

S U M M A R Y

Continuity is the essence of patient care in family practice but this is likely to be disrupted if there is failure in communication during the process of patient referral. Several studies show that there is failure in communication on the part of the referring physician as well as the consultant physician.

Based on the assumption, that often there is failure in communication, this study was designed to find out whether the use of a standardised structured referral letter would improve communications in referral.

The study was conducted in a sample of eight family practices located in and around Colombo within a radius of 15 km. These practices were purposively selected and randomly allocated into a control group A and an intervention group B. All patient referrals from the practices during phases I and III of the study period were included in the study.

The study began on 1st May 1991 and extended up to 31st October 1991. The months of May, June, July and August correspond to phases I to IV, and September and October correspond to phase V. During phases I to IV consultations and patient referrals were recorded on forms designed for the purpose (Annexes 1 and 3). Phase V was a period for follow up on referrals made earlier. Referrals in phase I were done by both groups A and B with the usual handwritten letter, but in phase III the intervention group B used the structured referral letter (Annexe 4) for referring patients while the control group A continued in the same manner as

before.

Copies of all referral letters were kept, and later analysed for content on a master sheet prepared for the purpose (Annex 6), and a method of scoring each letter was adopted. An assessment of written communications from the consultants was done by the family physicians on the respective referred patient data forms.

Phases I and III were considered as the study phases and data collected during these phases were analysed. There were 35 475 consultations and 646 referrals during the two study phases, and the mean rate of referral was 1.9 percent. Referrals were directed either to the public sector or to the private sector. When opinion and advice was needed referral was more often made to the private sector, and when services in management were needed the public sector was used more often. The surgical speciality was most frequently used in referral.

The rate of return of patients after referral was below 50 percent in all the practices, and the rate of reply from consultants was even lower. Replies that were received from consultants contained useful information. A significantly better rate of reply was obtained from referrals made to the private sector than to the public sector. There was no significant difference in reply rates from the specialities.

When the structured referral letter was used inclusion of essential patient information improved, but it had no significant effect on the rate of reply from consultants.