



Legacy Referral Standardized Intake Process Post CorCare Go-Live

Newfoundland and Labrador (NL) Health Services has developed a standardized intake approach for managing referrals received by legacy methods (fax, Mobia etc.) post CorCare go-live, April 25th.

Context

CorCare is being implemented as the provincial standard for referral intake and management. The intended model is a full electronic referral submission via Hyperspace or CorCare Link. NL Health Services will continue to accept fax and/or electronic referral processes now that CorCare has been implemented.

To support a safe, consistent, and equitable approach to referral management across the province, NL Health Services will manually transcribe fax and paper-based referrals into CorCare before triage. Once they have been entered into CorCare, referrals will be triaged, prioritized, and added to waitlists. This process will help align referrals with the provincial intake model.

Clinicians should be aware of the following with respect to this parallel intake and triage processes:

- CorCare referrals include required data fields to ensure standardized and complete submissions; and
- Faxed referrals do not consistently include all the required information and may vary in format – NL Health Services will continue to work with clinicians for possible follow-up and to manage potential delays.

CorCare referral workflows include mandatory fields (“hard stops”) that vary by specialty. These required fields create a standardized minimum dataset that must be completed for every referral. This ensures that all patients are assessed using the same core clinical information, reducing variability, as this could unintentionally influence triage decisions, as patients with more complete referrals may appear higher priority simply because more information is available.

NL Health Services will provide further details on what these mandatory fields are for those clinicians not using digital referral processes at a later date.

Proposed Solution

Implement a standardized process for manual referral entry into CorCare based on system response.

Workflow Summary

1. Intake of Faxed Referral

- All referrals received via legacy channels must be processed into CorCare
- Requires regular review of existing channels to ensure no referral is missed

2. Pre-Screening (Quick Review)

Clerical staff perform a brief check for:

- Patient identifiers
- Referring provider
- Referral destination/service
- Basic clinical context
- If clearly insufficient → return to sender using standardized *Incomplete Referral Letter*

3. Attempt transcription into CorCare

- Clerical staff enter available information into CorCare
- No expectation of clinical interpretation or data completion beyond what is provided

4. “Hard Stop” Handling

If CorCare blocks entry due to missing required fields:

- Staff do not troubleshoot extensively
- Staff do not interpret or infer missing data
- Referral is returned to sender using standardized *Incomplete Referral Letter*

5. Return to Sender

- Standardized *Incomplete Referral Letter* requesting missing required clinical information either via checkbox or written in space provided
- Clear instruction for resubmission which can help for future similar referrals
- Optional prompt to use digital order and referral submission pathways

Process for Returned Referrals

NL Health Services aims for sustainability and consistency across departments. If referrals are submitted requiring additional information, these will be returned using the *Incomplete Referral Letter* template. Any hard stops for most common referral forms will be communicated to community clinicians.

Conclusion

Implementing a standardized process for legacy referral management ensures NL Health Services maintains referral flow post go-live, supports consistent and safe data entry practices, and supports the transition to digital ordering and referral pathways.