

Quality of referral letters to Abha Psychiatric Hospital, Asir region, Kingdom of Saudi Arabia

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ABSTRACT

Objective: This study aims to explore the quality of referral letters from different health institutions to Abha Psychiatric Hospital, the only psychiatric center in Asir region, Kingdom of Saudi Arabia.

Methods: In this descriptive study, a total of 582 consecutive referral letters to Abha Psychiatric Hospital, during the first half of 1998, were evaluated for the components that are supposed to be found in the consentient referral letter to a psychiatric service. Each letter quality was indicated as good or poor according to the used scale.

Results: Thirty-six percent of the referral letters were poor. The clinical information relating to the psychiatric

history was significantly poor compared to other clinical information ($p < 0.05$). Asir Central Hospital (tertiary level) referral letters were better in quality than those of secondary hospitals ($p < 0.001$). Referral letters with diagnosis or impression of legal concern showed a better quality compared to others ($p < 0.001$).

Conclusion: The quality of clinical information relating to the psychiatric history in the referral letters to psychiatric service, needs to be improved to ensure better patient care and more appropriate use of resources.

Keywords: Referral letter, psychiatric, quality.

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Referral system is defined as a rational way to transfer a patient with a specific medical problem who requires a specialized help.¹ It contributes to improving the quality of patient care by proper use of resources, avoiding overload and offering learning opportunities to the health care providers.² Although good communication between referring physician and consulting physician is generally essential to run the referral system smoothly and to ensure a good result, it has more importance for mental health service.³ Despite the central role of referral letters as a communication tool in the referral system, and their special importance in psychiatric consultations, their lack of relevant information was shown by several studies.⁴⁻⁷ In light of rapid urbanization, rapid increase in the

population and the limitation of the psychiatric health service in the Kingdom of Saudi Arabia (KSA), it became essential to evaluate referral letters sent to psychiatric centers for appropriateness, which has great potential for improving the quality of care delivered to patients with psychiatric problems. Although some studies have been carried out on the referral patterns to intra hospital psychiatric units in different centers in KSA,⁴⁻⁶ scanty work was carried out on the issue of the quality of referral letters themselves to psychiatric services. This paper aims to explore the quality of referral letters from different sources of health service centers in Asir region to Abha Psychiatric Hospital (APH), Abha, KSA.

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Methods. This descriptive study was carried out during the first half of 1998, at APH, which is a 100-bed hospital located in Abha, the capital city of Asir region that lies in southwestern KSA. Abha Psychiatric Hospital, the only psychiatric hospital in this region, receives psychiatric referrals from 13 hospitals in addition to Abha Primary Health Care Centers (PHCCs) and private sectors. All consecutive new referral letters to APH during the study period were collected, and reviewed thoroughly by the researchers for clinical components that are supposed to be included in the consentient referral letter. These included 16 items: general information (patient sociodemographic characteristics), chief complaint, present history, past psychiatric history, relevant personal history, medical history, laboratory investigations medical diagnoses, medical treatment, mental state, psychiatric diagnosis, psychiatric treatment, formulation, cause of consultation, and eligibility of writing. Each item was labeled as clearly present, clearly absent or implied. Quality of each item has an assigned score of (0) for implied or absent and (1) for clearly present item. The quality of each letter was indicated as poor if the total score of

the letter items ranged between 0-7 out of 16 and good for the range between 8-16. The other outcome measures were referral diagnoses and sources. Data was collected and analyzed using Epi Info 2000 software.⁸ The significant tests were used as appropriate, and the difference was considered statistically significant at a level of 5% ($p \leq 0.05$).

Results. A total of 582 referral letters were entered into the study. The frequency and quality of referral letter components are shown in **Table 1**. The psychiatric components of the letter (for example past psychiatric history, mental state, psychiatric diagnosis and psychiatric treatment) were significantly poor compared to other clinical components of the referral letter ($p < 0.05$). **Table 2** shows the quality and distribution of the referral letters. No patients were referred from Billasmer, Zahran Aljanoob, Bisha hospitals, Abha PHCCs, or private sectors, during the study period. Abha Psychiatric Hospital (tertiary level) referral letters showed a higher percentage of good quality compared to other centers ($p < 0.001$). Thirty six percent of the referral letters were of poor quality.

Table 1 - Frequency, distribution and quality of referral letters components to Abha Psychiatric Hospital, Asir region, Kingdom of Saudi Arabia, 1998. Number = 582.

Items	Clearly present %	Implied %	Clearly absent %
General information	92.4	7.6	0.0
Chief complaint	75.3	10.3	14.4
History of present illness	69.1	19.6	11.3
Medical history	92.8	3.1	4.1
Past psychiatric history	18.2	5.8	75.9
Relevant personal information	21	56.7	22.3
Mental status	32	39.2	28.9
Physical examination	88.7	7.2	4.1
Lab investigation	16.2	71.1	12.7
Medical diagnosis	92.8	2.7	4.5
Medical treatment	65.3	22.7	12
Formulation	23.7	38.8	37.5
Psychiatric diagnosis	35.4	12.4	52.2
Psychiatric treatment	12.4	15.1	72.5
Cause of referral	95.2	3.4	1.4
Eligibility of writing	17.2	36.8	46

Table 2 - Quality of referral letters from different health care centers to Abha Psychiatric Hospital, Asir region, Kingdom of Saudi Arabia, 1998. Number = 582.

Source	Referral letters		Quality	
	N	(%)	Good (%)	Poor (%)
ACH	264	(45.4)	(52.3)	(47.7)
AMH	14	(2.4)	(71.4)	(28.6)
Khamis Mushyt	10	(1.7)	(40)	(60)
Ahad Rufaida	6	(1)	(0)	(100)
Sarat Abida	52	(8.9)	(100)	(0)
Alnamas	4	(0.7)	(0)	(100)
Tathleeth	24	(4.1)	(100)	(0)
Muhayl	78	(13.4)	(25.6)	(74.4)
Al majaridah	38	(6.5)	(89.5)	(10.5)
Rejal Almaa	92	(15.8)	(95.7)	(4.3)
Billasmer*	0	(0)	(0)	(0)
Zahran Aljanoob*	0	(0)	(0)	(0)
Bisha*	0	(0)	(0)	(0)
Total	582	(100)	(63.7)	(36.4)

*No patients referred from these hospitals, during study period.
 N - number, ACH - Asir Central Hospital,
 AMH - Abha Maternity Hospital

Table 3 - Distribution of referral diagnoses to Abha Psychiatric Hospital, Asir region, Kingdom of Saudi Arabia, 1998. Number = 582.

Referral diagnosis	No.	(%)	Poor quality (%)
Not mentioned	118	(20.3)	(61)
Depression	110	(18.9)	(50.9)
Anxiety disorders	78	(13.4)	(30.8)
Cognitive disorders	46	(7.9)	(17.3)
Somatoform disorder	38	(6.5)	(42.1)
Suicide attempt	36	(6.2)	(0.0)
Schizophrenia	36	(6.2)	(11.1)
Other psychotic disorders	52	(8.9)	(23.1)
Mental retardation	26	(4.5)	(46.2)
Personality disorders	4	(0.7)	(0.0)
Bipolar disorders	22	(3.8)	(18.2)
Substance related disorders	16	(2.7)	(25.0)
Total	582	(100)	

Referral letters with diagnoses of legal concern (suicide attempt or substance-related disorders) are of better quality than other diagnoses ($p < 0.001$) (**Table 3**).

Discussion. The majority of referral letters to APH were of good quality. However, the quality of the clinical information relating to the psychiatric history was poor. Several studies have been carried out on the pattern of intra-hospital psychiatric referral or the pattern of referrals to psychiatric hospitals from other centers.^{4-6,9,10} However, little is known about the quality of referral letters themselves, which has been found to be the better way to judge referrals.¹¹ Although, information related to the quality of referral letters to psychiatric service could not be found in the literature for comparison, studies carried out at different levels of the health service showed that from 12% to 60% of referral letters were poor in quality.^{12,13} Studies carried out in KSA showed that from 26%-70% of referral letters from PHCCs to specialists were poor.^{14,15} The psychiatric clinical information components were poor in quality, compared with other parts of the referral letters, which were designed for general referral purposes. Referring physicians awareness, attitude and knowledge about the importance of

psychiatric information may have a role in this deficiency. Laboratory investigations were vague or absent in the majority of the letters, which can lead to unnecessary duplication. This can be related to the referring physicians' beliefs that laboratory investigations are not necessary in psychiatric illnesses. Despite the referral reasons being unclear or absent in a small percentage, this deficiency could confuse the psychiatrist and lead to inappropriate feedback to the referring physician. Eligibility of writing was poor in the majority of the letters, which is comparable with local studies at the level of PHCCs.^{14,15} Asir Central Hospital referral letters were better in quality than other hospitals, which can be explained by the high morbidity of psychiatric diseases in tertiary hospitals, which provides better experience,¹⁶ and the presence of residency training programs in different specialties. The most frequent referral diagnosis was depression followed by anxiety, which goes along with the literature.¹⁷ However, no diagnosis or referral impression was mentioned in more than 20% of the letters, which could be due to the uncertainty of the referring physicians about psychiatric diagnoses. The letters with impression or diagnosis of legal consequences were offered with better care, which could be for the purpose of legal self-protection.

From the present study, it appears that there is a need for referring physicians to improve the quality of information provided to the psychiatrist. Such problems could be managed through designing a specific form for psychiatric referrals. New educational strategies must be addressed to enhance effective referral letters for better-shared care and appropriate use of the resources. Continuous Medical Education, and periodic evaluation have proved to be successful in improving quality.^{18,19} Further studies are needed to evaluate and to clarify the magnitude of the communication problems to improve patient care.

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