

Quality assessment rejected referrals:

Cancer patients pathways unspecific symptoms

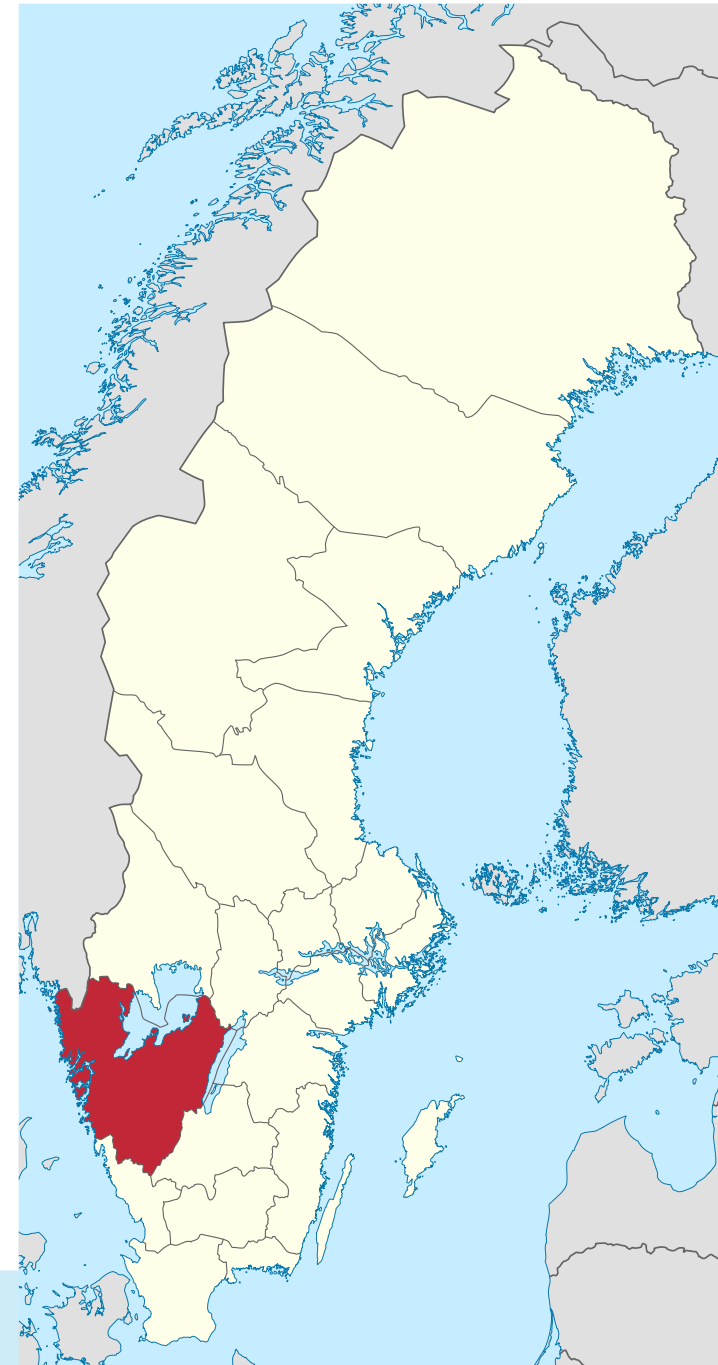
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Background

- Västra Götaland Region 1,8 M inhabitants
- 4 Diagnostic centres
- Up to 67% of referrals= CPP unspecific symptoms rejected
- Several attempts to communicate with primary care



Aim of the quality assessment

- Review the rejected referrals that did not fulfill the criteria for admission
- The reason for rejection
- Whether it was reasonable

Method

Sample size 20 at
each unit = 25 %
of all rejected
referrals 2023

Selection:
running number

10 March-April
and 10
September-
October 2023

Notes and
labtest results in
the medical
records

Physically in
place at the 4
DCs

Results

Distribution age and sex

Age years	Number <i>n</i> (%)	Women	Men
≤ 40	2 (2,5)	2	0
41-60	18 (22,5)	13	5
61-80	43 (54)	19	24
>80	17 (21)	7	10
Total	80	41	39

Most common symptoms/features that met the criteria

Criteria	Alone or combined with other symptoms
Weightloss	36
↑ Erythrocyte Sedimentation Rate	24
Tiredness	18
↓ Hemoglobin	16
Fever	3

Missing in referrals

- **Laboratory samples results:** majority or single
- **Incomplete medical history**
- **Status:** especially from hospital units
- **Patients's consent** to access medical records from other units

Main missing information

➤ 20 % missed documentation on

- Symptoms
- Duration
- Required and assessed laboratory samples

Reasons for rejection of CPP referral

- Specific testresult pointing towards a certain disease
- Focal symptoms -> further investigation needed in primary care
- No malignant symptoms or laboratory results
- Patient with multimorbidity

Reasons for rejection of CPP referral

- Long symptom/ pathological test duration (1-2 years)
- Extensively investigated -> 0 findings
- Ongoing investigation another clinic
- Does not fulfill criteria for this CPP

Observers's assessment = my assessment

Reason for rejection correct in most cases but...

- In a few cases patient could have been admitted
- The DC could have taken a single blood sample to proceed with CT thorax and abdomen
- Rejection in a few cases was entirely formal
- Demand for blood samples not found in the criteria for referral
- Could have referred the patient to another specialist at the hospital

Conclusion

- Correct to reject the referral in most cases
- 5%-15% different assessment could have been made
- Less "severe" approach could have been applied

Suggestions for improvement of quality of referrals



Define “newly onset symptoms”
in the yearly revision of the CPP unspecific symptoms



Remind the primary care and hospital units about information
needed in the referral for CPP unspecific symptoms.



Ongoing task for DCs