

SINGLE ENTRY SURGICAL REFERRAL PROJECT

Vision, Year One Goals and Guiding Principles

Nova Scotia is planning for a new single-entry intake model (SEM) for managing and coordinating surgical consult referrals. A phased implementation of the model is expected to begin in early 2023.

This project is part of broader strategies and plans that aim to increase access to surgeries, reduce wait times and improve the overall experiences and care of our patients.

A vision statement, year one goals, and guiding principles have been drafted through preliminary discussions. These should be top of mind as design and implementation decisions are being made

WORKING VISION STATEMENT

We will provide equitable access to high-quality surgical care across Nova Scotia for all surgical services and endoscopy

YEAR ONE GOALS

For Patients:

- Referrals (**consults?**) are performed in a reasonable amount of time, aligned with clinical requirements and other care patient is receiving.
- We operate a patient-centric delivery model, where communication and transparency between patients and service providers have been increased.
- Standardized information is collected on referrals.

For Providers:

- The triaging process is standardized and commonly understood.
- Leading practices for appropriateness of surgical treatment, defined by physicians (e.g. communities of practice) are easily disseminated through the single-entry referral model.
- There is reduced administrative burden for referring and receiving providers.

For the System:

- There is a clear understanding of the true wait times across the province.
- We have a way of assessing demand and the ability to project growth.
- There are clear measurements of success.

GUIDING PRINCIPLES

1. **Patients first:** The patient comes first, with consistent high-quality care provided, ensuring patient choice where appropriate
2. **Accelerated, but impactful:** We will seek to ensure that early wins are identified and implemented, while ensuring impact on the system
3. **Balancing readiness with population needs:** Implementation will balance specialty readiness for change with the needs of the population
4. **Simple:** The Single-Entry Referral Model should be simple for referral through to surgery to maximize uptake and effectiveness
5. **Scalable:** The Single-Entry Referral Model should be able to adapt and scale to meet the need of other clinical areas in the future (i.e., Diagnostic imaging referrals)
6. **One Door' model, with options:** The Model will ensure a single standard and consistent processes for referring patients, while ensuring options are provided during initial onboarding (e.g. different modes of referral like fax, eReferral, etc.)
7. **Respecting location/specialization-specific needs:** Where possible, site and specialization-specific needs will be respected
8. **Supports continuous improvement:** The Model should enable incremental improvements over time through implementation of standards and/or data analysis