

A survey of transfer forms at the Lady Ridgeway Hospital for Children

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Abstract

Objective To assess type and adequacy of information provided by transfer forms (TFs) at two units of Lady Ridgeway Hospital for Children (LRHC), Colombo.

Design Prospective observational study.

Setting Wards 8 and 9 of LRHC.

Subjects All children transferred from other medical institutions.

Method Study was carried out over 3 months from 15th March, 2002 on all patients transferred to wards 8 and 9 from another hospital. Type of information provided in TFs was assessed and details taken into a pre-tested questionnaire. The information was analysed using Epi Info Version 6.04b.

Results A total of 172 TFs, accounting for 3% admissions, were analysed. 74% transfers were under 5 years of age. Full name was not provided in 60%. Race and religion were not given in 35% and 43% respectively. Incomplete addresses were given in 10% and no addresses in 27%. Most transfers were from teaching, provincial and base hospitals. In 54% consultants had not signed TF and in 26% designation of transferring officer was not provided. Results of investigations were provided only in 57%. In 74% there was neither a diagnosis card nor a referral letter.

Main complaints and clinical signs were given in 74% but details of patient's condition at time of transfer were given in only 42%. Date of admission to transferring institution was provided in only 18%. Treatment was instituted at transferring station in 74% but only 15% mentioned the date of starting treatment. In 30% duration of treatment was provided and in only 13% was date and time of last dose of drugs documented.

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Conclusions There were significant inadequacies in information provided in many TFs. A revised format of printed TF should be adopted to minimize these deficiencies.

Introduction

Lady Ridgeway Hospital for Children (LRHC) is the only tertiary care institution for children in Sri Lanka. Patients are transferred to it for multiple reasons from all parts of the country. Many have been initially managed in local institutions and transferred. Each is accompanied by a standard TF in which demographic and clinical details are provided. There are no previous publications on nature of information provided by TFs. This study was undertaken to provide some information on this aspect.

Objective

To evaluate nature and adequacy of demographic and clinical information provided by TFs.

Method

The study was carried out over 3 months from 15th March 2002 in wards 8 and 9 of LRHC. All children transferred to the wards were included. All TFs were perused and a pre-tested purpose-designed questionnaire was used to collect information provided by TFs. Some information was crosschecked with mother or bystander. Questionnaire was designed to evaluate information provided on headings of TFs as well as further details that should have been given by the doctor transferring the patient. The details were fed into a specifically designed computer database in Epi Info Version 6.04b and analysed using its inherent analytical mode.

Results

A total of 172 TFs were analysed accounting for 3% admissions during period of study. 74% transfers were under 5 years of age. Correct age was given in all TFs. Full name was not provided in 104 (60%). In 9(5%) gender was not mentioned. Race and religion were not given in 61(35%) and 75(43%) respectively.

Incomplete addresses were given in 17 (10%) and no addresses were provided in 47 (27%) TFs.

There were 32 (18%) transferred from National Hospital, 49 (29%) from other teaching hospitals, 47(27%) from base hospitals, 14 (8%) from provincial hospitals, 12 (7%) from district hospitals and 15 (9%) from peripheral units. In 2(1%) transferring station was not provided in TF.

There were 142(83%) from stations where consultants were available but consultants had signed TFs in only 79 (46%). In 45 (26%) designation of transferring officer was not provided. In 164 (95%) reason for transfer was mentioned but transferring time and date were provided in only 89 (52%). Results of investigations performed were provided in 98 (57%).

In 127(74%) TF was not accompanied by either a referral letter or diagnosis card. Main complaints and clinical signs were given in 127 (74%) but details of patient's condition at time of transfer was given in only 72 (42%). Date of admission to transferring institution was provided in only 31 (18%). In 162 (94%) child was accompanied by mother but relationship of accompanying person was given in TF in only 12 (7%).

Treatment was instituted at transferring station in 127 (74%) but only 19 (15%) had noted day of commencement of therapy. In 52 (30%) duration of treatment was provided and in only 22 (13%) was date and time of administering last dose of drugs documented.

Discussion

In Sri Lanka, standardized printed TFs are used to transfer patients from one medical institution to another (Figure 1). The document itself is of a general design to cater to needs of any transferred patient and is not specific for paediatric age group. It is a valuable document that should provide important information regarding patient. Many details, for which specific spaces are provided in TF, are helpful for future management.

The present study highlights major deficiencies in filling up TFs. Some important pieces of information were not provided in a significant proportion of documents perused in this study. In a Ministry of Health Circular1 dated 29th April 2002, specific instructions are given on filling of current TF. The study revealed that these instructions have not been adhered to in some patients transferred to LRHC.

The inadequacy of information provided in TFs hampers optimal management of cases transferred. Many transferred patients are either seriously ill or responding poorly to treatment. Some are diagnostic problems that need further evaluation and investigation. In all of them it is imperative that all relevant clinical information be available to institution to which they are transferred.

The present format of TF (Figure 1) does not provide spaces for important details like current drug therapy, timing of last dose, clinical condition at time of transfer, likely diagnosis or clinical problem. It is time that the standard printed TF is modified to correct some of these deficiencies. A new format for TF is suggested and given in Figure 2.

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TRANSFER OF PATIENTS FROM ONE INSTITUTION TO ANOTHER

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Figure 1. The current standard transfer form.

