

Create an Endoscopy Case (Regional)

Quick Reference Guide

Add a direct to procedure or regular Endoscopy case to the waitlist for Regional providers

Add Patient requiring an Endoscopy to waitlist	
<p>1. Add Patient</p>	<p>Search Client Registry and select the correct patient Reference: Steps 1-4 in the Create a Case QRG</p>
<p>2. Direct to Procedure</p> <p><i>Complete referrals received on Endoscopy Intake Referral Form</i></p>	<ul style="list-style-type: none"> • If case requires conscious sedation <ul style="list-style-type: none"> ○ select NO: ANES procedures ○ Decision to Treat = Date Referral Received ○ Upload Endoscopy Intake Referral form • If case requires General Anesthesia <ul style="list-style-type: none"> ○ select regular procedure ○ Decision to Treat = Date Referral Received ○ Upload History & Physical and Patient Questionnaire and any other required documents <p>When the case is ready to be booked</p> <ul style="list-style-type: none"> • Update Case Details <ul style="list-style-type: none"> ○ Ready to Book – select Y
<p>3. Consult Required</p> <p><i>Referrals to see patient in consultation and it is determined that an endoscopic procedure is required</i></p>	<ul style="list-style-type: none"> • If case requires Conscious Sedation <ul style="list-style-type: none"> ○ select NO: ANES procedures ○ Decision to Treat = Date of Consult ○ Upload Endoscopy Intake Referral form with minimum data set or other document as required by the site • If case requires General Anesthesia <ul style="list-style-type: none"> ○ select regular procedure ○ Decision to Treat = Date of Consult ○ Upload History & Physical and Patient Questionnaire and any other required documents <p>When the case is ready to book</p> <ul style="list-style-type: none"> • Update Case Details <ul style="list-style-type: none"> ○ Ready to Book – select Y

SWIM – Access to Care

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Endoscopy – Priority Mapping

Endoscopy Intake Referral Form mapped to SWIM priority targets

Target Days
1 (14 days)
2 (28 days)
3 (60 days)
4 (100 days)
5 (180 days)

Urgent	
1 Lower abdominal imaging suspicious for cancer Include(*) Imaging	1 Palpable rectal or abdominal mass suspicious for cancer Include(*) Description
1 Upper abdominal imaging suspicious for cancer Include(*) Imaging	
Semiurgent	
2 Bloody Diarrhea/Features Suggestive of IBD Include(*) Albumin CBC Ferritin	2 Unexplained Iron Deficiency Anemia Include(*) CBC, Creatinine, Ferritin, Iron, TIBC
2 High Risk Rectal Bleeding with one or more of the following: • Changes in bowel habits • Weight loss • New anemia • Family history of CRC	2 Suspect Stable Upper GI Bleed Include(*) CBC, Description
2 Positive FIT/FOBT Include(*) FIT/FOBT Result	2 Severe or Progressive Odynophagia/Dysphagia Include(*) CBC
Waitlist Indicators [* Must include all attachments, incomplete referrals will be returned]	
Elective	
General Elective Types	
3 Confirmation Celiac Disease Include(*) CBC, anti TTG and EM antibody	5 Surveillance of Known Barrett's Include(*) prior Endoscopy and Pathology reports
3 Chronic or Non-progressive Dysphagia	3 Unexplained Mild Rectal Bleeding <input type="checkbox"/> Other (specify) _____ Include(*) Description
4 Screen/Manage for Known Varices Include(*) prior Endoscopy and Pathology reports	
3 Follow-Up/Management of Established IBD	
CRC Screening	
5 Screening Family History Risk – Increased (5–10 year interval) Include (*) Family History of CRC Note: ensure FIT option is discussed	5 Screening Family History Risk – High (5 year interval, see page 3 guide) Include (*) Family History of CRC
CRC Surveillance	
4 Surveillance of Prior Colorectal Cancer (see intervals on page 3 guide) Include(*) Diagnosis date, Previous scope dates	4 Surveillance of Traditional or Sessile Serrated Adenomas (3–5 year interval)
4 Surveillance of Prior High Risk Adenomas (3 year interval) Include(*) Previous scope dates, Pathology reports and Histology information	5 Surveillance of Prior Low Risk Adenomas (LRA) (7–10 year interval) Note: ensure FIT option is discussed Include(*) Previous scope dates, Pathology reports & Histology information <input type="checkbox"/> Other Surveillance (e.g. Polyposis, incomplete procedure) (specify) _____