



Provincial Health Services Authority

# NEW PATIENT REFERRAL MANAGEMENT PROCEDURE

## Summary of Changes

NEW		Previous
BC Cancer	16-MAR-2023  Revised as per annual review; organization of information and detailed steps; procedural language per SHOP style guide; appendices added	2019

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# NEW PATIENT REFERRAL MANAGEMENT PROCEDURE

## 1. Introduction

### 1.1. Focus

This procedure outlines the handling of new patient referrals received by BC Cancer for consultation with an oncologist.

### 1.2. Health Organization Site Applicability

This procedure does not apply to other PHSA services and programs and only to BC Cancer sites

### 1.3. Practice Level

Referrals to BC Cancer will be e-triaged by physicians or delegated staff with formal medical training.

### 1.4. Need to Know

Referral to BC Cancer must originate from a physician or nurse practitioner accompanied by a written request containing standard elements per College of Physicians and Surgeons of BC professional guidelines for referral-consultation process.

A faxed autoreply to Sender notifies referring provider/provider office that referral has been received.

All referrals are to be reviewed by triage providers within 48 hours after the referral is ready to be triaged.

Incomplete referrals may be rejected for triage. The referring physician is to be contacted with form letter indicating that the referral is not accepted and reason(s). The triage physician may dictate a courtesy letter to the referring physician instead of this form being used.

## 2. Procedure

### 2.1. Steps and Rationale

#### 2.1.1 New Referrals

1. Check referrals for components necessary for effective triage. Please see Appendix 1 for necessary requirements.
2. Search relevant electronic records for required elements (as defined by cancer site based referral requirements on [BC Cancer website](#) and Appendix 1) not submitted with referral.

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## **a) If available:**

- i. Process the referral and send for physician triage
- ii. Upon receipt of the triage order, schedule the patient for appointment according to triage order.
- iii. Notify the patient and the referring physician about the appointment

## **b) If unavailable, there are two options (to be decided by Regional Centre):**

### **Option 1**

- i. Fax form letter indicating that the referral is not accepted
  - State reasons
  - Ask that referral be resubmitted after completing required elements noted on BC Cancer website
  - Ask the referring physician to contact a specified Oncologist at BC Cancer if there are questions
- ii. Upon receipt of the revised referral, process as new referral.

### **Option 2**

- i. Place the referral with available information on the Triage Action List with notification that missing elements are unavailable.
- ii. Triage physicians order missing required elements and/or provide triage order based upon existing information.
- iii. Referral clerk will check for missing information in order to facilitate timely physician triage.
- iv. Upon receipt of physician triage order:
  - a) Book patient appointment
  - b) Notify the patient and the referring physician

## **2.1.2 Urgent Referrals or Re-Referrals**

For patients requiring urgent assessment, the referring physician should contact an oncologist at the Regional Cancer Centre closest to the patient's home or hospital (if an in-patient).

The oncologist will notify the appropriate clerks that the patient is being accepted as an urgent referral.

The clerical staff will schedule the patient's appointment according to the oncologist's instructions and the Patient Referral Policy.

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## 2.1.3 Re-Referrals (Other than Urgent)

### A. For patients whose re-referral remains to the same Centre and the patient was last seen at the BCCA within the previous 5 years:

#	Workflow Step	Role
1.	Fax patient referral form	Referring Physician's Office
2.	For sites on CAIS, route form to the MRP's CAIS Action List with comment "Possible Re-referral"	New Patient Referral Clerk
	For sites on CST-Cerner, complete the Oncology Triage Communication and change Referral status to "Re-referral"	New Patient Referral Clerk
3.	For sites on CAIS, send email to MRP and Group secretaries with patient's name and Agency ID to notify MRP of possible re-referral in MRP's Action List	New Patient Referral Clerk
	a) For sites on CST Cerner, send message to Message Centre of OLP and Group Secretaries to notify them of possible re-referral in PowerChart  b) The reason to send email to the secretaries is if the secretary knows MRP is away, she will notify covering Doctor that possible re-referral is in CAIS or CST Cerner for action by covering Doctor if the secretary is away. <ul style="list-style-type: none"> <li>The covering secretary will then notify covering MRP/OLP if MRP/OLP is away.</li> </ul>	Covering Secretary
4.	Notify Secretary to book MOC/ROC appointment	Most Responsible Physician (MRP) (OLP)
5.	Book MOC/ROC appointment	Secretary/HUC Clerk

### B. For patients whose re-referral remains to the same Centre and patient was last seen more than 5+ years previously, or the patient has a new tumour site:

Referral Clerks handle these referrals the same as new patient referrals (see [section 2.1.1](#))

### C. For patients whose re-referral to a Centre other than where the patient was last seen and patient was seen within the past 5 years:

#	Workflow Step	Role
1.	Once a patient referral form is faxed, for sites on CAIS, route form to MRP's CAIS Action List with comment "Possible re-referral-request to be seen at _____centre"	New Patient Referral Clerk
	a) For sites on CST Cerner, complete the Oncology Triage Communication and change Referral status to Re-Referral	New Patient Referral Clerk
2.	For sites on CAIS, send email to MRP and Secretarial Group with patient's name and BCC ID to notify MRP of possible re-referral in MRP's action list. Include comment, "Possible re-referral in your action list. Request to be seen at _____ Centre".	New Patient Referral Clerk

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	For sites on CST-Cerner, send message to Message Centre of OLP and Group Secretaries to notify them of a possible re-referral in PowerChart.	New Patient Referral Clerk
	a) Processes request accordingly which may include sending internal referral form or making referral directly to the second Centre.	Most Responsible Physician (MRP)

## D. For patients whose Re-referral is to a Centre Other than Where the Patient was Last Seen and the Patient Was Last Seen More than 5 Years Ago:

#	Workflow Step	Role
	New Patient Referral Clerk receives re-referral from Referring Physician and handles re-referral as a new patient.	
1.	If patient asks to continue attendance at previous Centre, that request will be accommodated. Route referral to other Centre with comment, "Patient requests to continue to be seen at _____ Centre"	New Patient Referral Clerk
	a) For sites on CST-Cerner – instead of re-routing the referral to that Centre's action list in CAIS: <ol style="list-style-type: none"> <li>Print off documents</li> <li>Attach a fax cover sheet with comment giving reason for "REFTO"</li> <li>Fax to the Cerner Centre's fax number found on the referral form.</li> <li>Send email to Cerner Centre referral clerks</li> </ol>	New Patient Referral Clerk

## Reasons the patient might be referred to a Centre other than where he/she was originally seen include:

- The patient has moved
- BC Cancer has changed the cancer centre catchment boundaries
- The patient may require a specialized procedure not available at the original Centre, including clinical trial participation
- Patient or referring physician preference

## 3. Related Documents and References

### 3.1. Related Documents

[BC College of Physicians and Surgeons of BC –guidelines – Referral-Consultation](#)

### 3.2. References

<https://www.cpsbc.ca/files/pdf/PSG-Referral-Consultation-Process.pdf>

<http://www.bccancer.bc.ca/health-professionals/referrals>

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[Medical Staff Rules](#)

## 4. Appendices

[Appendix 1: Necessary Components for Effective Referral Triage](#)

[Appendix 2: Documents Faxed to NPR Fax Server](#)

[Appendix 3: Flow of Referral Time of Receipt to Time Patient Notified](#)

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## Appendix 1: Necessary Components for Effective Referral Triage

Booking of Appointments and Subsequent Care Including:

- 1) A written request for consultation with the following information (as per BC College of Physicians and Surgeons Professional Guideline for Referral-Consultation Process) that includes:
  - Patient's name, personal health number, preferred and current contact details (Note: If patient has consented to email communication with the referring physician, inform the consulting physician of that consent)
  - Date of referral
  - Specific purpose of the referral
  - Relevant clinical information (e.g. current medications, allergies, health history, physical examination) and social information (e.g. language barriers, gender identity)
  - Level of urgency of the referral
  - Expectations about the consultation outcome (e.g. medical opinion only, treatment, transfer of care, other)
  - Copies or summaries of pertinent laboratory investigations, imaging and other consultant reports

Required supporting documents as articulated on the BC Cancer website

<http://www.bccancer.bc.ca/health-professionals/referrals>

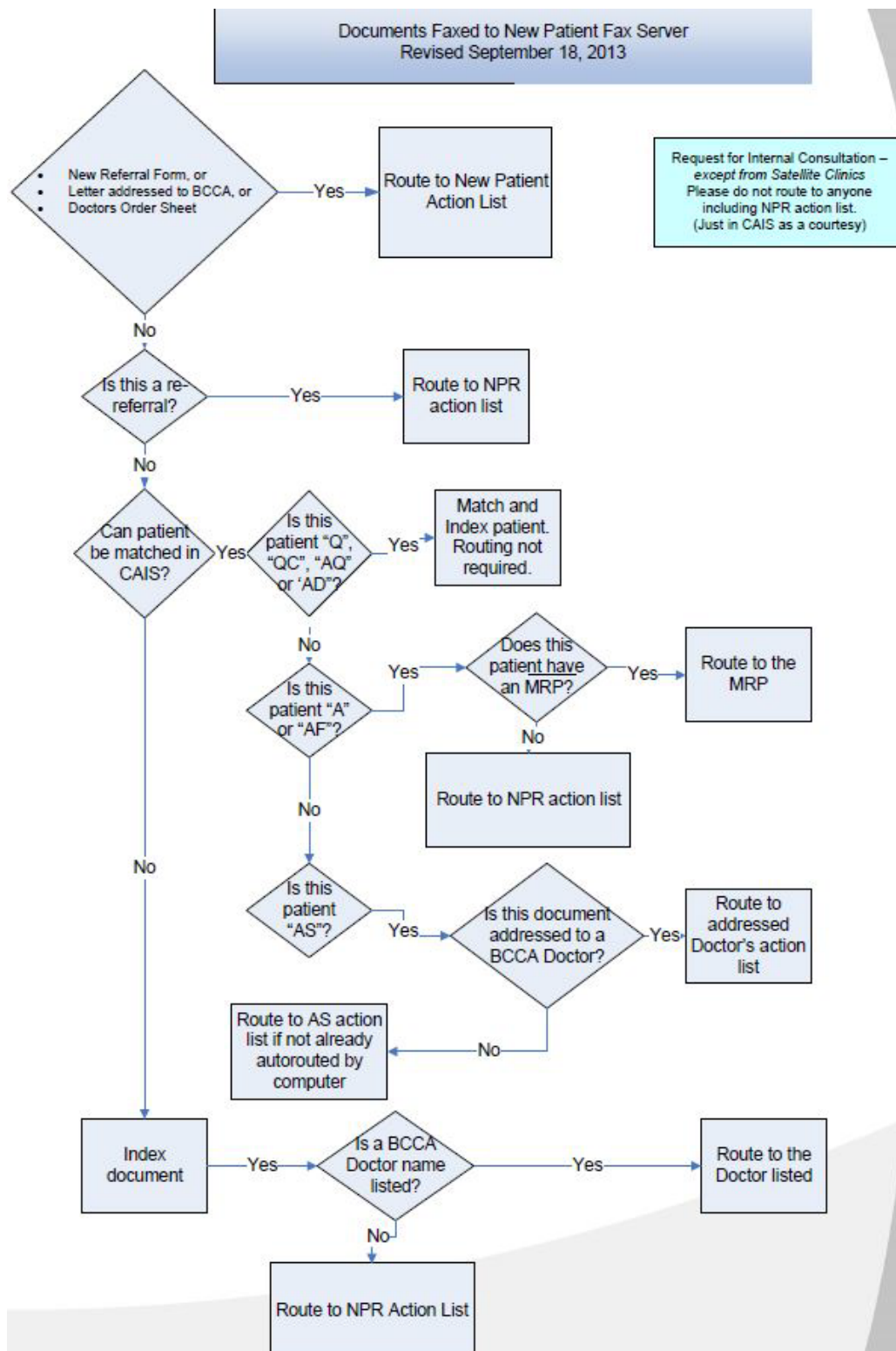
### Examples:

- ✓ Pathological confirmation of cancer (as defined by cancer site based referral requirements on BC Cancer website).
  - Exceptions -as per BC Cancer Referral Guidelines i.e. referrals for genetics, screening, etc.
  - If diagnostic pathology report is absent, the referral letter must address the status
    1. Pending and biopsy date OR
    2. Rationale why pathological diagnosis is not being pursued
- ✓ Relevant Staging Imaging (as defined by cancer site based referral requirements on BC Cancer website)
- ✓ Relevant Laboratory data (as defined by cancer site based referral requirements on BC Cancer website)

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## Appendix 2: Documents Faxed to NPR Fax Server

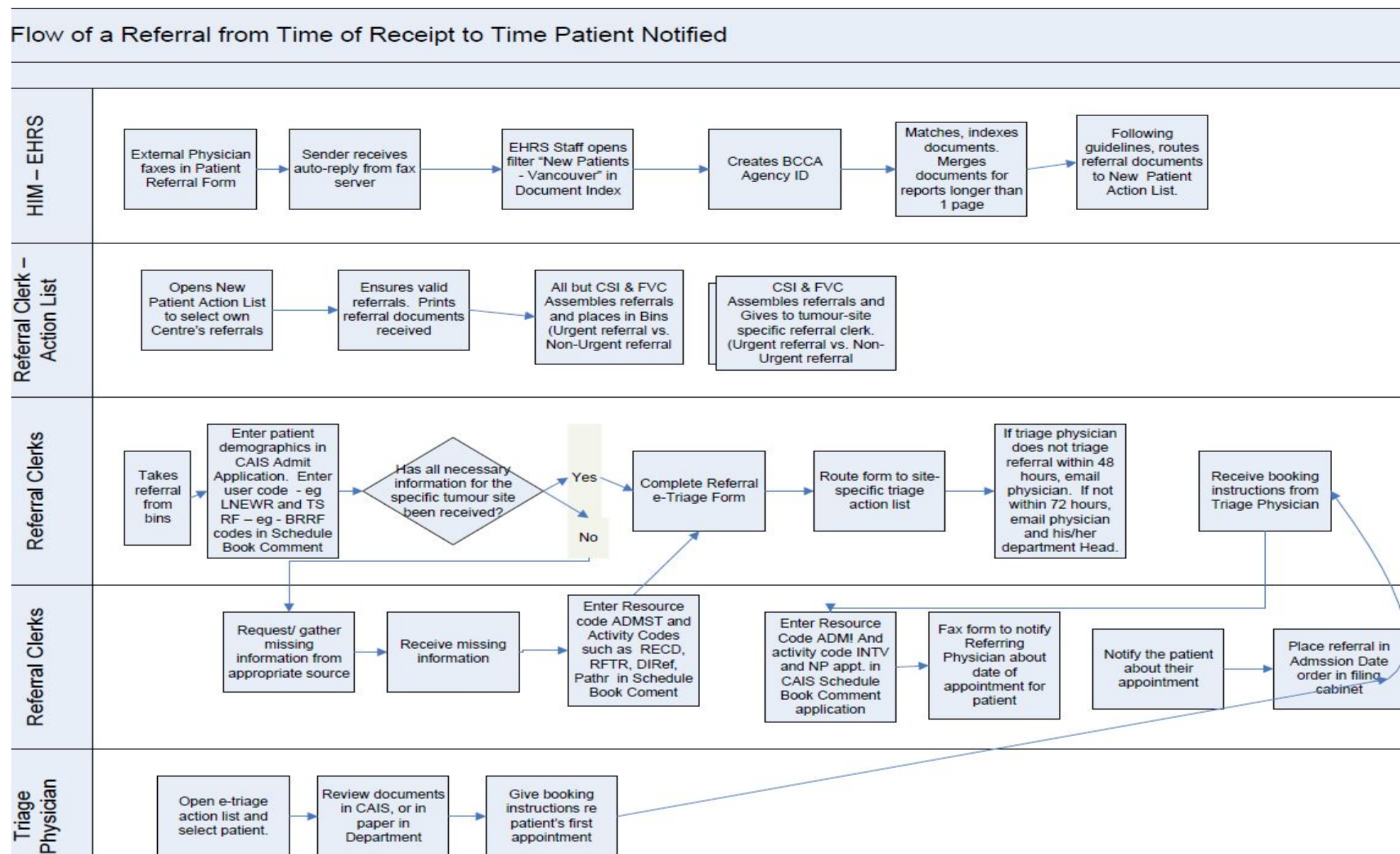


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## Appendix 3: Flow of Referral Time of Receipt to Time Patient Notified



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<b>Final Sign Off:</b>	<b>Name</b>	<b>Title</b>	<b>Date Signed</b>
	Dr. Sharlene Gill	Radiation Oncologist and Chair of MAC	17-MAR-2023
	Clinical Records Committee		27-JAN-2023
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	Clinical Records Committee		PHSA-BC Cancer
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	Audrey Barry Policy Office	Detailed steps-CAIS/CERNER; procedural language per SHOP style guide; appendices	24-NOV-2022
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