Saskatchewan Surgical Registry – Frequently Asked Questions for Physicians

Implementation of a Provincial Endoscopy Booking Form

The provincial Endoscopy Booking form will be implemented province wide as of April 1, 2025.

1. What is the purpose of a provincial Endoscopy booking form?

The Endoscopy Booking Form will be implemented across Saskatchewan as of April 1, 2025. Currently there are several different forms for booking Endoscopies used by facilities across Saskatchewan. With support from the Endoscopy Executive Committee (EEC), an Endoscopy Working Group led by gastroenterologists, general surgeons and operational leaders from across the province was formed to support the creation of the Endoscopy Diagnosis/Prioritization Codes and the provincial Endoscopy booking form. Some SHA facilities may use an approved variation of the provincial Endoscopy booking form.

2. Are Mandatory Fields Really Mandatory?

As of April 1 2025, all fields in capital letters are mandatory in the booking system province-wide, and scheduling staff are unable to enter endoscopy procedure bookings unless these fields are complete. These fields represent elements that have been identified as critical by booking offices, as well as items prescribed under Surgical Registry Regulations since 2004 (which also applies to endoscopy procedures captured in the Surgical Registry). Your cooperation is appreciated.

3. Why do I have to enter Referring Physician, Date Referral Received and First Consult Date?

Starting April 1 2025, “Wait 1” fields of “Referring Physician”, “Date Referral Received” and “First Consult Date” will be mandatory. Endoscopy scheduling offices will be unable to enter bookings for new referrals if these fields are blank. Wait 1 (the wait from referral to consult) may add months or years to endoscopy wait time, from the perspective of the patient. This data will help measure access to endoscopy services.

There are some situations where these Wait 1 fields will not be mandatory to complete on the booking form. Please refer to Questions 4 and 5 for more information.

4. What if I am booking the patient directly for a procedure based on a referral, without seeing the patient for a consult beforehand?

If you have reviewed a referral and decided to book the patient for a procedure without seeing the patient for a consult beforehand, then you may leave “First Consult Date” blank. Please ensure that you mark the checkbox “New Booking – Direct to Procedure” as the booking type.

5. What if I have been seeing this patient repeatedly?

If you have consulted with the patient repeatedly for medical advice and treatment, then for the purpose of endoscopy booking you may leave “Referring Physician”, “Date Referral Received”, and “First Consult Date” blank, as Wait 1 is no longer relevant. Please ensure that you mark the checkbox “Follow-up with Same Physician” as the booking type.

For follow-up bookings for re-screening procedures (i.e. surveillance), please refer to question 6 for

further information on surveillance patients and codes.

6. What information is required for a surveillance patient?

For patients that require re-screening (i.e. surveillance), there are several codes available based on their re-screening timeframe, including 6 months, 1 year, 2 years, 3 years, 5 years, 7 years and 10 years. It is mandatory to provide the target date for the procedure in the "Target Date (mandatory for surveillance)" field. The 26-week wait time period will begin from the inputted target date.

The surveillance patients that are not yet due for their procedure will be excluded from Ministry waitlist reports based on the target date provided.

7 . How do I find Date Referral Received/First Consult Date?

The "Date Referral Received" pertains to when the referral was physically or electronically received by your office (as opposed to the date on the referral or the date that you reviewed referral). The "First Consult Date" pertains to when you had your first consultation with the patient regarding the referral. You or your medical office staff must review the patient's file to find the date the referral was received and the date of your first consultation with the patient.

Moving forward, it may be possible to highlight these pieces of information in your files for easier retrieval. SMA Practice Advisors are able to advise you on adjustments you can make in Accuro to make this information more accessible.

8. How do I communicate clinical priority?

When you enter a diagnosis/prioritization code and description, the booking system will assign the standard, consensus-based priority that corresponds to this diagnosis (based on Saskatchewan's Endoscopy Diagnosis Codes List). If you wish to assign a different priority, you can select from the "other" codes from the Saskatchewan Provincial Diagnosis Code List 2025-26 – Endoscopy.

9. What do diagnosis codes mean?

Diagnosis/Prioritization Codes follow have an alphanumeric structure: The first two letters represent the CIHI specialty group (e.g. 15 for Gastroenterology), the third and fourth characters correspond to the body area as defined by CIHI, and the 5th and 6th characters are assigned in sequence.

10. What if I can't find a code that corresponds to the patient's diagnosis or indicators?

The Diagnosis/Prioritization Code List is broken down by specialty, and similar diagnoses and priority levels are grouped together to make it as easy as possible for the physician to locate the right one. The Diagnosis Code List is also provided in several different searchable formats.

If a patient's indicators or diagnoses are not available in the standard codes, please refer to question 12 for "other" codes and description requirements.

11. What if I am doing multiple procedures?

Always enter the diagnosis code for the most urgent intervention.

12. What is the description for "other" codes?

With "other" codes you must provide your own description and explain the rationale for not using a standard code. If the description field is left blank, repeats the code, or contains no description, the booking form will be returned.

13. Where can I obtain a copy of the provincial Endoscopy booking form and Saskatchewan's Endoscopy Diagnosis Codes List?

In mid-March, the provincial Endoscopy booking form and Saskatchewan's Endoscopy Diagnosis Codes List will be posted online at https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/surgical-booking-resources. In mid-March, the provincial Endoscopy booking form will also be available in EMRs for physicians to access.

14. Can I program diagnosis codes into my EMR?

Yes, physicians are encouraged to add diagnosis code tables to the booking form in their EMRs, as appropriate. SMA practice advisors are available to assist surgeons and their staff with adapting forms in their EMRs.

15. Is there support from the Ministry for me to make changes to my EMR?

Most changes need to be made by surgeons and their staff in individual offices. Inquiries about how to do this are better addressed to SMA practice advisors or EMR vendors. The Ministry is developing system-wide supports for digital OR booking that will streamline this process in the longer term.

16. Why is it up to me to discuss the dates when the patient is unavailable for Endoscopy?

This discussion may not always fit logically into an endoscopy consultation. However, if you are able to record unavailable dates on the booking form, it communicates to schedulers not to offer endoscopy at those times. A patient who refuses (for personal reasons) a procedure date that is offered to them may have their endoscopy cancelled – so it is important to make sure schedulers are informed in advance, before they finalize slates. You can also ask the patient to call the endoscopy booking office to update information about their unavailable times.

Similarly, if you can identify patients who are **Available on Short Notice**, it can speed up booking and improve health system efficiency. But if this information is not available, just check "no."

As Endoscopy booking and scheduling processes are modernized and move into digital platforms, some of the limitations associated with paper forms will be avoided.

Also, new digital applications are expected to make better use of the functionality of physician EMRs.

Until then, thanks very much for your cooperation in completing the Provincial Endoscopy Booking Form.

For more information, contact surgicalregistry@health.gov.sk.ca