A Clinical Audit on Referral Letters in a Primary Care Clinic

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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.

Audit Criteria and Proposed Standard

	Audit Criteria	Standard
1	Referral Destination	90%
2	Presenting Problem	90%
3	History of Present Illness	90%
4	Physical Examination Findings	90%
5	Investigation Results (if any)	90%
6	Reason for Referral	90%
7	Past Medical History	90%
8	First Line Treatment (if any)	90%
9	Regular Medications (if any)	90%
10	Clinical Warning and Allergy (if any)	90%

1st Audit Phase

- All referral letters issued by the Clinic in October 2007 were included: 184

1st Audit Phase- Results

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

Reasons for Unmet Targets

- knowledge gaps

- time constraints

Implement Changes

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

Reminder
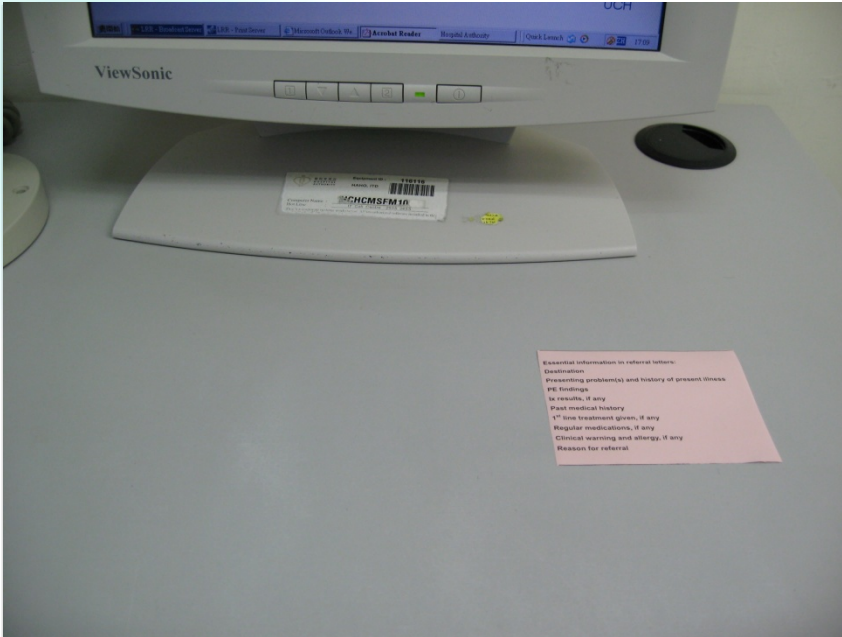
Essential information in referral letters:

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

Referral Letter Template

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

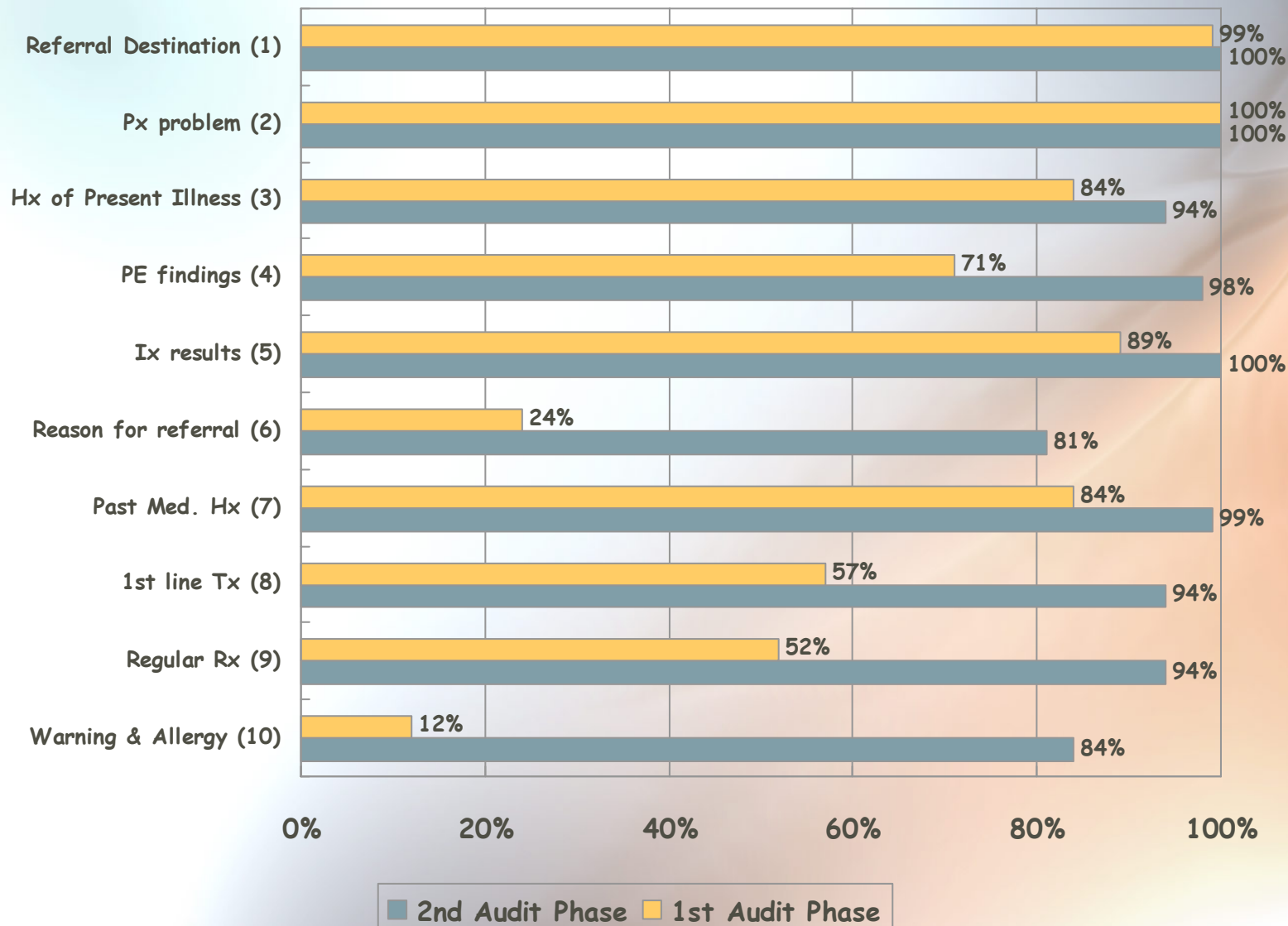Clinical warning and allergy, if any: nil

Reason for referral:

2nd Audit Phase

- All referral letters issued by the Clinic in January 2008 were included: 142

2nd Audit Phase- Results

	Audit Criteria	Results
1	Referral Destination	100%
2	Presenting Problem	100%
3	History of Present Illness	94%
4	Physical Examination Findings	98%
5	Investigation Results (if any)	100%
6	Reason for Referral	81%
7	Past Medical History	99%
8	First Line Treatment (if any)	94%
9	Regular Medications (if any)	94%
10	Clinical Warning and Allergy (if any)	84%

Comparison of 1st and 2nd Audit Phases

Category	1st Audit Phase	2nd Audit Phase
Referral Destination (1)	99%	100%
Px problem (2)	100%	100%
Hx of Present Illness (3)	84%	94%
PE findings (4)	71%	98%
Ix results (5)	89%	100%
Reason for referral (6)	24%	81%
Past Med. Hx (7)	84%	99%
1st line Tx (8)	57%	94%
Regular Rx (9)	52%	94%
Warning & Allergy (10)	12%	84%

■ 2nd Audit Phase ■ 1st Audit Phase

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

- Fraser RC et al. (1998). *Evidence-based Audit in General Practice from Principle to Practice.* 1st Edn. Oxford: Butterworth Heinemann.

- *Report on a Recommended Referral Document.* SIGN Publication no. 31, Nov., 1998.

Thank you