



Ready Set Send: Single-entry Surgical Intake Model Launches March 31 via Ocean eReferrals

**Webinar hosted by
Doctors Nova Scotia
March 27, 2023 – 6:30 p.m.**

Welcome & Introductions

► Purpose:

- Review Design Principles and Expected Benefits
- What does March 31 go-live look like?
- Quality & Performance
- Using Ocean – Resource Demo
- Other Key Points and Next Steps
- Diagnostic Imaging eRequisitions Preview
- Discussion



Expected Benefits:

Will help address many of the challenges identified in our pre-implementation survey:

“When making a referral, I have access to the information I need about available providers, their specialties and their wait times.”

- ▶ **74%** either **strongly or somewhat disagreed** they have access to the information they need when making a referral.

“I must resubmit / redirect incomplete or inaccurate referrals.”

- ▶ **57%** noted they **sometimes have to resubmit / redirect** referrals.

“I receive confirmation my referral has been received.”

- ▶ **78%** noted they either **sometimes or seldom receive** confirmation.

When asked how often referrals are incorrect in terms of their scope of practice...

- ▶ **38%** said they **sometimes or often receive incorrect referrals**.

When asked how often referrals are incomplete in terms of the studies / clinical information required to make a surgical decision...

- ▶ **51%** noted referrals are **often incomplete** in this regard.

Expected Benefits:

For Patients

- Improved communication about referral status and what to expect
- Continued choice/more informed choice (wait times, etc.)
- More equitable access to services
- Helps reduce wait times
- Timely triage to prioritize care

For Providers

- Consistent and complete referrals
- Less administrative burden for primary care providers
- Ability to refer to Central Intake Office to expedite care
- Comprehensive and up-to-date Central Intake and surgeon directory (HealthMap)
- Continued choice by referrer
- Less administrative burden for surgeons and specialists, with appropriate referral information
- Helps surgeons build practices, supporting recruitment and retention

For the Health System

- Access to data on how many patients are awaiting referrals to help better plan and allocate resources
- More consistency and coordination of referrals
- Opportunities to better distribute demand across the system

Design Principles:

Patients first:

- ✓ Patients comes first, with consistent high-quality care provided, ensuring patient choice whenever possible.

Accelerated, but impactful:

- ✓ Seek to ensure early wins are identified / implemented, while ensuring impact on the system.

Balancing readiness with population needs:

- ✓ Implementation will balance specialty readiness for change with population needs.

Simple:

- ✓ Model should be as simple and straightforward as possible (from referral to consult) to maximize uptake/effectiveness.

Scalable:

- ✓ Should be able to adapt / scale to meet needs of other clinical areas in the future and services already implemented.

‘One Door’ model, with options:

- ✓ Will provide a single standard and consistent processes for referring patients, while ensuring options are available during initial onboarding.

Respecting location/specialization-specific needs:

- ✓ Where possible, site and specialization-specific needs will be respected.

Supports continuous improvement:

- ✓ Model should enable incremental improvements over time through implementation of standards /data analysis.



What does March 31st look like?

► Transition Begins

- Migration to our new single-entry surgical referral intake model begins!
- Action for Health commitment - foundational to health system transformation.
- Model will evolve over time to fully realize benefits.
- Focus on learning together – **will support users / teams as they gain comfort** using the live tool -- work will continue to refine processes.
- ***For the first time, Nova Scotia will begin to have visibility into referrals sent and their status.***

► Ocean eReferrals Live

- Providers on Ocean can begin to send / receive eReferrals via their integrated EMR or Ocean eReferrals web portal.
- Nova Scotia listings are active on the Ocean Healthmap -- users able to search based on health service required.
- Listings include: **NSH / IWK Central Intake**, onboarded **Surgeons** (if onboarded) and **Zone OACs**.
- Surgeon listings include location and services – wait times will be added as additional data becomes available over time.



What does March 31st look like?

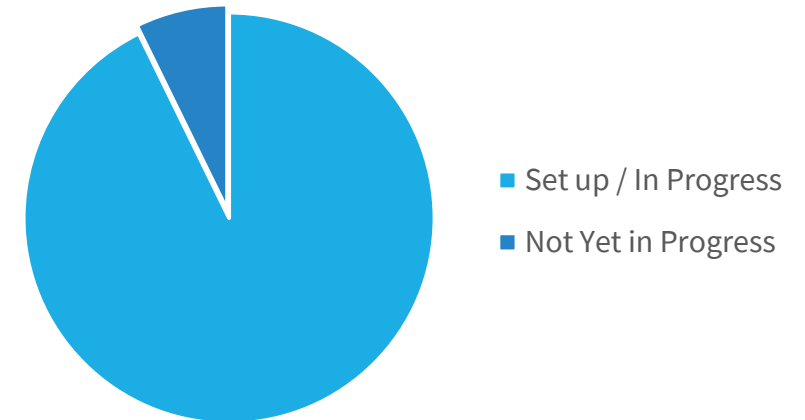
► Central Intake Teams

- In place for NSH and IWK, including referral officers, managers and nursing, with other clinical support as required.
- Combined NSH / IWK Central Intake in directory – referrals route based on service.
- Teams do not triage -- route according to priority assigned by referrer.
- Will follow guidelines established to ensure follow-up on outstanding requests.

► Provider Onboarding

- Primary care providers (Total: approximately 1200)
 - Approximately 50% of are fully set up to use the tool - others in progress.
- Surgeons (Total NSH: 271, IWK: 74)
 - IWK – all surgeons fully onboarded
 - NSH – most in finals stages of onboarding -- only 25 have not yet initiated.
 - Total – about 90% of all surgeons have on onboarded or in process of onboarding.
- Continuing efforts to initiate onboarding with outstanding providers.
- Timelines / processes for onboarding others TBD (i.e., ED physicians, endoscopists, internists, etc.).

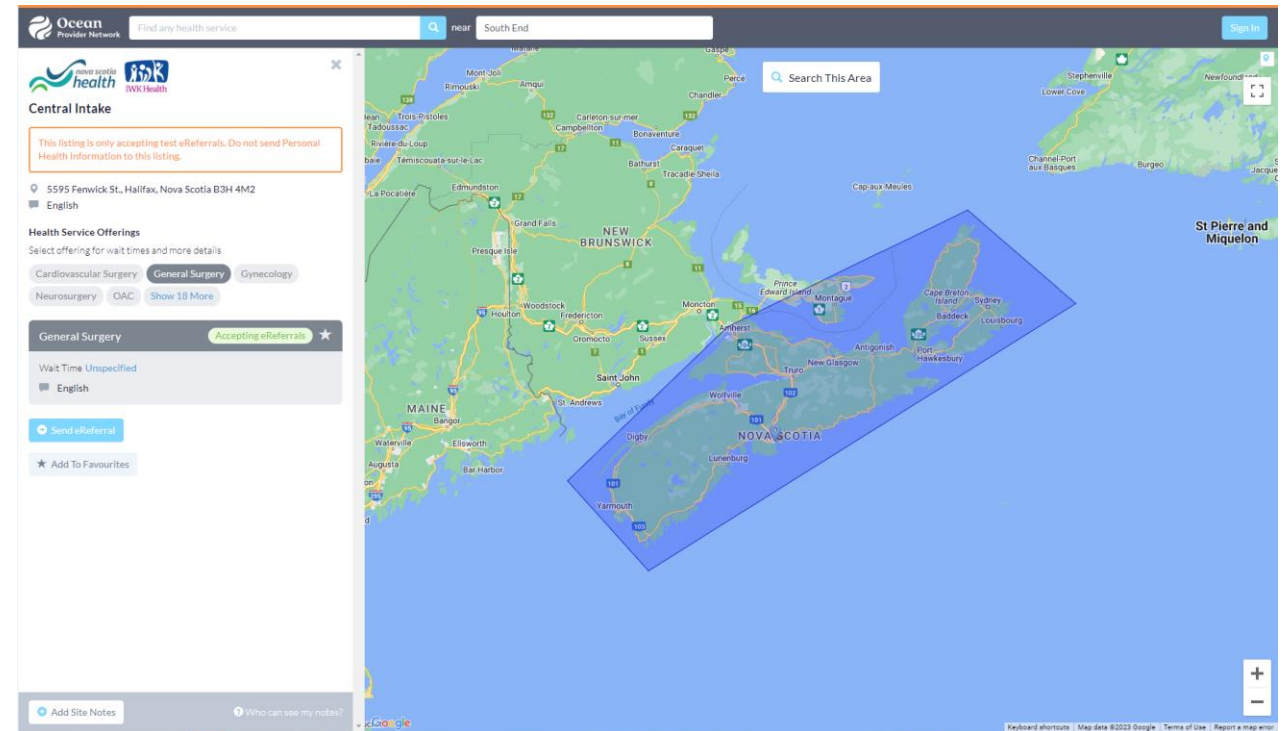
Surgeon Onboarding



What does March 31st look like?

► Referrals

- **Vision:** Referrals are primarily sent to Central Intake to be routed to the most appropriate / timely option (reliant on emerging wait data), with continued provisions for patient/provider choice.
- **Goal:** More equitable distribution of referrals, shorter waits for consults, and ultimately, surgeries.
- **Key points:**
 - Referrers will initiate referrals by searching for service required (i.e., general surgery).
 - Tool will automatically provide standardized, easy-to-use referral forms based on service.
 - All referrals are visible to Central Intake -- allows for review of completeness, tracking, follow-up on unactioned items.



What does March 31st look like?

► Referrals

○ Referral paths:

1. It is recommended providers refer to the **NSH / IWK Central Intake Office** for most services, to be routed appropriately based on patient needs / preferences (i.e., care close to home, willing to travel) and established routing rules.
2. Primary hip / knee arthroplasty (joint replacements) referrals are to be sent to a zone **Orthopedic Assessment Clinic (OAC) listing** in the **eReferrals Directory** (aligned with existing process)
3. Select and send to one of the **surgeons listed in the directory**.

○ Key questions:

- **Preferred surgeon not yet listed?**
 - Refer to Central Intake, noting preference in free text. **Interim measure.**
- **How will Central Intake route?**
 - Referrals not specifying provider initially routed to appropriate surgeons on a rotational basis. **Interim measure.**
- **What if a referring provider is not yet onboarded?**
 - Continue to refer as they do now. **Interim measure.**

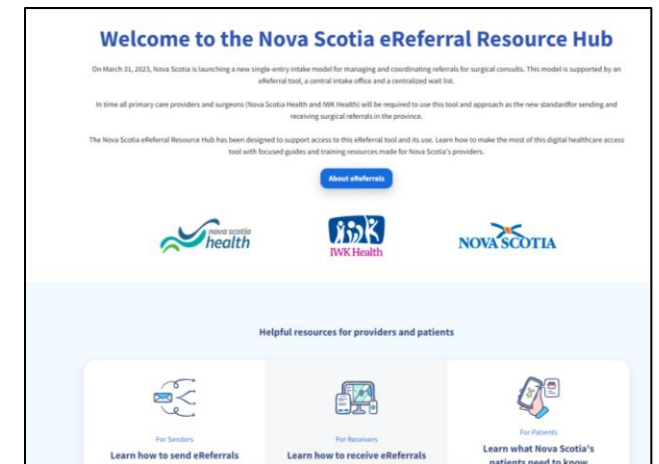
What does March 31st look like?

► Automatic Notifications

- Referring Providers, and Patients who provide an email address, will receive **automatic notifications** of their referral status:
 - Sent to Central Intake, sent to surgeon, accepted by surgeon, consult booked, appointment updated, etc.
- Referring providers may also receive requests for **clarification/more information** through the tool.
- Receiving Providers will be **alerted to referral requests**, if additional information is supplied, etc..
- Ability to **customize notifications** (i.e., redirect to another team member)
- Secure messages through Ocean, does not show provider email.

► User Supports

- Numerous resources / supports in place to help users become comfortable with tool.
- Customized for sender, receivers and various uses (i.e., Med Access, Accuro, Web-portal)
- Step-by-step training resources and supports available at www.referralsNS.ca
- Drop-in Zoom [Ocean eReferral Tutorials](#) being made available.
- [eReferral Support Centre](#) will initially be available to offer real time support.
- [Other supports](#)



Quality and Performance

► Quality and Performance

- Rules have been set to support Central Intake in following-up (i.e., unactioned referrals, requests for more information).
- Have established a list of **more than 20 referral indicators** that will be captured.
- Indicators will be **trended over time**, so maintaining historical data will be important.
 - **Will drill down by dimensions** (i.e., referrer, zone/facility of service, referral priority level, service, patient geography).
 - Emerging **data will be key to supporting future routing** that factors in wait times.
- Examples of indicators to be captured include:
 - # of incoming referrals
 - # of completed referrals
 - # awaiting consults
 - % referred out of zone
 - surgical yield rate
 - no show rate
 - long waiter rate



Using Ocean eReferrals

► Send / Receive Demo

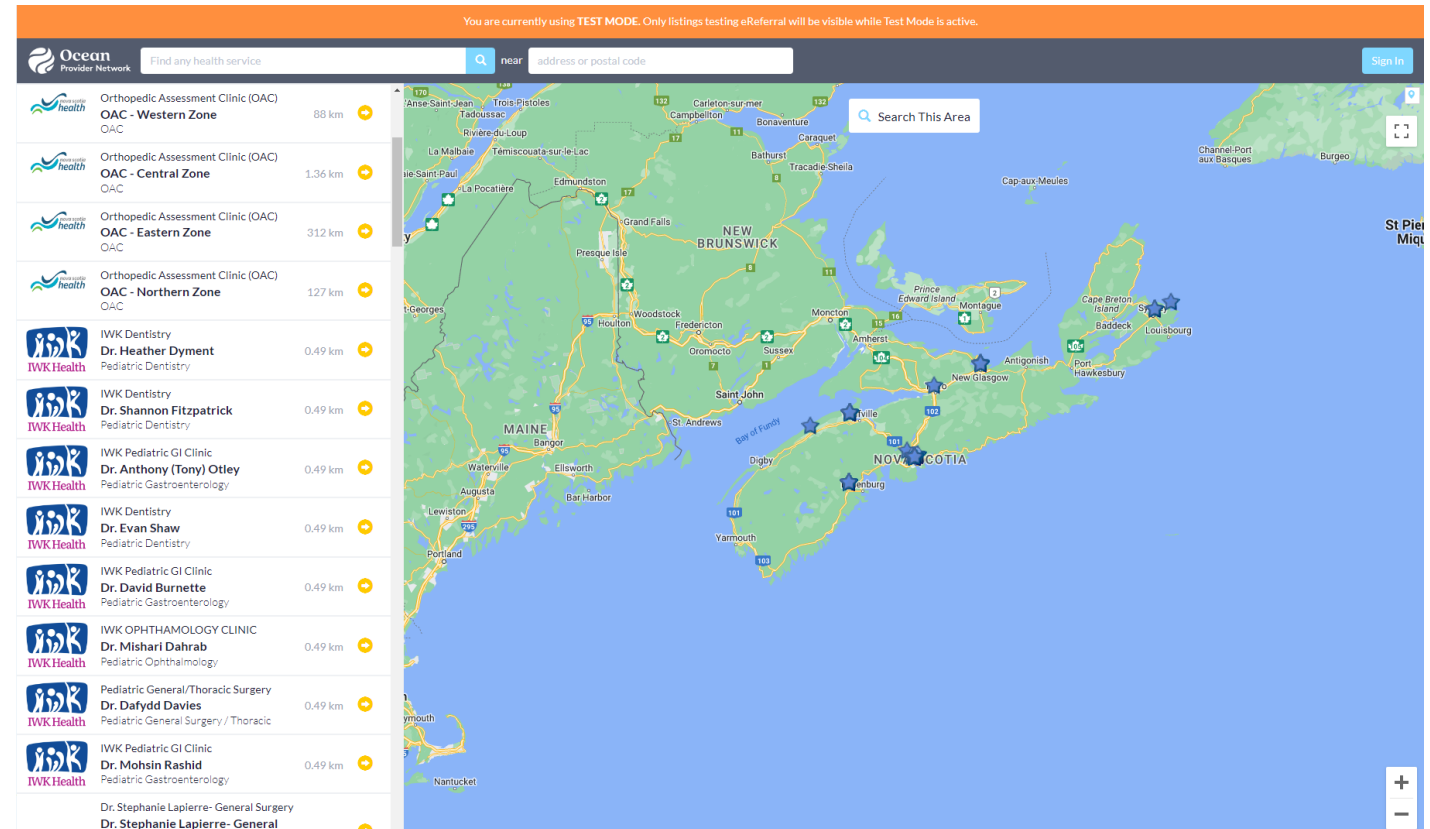
► Complete Video Guides

Sending eReferrals:

- [Med Access Users](#)
- [Accuro Users](#)
- [Web Users](#)

Receiving eReferrals:

- [Med Access Users](#)
- [Accuro Users](#)
- [Web Users](#)



Other Key Points & Next Steps

- ▶ Public announcement – **media release** this week
- ▶ **Patient handout** – will be available for use by Referring Providers
- ▶ Continue to work with Ocean and EMR vendors to support **optimal integration / user experiences**
- ▶ Future implementation of **Patient Messaging and Reminders** add-on



New Surgical Referral Process
Improving Access & Care for Patients

A new way to refer patients to surgeons will help:

- lead to shorter waits for surgeon appointments,
- free up time for health care providers to spend delivering care,
- provide patients more information about their referral, and
- give the health system information on referrals to support planning.

Nova Scotia's new surgical referral model launched in March 2023 to help us better manage and coordinate access to surgical care. It is supported by teams (Central Intake Offices) at Nova Scotia Health and IWK Health and a new electronic referral tool – Ocean eReferrals.




How does it work?
Instead of sending referrals directly to surgeons by email, mail or fax, primary care providers use the eReferral tool. It allows them to select the service their patient needs and easily refer them:
Providers can refer to the **Central Intake Office** and the team will direct the referral to an appropriate surgeon based on patient's preferences – "want to receive care close to home", or "would travel to receive faster care."
Patients and providers will also have the **choice to select a surgeon** to refer to within the eReferral directory.
Unlike before, all referrals can be seen, reviewed and tracked by Central Intake Office teams to support planning and follow-up.

eReferral benefits!
With the old referral approach referrals could get lost, go to the wrong surgeons or be missing information. This caused delays and lost time spent following-up. With our new tool:

- Patients can share their wishes and be referred to surgeon based on those wishes, or choose a specific surgeon to be referred to.
- The tool will help get referrals where they need to go – alerting surgeons of new referrals and automatically notifying referring providers on the status of their referral to save them time.
- eReferral forms capture the information surgeons need to reduce the need for follow-ups.
- **Patients who provide an email receive automatic email notifications at each step of their referral.**
- Less time on paperwork equals more time for patients.
- The tool will provide new wait time information over time, to help patients be referred to those with the shortest wait.

This new approach is a key part of our overall plans to improve access to surgical care and reduce wait times to support more reliable access to the care Nova Scotians need.

Visit www.referralsNS.ca/for-patients today to learn more.

March 2023

Coming up next: Diagnostic Imaging eRequisitions



What's in it for you?

- One electronic requisition submitted to a provincial queue

***The benefits of this are too long to list on this slide...

DIAGNOSTIC IMAGING CONSULTATION REQUEST
Requisition will be returned if the following information is not provided

FOR PROVIDER TO COMPLETE

Patient Information (if applicable)

Health Card # _____ DOB (YYYYMMDD) _____ Medical Record Number (MRN) _____

Surname _____ First Name _____ Middle Initial _____

Name (pref.) _____ Pronouns _____ Sex at Birth _____ Gender Identity _____

Address _____ City _____ Postal Code _____

Contact Info (check preferred): ☐ Home Phone # _____ ☐ Cell / Text Phone # _____ ☐ Email Address _____

Substitute Decision Maker (SDM): SDM Name _____ Telephone # _____

Transportation Mode: ☐ Ambulatory ☐ Stretcher ☐ Wheelchair

Falls Risk: ☐ Yes ☐ No

U/R Required: ☐ Yes ☐ No

Isolation Precautions: ☐ Droplet ☐ Contact ☐ Airborne

Patient Weight: _____ kg or lb _____

Workers Compensation (SRC) # _____ Injury Date (YYYYMMDD) _____ Research? Provide Account # _____

Patient Identification (internal use only)

Requesting Provider Information

Name (PRINT) _____

Provider # (PME) _____

Telephone # _____

Fax # _____

Pager # _____

Clinic Location: _____

Date (YYYYMMDD): _____

Signature: _____

Modality Requested:

☐ General Imaging Please indicate any relevant prior imaging _____

☐ Nuclear Medicine For a CT with CONTRAST: a recent creatinine level is required if the patient is diabetic, history of renal impairment or on Metformin: _____ Previous allergic reaction to x-ray dye ☐ Yes ☐ No

☐ CT Scan

☐ Ultrasound For gynecological U/S please indicate LMP & Beta hCG: _____

☐ Echo

☐ GI Studies

EXAMINATION DETAILS: EXAM(S) REQUESTED: _____

CLINICAL HISTORY AND PROVISIONAL DIAGNOSIS: incomplete requests will be returned

Pertinent biochemistry/lab results: _____

Sets the stage
for auto-protocolling
based on provincial
standards, with
integration of
Choosing Wisely
principles and
clinical decision
support.

Join Us!



Get involved! Be a champion!

Reach out to your Diagnostic Imaging
eRequisition Project leads:

Dr. Judy Rowe
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Kimberley Anderson
Kimberley.Anderson@nshealth.ca

**Stay tuned, next steps will be
communicated via email**



For more information:

- ▶ Referral Resource Hub – www.referralsNS.ca
- ▶ Onboarding resources for primary care providers and surgeons
 - [Get started – Identifying a Clinic / Office Contact](#)
 - [Surgeon Information: Your office has begun onboarding. What steps must you complete to use Ocean?](#)
- ▶ Single-entry model information is being shared on NSH Physician Information and Wellness Portal:
 - Portal: <https://www.physicians.nshealth.ca/>
 - Single-entry page: <https://physicians.nshealth.ca/single-entry>
- ▶ **[SUBSCRIBE](#)** to receive highlights from Perioperative (Surgical) Services Network Meetings
- ▶ **[SUBSCRIBE](#)** to receive Single-entry Surgical Referral Project Updates
- ▶ Action for Health Strategic Plan – <https://www.nshealth.ca/actionforhealth>

eReferrals Questions & Discussion

