Referral offer and acceptance following supportive care problem identification in an Australian comprehensive cancer service

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Introduction

- The success of screening programs in addressing **patient needs** depends on the **quality of the triage** process to relevant services.
- Australian studies report highly variable rates of referral **offer** post-screening, from 21%-91%.^{1,2}
- Referral **acceptance** varies according to demographic factors, such as sex, education level and age.²⁻⁴

Aim: To examine factors associated with the offer of referral to services, and subsequent acceptance.

Method

Retrospective review of patient medical records. Distress Thermometer (DT) and Problem Checklist (PC) completions from 01/01/2013-30/06/2014.

Data collected on:

- Demographic, disease and treatment information
- DT and PC scores
- Referral(s) **offered**?
- Referral(s) **accepted/declined**?

Data for each patient's *first* recorded DT and PC completion was analysed.

71% of referrals accepted overall

Results

Higher rates of referral offer predicted by:

- Higher distress ($p=.025$)
- Greater number of problems ($p<.001$)

Higher rates of referral acceptance predicted by:

- Lower distress ($p=.049$)
- Greater number of problems ($p<.001$)
- Type of referral offered ($p<.001$)
- Type of treatment ($p<.001$)

853 patients

86% accepted offer of assessment

50% reported high levels of distress

61% were offered referrals

Conclusions

- Referral offer and acceptance influenced by level of distress and problems, not patient demographics.
- Referral acceptance influenced by the type of referral offered; physical referrals most often accepted.
- Triage to services via problem identification accurately addressed the needs of cancer patients.
- These results were found in the context of a large metropolitan hospital with an in-house supportive care service.

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² Curry C et al. (2002) Uptake of psychosocial referrals in an outpatient cancer setting: improving service accessibility via the referral process. *Support Care Cancer* 10: 549-555.

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