A Clinical Audit on Referral Letters in a Primary Care Clinic

Dr. KW Wong, Dr. HT Fung, Dr. David Chao,
Department of Family Medicine and Primary Health Care,
United Christian Hospital
Kowloon East Cluster
What is Clinical Audit?

• Audit is the process of critically and systematically assessing our own professional activities with a commitment to improving personal performance and, ultimately, the quality and/or cost-effectiveness of patient care (Fraser RC et al., 1998).
Why audit on referral letters? (1)

• Referral letter- one of the commonest means of professional communication between family physicians and hospital specialists.

• Quality referral letter- serves to convey essential clinical information effectively and efficiently.
Why audit on referral letters? (2)

• Inadequate communication may:
  - impair diagnostic process
  - lead to duplication of investigations
  - poor continuity of care
  - polypharmacy.
Objectives

(1) To assess the content of referral letters issued from a Family Medicine Specialist Clinic (FMSC).

(2) To identify potential areas for enhancement and to implement changes.

(3) To achieve improvement in quality of referral letters.
Methodology

• Ten audit criteria were adopted with reference to the recommended referral document of Scottish Intercollegiate Guidelines Network (SIGN).

• The proposed target was 90% performance in each criterion.
<table>
<thead>
<tr>
<th>Audit Criteria</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Referral Destination</td>
<td>90%</td>
</tr>
<tr>
<td>2 Presenting Problem</td>
<td>90%</td>
</tr>
<tr>
<td>3 History of Present Illness</td>
<td>90%</td>
</tr>
<tr>
<td>4 Physical Examination Findings</td>
<td>90%</td>
</tr>
<tr>
<td>5 Investigation Results (if any)</td>
<td>90%</td>
</tr>
<tr>
<td>6 Reason for Referral</td>
<td>90%</td>
</tr>
<tr>
<td>7 Past Medical History</td>
<td>90%</td>
</tr>
<tr>
<td>8 First Line Treatment (if any)</td>
<td>90%</td>
</tr>
<tr>
<td>9 Regular Medications (if any)</td>
<td>90%</td>
</tr>
<tr>
<td>10 Clinical Warning and Allergy (if any)</td>
<td>90%</td>
</tr>
</tbody>
</table>
1st Audit Phase

- All referral letters issued by the Clinic in October 2007 were included: 184
# 1st Audit Phase - Results

<table>
<thead>
<tr>
<th>Audit Criteria</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Referral Destination</td>
<td>99%</td>
</tr>
<tr>
<td>2 Presenting Problem</td>
<td>100%</td>
</tr>
<tr>
<td>3 History of Present Illness</td>
<td>84%</td>
</tr>
<tr>
<td>4 Physical Examination Findings</td>
<td>71%</td>
</tr>
<tr>
<td>5 Investigation Results (if any)</td>
<td>89%</td>
</tr>
<tr>
<td>6 Reason for Referral</td>
<td>24%</td>
</tr>
<tr>
<td>7 Past Medical History</td>
<td>84%</td>
</tr>
<tr>
<td>8 First Line Treatment (if any)</td>
<td>57%</td>
</tr>
<tr>
<td>9 Regular Medications (if any)</td>
<td>52%</td>
</tr>
<tr>
<td>10 Clinical Warning and Allergy (if any)</td>
<td>12%</td>
</tr>
</tbody>
</table>
Reasons for Unmet Targets

• knowledge gaps

• time constraints
Implement Changes

- Interventions:
  - educational meeting
  - desk top reminder
  - referral letter template
  - personal feedback & discussion
Reminder

Essential information in referral letters:
- Destination
- Presenting problem(s) and history of present illness
- PE findings
- Ix results, if any
- Past medical history
- 1st line treatment given, if any
- Regular medications, if any
- Clinical warning and allergy, if any
- Reason for referral
Dear COS,

Thank you for seeing the above-named patient.

Presenting problem(s) and history of present illness:

PE findings:

Ix results, if any: nil

Past medical history:

1st line treatment given, if any: nil

Regular medications, if any: nil

Clinical warning and allergy, if any: nil

Reason for referral:
2nd Audit Phase

• All referral letters issued by the Clinic in January 2008 were included: 142
<table>
<thead>
<tr>
<th>Audit Criteria</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Referral Destination</td>
<td>100%</td>
</tr>
<tr>
<td>2 Presenting Problem</td>
<td>100%</td>
</tr>
<tr>
<td>3 History of Present Illness</td>
<td>94%</td>
</tr>
<tr>
<td>4 Physical Examination Findings</td>
<td>98%</td>
</tr>
<tr>
<td>5 Investigation Results (if any)</td>
<td>100%</td>
</tr>
<tr>
<td>6 Reason for Referral</td>
<td>81%</td>
</tr>
<tr>
<td>7 Past Medical History</td>
<td>99%</td>
</tr>
<tr>
<td>8 First Line Treatment (if any)</td>
<td>94%</td>
</tr>
<tr>
<td>9 Regular Medications (if any)</td>
<td>94%</td>
</tr>
<tr>
<td>10 Clinical Warning and Allergy (if any)</td>
<td>84%</td>
</tr>
</tbody>
</table>
Comparison of 1st and 2nd Audit Phases

- Referral Destination (1)
  - 1st Audit Phase: 100%
  - 2nd Audit Phase: 99%

- Px problem (2)
  - 1st Audit Phase: 100%
  - 2nd Audit Phase: 100%

- Hx of Present Illness (3)
  - 1st Audit Phase: 94%
  - 2nd Audit Phase: 84%

- PE findings (4)
  - 1st Audit Phase: 98%
  - 2nd Audit Phase: 71%

- Ix results (5)
  - 1st Audit Phase: 100%
  - 2nd Audit Phase: 89%

- Reason for referral (6)
  - 1st Audit Phase: 81%
  - 2nd Audit Phase: 24%

- Past Med. Hx (7)
  - 1st Audit Phase: 99%
  - 2nd Audit Phase: 84%

- 1st line Tx (8)
  - 1st Audit Phase: 94%
  - 2nd Audit Phase: 57%

- Regular Rx (9)
  - 1st Audit Phase: 94%
  - 2nd Audit Phase: 52%

- Warning & Allergy (10)
  - 1st Audit Phase: 84%
  - 2nd Audit Phase: 12%
Summary (1)

• Improvements in all criteria in the second audit phase.

• Eight criteria achieved the proposed targets:
  • Referral destination- 100%
  • Presenting problem- 100%
  • History of present illness- 94%
  • Physical examination findings- 98%
  • Investigation results- 100%
  • Past medical history- 99%
  • First line treatment given- 94%
  • Regular medications- 94%
Summary (2)

• Two criteria did not quite reach the proposed target levels but showed substantial improvements:

  - Reason for referral - 81% (from 24%)
  - Clinical warning and allergy - 84% (from 12%)
Conclusions (1)

- The audit exercise facilitated identification of areas for enhancements in writing referrals and ways to tackle the issue.
Conclusions (2)

• Educational meeting, referral letter template, reminder, personal discussion about their difficulties in complying with the agreed actions were effective in making improvements.
What's Next?

- Even though satisfactory changes has been demonstrated, there is a tendency for subsequent performance to decline over time.

- In order to achieve continuing improvements/enhancements to service, clinical audit should be cyclical.

- Re-audit in 6 – 12 months’ time.
References


Thank you