

## How to measure counselling priority in a busy urban sexual health clinic? 294

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### Background:

When counselling demand exceeds capacity, waiting lists can be formed. Prioritisation of counsellor allocation based solely upon wait time, can fail to accommodate more complex psychosocial presentations, including risk of self-harm or other vulnerabilities.

The only existing published tool for triaging clients accessing community counselling services is the CPRS, presently employed by counselling staff at an inner-city public sexual health service. Limitations of this tool were identified in a recent service review. The aim of the study is rigorously adapt the CPRS to better fit the sexual health counselling setting.

### Methods:

Sexual-health counsellors from services across SESLHD were anonymously surveyed about aspects of new client presentations that flag increased priority. A follow-up survey asked respondents to rate the priority of items identified in the initial survey along with items in the existing CPRS. Creation of the revised CPRS (CPRS-R) involved a systematic analysis of survey 2 results, to determine: which to include in revised scale; and what loading to that item. To assess the reliability of the revised scale, four expert sexual-health counsellors independently rated 14 hypothetical clinical vignettes using the CPRS and CPRS-R.

### Results:

Data analysis is ongoing. Face validity of the CPRS-R is supported by having 6 items analogous to the CPRS. Average inter-rater agreement on total CPRS-R scores was 28.6%, which was significantly higher than average agreement levels in CPRS ratings (10.7%) in an unpaired t-test ( $p < 0.005$ ). Average variability in total ratings on the CPRS-R was also low (SD=1.0, scoring range 0-17).

### Conclusion:

Early results indicate that the CPRS-R has greater reliability than the CPRS, in terms of scoring consistency. Further data analysis, will inform conclusions about scale properties including inter-rater reliability and criterion validity. Further development of revisions to the CPRS may be needed to support more efficient and effective client triage.

### Disclosure of Interest Statement:

Nil industry contributions were made to this study, financial or otherwise.