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ORIGINAL ARTICLE

Retrospective Analysis of Intra-Departmental Requests for Consultation to Hematology Department

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ABSTRACT

Aim: To investigate how much information a specialist hematologist receives at the time of initial assessment of referred patients through a referral letter.
Study design: Retrospective study
Place and duration of study: Haematology department BVH, October 2020 to February 2021 (5 months)
Methods & Results: Among the 96 referral letters received, Majority 45 (47%) was referred from medicine department. Most common reason for referring the patient was evaluation of Pancytopenia n=19 (19.8%), Request for bone marrow biopsy n=14 (14.6%), being the second most common. The reason for referral was not properly stated in n=9 (9.4%) of patients in our study. Majority of referred patients were above 46 years of age n=22 (22.9%). CBC was mentioned only in n=35 (36.5%).
Conclusion: Our study concludes that quality of referral letter was well below the acceptable standards. A well-documented protocol for referral letter is the need of hour to improve the quality of a referral process.
Keywords: referral letter, pancytopenia, bone marrow, hematology clinics

INTRODUCTION

Hematology consultation is usually obtained in cases like refractory anemia, refractory thrombocytopenia, unexplained leukocytosis and leucopenia, when there is concern about bone marrow failure, blast cells seen on Peripheral Blood smear for suspicion of hematological malignancies and whenever bone marrow aspirate and biopsy is indicated.

Hematological clinics have been developed to provide efficient treatment and quality care to hematological diseases. Patients may be referred to a hematological clinic during stay in hospital, before discharge from the hospital, directly from another outpatient clinic, or on discharge from another hospital.

Evaluation of referrals to hospitals has generated much interest lately, but most published work has been on referrals from general practitioners (GPs) rather than referral from within a hospital[1]. Hospital doctors are the ones mostly referring patients to hematological clinics and it is important to review it. Guidelines recommend that the referral letter provide all clinical details, including age, gender, findings on physical examination, relevant laboratory & radiological investigations, provisional diagnosis, reason for referral and ward name sending the call.

Bahawal Victoria Hospital has recently started hematology outpatient clinic and inpatient referral services to the admitted patients headed by a consultant clinical hematologist.

Therefore a study was conducted to audit the referral letters of patients to the hematology clinic.

Aim & Objective: To investigate how much information a specialist hematologist receives at the time of initial assessment of referred patients through a referral letter.

MATERIAL AND METHODS

This study was conducted at Bahawal Victoria Hospital (BVH), a 2200 bedded tertiary care hospital, located in southern area of Punjab, relatively backward area. All referral letters to clinical hematology department from October 2020 to February 2021 were entered in the study. This was a Retrospective audit. The clinical information in the referral letter including age, gender, symptoms, signs, ward sending letter, provisional diagnosis, reason for referral, and baseline labs, blood film, radiological investigations were assessed.

RESULTS

A total of 96 referral letters were received in hematology clinic comprised of 47 males (49%) ranging from age 5 months to 87 years of age. Those between 0-15 years of age were n=8 (8.3%), 16-30 years n=20 (20.8%) 31-45 years of age n=4 (4.2%) above 46 years n=22 (22.9%), age was not mentioned in n=42 (43.8%) of referral letters in our study.

The wards sending the call were G. Medicine n=45 (46.9%), Nephrology n=11 (11.5%), G. Surgery n=9 (9.4%), Gynae and Obstetrics n=8 (8.3%), Urology n=7 (7.3%) Pediatrics Medicine n=6 (6.3%), Pulmonology n=3 (3.1%) ENT n=3 (3.1%), and 1 call letter each from Pediatrics Surgery, Emergency ICU, Cardiology (table 1). The ward name was not specified in one referral letter.

Table 1:

Wards sending the referral	Frequency	Percent
Medicine	45	46.9
Nephrology	11	11.5
Surgery	9	9.4
Gynae and OBS	8	8.3
Urology	7	7.3
Pediatrics	6	6.3
Pulmonology	3	3.1
ENT	3	3.1
Emergency ICU	1	1.0
Cardiology	1	1.0
Paeds Surgery	1	1.0
Ward not specified	1	1.0
Total	96	100.0

The reason for referral was Pancytopenia n=19 (19.8%), request for bone marrow biopsy, n=14 (14.6%), hematological malignancies n=11 (11.5%), thrombocytopenia n=9 (9.4%) reason for referral was not properly stated in n=9 (9.4%), request for blood complete picture with peripheral morphology n=6 (6.3%), opinion regarding anticoagulation n=5 (5.2%), bicytopenia n=5 (5.2%), and opinion regarding chemotherapy n=5 (5.2) Fig. 1.

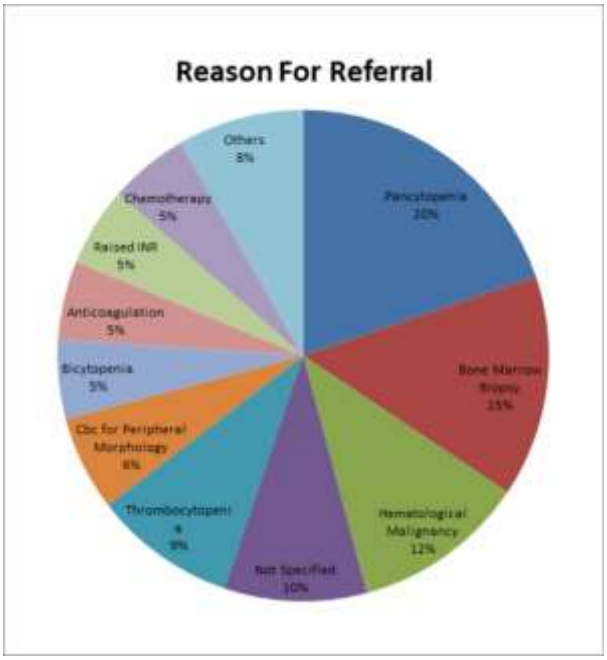

Figure 1: Basic investigations like CBC was mentioned in n=35 (36.5%), not mentioned in n=49 (51.0%) and single entity (instead of complete blood picture) was mentioned in n=12 (12.5%).

DISCUSSION

Hematological clinics function as a central facility to monitor the hematological treatment of outpatients and bedside evaluation of inpatients on behalf of referring clinician. Quality care can be improved by prompt provision of complete and accurate referral information. Shared care cannot be implemented successfully if key details such as CBC are not known as in 51% of patients in our study.

Clinical information in referral letters helps the hematologist at hematological clinic to manage patients. Collecting omitted information requires extra consultation time and there is a possibility of overlooking important information. A recent study on communication between general practitioners and hospital consultants for clinical referrals concluded that the profession unanimously endorsed a standard for communication which its members could aspire to and use as a yardstick for their performance, as in development of a “minimum requirement” for information in referral letters[2,3].

Our results suggest that doctors referring patients do not fully appreciate the clinical significance of the information provided otherwise they would recognize the need to provide it. This stresses the need to educate health professionals about the need to deliver such information when care is being shared or taken over.

Poor communication from the hospital wards is particularly worrying and reinforces findings of one previous study on the in patient management of anticoagulation[4,5]. Incomplete referral letters, missing important data like reason for referring and important labs leads to disruption, searching for missing medical notes and sometimes these searches remain fruitless. The extra work load is substantial which eventually lead to delay or inappropriate management of such patients. This all could have been prevented by proper communication and standardizing the minimum requirement for information in a referral letter.

Hull and Westerman reported in 1986 that 27% of referral letters to a medial department were barely adequate, absent necessary information or with poor communication[4,6]. Audit often emphasizes clinical practice (for example, choice of chemotherapeutic regimen in multiple myeloma) rather than efficient administrative system (for example a system to carry referral letters along with patients timely to hematological clinics), yet the quality of patient’s care depends on teamwork among health professionals and clerical staff at all levels. Doctors often fail to appreciate the wider context of such team effort and that they are ultimately responsible for the sum total of the effort, which, as recently documented, must be integral to the overall quality of service[5,7]. We are recommending an outline of a referral letter and this could be tailored according to each medical speciality needs (Appendix-1).

CONCLUSIONS

Although this study was conducted to a hematological clinic, many of the lessons learnt can be applied to other specialist clinics. To improve both the administrative and clinical information in referral letters to clinics we designed a referral form[8].

The communication of information to specialist can be improved, and will help optimize the delivery of specialist services. Therefore Standardization of the contents of referral letters for each specialty has been suggested[9,10].

Comprehensive and helpful referral form can be designed for this purpose. Side by side educating health professionals referring these patients is of key importance as majority of them undermine the importance of a quality referral letter containing all necessary clinical data and notes which can be useful for the hematologist. Similarly health professional should better appreciate the administrative and organizational influences that affect team work and quality of care.

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