



WRHA Endoscopy Referral Central Intake and referral form FAQ

Frequently Asked Questions for Referring MDs and RNs

1. What is the benefit of Central Intake for Endoscopy?

Our mandate is to improve overall quality of endoscopic services in Winnipeg. This includes improving patient access to endoscopy and improving wait times for endoscopy services. Additional benefits will be to ensure patients are seeing the appropriate endoscopist for a particular condition, more equitable distribution of consults, improve standards for endoscopy and consultation practices and improve communication between patients, physicians and endoscopists.

After one year of operating the Central intake system throughout the WRHA, we have cut wait times by over 50% and have balanced out wait lists for 90% of endoscopists.

2. What has changed on the new referral form (2.0)?

The new referral form is largely the same but feedback was taken from users at all levels. We changed the form in the following ways:

- * Less boxes to fill out for past medical history, with a focus on what is important for triage
- * Less bloodwork requirements for referrals
- * mandatory ASA classification must be filled out prior to processing, in order to deliver safe endoscopy in new era of WRHA reorganization, and endoscopy being done in lower acuity settings.
- * Removal of several indications for endoscopy (eg. Non-iron deficiency anemia, Barrett's screening, etc.)
- * Addition of a semi urgent indication for suspected stable Upper GI Bleeding

2. What referral types are appropriate for submission to the Regional Endoscopy Central Intake office?

Please see attached referral form for a list of urgent (<10 days), semi-urgent (<30 days), and elective indications for referral through the Central Intake (CI) office. These referrals sent to CI may be booked for endoscopy or redistributed for clinical consultation by gastroenterology or surgery if more information is needed before going forward with endoscopy.

PLEASE NOTE: This form is for non-emergent and outpatient consults only. Patients requiring immediate attention should be directed to the nearest emergency room or discussed with the on call physicians for gastroenterology, GI bleed or general surgery as indicated.

3. What if I'm not sure if my patient needs a scope? What if my patient just needs a consultation with a gastroenterologist or surgeon?

Please do not use Central intake as an electronic consultation service. For a consultation you should send a consultation letter directly to the specialist of your choice. Specialists will be seeing patients in clinics for consultations and can decide as usual if endoscopy or other tests are needed. We are currently not staffed nor funded to handle the volume of work associated with the consultative side of Gastroenterology and Surgery.

4. Can I refer my patient to a particular endoscopist or surgeon?

Yes you may request a specific specialist. However, if the wait time for that particular specialist is longer than clinical guidelines recommend for a given indication, the patient will be given the choice to see a different but equally qualified endoscopist at an earlier date.

5. How do I know that a consult has been received by central intake and an appointment has been booked?

For urgent referrals our goal is to have one of our nurses contact your patient within 5 days of receiving the referral and have the procedure completed within 10 days. **Please ensure your patient is aware and in agreement with your referral!**

For semi urgent referrals, our goal is to contact your patient by phone or by appointment letter via mail within 20 days and the procedure performed within 40 days. For elective referrals, our goal is to mail out an appointment letter within 30 days of receiving the referral. Your office will receive a copy of the appointment letter the patient receives by fax.

If there is any concern, or you have not heard back within the above stated timelines, OR if the patient's condition changes please feel free to check on the status of a referral please call 204-940-2333.

6. What is the difference between a surgeon and an endoscopist?

Endoscopist is a broad term for any physician performing endoscopy. However, for the purposes of CI, the term is confined to gastroenterologists and other general internal medicine specialists trained formally in endoscopy and gastroenterology. A surgeon endoscopist may be a general surgeon or subspecialized surgeon with training and practice in gastrointestinal endoscopy. Central intake will make an effort to prioritize cases more likely to need surgery to surgeons, and those more likely to have a chronic medical condition to gastroenterologists.

7. Can my patient request a specific hospital?

Yes, but it is not guaranteed that the procedure will be done at the requested site. Patient suitability for specific low risk sites and the urgency of the referral will not always allow us to match the location requested.

8. Will I receive the test results from the procedure and the results from any additional tests ordered by the endoscopist/surgeon?

The Endoscopy results will be sent directly to the referring physician. Patients can expect either a full copy of the procedure report or a short form version of the procedure note as well as discharge instructions follow up instructions.

To avoid any delay in processing your referral:

Please ensure accurate patient demographics are included with any referral with all available phone numbers so your patient's notification by phone or mail isn't delayed unnecessarily.

Incomplete referrals will be rejected and will require resubmission with all pertinent information before a booking will be made.