countries where the language of correspondence and the mother tongue are the same. In addition to the advantages identified by the participants and the review of literature investigators believe that this referral form facilitates research and audit as retrieval of data will be much easier from a structured format than a conventional letter.

There were a few drawbacks. One of the main problems was since there were too many information to be included, in emergencies it was not practical to use this format. But our opinion is that even in such instances this format can be used leaving out non essential details and its time saving. The intention was to introduce one format which facilitates referral of any of patient irrespective of the complaint or the severity of the condition. Doctors could leave out or just draw a line where information is not relevant or not

available to them. Another shortcoming was the insufficient space provided under certain sub headings. If more space was provided under each heading a bigger size paper would be needed and that will increase the cost. The intention was to minimize the cost involved as this factor makes this letter more acceptable to doctors.

GPs were of the view that this referral letter did not result in increased number of reply letters. This finding confirms the conclusion arrived by Couper and Henbest who found that although pro forma letters improved the quality of referrals there was no improvement in the rate and the quality of replies (Couper et al, 1996).

Their willingness to use this format for patient referrals even after the study period and their prediction that the majority of the primary care doctors in Sri Lanka would like to use this format and will benefit from indicate the acceptability and usefulness of it to GPs.

Increasing specialization has been a key feature in the medical profession in the last few decades. It has led to the fragmentation of care and providing continuity of care and coordination of care have become more and more challenging to the family physician (Whitney et al, 2008). The structured referral form will be of immense benefit to GPs in maintaining informational continuity. Structured referral form has been shown to improve quality of referral communications worldwide and this study shows its distinct advantages and acceptability of it to Sri Lankan primary care doctors. This could be a solution to the problems of referral communication in Sri Lanka.

Box 1: Advantages of the structured referral form

- Headings remind the information to be included and thus improve the completeness of information.
- Saves time of the general practitioners
 - It is not necessary to plan or think about the format of the letter. It is just filling up details pertaining to the patient.
- Letter writing skills and competence in language are immaterial.
- Legibility is not a major problem as in an unstructured conventional letter
- Clarity is better with the structured format.
- Can be used for any patient irrespective of the system involved (cardiovascular/ dermatology/psychiatry) , type of referral (routine/ urgent / emergency) and intention of the referral (opinion/ advice/investigations/ treatment or admission)
- Minimal cost
- saves time of the recipient
 - Headings and structured format facilitate information retrieval.
- Facilitates research and audit

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