

ORIGINAL ARTICLE

Quality and contents of referral letters from peripheral health centers to the dental centre of a teaching hospital, southwestern Nigeria

OLUSHOLA IBIYEMI¹ & TITILOLA IBIYEMI²

¹Department of Periodontology and Community Dentistry, Faculty of Dentistry, University of Ibadan, Ibadan, Nigeria, and ²Department of Oral & Maxillofacial Surgery, Dental Center, University College Hospital, Ibadan, Nigeria

Abstract

Objective. Referral letters are deficient in quality and content, which may prevent ideal treatment of patients. Therefore, this study assessed the quality and contents of referral letters from peripheral health centers to the dental center of a teaching hospital in southwestern Nigeria. **Materials and methods.** All consecutive referral letters received at the dental center of a teaching hospital in southwestern Nigeria from various peripheral health centers over a period of 1 year were prospectively reviewed using a structured questionnaire. The information extracted were patient's demographic data, addresses of referral persons, dates of referral, reasons for referral, medical and dental history, examination findings, investigations done, diagnosis and treatment given. Descriptive analyses of frequencies were done for all variables. **Results.** One hundred and thirty-four referral letters were received and reviewed, comprising letters from 75 (60.0%) males and 59 (40.0%) females. The patient's age ranged from 2–74 years, with a median age of 25 years. The majority, 91 (85.4%), of the letters were written by medical doctors. An appreciable number of referral letters had no name or signature of the referring health care worker. Information on reasons for referral were not available in 27 (20.1%) of the letters. A significant proportion of referral letters lacked vital information on the patient age, past medical history, past dental history, investigations done and treatment given. **Conclusion.** This study has shown that referral letters written from various peripheral healthcare centers to the dental centre of a teaching hospital is generally of unacceptable quality and the content could be improved upon.

Key Words: exchange of information, health centers, specialist dental surgeons

Introduction

Adequate and proper exchange of information regarding patient's management between previously treating health personnel in peripheral health centers and specialist dental surgeons in teaching hospitals may sometimes determine the overall quality of care. This exchange of information could be done by telephone, informal conversations or referral letters. In situations where efficient medical directory is not available and healthcare facilities are not in close proximity, telephone and informal conversations becomes difficult making referral letters the only available means by which healthcare practitioners exchange information relevant to treatment of patient's illness.

Referral letters are the most common and most important means of communication between healthcare practitioners at various levels [1]. They act as

permission slips to allow patients easy access to treatment by specialists at secondary and tertiary service levels and communicate reasons for referral [2]. They are also a tool for audit or quality assessment in general practice [3]. General physicians or healthcare practitioners seeing patients with oral health problems must ensure that referral letters meet the needs of dental surgeon specialists. Many studies [4–9] have reported that referral and discharge letters are deficient in quality, content, lacking essential information which permits ideal treatment of the patients. Tattersall et al. [9] reported that information contained in letters of referral and reply often does not meet the information needs of letter recipients. Better referral letter to a specialist could result in a better reply letter to the referring healthcare worker, resulting in efficient patient care at both the tertiary hospital and the community health center.

Correspondence: Dr Olushola Ibiyemi, Department of Periodontology and Community Dentistry, Faculty of Dentistry, University of Ibadan, PMB 5017 GPO Dugbe Ibadan, Nigeria. Tel: +2348037201253. E-mail: shola_ibiyemi@yahoo.com

(Received 8 December 2010; revised 5 April 2011; accepted 11 April 2011)

ISSN 0001-6357 print/ISSN 1502-3850 online © 2012 Informa Healthcare
DOI: 10.3109/00016357.2011.600712

A previous study [10] that evaluated the quality and pattern of referral letters from other specialties in a tertiary hospital to Oral and Maxillofacial Surgery Clinic reported that only a few letters were of desired quality. However, studies that assessed the quality and contents of referral letters from peripheral health centers to specialist dental centers in developing countries are scantily reported in the literature. There is no published data from Nigeria on quality and content of referral letters from peripheral health centers to specialist dental surgeons. Therefore, this study was carried out to assess the quality and content of information conveyed by healthcare practitioners when referring patients to the Dental Center, University College Hospital, a teaching hospital in Ibadan, Southwestern, Nigeria.

Materials and methods

Design

All consecutive referral letters received from various peripheral health centres (primary and secondary health care centers) over a period of 1 year (July 2009 to June 2010) were prospectively reviewed. Letters from other teaching hospitals were excluded.

Setting

The Dental Center, University College Hospital, Ibadan, Nigeria is a teaching hospital located in the Ibadan North Local Government area, Ibadan, Nigeria. It serves as a referral center for health facilities in southwest Nigeria and other regions.

Data collection and analysis

All referral letters were reviewed using a structured questionnaire. The information extracted in each letter were patient's demographic data, addresses of referral persons, dates of referral, reasons for referral, medical and dental history, examination findings, investigations done, diagnosis and treatment given. Data were entered and analyzed using Statistical Package for Social Science version 17.0 for windows (SPSS Inc., Chicago, IL). Descriptive analyses of frequencies were done for all variables.

Results

A total of 134 referral letters were received and reviewed during this study period. Seventy-five (60.0%) males and 59 (40.0%) females were seen with referral letters, giving a male-to-female ratio of 1.3:1.0. The patient's age ranged from 2–74 years, with a median age of 25 years.

The distribution of referral letters by status of healthcare practitioners is as shown in Table I. The

Table I. Distribution of referral letters by status of healthcare practitioners.

Personnel	<i>n</i>	%
Medical Doctors	91	85.4
Dental Surgeons	41	13.2
Trained Nurses	2	1.4
Auxiliary Nurses	0	0
Dental Auxiliaries	0	0
Non-dental/medical personnel	0	0

majority, 91 (85.4%), of the letters were written by medical doctors, 41 (13.2%) by dental surgeons and no letter was received from auxiliary nurses, dental auxiliaries and non-dental/medical personnel.

Table II shows the distribution of referral letters according to whether names and signatures of the healthcare practitioners were included in the letter. Of the 91 referral letters written by medical doctors, 44.0% and 25.3% had no names and signatures on them, respectively. About 27.0% of the 41 referral letters written by dental surgeons had no name while ~ 4.0% of these letters had no signatures on them. The two letters written by trained nurses had their names.

Table III shows reasons stated in letters for referral. The most frequently stated reason for writing referral was lack of appropriate facilities for treatment (29.9%). Other reasons include lack of expertise needed for patient's care (22.4%), patient's request for it (20.1%) and worsening of patient's condition (7.5%). Twenty-seven letters (20.1%) did not include any reason for referral.

The summary of the contents of the referral letters is as shown in Table IV. A significant proportion of referral letters lacked adequate and vital information on the past medical history (98.2%), investigations done (86.4%), past dental history (80.8), treatment given (70.6%), patient age (60.2%) and examination findings.

Discussion

To the best of our knowledge this is the first study that assessed quality of referral letters written to specialist dental surgeons from peripheral healthcare centers such as private hospitals, general hospitals and primary healthcare centers in Nigeria. Peripheral healthcare centers are the first point of call of patients in any healthcare system since they are easily accessible to the people. Effective and prompt management of patients at the community level requires an efficient referral system from these healthcare facilities to tertiary healthcare centers where specialist care is provided. The importance of adequate exchange of information

Table II. Distribution of referral letters by whether writer's name and signature were included.

Writer	Name written		No name written		Signature appended		No signature	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Medical Doctors	51	56.0	40	44.0	68	74.7	23	25.3
Dental Surgeons	30	73.2	11	26.8	35	85.4	6	13.6
Trained Nurses	2	100.0	0	0	1	50.0	1	50.0
Auxiliary Nurses	0	0	0	0	0	0	0	0
Non-dental/medical	0	0	0	0	0	0	0	0
Personnel	0	0	0	0	0	0	0	0
Dental Auxiliaries	0	0	0	0	0	0	0	0

between the various healthcare levels regarding patient's management cannot be over-emphasized. Formal liaison between healthcare practitioners at peripheral healthcare centers and specialists at tertiary healthcare levels through referral letters is beneficial to patients. However, studies have consistently shown that specialists are dissatisfied with their quality and contents of referral letters [4,5,7].

In this study, more males presented with referral letters than females. This may be due to males wanting to find a lasting solution to their problems and having the financial capability to continue to seek for care. The majority of the referrals reviewed in this study were from medical doctors, since patients may tend to easily access medical health facilities more than dental hospitals. It might also be due to ignorance of patients consulting the dentist directly and the prevailing healthcare system in Nigeria whereby patients visit a medical center before visiting a dental center. It was not surprising to see that no letter was received from auxiliary nurses and non-medical or dental personnel because they may lack the skills in writing a referral letter, particularly a dental referral. They might just refer the patient to a physician where the appropriate referral will be written. However we were surprised that no dental auxiliaries referred patients. Is it that they are not involved in the referral system in Nigeria or they never came across patients who had oral healthcare problems in their local communities? Although this was not explored in this study, it might be interesting to do so. Lack of appropriate facilities for treatment and expertise

Table III. Reasons stated in letters for the referral.

Reasons	<i>n</i>	%
Lack of expertise needed for patient's care	30	22.4
Lack of appropriate facilities for treatment	40	29.9
Patient's condition worsened	10	7.5
Patients request referral	27	20.1
Not stated	27	20.1

needed for patient care were the commonest reasons given in this study for patient's referral to specialist dental surgeons. About one quarter of the referral letters did not contain reason for referral.

In this study, an appreciable number of referral letters had no name or signature of the referring healthcare worker. Names and signatures of the person referring a patient are quite necessary for many reasons, such as knowing the health personnel to contact when further management is needed at the community level. It was also observed that a significant proportion of referral letters were inadequate, sometimes lacking in essential information such as past medical and dental history, previous investigations and treatments. These findings were consistent with other previous studies [7–9,11] and might be due to the referring healthcare worker not believing that the specialist will read the letter of referral. Letters lacking this information might make patients not receive appropriate management and may result in delay in treatments in this tertiary hospital where patient volume is high. To provide solution to these deficiencies and inadequacies in the contents of

Table IV. Summary of contents of referral letters.

Letter contents	Stated		Not stated	
	<i>n</i>	%	<i>n</i>	%
Patient's name	130	97.2	4	2.8
Patient's age	53	39.8	81	60.2
Patient's gender	113	84.3	21	15.7
Writer's address	89	66.4	45	33.6
Past medical history	3	1.8	131	98.2
Past dental history	26	19.2	108	80.8
Examination findings	57	42.5	77	57.5
Investigations done	18	13.6	116	86.4
Provisional diagnosis	83	62.2	51	37.8
Treatment given	39	29.4	95	70.6
Reasons for referral	107	77.4	27	22.6

referral letters, referral guidelines or structured form should be introduced in the Nigerian referral system. Couper and Henbest [12] reported an improvement in the quality of referral letters after the introduction of a form letter. Referral guidelines when developed and introduced will appropriately inform healthcare practitioners about what constitutes an adequate referral letter.

Conclusion

This study has shown that referral letters written from various peripheral healthcare centers to the dental center of a teaching hospital is generally of unacceptable quality and the content could be improved upon. Health workers in Nigeria need to review and modify their writing practices. This can be done by retraining on the referral process skills necessary to determine appropriateness and adequacy of the contents of referral letters. The introduction of a structured *proforma* letter or referral guidelines may help improve the situation and may increase referral rates. Personal contact between the referring healthcare worker and dental consultant would seem to be an important factor that will complement a referral letter. Further studies on referral should be carried out in more teaching hospitals to obtain generalizable data.

Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

References

- [1] Navarro CM, Miranda IA, Onofre MA, Sposto MR. Referral letters in oral medicine: standard versus non-standard letters. *Int J Oral Maxillofac Surg* 2002;31:537-43.
- [2] Smith S, Khutoane G. Why doctors do not answer referral letters. *S Afr Fam Pract* 2009;51:64-7.
- [3] Montalto M. Using referral letters to measure quality and performance in general practice. *J Qual Clin Pract* 1995;15:45-50.
- [4] Newton J, Eccles M, Hutchinson A. Communication between general practitioners and consultants: what should their letters contain? *Brit Med J* 1992;304:821-4.
- [5] Newton J, Hutchinson A, Hayes V, McColl E, Mackee I, Holland C. Do clinicians tell each other enough? An analysis of referral communications in two specialties. *Fam Pract* 1994;11:15-20.
- [6] Hansen JP, Brown SE, Sullivan RJ, Jr, Muhlbaier LH. Factors related to and effective referral and consultation process. *J Fam Pract* 1982;15:651-6.
- [7] Graham PH. Improving communication with specialists. The cases of an oncologic clinic. *Med J Aust* 1994;160:625-7.
- [8] Craven R, Fleming P. Referral to hospital; improving communication between the dental practitioner and hospital dental staff. *Comm Dent* 1992;19:438-9.
- [9] Tallersall MHN, Butow PN, Brown JE, Thompson JF. Improving doctors letters. *Med J Aust* 2002;177:516-20.
- [10] Akinmoladum VT, Arotiba JT, Akadiri AO. Interspecialty referrals; evaluation of quality and pattern of referral letters to an oral and maxillofacial surgery clinic. *Afr J Med* 2006;35:43-6.
- [11] Orimadegun AE, Akinbami FO, Akinsola AK, Okereke JO. Contents of referral letters to the Children Emergency Unit of a Teaching Hospital, Southwest of Nigeria. *Paediatr Emerg Care* 2008;24:153-6.
- [12] Couper ID, Henbest RJ. The quality and relationship of referral and reply letters. The effect of introducing a pro forma letter. *S Afr Med J* 1996;86:1540-2.