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Interspecialty referrals: evaluation of quality and pattern of referral letters to an Oral and Maxillofacial Surgery clinic

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Summary

Referral letters are the most desirable means of communication between medical practitioners in patients' management, however many studies have indicated that this form of communication is often lacking in essential information necessary for prompt treatment. This study sets out primarily to evaluate the quality and secondarily pattern of referrals from other specialties within the University College Hospital, Ibadan, Nigeria, to the department of Oral and Maxillofacial surgery of the same institution. The information sought for in each letter were patient's name, age, sex; is the letter dated or not, referring department, history of complaint, management already instituted, reason for the referral, name and the signature of the referring doctor. Each of these ten items was scored 1 when present and 0 when absent. Thus, a maximum score of 10 was recorded when all items were present. Referrals were graded into grade A – D, *A* being referrals with the maximum score of 10, *B*: scores of 7-9, *C*: scores of 4-6, *D*: scores of 0-3. . There were only 9 grade A letters accounting for 3% of the total. Majority of the letters, 201 (77%) were of grade *B* while the remaining 52 (20%) were of grade *C*. The accident and emergency unit provided most of the letters i.e. 176 accounting for 67.7%. Plastic surgery and Accident/ Emergency units individually produced 3 out of the 9 grade *A* letters, however, no statistically significant association was found between specialty units and grades of letters.

Keywords: *Interspecialty, referrals, oral maxillofacial surgery*

Résumé

Les lettres de reference sont les moyens plus désirabe de communications entre les practiciens médicales du ménagement des patients. Cependant plusieurs études ont indiquées que cette forme de communication manque d information nécessaire pour un traitement précis. Cette étude avait pour but primaire d évaluer la qualité et la fréquence des letttres de réference des autres spvcialistes dans le Centre Universitaire Hospitalier d Ibadan, Nigéria au départment de chirugie orale et maxillofaciale. Des informations du patient et les raisons de reference étaient évaluées. Dix paramétres present avaient pour score 1 et 0 si absent, ayant pour maximium de points10. Les réferences étaient classifiées de grade A-D. A ayant les points maximium 10. B entre 7-9. C entre 4-6 et D entre 0-3. Il y avait seulement 9 cas de A équivalent à 3% du total. La majorité des lettres 201(77%) étaient classifiées comme B alorsque le reste 52(20%) était de grade C. L unité des accidents et d urgence avaient plus de lettres de réferences eg :176(67.7%). La chirugie plastique les unités d accidents et urgence uniquement producaient 3 sur 9 cas de lettres de réference de grade A. Cependant il n y avait pas de difference statistiquement significative entre les unités et les grade des lettres de réference.

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Introduction

Among medical professionals, the exchange of information regarding patient's management can be done in different ways such as by telephone, informal conversations or referral letters. While the first two modes of communication are agreeably more frequently used within multi-specialty hospital settings such as a teaching hospital, referral letters are still the most common and most important means of communication [1]. The more frequent use of telephone and informal conversations may have been facilitated by proximity and intercom facilities often available in such settings. The superiority of referral letters can be attributed to the effective documentation and wider range of information often provided by this means.

Although, referral letters are generally upheld as the most desirable means of communication, many studies have indicated that this form of communication is often inadequate, sometimes lacking in essential information which permits the ideal treatment of the patients [2,3]. Studies of referral letters have consistently reported that specialists are dissatisfied with the quality and content of letters received from general practitioners [4]. Similarly, a survey of opinions among general practitioners indicted specialists on the provision of inadequate feedback in their replies to referrals [4,5]. While this buck passing continues, no study was found where the quality of letters for referrals between specialists was assessed.

The use of standard referral forms has been advocated and supported by many studies [1,4,6], however, a study reported that these did not provide any advantage over free-hand letters from the authors' experience [7]. The main reason adduced against standard referral forms is that some of them are poorly designed. It was also argued

that the adoption of standard referral forms will not permit the development of the art of medical writing which is a desirable quality of a good medical practitioner [6,7]. A more general consensus is that a referral letter should contain certain essential information on the patient's biodata, clinical details and identification and contact of the referring doctor whether it is as a standardized form or written free-hand [1,7,8,9].

In this study, we intend to evaluate the quality and pattern of the referral letters sent to the oral and maxillofacial surgery clinic from other specialties in the University College Hospital, Ibadan.

Material and methods

A total of 262 referral letters received by the Oral and Maxillofacial Surgery clinic of the University College Hospital, Ibadan from various specialty units of the hospital were analyzed. The information sought for in each letter were patient's name, age, sex, the date on the letter, referring unit, history of complaint, management already instituted, reason for the referral, name and the signature of the referring doctor. Each of these ten items were scored 1 when present and 0 when absent. Thus, a maximum score of 10 was recorded when all items were present. Referrals were graded into grade A-D, *A* being referrals with the maximum score of 10, *B*: scores of 7-9, *C*: scores of 4-6, *D*: scores of 0-3.

The data were analyzed using SPSS 11.0 version. Descriptive analyses of frequencies were performed and the association between specialty units and grades of letters was assessed using Chi-square test.

Results

There were only 9 grade *A* letters accounting for 3% of the total. Majority of the letters, 201 (77%) were of grade *B* while the remaining 52 (20%) letters were of grade C quality. None of the letters was of grade *D* (Fig 1). Plastic surgery and Accident/Emergency units individually produced 3 out of the 9 grade *A* letters, the remaining 3 were produced by three units namely; Paediatrics, anaesthesia and General surgery. However, no statistically significant association (P=.074) was found between specialty units and grades of letters (Table 1).

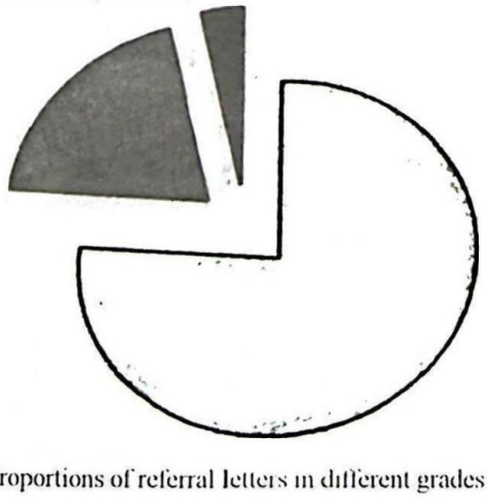

Fig. 1: Proportions of referral letters in different grades

Table 1: Frequency of referring units and the quality (grades) of referral letters

Referring Units	A	B	C	Total	%
Not indicated	-	2	-	2	0.8
Emergency	3	131	42	176	67.7
Paediatrics	1	9	2	12	4.6
ENT	-	12	1	13	5.0
Neurosurgery	-	10	1	12	4.6
Anaesthesia	1	1	-	2	0.8
Plastic surgery	3	6	1	10	1.5
Radiotherapy	-	1	1	2	0.8
Ophthalmology	-	4	0	4	1.5
Psychiatry	-	2	-	2	0.8
Obs & Gynae	-	6	1	7	2.7
Haematology	-	2	-	2	0.8
Medicine	-	9	1	10	3.9
General Out-patient	-	2	1	3	1.0
General surgery	1	4	-	5	1.9
Total	9	201	52	262	100

P = .074 (Chi-square)

On the analysis of how frequently each of the required information was omitted in the letters, the management currently being administered by the referring unit was most frequently left out, being absent in 219 letters. Next was patient's sex which was missing in 105 letters. Patient's name was missed out in only one letter while reason for referral was included in all the referral letters (Fig 2).

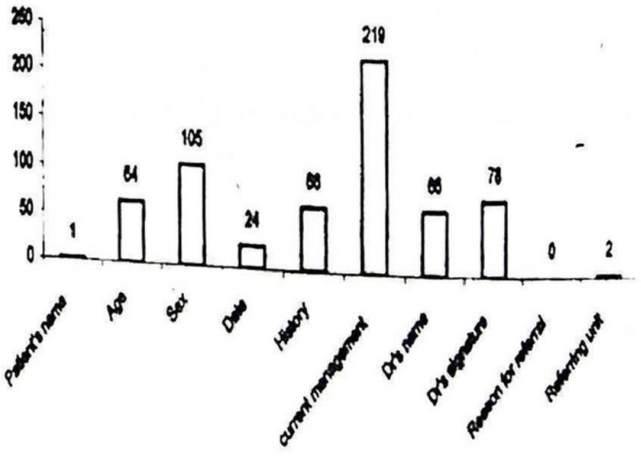

Fig. 2: Frequency of absence of required information in referral letters

The Accident and Emergency unit provided most of the letters i.e. 176 accounting for 67.7%. Ear, Nose and Throat (ENT) was next with 13 (5%) letters. Paediatrics and Neurosurgery were responsible for 12 (4.6%) letters each, while the medical specialties and Plastic unit also

provided 10 (3.8%) letters each. There were comparatively fewer letters from other specialties with anaesthesia, psychiatry and haematology having the least number of 2 letters each. The referring units were not indicated in 2 of the letters (Tab 1).

Trauma predictably accounted for most cases (145) followed by pain/ swelling which were not further specified. Twelve of the cases were referred for reasons which should have been appropriately referred to other specialties of dentistry; such cases included feeding plates and denture fabrications, restorative and periodontal treatment needs (Table 2).

Table 2: Frequency of reasons for referral

Reasons for referrals	Frequency
Trauma	165 (62.5%)
Pain/swelling (NOS*)	43 (16.3%)
Non traumatic TMJ problems	11 (4.2%)
Neoplasia	12 (4.5%)
Facial abscess	6 (2.3%)
Post-extraction problems	6 (2.3%)
Other dental specialties required	12 (4.5%)
	262 (100%)

* *Not Otherwise Specified.*

Discussion

The style of writing differs among different individuals and institutions. In medical referrals however, it is important that consensus is reached on basic information to permit appropriate responses. Such basic information should include facts that can facilitate improved patient management and also permit easy interaction between professionals on the referred case. Since referral letters and replies are the most widely used vehicles for this purpose [1], the desire for quality writing cannot be over-emphasized. In the present study, referral letters have been graded on the basis of information that was considered essential requirements for transferring patients between practitioners.

Grade *A* letters which were letters of highest quality were extremely few being only 9 out of the 262 letters considered in this study. This is consistent with the assertion that referral letters are often deficient thereby defeating the primary purpose of their requirement [2,3]. Most of the letters examined (i.e. 201) were of grade *B* quality, meaning that the majority were still fairly acceptable. None of the letters was in grade *D* but the 20% that came under grade *C* is yet a matter of concern. It may be necessary to define an unacceptable referral letter by consensus among local and international medical practice monitoring organizations. Such a position will make it possible to reject a referral letter and request for a properly written letter in non- emergency situations. This may instill discipline in letter writing among medical professionals. One principal reason that was adduced for the high rate of poor quality referral letters is that letters are often hurriedly written, perhaps in eagerness to transfer responsibility to someone else [7]. A busy clinic may be another reason. These reasons are probably more important in this study, considering the fact that most of the letters emanated from the Accident and Emergency Unit.

Bode *et al* [7] observed that letters were often written by junior members of the referring team without further vetting by the leaders of the team. This they believed could be responsible for most of the inadequacies. The same observation was made in this study, in which referral letters were usually written on behalf of the consultants by the resident doctors. While this assumption is agreeable, it may be necessary to compare qualities of letters personally endorsed by specialists.

Letter writing is an art and thus requires learning. Just as the importance of documentation in patients' record files are being taught and emphasized right from the medical and dental schools, the art of writing need similar approach. The medico-legal significance of such letters also needs to be highlighted. It is our belief that this will enhance the desired improvement in writing referrals.

Of all the information sought from the letters in this study, information on management already instituted on the patient was most frequently missing being absent from 219 letters. Again this may not be unconnected with the fact that a large proportion of letters came from the Emergency unit with the notion that recipient units are well aware of the basic care usually provided.

It might also be that the referring unit had done nothing about the dento-facial complaints of the patients and they did not feel it was necessary to inform the recipient unit about other management that was being implemented on the patient. This is one attitude that needs to be corrected among medical practitioners; the fact that nothing had been done is in itself an essential information to the referral doctor who would then know where to commence management.

Also, as alluded to by previous studies [10] is the fact that, most medical specialists are poorly informed about the scope of dental specialties including oral and maxillofacial surgery, so are not sure what level of information needs to be made available. Hence, essential medical information is often considered irrelevant for dental management. This is an erroneous conception and it further underscores the need for comprehensive exposure to dentistry for medical students and medical resident doctors.

Another probable reason for non inclusion of current management in most letters could be the assumption that specialists always know what to do with their patients and need no information from one who knew comparatively nothing about the specialty [5,9].

One hundred and five letters lacked information on patient's sex. Information on patient's sex may naturally be taken glibly as it could be thought that the referral doctor needs not be informed of patient's sex, a fact that is

immediately obvious on seeing the patient. However, letters inadvertently given to the wrong patient may at times be sorted out by such simple information. Only 1 letter omitted out the patient's name, referring unit was missing out in 2 letters while all the letters provided the reasons for referrals. All other items were missed out in considerable numbers (Fig. 2) yet, these were all essential information that can enhance patient management and facilitate communication with the referring doctor.

The reasons for referrals were classified into seven groups (Table 2). Trauma accounted for most referrals. Some referrals were based on non specific clinical diagnosis, such cases were described as pain or swelling with no further specifications. This and the fact that some cases that should ordinarily be referred to other dental specialists were referred to Oral surgery further supports the fact that medical professionals are deficient in their knowledge of oral pathology [1] and awareness of various dental specialties. It appears that oral and maxillofacial surgery is the only specialty that most medical professionals have fair awareness of among all dental specialties.

Most of the patients were referred from the Accident and Emergency units (Table 1). We observed most of these patients were referred for reasons of involvement in various forms of accidents. A relatively few number was due to neoplasia, complication of dental diseases such as facial abscesses and post dental extraction complications. We also observed that most of the patients referred from the ENT required the services of the prosthodontics for the fabrication of either feeding plates or maxillary defect obturators. Patients referred from most other specialities were those who were being managed for some other systemic diseases who either developed dental symptoms or had concurrent dental problems at presentation. Few patients with neoplasia also presented to the General outpatient clinic from where they were referred to the oral and maxillofacial surgery clinic.

Conclusion

It was obvious that only few letters were of desired quality and no unit within the hospital is better than the other in respect of quality of referral writing. Although, the emergency and plastic surgery were responsible for most of the grade *A* quality letters, the overall number of such letters was so few and statistically insignificant that no conclusion could be reached on the unit that does better in referral writing. The relative proportions of various grades of letters were fairly uniformly distributed among all referring units. This suggests that the quality of referral letters within the hospital requires generalized emphasis. The fact that most of the letters were of grade *B* and *C* also suggest that there is some level of uniformity in the pattern of referral writing in the hospital. We suggest that periodic trainings may be organized to improve attitudes and practice in this respect. We believe that a more comprehensive study is required to evaluate the quality of letter writing among professionals within the hospital and also suggest that every hospital performs an internal audit of their letter writing arts. This will enhance quality inter-hospital communications on patients' management.

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