Qualitative assessment of referral letters of patients with chronic fatigue and a psychiatric disorder

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“A 83-year old lady who lives in Kensington street, near the military hospital, went every Thursday and Saturday to her favorite restaurant ‘The cherry tree’ where she ordered grilled salmon, French fries and a salad without tomatoes.”
Now tell it to the person who is sitting behind you

“A lady who lives in a street near a hospital, went to a restaurant where she ordered salmon.”

“A 83-year old lady who lives in Kensington street, near the military hospital, went every Thursday and Saturday to her favorite restaurant “The cherry tree” where she ordered grilled salmon, French fries and a salad without tomatoes.”
Health care: referrals, many actors – big impact
Why research about written communication?

- Chronic ill patients treated by different health care providers, shared responsibility
- Should be optimal to guarantee quality and continuity of care
- Written communication most used means of communication
- Consequences of inefficient communication
  - Delays
  - Patient safety compromised
  - Additional workload
  - Decreased patient satisfaction
Economic impact of poor communication?

Conceptual model of communication outcomes in a hospital (Agarwal et al., 2010)
Psychosomatic care: chronicity, multidisciplinarity, nuancing

Need for quality assessment (& improvement?) of communication in psychosomatic care

Setting: Ghent University Hospital, Belgium
This presentation will handle:

1. Development of checklist
2. Use of checklist
3. Timeliness
Development of checklist

Review of the literature

Checklist based on items found in 6 manuscripts
Use of checklist

Setting: Department of General internal medicine, Infectious diseases & Psychosomatics; 3rd line health care center

126 patients diagnosed with chronic fatigue and/or a psychiatric disorder

Referral letter of medical specialist to referral physician
## Use of checklist

<table>
<thead>
<tr>
<th>Socio-demographic</th>
<th>Findings</th>
<th>Anamnesis</th>
<th>Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Report of examinations up till now</td>
<td>Initial reason for referral</td>
<td>Date of the answer letter</td>
</tr>
<tr>
<td>Address</td>
<td>Dates of examinations</td>
<td>Current medication list</td>
<td></td>
</tr>
<tr>
<td>Birth date</td>
<td>Name of involved disciplines</td>
<td>Major medical history</td>
<td></td>
</tr>
<tr>
<td>Telephone number</td>
<td>(pro term) diagnosis</td>
<td>Major surgical history</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Argumentation of (pro term) diagnosis</td>
<td>Known allergies</td>
<td></td>
</tr>
<tr>
<td>Name RP</td>
<td>Goals at handoff to RP</td>
<td>Present complaints</td>
<td></td>
</tr>
<tr>
<td>Address RP</td>
<td>Patient’s knowledge about the findings of the CP</td>
<td>Psychosocial factors</td>
<td></td>
</tr>
<tr>
<td>Telephone number RP</td>
<td>Goals of the patient and his relatives at handoff to RP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name CP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department CP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address CP</td>
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</tr>
</tbody>
</table>

RP = referring physician,  
CP = consultative physician
## Use of checklist

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<tr>
<th>Socio-demographic</th>
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<th>Anamnesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone number RP</td>
<td>Dates of examinations 36%</td>
<td>Initial reason for referral 4%</td>
</tr>
<tr>
<td>0%</td>
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<tr>
<td></td>
<td>Argumentation of diagnosis 90%</td>
<td>Current medication list 82%</td>
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<tr>
<td></td>
<td>Goals at handoff to RP 96%</td>
<td>Major medical history 90%</td>
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<tr>
<td></td>
<td></td>
<td>Major surgical history 66%</td>
</tr>
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<td></td>
<td>Known allergies 57%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychosocial factors 78%</td>
</tr>
</tbody>
</table>

RP = referring physician, CP = consultative physician
3 Timeliness

- Referral letter from referring physician (A)
- Consultation at the centre (B)
- Referral letter from specialist (C)
3 Timeliness

Referral letter from referring physician

Median: 92 (39-140)

Consultation at the centre

Median: 129 (65-199)

Referral letter from specialist

Median: 3 (IQR 0-35)
1. Development of checklist
   - 24 items
   - Dichotomous

2. Use of checklist
   - 126 letters
   - Gaps

3. Timeliness
   - Problem of waiting list
We conclude

There are gaps in referral letters
  e.g. current medication list, known allergies
  \rightarrow patient safety
  e.g. dates of investigations
  \rightarrow continuity of care + inefficiency (double investigations)

Time delays are due to waiting lists
Practical implications and recommendations

- Use of a template (structured letters) should be encouraged

- More attention to written communication in curriculum of health care workers

- Patient participation

- Interventions needed to reduce waiting lists
  - More capacity
  - Standardized care path
Resource Requirements
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