

Communication between Primary and Secondary Care

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Background

- Quality and Fairness – a Health System for You (2001)
- Reconfiguration of Irish Healthcare system
- Shift towards community based care
- Breakdowns in communication highlighted in the media
- Good communication will prevent adverse events and ensure continuity of timely, quality care

Aim

- To Assess the quality of Communication between Primary and Secondary Care

Objectives

- To provide a descriptive analysis of current communication between primary and secondary care
- To compare the quality of primary care referral letters to secondary care discharge letters based on adherence to documented guidelines
- To look at the documentation of important criteria in referral letters such as urgency and allergy documentation

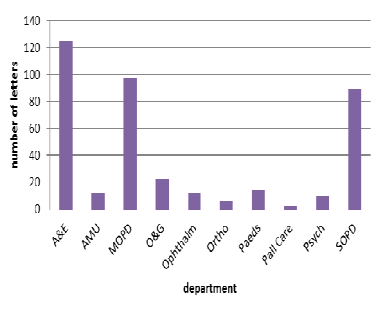
Methods

- 4 week period in 6 GP training practices in Southwest Ireland
- All written and typed communication
- Primary care standard - Canadian study by Berta et al
- Secondary care standard - SIGN guidelines
- Controlled for inter-rater reliability
- Pilot study
- Data cleaned and analysed using SPSS
- Descriptive statistics, parametric and non parametric testing

Descriptive Results

- 391 referral letters generated from 9439 consultations – 4.14% referral rate
- 1472 discharge letters received – 76.5% OPD, 21.3% inpatients, 2.1% A&E discharge letters
- 58% discharge letters from public system and 42% from private hospitals
- 100% referral letters typed, 85.5% discharge letters typed
- 125 A&E referrals with only 31 discharge letters from A&E

Referral Destination



Results 1

- Primary care letters fulfilled more criteria than secondary care letters based on 9 common criteria
- Mann Whitney U Test – Mean rank for Primary care letters was 992.05 and for secondary care letters was 916.05 (p=009)
- Nine criteria further subdivided into 3 categories
 - Patient details: Name, address, DOB
 - Clinical details: Hx/Dx, Investigations, meds
 - Doctor details: Name, contact details, MCN

Patient details:

Mean rank 1° care letter: 924.35
Mean rank 2° care letters: 934.03
P value: 0.462
Interpretation: No difference

Clinical details:

Mean rank 1° care letters: 1050.75
Mean rank 2° care letters: 900.46
P value: 0.000
Interpretation: 1° care fulfils more criteria

Doctor details:

Mean rank 1° care letters: 879.86
Mean rank 2° care letters: 945.85
P value: 0.15
Interpretation: 2° care fulfils more criteria

Results 2

Specification of Urgency on referral letters

26.85% specified the urgency for triage of letter

Specification of allergies on referral letters

29.41% documented patient allergies

Discussion

- Deficit in communication between primary and secondary care exists
- Biggest deficit is in clinical details
- 25% primary care letters and 66% secondary care letters documented investigations done → direct economic impact
- 66% primary care letters and 20% secondary care letters documented medications → high risk medications errors
- Poor documentation of urgency can lead to incorrect triage
- Poor documentation of allergies can begin a chain of errors leading to significant adverse event

Cross tabulation

Clinical details:

Detail	Primary care	Secondary care
Investigation done	27.6%	66.1%
Hx /diagnosis	95.4%	82.1%
Medications listed	68.5%	19.4%

Doctor details:

Detail	Primary care	Secondary care
Name	97.7%	94.8%
Contact Details	96.9%	90.4%
MCN	45.0%	58%

Limitations

- Out of hours referral letters not included
- Unable to make direct comparisons on all criteria in guidelines so data was grouped
- 6 researchers so potential issues with inter-rater reliability
- Confounding factors of age, sex and nationality of doctor not taken into account

Conclusions

Primary and secondary care physicians should be made aware of the results of this study to improve the quality of referral and discharge letters leading ultimately to more timely, safer and better quality care for patients. This remains an important issue with the shift of the majority of patient care to the community.

References

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