Quality of information on hospice referral

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SUMMARY
Good quality referral information provides hospice staff with essential information at a time when patients are particularly vulnerable. An Ideal Referral Criteria tool for measuring the quality of general practitioners’ information was piloted at one hospice site. Overall inter-rater reliability was 90%, with individual categories ranging from 19% to 34%. Cronbach’s alpha was 0.35. Further psychometric testing is recommended.

Keywords: referral; quality; hospice.

Introduction
While the literature has focused on the quality of general practitioners’ (GPs’) referral letters to hospital specialists,1–3 hospice referrals have received less attention.4 Good communication from GPs can enhance hospice doctors’ understanding of the patient’s situation at a time when the patient is facing death.

Improvement in the quality of GPs’ referral information may be achieved by monitoring its quality, with subsequent feedback to GPs. However, a monitoring tool is currently not available. This study aimed to design and pilot an Ideal Referral Criteria (IRC) tool at one hospice.

Method
The study site was the Mary Potter Hospice, a 22-bed unit in Wellington, New Zealand. At the time of the study, GPs made 55% of all referrals. Services include medical and nursing care, community-based care co-ordination, day therapy, patient and family counselling, social work, and spiritual care.

Ideal Referral Criteria were drawn up with reference to referral criteria identified as important for hospices4 plus criteria developed for different hospital specialties.1–3 Items in the categories considered important were designated ‘essential’ and those less important, ‘non-essential’. Consensual validity of the criteria was determined by a review where the six hospice doctors recommended the addition and deletion of several items and reclassification of a few ‘non-essential’ items as ‘essential’. The items were allocated numerical values. IRC categories and essential items included:

- doctor information: date of referral, name, address, telephone number;
- patient information: name, date of birth, address, telephone number;
- medical background: complete past medical history, com-

Table 1. Inter-rater reliability: category and sum-scores.

<table>
<thead>
<tr>
<th>Category (maximum score)</th>
<th>Rater 1</th>
<th>Rater 2</th>
<th>Kwa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor information (5)</td>
<td>4.9(0.3)</td>
<td>4.8(0.4)</td>
<td>0.27</td>
</tr>
<tr>
<td>Patient information (5)</td>
<td>4.6(0.5)</td>
<td>4.6(0.6)</td>
<td>0.29</td>
</tr>
<tr>
<td>Medical background (4)</td>
<td>2.1(1.2)</td>
<td>1.8(1.2)</td>
<td>0.19</td>
</tr>
<tr>
<td>Psychosocial history (3)</td>
<td>1.6(1.1)</td>
<td>1.6(1.1)</td>
<td>0.23</td>
</tr>
<tr>
<td>Current problems (4)</td>
<td>2.8(0.7)</td>
<td>2.6(0.7)</td>
<td>0.34</td>
</tr>
<tr>
<td>Sequence of events (2)</td>
<td>1.4(0.8)</td>
<td>1.4(0.8)</td>
<td>0.32</td>
</tr>
<tr>
<td>Expectation (1)</td>
<td>1.0(0.0)</td>
<td>1.0(0.0)</td>
<td>-</td>
</tr>
<tr>
<td>Sum-score (24)</td>
<td>18.5(6.0)</td>
<td>17.7(8.0)</td>
<td>0.90</td>
</tr>
</tbody>
</table>

Kwa = 1 (denotes perfect agreement). Scoring: Categories 1 to 6: each essential item = 1; one or more non-essential items = total of 1; Category 7: no expectation = 0; expectation(s) given = 1. Category scores were summated to form a composite ‘quality’ measure (maximum sum-score = 24). ICC = intra-class correlation.

Results
Kwa for individual categories ranged from 0.19 (19%) to 0.34 (34%); ICC for the sum-score was 90% (Table 1). Cronbach’s alpha (0.35) was low. The internal consistency did not improve sufficiently on reducing the number of categories.6

Discussion
While the IRC’s overall inter-rater reliability was good, poorer agreement occurred for the categories. Training assessors more extensively in the use of the IRC may achieve closer agreement. Changing one item in the psychosocial category from ‘support available (family and others)’ to ‘adequacy of support available’ is also recommended.

The low Cronbach’s alpha indicates that the category items have little in common,6 reflecting the varied information required at referral. While it is recommended that all categories be retained in the tool, the low alpha-coefficient suggests that cate-


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gory scores should be treated individually rather than summated to form a composite measure.  

In conclusion, further psychometric testing of the IRC at other hospices is required.

References

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