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Research Article

Evaluation of the information contained in the referrals of primary care patients in the city of Rio do Sul (SC)

Avaliação das informações contidas nos encaminhamentos dos pacientes da atenção primária do município de Rio do Sul (SC)

Evaluación de las informaciones contenidas en los encaminamientos de pacientes de atención primaria en la ciudad de Rio do Sul (SC)

Eloyve Joaquim Ramos Junior[1], Franciani Rodrigues da Rocha[1]

[1]Centro Universitário para o Desenvolvimento do Alto Vale do Itajaí – Rio do Sul (SC), Brazil.

Abstract

Introduction: The referral process is one of the logistics systems currently in operation, and its function is to link the different levels of health care in a given health care network (HCN). **Objective:** To evaluate the information contained in the referral guides of patients referred from the primary care of the HCN in the Brazilian city of Rio de Sul (SC). **Methods:** An observational, analytical, cross-sectional study was conducted, where the HCN guides were examined from a form containing pre-established variables. The information collected was submitted to descriptive analysis of frequencies, which were represented by n (absolute frequency) and % (percentage). **Results:** A total of 158 referrals were analyzed, with demographic data being present in 158 (100%), main complaint or reason for referral in 131 (82.9%), description of the main complaint or reason for referral in 82 (51.9 %), description of associated symptoms in 21 (13.3%), past pathological history in 61 (38.6%), list of current medications in 37 (23.4%), allergies in 10 (6.3%), clinically relevant findings in 75 (47.5%), previous investigation results in 45 (28.5%), Prior treatment outline in 42 (26.6%), provisional diagnosis in 75 (47.5%) and declaration of what is expected of the referral in 66 (41.8%). **Conclusions:** There was a lack of information in HCN referrals when compared to other studies, especially concerning patient historical information, clinical data about the reason for the referral, provisional diagnosis, and declaration of what is expected of the referral. However, encouraging the description of this basic information can be an initial measure to change the current situation.

Keywords: Primary health care; Referral and consultation; Health information exchange.

Corresponding author:
Eloyve Joaquim Ramos Junior
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Resumo

Introdução: O processo de encaminhamento é um dos sistemas logísticos em atividade atualmente e tem como função interligar os diferentes níveis de atenção à saúde de determinada Rede de Atenção à Saúde (RAS). **Objetivo:** Avaliar as informações contidas nas guias de encaminhamento dos pacientes referenciados da atenção primária da RAS do município de Rio de Sul (SC). **Métodos:** Estudo observacional, analítico e transversal, em que as guias da RAS foram examinadas com base em um formulário contendo variáveis preestabelecidas. As informações coletadas receberam análise descritiva de frequências e foram representadas por n (frequência absoluta) e % (porcentagem). **Resultados:** Foram analisados 158 encaminhamentos. Dados demográficos estavam presentes em 158 (100%), queixa principal ou motivo da referência em 131 (82,9%), descrição da queixa principal ou do motivo da referência em 82 (51,9%), descrição dos sintomas associados em 21 (13,3%), história patológica pregressa em 61 (38,6%), lista de medicações atuais em 37 (23,4 %), alergias em dez (6,3%), achados de relevância clinica em 75 (47,5%), resultados da investigação prévia em 45 (28,5%), esboço de tratamento prévio em 42 (26,6%), diagnóstico provisório em 75 (47,5%) e declaração do que se espera do encaminhamento em 66 (41,8%). **Conclusões:** Revelou-se carência de informações nos encaminhamentos da RAS quando comparadas às de outros estudos, principalmente no que concerne a informações históricas do paciente, dados clínicos acerca do motivo do encaminhamento, diagnóstico provisório e declaração do que se espera do encaminhamento. No entanto, o incentivo à descrição dessas informações básicas pode ser uma medida inicial para a mudança da conjuntura atual.

Palavras-chave: Atenção primária à saúde; Encaminhamento e consulta; Troca de informação em saúde.

Resumen

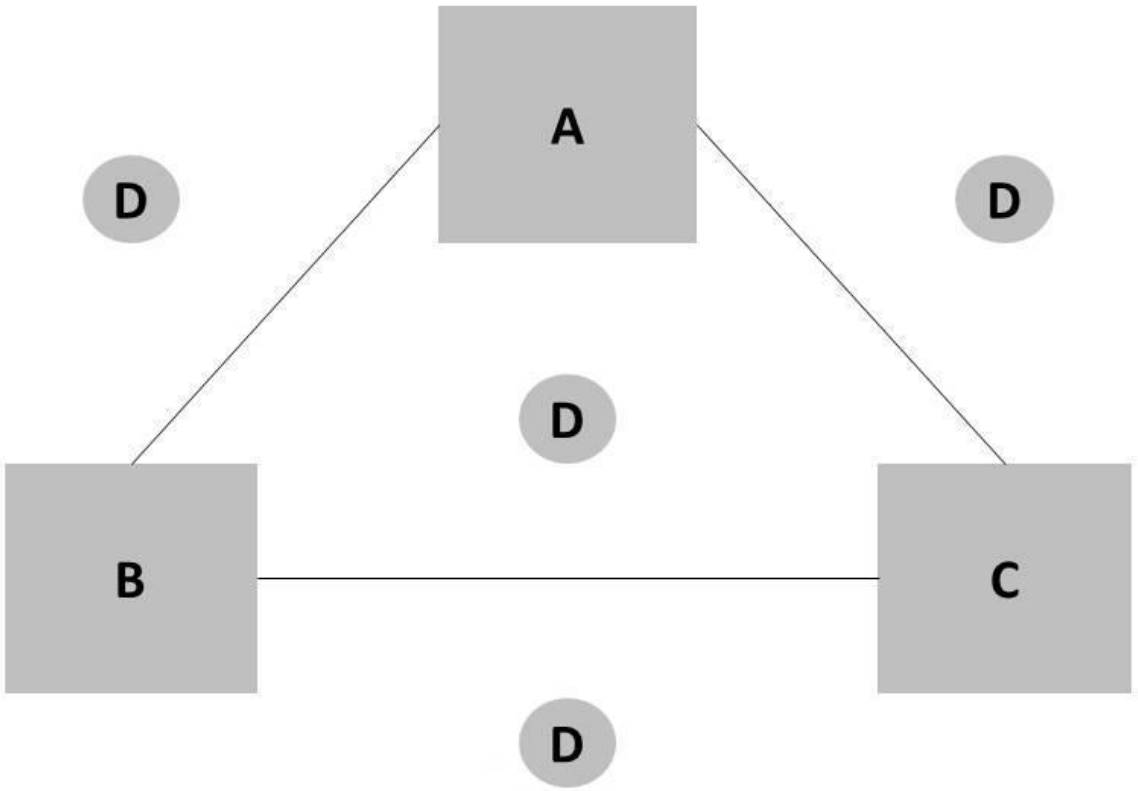
Introducción: El proceso de encaminamiento es uno de los sistemas logísticos actualmente en funcionamiento, y su función es vincular los diferentes niveles de atención en salud en una determinada Red de Atención a la Salud (RAS). **Objetivo:** Evaluar las informaciones contenidas en las guías de encaminamiento de pacientes derivados de la atención primaria de la RAS de la ciudad de Rio de Sul (SC). **Métodos:** Estudio observacional, analítico y transversal, donde se examinaron las guías de la RAS desde un formulario que contenía variables preestablecidas. La información recolectada recibió análisis descriptivo de frecuencias y fue representada por n (frecuencia absoluta) y % (porcentaje). **Resultados:** se analizaron 158 referencias, estando presente el dato demográfico en 158 (100%), queja principal o motivo de referencia en 131 (82,9%), descripción de la queja principal o motivo de referencia en 82 (51,9%), descripción de síntomas asociados en 21 (13,3%), antecedentes patológicos en 61 (38,6%), lista de medicamentos actuales en 37 (23,4%), alergias en 10 (6,3%), hallazgos clínicamente relevantes en 75 (47,5%), resultados de la investigación previa en 45 (28,5%), esquema de tratamiento preliminar en 42 (26,6%), diagnóstico provisional en 75 (47,5%) y declaración de lo que se espera del encaminamiento en 66 (41,8%). **Conclusiones:** Hubo falta de información en los encaminamientos de la RAS en comparación con otros estudios, especialmente en lo que se refiere a la información histórica del paciente, datos clínicos sobre el motivo del encaminamiento, diagnóstico provisional y declaración de lo que se espera del encaminamiento. Sin embargo, fomentar la descripción de estas informaciones básicas puede ser una medida inicial para cambiar la situación actual.

Palabras clave: Atención primaria de salud; Derivación y consulta; Intercambio de información en salud.

INTRODUCTION

The health care network (HCN) was first conceived in Great Britain in 1920 by the classic Dawson Report, which proposed that the main points forming this network were primary care as a gateway, secondary care exercised for outpatient services and tertiary care provided in hospitals.[1] In Brazil, Ordinance 4.279/2010 defined the guidelines for structuring the HCN within the scope of the Unified Health System (SUS).[2] This establishes that the organization must be articulated through the interaction of its three constituent components — population, operational framework and logistic system —,[3] culminating in the schematic model represented in Figure 1.

Thus, with regard to the interaction of these organizational components, when a patient needs to be referred from primary care to secondary care, they are processed with a document containing information about their clinical data, popularly called a referral, which must be of high quality to provide good communication.[4] If there is poor dialogue between health units — a problem that may result from illegibility, lack of information, cultural differences and practices between health providers and ineffective logistics systems[5,6] —, this will cause harm to patients. These may be subjected, for example, to questions, diagnostic tests and treatments already carried out.[7] There will also be a loss for professionals, who will have an additional workload,[8,9] and for the system, since it pays for these inefficiencies.[10]



Legend: "A" represents primary care, "B" secondary care, "C" tertiary care, "D" population, and lines logistic systems.
Source: authors.
Figure 1. Schematic representation of a health care network.

According to our experience in secondary care, difficulty in accessing relevant patient information (which should be in the referrals) negatively influences how consultations proceed, and because the literature has scarce data on the subject, we felt the need to recognize this problem in our own municipality, to shed light on a weakness that can occur in other HCNs. The subject is little discussed, but it has an impact on patient management.

Therefore, this study aimed to evaluate the information contained in patients' referrals from the primary care of the HCN in the city of Rio de Sul (SC).

METHODS

This study received Approval No. 4,731,482 from the Research Ethics Committee of the University Center for the Development of Alto Vale do Itajaí (UNIDAVI), and has as general classification the exploratory modality, of the applied and field type, having descriptive objective and quantitative approach. Furthermore, according to the characterization of epidemiological study designs, this was an observational, analytical and cross-sectional study.

First, through interviews with specialists in secondary care and considering the study "*Tool to assess the quality of consultation and referral request letters in family medicine*",[4] which listed the basic information that a resident of Family and Community Medicine should report on their referrals, a list of information that would be evaluated was prepared and is presented in Chart 1.

Chart 1. Information assessed in referrals.

Demographic data
Main complaint or reason for referral
Description of main complaint or reason for referral
Description of associated symptoms
Past pathological history
List of current medications
Allergies
Clinically relevant findings
Previous investigation results
Prior treatment outline
Provisional diagnosis
Statement of what is expected from referral

Source: authors.

Therefore, considering that all referrals for specialties that the municipality offered were printed or handwritten and subsequently directed to a place for scheduling appointments at a Polyclinic of Regional Reference, one of the researchers went to that location and analyzed each referral individually.

The inclusion criteria were:

1. come from medical professionals from the Family Health Strategy (ESF) teams in the city of Rio do Sul (SC);
2. come from medical professionals who are preceptors of the medical course in the city where they work in the Family Health Units (USFs) of the municipality;
3. be references for medical and non-medical professionals in secondary care; and
4. have been delivered in the period from May 1 to July 31 of 2021, at the time when the researcher was carrying out the collection.

The exclusion criteria were:

1. coming from non-medical professionals of the municipality's ESF teams; and
2. unreadable documents.

In this city where the research was carried out, there were no residents or other medical professionals working in the USFs besides the doctors of the ESF teams and preceptors of the Medicine course. It was established that the sample size would be the total number of referrals delivered during the data collection period.

Finally, the data were grouped in Microsoft Excel 2010 and then transferred to be analyzed in the Statistical Package for the Social Sciences, version 22.0 (SPSS Inc., Chicago, USA). The variables were submitted to descriptive analysis of frequencies and were represented by n and %.

RESULTS

During the period, there were 164 referrals, of which 158 met the inclusion criteria, and six were excluded for being unreadable, in addition to there being no referrals from non-medical professionals from the ESF teams in the municipality. The frequency of each variable present in the included referrals is shown in Table 1, and the two pieces of information that were most present were demographic data (100% of referrals), followed by the main complaint or reason for the referral (82.9% of referrals). The variable that was least present was allergies, which appeared in only ten referrals, that is, 6.3%.

Table 1. Frequency of information in referrals.

Variable	n (%) (N=158)
Demographic data	158 (100)
Main complaint or reason for referral	131 (82.9)
Description of main complaint or reason for referral	82 (51.9)
Description of associated symptoms	21 (13.3)
Past pathological history	61 (38.6)
List of current medications	37 (23.4)
Allergies	10 (6.3)
Clinically relevant findings	75 (47.5)
Previous investigation results	45 (28.5)
Prior treatment outline	42 (26.6)
Provisional diagnosis	75 (47.5)
Statement of what is expected from referral	66 (41.8)

Legend: Data are expressed as frequency and percentage. n: sample size. N: population size.
Source: authors.

Most of the referrals (62.6%) contained a description of the main complaint or the reason for the referral when the first one was present. In addition, 88.0% of referrals did not have demographic data, main complaint or reason for referral, description of main complaint or reason for referral, provisional diagnosis and statement of what is expected from the referral grouped.

DISCUSSION

The survey shows that primary care physicians in the HCN studied, most of the time, referred their patients with information on demographic data and main complaint or reason for the referral. These data expose the contrast with the study carried out in Canada by François,[11] in which Family Medicine residents audited their own referral letters, and the only variable that was not present in 70% of the referrals, among those that this work also reviewed, was the information about allergies. This difference can be explained by the fact that the physicians at the HCN studied see referral as a necessary process for the patient to be referred to a specialist, and not as a means of communication for exchanging information, as Canadian Family Medicine residents do.

Furthermore, in a panel of experts, primary care physicians, and patients, Stegmann et al.[12] demonstrated that primary care physicians are expected to describe in their referrals, among other information, medical history, current medications, clinical findings and data from previous investigation. However, the present study identified a large gap in the description of these items, which the primary care physician would hardly be aware of, representing a missed opportunity to share information that could change the course of secondary or tertiary care, avoiding, for example, drug interactions and repeated tests. This inconsistency between what is expected and what is done in the HCN studied may have part of the explanation anchored in the inexistence of the counter-referral process, that is, there is no dialogue in the direction of secondary care to primary care, preventing the exchange of information on how to improve referrals.

Despite this, the low frequency of allergy descriptions (6.3% of referrals) is in line with a study carried out in England,[13] in which, in the city of Exeter, only 13% of referrals had a description of allergies and,

in the city of Newcastle, only 12%. This reveals a problem that accompanies not only the HCN studied, given that the non-exhibition of this information can, for example, result in the prescription of medications to which the patient has atopy, causing morbidity and even death.[14] The similarity between the data found may be based on the fact that, currently, more and more primary care physicians have less time devoted to consulting their patients,[15] meaning that important information is not questioned, recorded in medical records and consequently transmitted to their colleagues.

It was also seen that less than half of the referrals contained a provisional diagnosis (47.5%) or a statement of what is expected from the referral (41.8%). These data may have justifications, but these need to be confirmed by other studies — such as pressure from patients to move up to secondary care, not offering time for investigation by the general practitioner, technical inability to conduct the clinical case in primary care or even lack of giving due importance to the description of these topics.

Based on the identification that the vast majority (88.0%) of the referrals did not contain information on demographic data, main complaint, description of the main complaint, provisional diagnosis plus statement of what is expected, considered essential by the authors, the description of these data can be encouraged, particularly the main complaint, considering the positive association between the main complaint and its description (62.6% of the referrals had a description when the main complaint was present). Thus, based on this stimulus, the amount of information transmitted from primary care to secondary care in the HCN studied and in others with the same problem tends to increase.

The limitation of the study was that it did not evaluate referrals from primary care to secondary care in the out-of-home treatment subtype, as these were directed to another location and, as they went through a regulatory process, contained more information of a mandatory nature, the which could have increased the frequency of some variables.

CONCLUSION

The study identified a lack of information in the referrals of patients from the primary care of the HCN in the city of Rio do Sul (SC), when compared to other studies, given that there is no awareness of the importance of this document for the exchange of information, which can cause setbacks for physicians, patients and the HCN. Thus, initial measures can be taken to reverse the situation, for example, encouraging the description of basic information such as demographic data, main complaint, description of the main complaint, provisional diagnosis and statement of what is expected from the referral.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

EJRJ: Project management, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Investigation, Methodology, Resources, Software, Supervision, Validation, Visualization. FRR: Project management, Formal analysis, Conceptualization, Data curation, Writing – Original draft, Writing – review & editing, Investigation, Methodology, Resources, Software, Supervision, Validation, Visualization.

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