



Privacy Office  
108B Charter House  
1465 Brenton Street  
Halifax, NS B3J 1H1  
foipop@nshealth.ca

September 26, 2025

Kristen Schulz  
Second Street

Sent via e-mail to [kristen@secondstreet.org](mailto:kristen@secondstreet.org)

Dear Kristen:

**Re: Partial Access – OUR FILE#NSHA-2025-081 and NSHA-2025-082**

On August 13, 2025, Nova Scotia Health (NSH) received your requests under the *Freedom of Information and Protection of Privacy Act (FOIPOP Act)*.

We understand application NSHA-2025-081 to be for a copy of the following:

Could you please provide any current documentation that indicates patients waiting for lifesaving treatment should be told, when surgery or treatment is suggested, an estimate of their wait time for surgery/treatment and the maximum recommended wait time for the surgery/treatment in question. (We are just looking for documentation that shows the current practice)

Time frame: 2020 to Present.

We understand application NSHA-2025-082 to be for a copy of the following:

Please provide documentation on the government's (or health region's) protocol for patients requiring potentially lifesaving heart surgery. Specifically, please provide documentation that indicates patients must be informed – at the time they decide to proceed with surgery or when it is presented as an option – of their expected wait time for surgery and the maximum recommended wait time for surgery. If a similar disclosure is required, please provide that documentation. The time period for this request is January 1, 2022 to present (we're looking for the most recent documentation so if this protocol goes back further that is fine too – whatever is the current practice).

Please find a copy of the records located in response to your request. Records were withheld pursuant to Section 4(2)(a) of the FOIPOP Act, which states that the Act "does not apply to published material or material that is available for purchase by the public." Information outside the scope of the request has been withheld as not responsive.



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Should you have any questions, please do not hesitate to contact me.

You have the right to seek a review with the Review Officer within 60 days of receiving this decision. Complete details of the process are outlined on the website of the Office of the Information & Privacy Commissioner: [Tools for the Public | Office of the Information and Privacy Commissioner for Nova Scotia.](#)

Sincerely,

A handwritten signature in black ink that reads "Rozi C".

Rozi Colbourne  
FOIPOP Officer  
Nova Scotia Health

## Nova Scotia Coding Access Targets for Surgery (NSCATS): General Surgery Booking Instructions for Eastern, Western and Northern Zones

### NSCATS General Surgery Prioritization Codes – Effective February 9, 2021

- 18 new codes for use in Eastern, Western and Northern zones.
- The codes relate to eight procedures (diagnosis):
  - Inguinal Hernia
  - Bowel/Rectal Resection
  - Ganglion
  - Lipoma
  - Abdominal Hernia (Ventral/Incisional)
  - Cholecystectomy
  - Reversal Colostomy/Ileostomy
  - Breast Surgery

Mnemonic	Responses
Not Responsive	1 WEEK - IIa
	3 WEEKS - IIb
	6 WEEKS - III
	13 WEEKS - IV
	26 WEEKS - V
	52 WEEKS - VI
ENDO CAG 24 HOURS	
ENDO CAG 1 WEEK	
ENDO CAG 2 WEEKS	
ENDO CAG 4 WEEKS	
ENDO CAG 2 MONTHS	
ENDO CAG 6 MONTHS	
ENDO CAG 1 YEAR	
ENDO RECHECK	
SM ING HERNIA FUNCTION	
LRG ING HERNIA NON FUNCT	
SM ABD HERNIA FUNCTION	
LRG ABD HERNIA NONFUNCT	
RESECT W/O OBSTRUCTION	
RESECT MALIGN W/O OBSTRU	

PHYSICIAN PROCESS	OR BOOKING (ORM) PROCESS
<p>Check <b>NSCATS General Surgery list (attached)</b> to see if an NSCATS code exists for the procedure you are booking:</p> <p><b>YES</b></p> <ul style="list-style-type: none"> <li>Enter NSCATS code (start with “D” for General Surgery), in <i>Diagnosis</i> section along with free text diagnosis on the booking form.</li> <li>Leave the <i>Surgeon-Assigned Priority Level (SAPL)</i> section of the booking form <u>blank</u>.</li> <li>Complete remainder of booking form and submit to OR booking office.</li> </ul> <p><b>NO</b></p> <ul style="list-style-type: none"> <li>Check appropriate priority level in <i>Surgeon-Assigned Priority Level (SAPL)</i> section. There is no NSCATS code to enter.</li> <li>Complete remainder of booking form and submit to OR booking office.</li> </ul>	<ul style="list-style-type: none"> <li>If NSCATS code has been entered on the booking form (<i>Diagnosis section</i>), enter into the ORM <i>Surgeon-Assigned Priority Level (SAPL)</i> field.</li> <li>If priority level has also been entered in the <i>SAPL</i> section, DO NOT enter. Enter ONLY the NSCATS code.</li> <li>If there is no NSCATS code entered on the booking form (<i>Diagnosis section</i>), confirm if it should have been. Refer to the NSCATS General Surgery list (below) to determine if one of these procedures is being booked:           <ul style="list-style-type: none"> <li>If booking form was correct to have no NSCATS code, refer to <i>SAPL</i> section of the booking form and enter that priority level into ORM <i>SAPL</i> field.</li> <li>If an NSCATS code should have been entered on the form, contact physician’s office or send the form back for the applicable NSCATS code to be added.</li> </ul> </li> </ul>

Note: In addition to NSCATS or Surgeon-Assigned Priority Level (SAPL), the preferred surgery date(s) can also be noted, if that section exists on your hospital’s booking form.

# Nova Scotia Coding Access Targets for Surgery – NSCATS

## General Surgery Prioritization Codes

(Effective Feb. 9, 2021 – Eastern, Western & Northern Zones)

NAME	DESCRIPTION	NSCATS CODE	WAIT TIME TARGET – MAXIMUM ACCEPTABLE	NOTES
Inguinal Hernia	Small, asymptomatic or symptomatic but able to work/carry out ADLs	Not Responsive	26 weeks	<i>Any incarcerated hernia will be booked urgently through the hospital OR emergency waitlist</i>
	Large, very symptomatic, unable to work/carry out ADLs		6 weeks	
Abdominal Hernia (Ventral or Incisional)	Small, asymptomatic or symptomatic but able to work/carry out ADLs	Not Responsive	26 weeks	<i>Any incarcerated hernia will be booked urgently through the hospital OR emergency waitlist</i>
	Large, very symptomatic, unable to work/carry out ADLs		6 weeks	
Bowel/Rectal Resection	Benign disease (e.g. IBD; diverticular disease) without obstruction	Not Responsive	13 weeks	<i>Patients requiring hospitalization for example with complete bowel/rectal obstruction will be booked urgently through the hospital OR emergency waitlist</i>
	Malignant disease without obstruction OR benign disease with partial obstruction		6 weeks	
	Malignant disease with partial obstruction or with neoadjuvant therapy requiring precise timing of surgery		3 weeks	
Cholecystectomy	Symptomatic cholelithiasis-stable symptoms but able to carry on ADLs/work	Not Responsive	13 weeks	<i>Patients requiring hospitalization (elevated WBC, unremitting pain, U/S evidence of severe cholecystitis will be booked urgently through the hospital OR emergency waitlist</i>
	Symptomatic cholelithiasis-severe disabling symptoms OR associated with a history of pancreatitis OR associated with choledocholithiasis		3 weeks	
Ganglion	Small, not interfering with work	Not Responsive	52 weeks	
	Large, interfering with work		13 weeks	
Reversal Colostomy/ Ileostomy	If planned reversal after initial surgery	Not Responsive	6 weeks	
	If reversal not feasible owing to patient condition, then once patient/ conditions favourable for reversal		13 weeks	
Lipoma	Large, clinical concern around low grade liposarcoma	Not Responsive	13 weeks	
	Minimally symptomatic		26 weeks	
Breast Surgery	Benign disease (e.g. fibroadenoma, subareolar duct excision, atypical ductal hyperplasia)	Not Responsive	13 weeks	<i>Patients requiring hospitalization/treatment (e.g. breast abscess will be booked urgently through the hospital OR emergency waitlist</i>
	Malignant disease, uncomplicated		6 weeks	
	Malignant disease with highly symptomatic primary tumour and/or neoadjuvant therapy requiring precise timing of surgery		3 weeks	

## NOTICE: CHANGE TO PRIORITIZATION CODES

NSCATS Otolaryngology Surgery codes go-live November 29, 2022 – Eastern, Western & Northern zones

Perioperative (Surgical) Services has worked with IMIT Clinical Specialty Services, Quality and Decision Support and surgeons to create consistent and standardized surgical booking codes for the most common Otolaryngology procedures.

Like the Alberta (ACATS) and IWK (PCATS) Coding Access Targets for Surgery, our **Nova Scotia Coding Access Targets for Surgery (NSCATS)** identify maximum acceptable surgical wait times for various procedures to help prioritize care and support appropriate and timely bookings. Initial efforts have involved working with general surgeons, urologists and otolaryngologists on **NSCATS** codes based on clinical modifiers (e.g., procedures/diagnosis) for 90 per cent of these surgeries.

### NSCATS Otolaryngology prioritization codes go-live November 29, 2022

- 23 new Otolaryngology booking codes will be used in the Eastern, Western and Northern zones.
- The new codes relate to 10 procedures (diagnoses):



View the next page for details related to this change and what it means for surgeons as well as office, clinic and booking staff.

Mnemonic	Responses
SEPT	SEPTRHINO
LARYNX BIOP	BENIGN
LARYNX BIOP	PROF
LARYNX BIOP	SUS MALIGN
THYROID	BENIGN
THYROID	SUS MALIGN
THYROID PRV	MALIGN NSPR
THYROID PRV	MALIGN SPR
PAROTID	BENIGN
PAROTID SUS	PRV MALIGN
TYMPMAST	UNCOMP
TYMPMAST	COMP
PARATHYROID	UNCOMP
PARATHYROID	CRT CALC
NECK DISSECT	BENIGN
NECK DISSECT	SUS MALIGN
NECK DISSECT	MALIGN
LARYN RESECT	MALIGN
LARYN RESECT	MALIGN P-TRC
FESS	UNCOMP BENIGN

These NSCATS codes are being added to the Operating Room Management (ORM) system used in the Eastern, Western and Northern Zones and we will continue to evaluate and support the implementation in the months ahead.

Our teams are also exploring how the new codes might be added to the Central Zone's Novari system in the future.

You can learn more about NSCATS [here](#).

The vision of the One Person One Record (OPOR) program is to have all sites operate with a consistent operating room management tool, so any progress made standardizing processes now will ultimately support the successful transition to a new integrated clinical information system (CIS) in OPOR.

[Subscribe](#) to receive ongoing news and updates from Perioperative (Surgical) Services

Find more [NSCATS](#) information on the Physician Information and Wellness Portal



## Perioperative (Surgical) Services

### Nova Scotia Coding Access Targets for Surgery (NSCATS): Otolaryngology Surgery Booking Instructions – Effective November 29, 2022

<b>New NSCATS Otolaryngology Prioritization Codes go-live Nov. 29, 2022</b> <b>***no backdating required</b>																																										
<ul style="list-style-type: none"> <li><b>23 new codes</b> for use in <b>Eastern, Western and Northern zones</b></li> <li>Relate to 10 procedures (diagnoses):</li> </ul>	<ol style="list-style-type: none"> <li>1. Septoplasty/Septorhinoplasty</li> <li>2. Biopsy/excision laryngeal mass</li> <li>3. Thyroidectomy</li> <li>4. Parotidectomy</li> <li>5. Tympanomastoidectomy or tympanoplasty ± ossiculoplasty</li> <li>6. Parathyroidectomy</li> <li>7. Neck dissection</li> <li>8. Laryngectomy/pharyngectomy/oral cavity resection neck dissection ± regional or pedicled flap</li> <li>9. Functional endoscopic sinus surgery</li> <li>10. Myringotomy and tubes</li> </ol>	<table border="1"> <thead> <tr> <th>Mnemonic</th><th>Responses</th></tr> </thead> <tbody> <tr><td>SEPT SEPRHINO</td><td>Not Responsive</td></tr> <tr><td>LARYNX BIOP BENIGN</td><td></td></tr> <tr><td>LARYNX BIOP PROF</td><td></td></tr> <tr><td>LARYNX BIOP SUS MALIGN</td><td></td></tr> <tr><td>THYROID BENIGN</td><td></td></tr> <tr><td>THYROID SUS MALIGN</td><td></td></tr> <tr><td>THYROID PRV MALIGN NSPR</td><td></td></tr> <tr><td>PAROTID BENIGN</td><td></td></tr> <tr><td>PAROTID SUS PRV MALIGN</td><td></td></tr> <tr><td>TYMPMAST UNCOMP</td><td></td></tr> <tr><td>TYMPMAST COMP</td><td></td></tr> <tr><td>PARATHYROID UNCOMP</td><td></td></tr> <tr><td>PARATHYROID CRT CALC</td><td></td></tr> <tr><td>NECK DISSECT BENIGN</td><td></td></tr> <tr><td>NECK DISSECT SUS MALIGN</td><td></td></tr> <tr><td>NECK DISSECT MALIGN</td><td></td></tr> <tr><td>LARYN RESECT MALIGN</td><td></td></tr> <tr><td>LARYN RESECT MALIGN P-TRC</td><td></td></tr> <tr><td>FEES UNCOMP BENIGN</td><td></td></tr> </tbody> </table>	Mnemonic	Responses	SEPT SEPRHINO	Not Responsive	LARYNX BIOP BENIGN		LARYNX BIOP PROF		LARYNX BIOP SUS MALIGN		THYROID BENIGN		THYROID SUS MALIGN		THYROID PRV MALIGN NSPR		PAROTID BENIGN		PAROTID SUS PRV MALIGN		TYMPMAST UNCOMP		TYMPMAST COMP		PARATHYROID UNCOMP		PARATHYROID CRT CALC		NECK DISSECT BENIGN		NECK DISSECT SUS MALIGN		NECK DISSECT MALIGN		LARYN RESECT MALIGN		LARYN RESECT MALIGN P-TRC		FEES UNCOMP BENIGN	
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# Nova Scotia Coding Access Targets for Surgery – NSCATS

## Otolaryngology Surgery Prioritization Codes

(Effective November 29, 2022 – Eastern, Western & Northern Zones)

NAME	DESCRIPTION	NSCATS CODE	WAIT TIME TARGET – MAXIMUM ACCEPTABLE	NOTES
Septoplasty/ Septorhinoplasty	Septoplasty/Septorhinoplasty	Not Responsive	26 weeks	
Biopsy/excision laryngeal mass	Benign disease		26 weeks	
	Professional voice user		13 weeks	
	Suspected or known malignancy/ impending complications		3 weeks	
Thyroidectomy	Benign disease		26 weeks	
	Suspected malignancy		13 weeks	
	Biopsy proven malignancy – no regional spread		13 weeks	
	Biopsy proven malignancy – regional spread		6 weeks	
Parotidectomy	Benign disease		26 weeks	
	Suspected or proven malignancy		6 weeks	
Tympanomastoidectomy or tympanoplasty ± ossiculoplasty	Uncomplicated		26 weeks	
	Impending complications		6 weeks	
Parathyroidectomy	Uncomplicated		26 weeks	
	Critical calcium level		3 weeks	
Neck dissection	Benign disease e.g., branchial cleft cyst		13 weeks	
	Suspected malignancy		6 weeks	
	Malignancy		3 weeks	
Laryngectomy/ pharyngectomy/oral cavity resection ± neck dissection ± regional or pedicled flap	Malignancy		6 weeks	
	Malignancy, post-tracheostomy for obstruction		13 weeks	
Functional endoscopic sinus surgery	Uncomplicated, benign		26 weeks	
	Suspected malignancy		3 weeks	
Myringotomy and tubes	Uncomplicated		13 weeks	
	Complications e.g., language delay		6 weeks	

## Nova Scotia Coding Access Targets for Surgery (NSCATS): Urology Booking Instructions for Eastern, Western and Northern Zones

NSCATS Urological Surgery Prioritization Codes – Effective January 10, 2022																																											
<ul style="list-style-type: none"> <li>40 new codes for use in <u>Eastern</u>, <u>Western</u> and <u>Northern zones</u>.</li> <li>Codes relate to 17 procedures (diagnoses):</li> </ul>	<ul style="list-style-type: none"> <li>Bladder Instillation</li> <li>Circumcision</li> <li>Cystectomy</li> <li>Cysto</li> <li>Hydrocelectomy/ Spermatocelectomy</li> <li>Incontinence</li> <li>Nephrectomy</li> <li>Nephroureterectomy</li> <li>Orchiectomy</li> <li>PNCL</li> <li>Prostate biopsy</li> <li>Prostatectomy</li> <li>Stent</li> <li>TURP</li> <li>TURBT</li> <li>URS</li> <li>Vasectomy</li> </ul>																																										
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YES	<ul style="list-style-type: none"> <li>Enter NSCATS code (start with "E" for Urological Surgery), in <i>Diagnosis</i> section along with free text diagnosis on the booking form.</li> <li>Leave the <i>Surgeon-Assigned Priority Level (SAPL)</i> section of the booking form <u>blank</u>.</li> <li>Complete remainder of booking form and submit to OR booking office.</li> </ul>																																										
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# Nova Scotia Coding Access Targets for Surgery – NSCATS

## Urological Surgery Prioritization Codes

(Effective Jan. 10, 2021 – Eastern, Western & Northern Zones)

NAME	DESCRIPTION	NSCATS CODE	WAIT TIME TARGET – MAXIMUM ACCEPTABLE	NOTES
Bladder Instillation	Oncology	Not Responsive	3 weeks	
	Interstitial Cystitis (IC)		6 weeks	
Circumcision	Risk of Retention		3 weeks	
	Able to Void		26 weeks	
Cystectomy	Non-oncology		26 weeks	
	Oncology (non-muscle invasive)		13 weeks	
	Oncology (muscle invasive NMIBC)		6 weeks	
	Oncology (MIBC – no chemo)		3 weeks	
Cysto	Gross hematuria		3 weeks	
	Microhematuria		13 weeks	
	LUTS no urinary retention		26 weeks	
	Retention		6 weeks	
Hydrocelectomy/ Spermatocelectomy	Hydrocele/Spermocele		26 weeks	
Incontinence	Mid-urethral slings/fascial slings		26 weeks	
Nephrectomy	Oncology benign or low risk		13 weeks	
	Oncology high risk		6 weeks	
Nephroureterectomy	Oncology (NAC) low risk		6 weeks	
	Oncology (NAC) high risk no chemo		3 weeks	
Orchiectomy	Oncology		1 week	
	Non-oncology		13 weeks	
PCNL: Percutaneous Nephrolithotomy	Obstructing		3 weeks	
	Symptomatic		6 weeks	
	Non-obstructing/asymptomatic		13 weeks	
Prostate Biopsy	Suspicion of high risk/advanced disease		3 weeks	
	Low risk		13 weeks	
Prostatectomy	Low/intermediate risk (Gleason 6–7)		13 weeks	
	High risk (Gleason 8–9)		6 weeks	
Stent	Obstruction with symptoms		1 week	
	Obstruction with minimal symptoms		3 weeks	
	Stent change		13 weeks	
	Stent w/Stone		6 weeks	

Continues next page...

## Continued – Urology NSCATS Prioritization Codes

TURP: Trans urethral resection of the prostate	Retention	Not Responsive	6 weeks	
	Lower Urinary Tract Symptoms (LUTS)		26 weeks	
TURBT: Trans urethral resection of bladder tumor	Primary low risk		3 weeks	
	Primary high risk		1 week	
URS: Ureteroscopy	Obstructing stone w/symptoms		1 week	
	Asymptomatic or Oncology low risk		3 weeks	
	Oncology high risk		1 week	
	Non-obstructing		26 weeks	
Vasectomy	Vasectomy		52 weeks	

## Memorandum

**To:** Perioperative / Surgical Services Staff and Physicians  
**From:** Dr. Marcy Saxe-Braithwaite, Senior Director, Perioperative (Surgical) Services  
Dr. Greg Hirsch, Senior Medical Director, Perioperative (Surgical) Services  
**Date:** November 27, 2019  
**Subject:** Patient Access Registry Nova Scotia (PAR-NS) Policy Review Update

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The provincial Patient Access Registry Nova Scotia (PAR-NS), implemented in 2010, provides accurate, timely and accessible information to support the management and utilization of operating room and endoscopy resources, and ultimately reduce wait times for services/surgery.

The Department of Health and Wellness (DHW) PAR-NS policy outlines oversite and data requirements to ensure accurate information is captured in the registry, and stipulates that NSHA and IWK are to establish polices to govern the use of PAR-NS.

PAR-NS data supports decision making at many levels within NSHA and DHW, therefore accurate and timely submission of the data is critical. If data is excluded/incomplete demand and urgency may be underrepresented, which can directly impact resource allocation/service planning.

Examples of how the data is used include:

1. Wait time data - posted on public NS Wait Times website, sent to CIHI for national reporting; and shared with DHW/NSHA decision-makers,
2. Decisions such as OR block allocation (based on rate of demand and priority levels) and order of patient queue for booking purposes (based on wait time and priority level).
3. Data on cancellations, on-time starts, and other metrics are used to monitor efficiency and utilization.

NSHA's PAR-NS policy is under review. We are exploring a more standardized approach in terms of determination of wait time targets for wait 2 as has been established in other jurisdictions. For example, Alberta Health Services implemented *Alberta Coding Access Targets for Surgery (ACATS)*, which standardized diagnosis-based access targets to assist with decision making for scheduled surgeries. In addition to the policy, a procedure manual has been drafted to provide easy access to specific PAR-NS procedures. Drafts of both the policy and manual will be shared for your input and feedback within the next few weeks.

In the interim, we have created a list of policy statements to help physicians, physician offices and NSHA staff understand and comply with the DHW policy.

PAR-NS Policy Statements	
<p><b>1. Requirement to submit booking documentation within seven (7) days of the <i>Decision to Treat</i> date:</b></p> <p><i>Decision to Treat</i> - defined as date when patient and physician agree that the patient requires a surgical procedure or endoscopy, and is <i>Ready to Treat</i>.</p> <p><i>Ready to Treat</i> - all of the following criteria must be met:</p> <ul style="list-style-type: none"> <li>• All diagnostic/procedural tests required to confirm determine diagnosis, or confirm that surgery/endoscopy is required, are complete.</li> </ul> <p><i>Note: excludes pre-operative tests routinely done days/weeks in advance of surgery, or tests that can only be performed once patient is waitlisted.</i></p> <ul style="list-style-type: none"> <li>• Patient has met any related clinical criteria that may impact their readiness to proceed to surgery or endoscopy, as determined by physician. (E.g., stabilization of an existing medical condition, required weight loss, etc.)</li> <li>• Patient has expressed willingness to proceed with surgery/endoscopy, via appropriate consent process.</li> </ul>	<p><b>2. NSHA may remove patients from the wait list if any or a combination of the following apply:</b></p> <ul style="list-style-type: none"> <li>• Patient no longer 'ready' for surgery/endoscopy.</li> <li>• Date of surgery/endoscopy cancelled three times for non-clinical, patient-related reasons.</li> <li>• Refused/no-show for three offered dates of surgery/endoscopy, on three separate occasions, without offering unavailable dates.</li> <li>• Refused/no-show for three offered dates of surgery/endoscopy on three separate occasions and their cumulative unavailable dates exceeds 365 days.</li> <li>• Duplicate entries.</li> <li>• Patient unavailability longer than 365 days.</li> <li>• Patient deaths.</li> <li>• Procedure completed elsewhere or on an unscheduled basis.</li> <li>• Unable to contact patient after three attempts on three separate dates.</li> </ul> <p><i>Note: In the Novari System (Central Zone) patient unavailability is noted in The "dates affecting readiness" section.</i></p>

PAR-NS Policy Statements	
<p>3. Physicians are required to assign a relevant and accurate prioritization level corresponding to their clinical assessment of the patient.</p>	<p>4. PAR-NS access managers and physicians' offices conduct collaborative quarterly reviews to validate patients on long waiter lists.</p>
<p>The current prioritization levels are as follows:</p> <ul style="list-style-type: none"> <li>• Category IIa (within 1 week),</li> <li>• Category IIb (within 3 weeks),</li> <li>• Category III (within 6 weeks),</li> <li>• Category IV (within 13 weeks),</li> <li>• Category V (within 26 weeks), and</li> <li>• Category VI (within 52 weeks).</li> </ul> <p>The DHW has developed a <a href="#"><u>Voluntary Reference Guide for Maximum Clinically Acceptable Wait Times by Patient Condition and Diagnosis for Adult Elective Surgery</u></a> to help physicians assign a prioritization level.</p> <p><i>Note: IWK pediatric surgeries are prioritized according to the Paediatric Canadian Access Targets for Surgery (P-CATS).</i></p>	<p>Long waiters are those patients that have been waiting:</p> <ul style="list-style-type: none"> <li>• More than one year (365 days) for a surgical procedure;</li> <li>• More than two years (730 days) for an endoscopy procedure.</li> </ul>

Providers of surgical/endoscopy services are encouraged to access and use PAR-NS to support wait list management. PAR-NS Access Managers at each site/zone can facilitate the access approval process. A list of PAR-NS contacts is attached.

If you have any questions regarding the above policy requirements please send to [Cindy.Connolly@nshealth.ca](mailto:Cindy.Connolly@nshealth.ca) or [SeanT.Smith@nshealth.ca](mailto:SeanT.Smith@nshealth.ca).

We look forward to your feedback on the draft policy and procedure manual.

## Memorandum

**To:** Nova Scotia Health (NSH) surgeons and staff who provide and/or book surgical procedures

**From:** Dr. Greg Hirsch, Senior Medical Director, Perioperative Services Network  
Cindy Connolly, Senior Director, Perioperative Services Network

**Effective Date:** May 1, 2025

**Subject:** Surgical Wait List Management

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The provincial eReferral for surgical consult and the Patient Access Registry Nova Scotia (PARNS) systems, provide a standardized provincial approach for patient access to surgical services. The literature supports that electronic and centralized management of referrals for consult and booking of public operating rooms helps to reduce wait times for patients, provides equity among wait lists for providers, and enables more efficient utilization of operating room blocks.

Additionally, data provided by electronic and centralized processes more accurately informs system resource needs, including how many patients are waiting, for what procedures, for how long, and whether they went on to surgery or to another care pathway.

As we move through development and implementation of new electronic systems via the CIS/OPOR, and the inherent standardization and data they bring, the following policy statements have been developed in the interim to:

- ensure wait list management tools, including eReferral for consults and Centralized Booking for surgery, are utilized to meet wait list and wait time reduction targets and goals.
- ensure accurate provincial wait list data for consults and scheduled surgery.
- ensure patients are prioritized based on wait time and clinical acuity, for Wait 1 and Wait 2.

## POLICY STATEMENTS

1. All surgeons, holding Nova Scotia Health privileges, must use the provincial e-Referral tool for receiving and sending referrals for all clinical services live on the platform.
2. A Surgical Priority Level is required for surgery to be added to a surgical wait list (Wait 2 list) with exception of surgeries such as transplants and c-sections, which do not follow regular queuing processes.
3. Priority levels must be assigned based on one of the following:

- (a) Nova Scotia Coding Access Targets for Surgery (NSCATS), if applicable.
  - (b) PARNS Surgeon Assigned Priority Levels.
- 4. Decision to Treat (DTT) date is when the patient and surgeon agree that the patient requires a surgical procedure and that the patient is Ready to Treat. Ready to Treat means:
  - (a) The patient is deemed appropriate for surgery as assessed by their surgeon.
  - (b) The patient is confirmed to be medically, socially and emotionally ready, willing, and able to have surgery via the applicable consent process.
  - (c) Patient has met any related clinical criteria that may impact their readiness to proceed with surgery, as determined by the surgeon, e.g., stabilization of an existing medical condition, required weight loss, etc.
  - (d) All diagnostic/pre-operative tests required to determine diagnosis or confirm that the surgery is required are complete.
- 5. All patients determined to require surgery must be submitted to the applicable NSH Centralized Booking Office site, or entered to Novari, within 7 days of DTT date.
- 6. All surgeon offices are required to complete and submit the following surgical booking documentation to the applicable NSH Centralized Booking site, or entered to Novari, before surgeries will be booked. This package must include:
  - (a) NSH Surgical Booking Form
  - (b) Patient Health History Questionnaire (PHHQ)
  - (c) Patient's History and Physical or Consult Note
  - (d) Signed consent for booked surgery by both the patient or legal guardian and the surgeon.
  - (e) Any other documentation required by the NSH to book the patient for the surgery, if applicable.
- 7. Patients requiring the same surgery on both sides (e.g. cataracts, hips, knees) must not be added to the Wait 2 List for the second side (e.g. second eye) until the first side surgery is complete and the patient is determined Ready to Treat for the second side surgery.
- 8. A patient shall be removed from the surgical Wait 2 List by NSH Centralized Booking Offices in collaboration with/or by surgeons' offices in a case of any of the following:
  - 8.1. Patient no longer 'ready' for surgery.

- 8.2. Patient Unavailable Time exceeds 365 days from DTT date.
- 8.3. Duplicates (patient on Wait 2 List for more than one surgeon and/or more than one NSH surgical site).
- 8.4. Patient deceased.
- 8.5. Surgery has been completed.
- 8.6. Patient cancelled, refused or no show **two** offered dates of surgery over a period of **6 months**, for non-clinical patient-identified reasons.
- 8.7. Patient unable to be contacted after **three** attempts, on **three** separate dates, over a period of **6 months**.

*For 8.6 and 8.7: A reasonable amount of flexibility shall be given to the above parameters for patients whose personal circumstances may make contact and/or availability exceptionally difficult.*

9. Procedures requiring a recheck (e.g. cystoscopy) must be assigned a recheck due date and will not start accumulating Wait 2 time until the recheck due date has occurred.
10. All NSH Surgical Sites shall:
  - 10.1. Utilize the Lucas Parafianowicz Booking Tool ('The Lucas Report') to determine the patient queue for any surgeon.
  - 10.2. Utilize the PARNS Block Schedule Calendar to ensure operating/procedure room utilization data is accurate.
  - 10.3. Establish site specific criteria for advanced booking of operating rooms. These criteria must include:
    - 10.3.1. Filling a minimum percentage of allocated operating room block time, within a minimum number of days in advance of scheduled surgery.
    - 10.3.2. Establishing a process for releasing, to another surgeon, underutilized allocated block time.
11. Surgeons must follow the College of Physicians and Surgeons of Nova Scotia (CPSNS) Standards and Guidelines related to Temporarily or Permanently Closing a Practice <https://cpsns.ns.ca/resource/temporarily-or-permanently-closing-a-medical-practice/>
12. If a patient is transferred to an alternate surgeon, for the same surgery, while on the Wait 2 List, a new Consent Form must be completed, signed and sent to the Centralized Booking Office or uploaded to Novari. The DTT date will remain the

same and the patient will maintain their position on the Wait 2 List, unless clinically determined otherwise by the new provider.



**Policy:** Patient Access Registry Nova Scotia

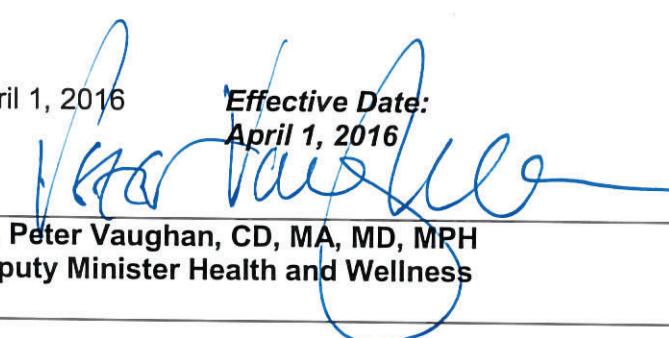
**Originating Branch:**

**Original Approval Date:** April 1, 2016

**Effective Date:**

April 1, 2016

**Approved By:**

  
Dr. Peter Vaughan, CD, MA, MD, MPH  
Deputy Minister Health and Wellness

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**Version #:** 1.0

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## 1. POLICY STATEMENT

- 1.1 This Policy sets the data oversight for the Patient Access Registry Nova Scotia (PAR NS) to ensure accurate information is captured in the Registry.

## 2. DEFINITIONS

- 2.1. *Date of Decision to Treat* - The date when the patient and physician agree that the patient requires a surgical procedure, which is to take place at any future Operating Room (OR) or Gastrointestinal (GI) Endoscopy suite time that is available (given a reasonable amount of time to prepare).
- 2.2. *Department of Health and Wellness (DHW)* – Nova Scotia Provincial Government Ministry tasked within the *Health Authorities Act* to provide standards and strategic oversight to the publically funded health system.
- 2.3. *Nova Scotia Health Authority (NSHA) / Izaak Walton Killam Health Centre (IWK)* – the two Health Authorities in Nova Scotia who are tasked within the *Health Authorities Act* to provide the operations and health services for the publically funded health system.
- 2.4. *Operating Room Information System (OR/IS)* – A hospital-based information system that stores and retrieves information associated with the provision and utilization of operating room services and facilities.
- 2.5. *Organization* - An organization refers to the Nova Scotia Health Authority (NSHA), the IWK Health Centre (IWK), the Department of Health and Wellness, or a public or private organization that:
  - 2.5.1. Provides health care services in the Province of Nova Scotia and participates in PAR NS; or
  - 2.5.2. Provides support for and administration of the PAR NS system.
- 2.6. *Patient Access Registry Nova Scotia (PAR NS)* – Nova Scotia's patient access database, which comprises records of queued/scheduled/removed and completed surgical/GI Endoscopy cases. PAR NS supports clinical management and monitoring

of patient access and operating room utilization, as well as healthcare system planning and management.

- 2.7. *Patient* – One who is experiencing any disease and is under treatment.
- 2.8. *Private Health Care Organization* – an organization not funded by the NSHA/IWK to provide health care to Nova Scotians.
- 2.9. *Provider* – For reporting purposes in PAR NS, this refers to an individual who provides surgical treatment of injuries or disorders of the body by incision or manipulation or gastrointestinal endoscopy.
- 2.10. *Public Health Care Organization* – an organization funded by the NSHA/IWK to provide health care to Nova Scotians.

### 3. POLICY OBJECTIVES

- 3.1. To facilitate the capture of accurate and reliable information in PAR NS to support timely access to surgical and GI Endoscopy care and effective management of perioperative and endoscopy resources in Nova Scotia through informed decision making.

### 4. APPLICATION

- 4.1. As per the *Health Authorities Act*, sections 6 (a), (c) and (f), in addition to the other duties contained in this Act, the Minister shall (a) in consultation with the health authorities, set the strategic direction of the health system; (c) establish policies, standards and guidelines for the provision of health services and the administration of the provision of health services; (f) establish technical and informational requirements and standards for health-information systems.
- 4.2. This policy applies to the Nova Scotia Health Authority (NSHA); the Izaak Walton Killam Health Centre (IWK); the Department of Health and Wellness (DHW); and public or private organizations that provide health care services in the Province of Nova Scotia and participate in PAR NS or provide support for and administration of the PAR NS system. Policies pertaining to patients are applicable to both in and out of province patients.

### 5. POLICY DIRECTIVES

#### 5.1. Participation in PAR NS

- 5.1.1. All organizations involved in the provision of publicly-funded surgical and GI Endoscopy services in Nova Scotia shall provide the minimum information to the PAR NS as required by the DHW and defined in *Appendix 1: Required Fields for PAR NS*.
- 5.1.2. The NSHA/IWK are responsible for ensuring the accuracy and timeliness of the information entered into PAR NS within each organization.
  - 5.1.2.1. Operating Room booking documentation shall be submitted by providers within seven (7) days after the Date of Decision to Treat.

- 5.1.2.2. The NSHA/IWK must ensure that patient booking data is entered into the Operating Room Information System (ORIS) within five (5) days of receipt of the booking documentation.
- 5.1.2.3. The NSHA/IWK must ensure that post-operative information is entered into the ORIS within fourteen (14) days of the date the procedure was completed.
- 5.1.3. The NSHA responsible for managing PAR NS at the provincial level in collaboration with the IWK.
- 5.1.4. The NSHA is responsible for ensuring that appropriate policies and procedures for the security and privacy of PARNS are established and followed, including user access and auditing in collaboration with the IWK. These policies and procedures must be in compliance with the *PAR NS Privacy Impact Assessment*.

**5.2 On-going Review of the Policies and Procedures for the PAR NS**

- 5.2.1 The policies and procedures of the PAR NS will be reviewed on an annual basis.

**5.3 Data Standards and Definitions/OR Utilization data standards and definitions**

- 5.3.1 The NSHA/IWK will establish joint policies on the use of PAR NS to ensure common data standards and oversight for PARNS.
- 5.3.2 The organizations will work with the DHW to ensure data standards for the information entered into the ORIS is consistent among all facilities and employees. Relevant NSHA/IWK policies will be updated accordingly once provincial DHW and NSHA/IWK data standards are released.

**5.4 Nova Scotia Wait Times Website**

- 5.4.1 Wait times for select procedures, by provider, will be published on the NS Wait times Website: [waittimes.novascotia.ca](http://waittimes.novascotia.ca). The median, and 90<sup>th</sup> percentile wait times will be published on a monthly basis.
- 5.4.2 Wait times will not be published for procedures where less than 6 were completed within the time period.
- 5.4.3 All active providers will be listed under the website.
- 5.4.4 Contact information for the major facilities in the NSHA/IWK, will be posted on the DHW website. It is the responsibility of the NSHA/IWK to inform DHW if the contact information changes.

**5.5 Resources**

- 5.5.1 The organizations will ensure that appropriate resources are in place to meet the requirements of this policy.

### 5.6 Collaboration

5.6.1 The NSHA and IWK must collaboratively establish policies to govern the use of PAR NS and management of OR/Endoscopy Suite resources in Nova Scotia.

## 6. POLICY GUIDELINES

6.1 N/A

## 7. ACCOUNTABILITY

7.1 For the purpose of the administration of this policy, accountability is delegated to the Deputy Minister of Health and Wellness.

7.2 The Executive Director of Information Management has responsibility for on-going monitoring and enforcement of this policy.

## 8. MONITORING / OUTCOME MEASUREMENT

8.1 Monitoring will be accomplished through system audits and reports that identify compliance with established policies, as detailed throughout this document.

## 9. REPORTS

9.1 Referring to section 8.1 of this policy, quarterly reports will be generated.

## 10. REFERENCES

10.1 *Health Authorities Act*  
10.2 PAR NS Privacy Impact Assessment

## 11. APPENDICES

11.1 Appendix 1: Required Fields for PAR NS

## 12. VERSION CONTROL

Date	Version	Revision	Effective
April 1, 2016	1.0	Approved version signed by Deputy Minister. This version replaces the former <i>Use of Patient Access Registry Nova Scotia (PAR NS) Policy</i> .	April 1, 2016

### **13. INQUIRIES**

Executive Director of Information Management  
Investment and Decision Support  
Nova Scotia Department of Health and Wellness  
Tel: (902)  
Fax: (902)

## Appendix 1: Required Fields for PAR NS

### Required Fields upon Completion of Scheduled Surgical Cases

	Mandatory	Mandatory if Applicable
<b>Patient Data</b>		
Family Name	X	
Given Name	X	
Sex	X	
Health care number	X	
Unit Number	X	
Birth date	X	
Province	X	
<b>Appointment/Scheduling Information</b>		
ORIS Case Identifier	X	
Zone	X	
Date Received by Operating Room Booking	X	
Date Complete Referral Package Received	X	
Date First Seen by Provider for This Concern	X	
Date of Decision for Treatment	X	
Facility	X	
Patient Type	X	
Anesthesia Type	X	
Priority Level (Zone Specific)		X
Provider-Assigned Priority Level	X	
Scheduled Surgery Date	X	
Scheduled Start Time		X
Scheduled End Time		X
Scheduled Setup Duration		X
Scheduled Clean-up Duration		X
Patient Unavailable Start Date		X
Patient Unavailable End Date		X
Booking Procedure	X	
Booking Provider	X	
Booking Procedure Side		X
Diagnosis (IWK only)	X	
Recheck or not		X
Recheck date		X

Cancer: Proven, Suspected, or No	X	
Unscheduled Surgery Flag		X
Primary Insurance (e.g. Workers Compensation)		X
Case Specialty	X	
<b>Scheduling information</b>		
First offered date	X	
Additional offered dates		X
Refusal reasons		X
Booking clerk identifier	X	
Scheduled room	X	
<b>Post-Operative Information</b>		
Zone/Health Authority	X	
Facility	X	
Patient Type	X	
Anesthesia Type	X	
Surgery Location (Operating Theatre)	X	
Actual Surgery Date	X	
Actual Procedure	X	
Actual Provider	X	
Actual Procedure Side		X
Unscheduled Surgery Flag		X
Anesthetist Name	X	
<b>Case Time Data</b>		
Setup Start Time	X	
Room Ready (this case time lacks a standard definition and is not a required field)	X	
Patient Enters Operating Room Time	X	
Anesthesia Start Time	X	
Patient Ready For Provider Time	X	
Provider Start/Active Time	X	
Provider Start Incision/Procedure Time	X	
Provider End Time	X	
Patient Exits Operating Room Time	X	
End Clean Up Time	X	
<b>Surgical Request Cancellations and Reschedules</b>		
Cancellation occurred date		X
Cancellation reason code		X
Cancellation reason description		X
Booking clerk identifier		X

<b>Surgical Request Removal</b>		
Removal occurred date		X
Removal reason code		X
Removal reason description		X
Booking clerk identifier		X

## Field Descriptions

<b>Scheduling/Waitlist Information</b>	
<i>Field</i>	<i>Field Description</i>
Date Received by Operating Room Booking	The calendar date OR booking documentation received by NSHA/IWK Booking Staff
Date Complete Referral Package Received	The calendar date patient referral for surgical consult received by provider
Date First Seen by Provider for This Concern	The calendar date of patient's first consult with provider for this concern
Date of Decision for Surgery	The calendar date when the patient and provider agree that the patient requires a surgical procedure
Facility Identifier	Name of the facility where the procedure will be performed
Provider Assigned Priority	Mnemonic of the procedure priority
OR Booking Notes	Any provider notes/additional information that is part of the procedure booking
Unavailable Start Date	The calendar date that starts a brief known period of patient unavailability
Unavailable End Date	The calendar date that ends a brief known period of patient unavailability
Unavailable Reason	Reason why a patient is not available for surgery when offered a surgery date
Surgical Procedure Code	Provides a unique identifier for the specific surgical procedure queued or booked
Surgical Procedure Description	Surgical Procedure description being booked or queued
Side	Identifies the side of the body on which the surgical procedure will be performed

Secondary Procedure Code	Provides a unique identifier for the secondary procedure being queued or booked on the patient
Secondary Procedure Description	Surgical Procedure description being booked or queued
Secondary Side	Identifies the side of the body on which the surgical procedure will be performed
Patient Type	Identifies the patient type. Can be Inpatient, Day Surgery or Outpatient (ambulatory care setting)
Surgery Location	Identifies where the surgery is scheduled to be performed (OR, Ambulatory Care)
Scheduled Date of Surgery	The calendar date when the surgery is scheduled to be performed
Cancellation/Postponed Reason	The reason a surgery was cancelled/postponed
Preferred Surgery Date	The calendar date preferred by provider to perform surgery
First Offered Date	The calendar date the surgery was first offered – first scheduled date
First Offered Date Refused Reason	Reason that the first offered date was refused
Anesthesia Type	Identifies the type of anesthesia required
OR Booking User	User ID of the OR Booking personnel who entered the information into the OR Booking software
Diagnosis Code	PICIS only - supplied for Pediatric and some Obstetrics/Gynecology procedures
Suspicion of Cancer	Used to determine if this surgical request is related to a cancer diagnosis. Possible values are Proven, Suspected, and No
Recheck	Identifies if the procedure is a recheck
Recheck Date	Used to specify when the recheck should be completed
Insurance	Who is responsible for payment for the procedure
Scheduled Start Time	Time the procedure is scheduled
Scheduled Set up	Duration in minutes for the scheduled time needed for the set-up for the procedure

Scheduled Clean up	Duration in minutes for the scheduled time needed for the clean-up for the procedure
Scheduled Provider Duration	Duration in minutes for the scheduled provider duration
Scheduled Case Duration	Duration in minutes of the entire case.
Scheduled Stop Time	Time the procedure is scheduled to end
Patient Alerts	Any patient risks that could affect the treatment (HIV/MRSA/Diabetes/Sleep Apnea...)

<b>Post-operative Information</b>	
<b>Field</b>	<b>Field Description</b>
Surgery Date	The calendar date when the surgery was actually performed
Specialist ID	Abbreviation of the specialist (provider) who performed the surgery
Specialist Name	Name of specialist (provider) who performed the surgery
Secondary Specialist ID	Abbreviation of the second specialist, if needed, who performed the surgery
Secondary Specialist Name	Name of the second specialist, if needed, who performed the surgery
Surgery Performed After Hours	Checkbox that identifies if the surgery was performed outside regular hours
Performed Surgical Procedure Code	Provides a unique identifier for the specific surgical procedure performed
Performed Surgical Procedure Description	Provides a description for the specific surgical procedure performed
Side	Identifies the side of the body on which the surgical procedure was performed
Secondary Code Procedure	Provides a unique identifier for the secondary surgical procedure performed if applicable
Secondary Procedure Description	Provides a description for the secondary surgical procedure performed if applicable
Side	Identifies the side of the body on which the surgical procedure was performed

<b>Post-operative Information</b>	
<b>Field</b>	<b>Field Description</b>
Procedure Location	Identifies where the surgery was performed (OR, Ambulatory Care)
Unscheduled procedure	Identifies if the procedure performed was previously booked or not (e.g. Emergency procedure)
Patient Type	Identifies the patient type (e.g. Inpatient, Day Surgery or Outpatient)
Anesthesia Type	Identifies the type of anesthesia used
Anesthesia Provider Code	Mnemonic of provider who performs anesthesia
Anesthesia Provider Name	Name of provider who performs anesthesia
Setup Start Time	The calendar date & time setup has been started in the OR room
Room Ready Time	The calendar date & time the OR nursing staff are ready for the patient
Patient Enters OR	The calendar date & time patient enters the OR
Anesthesia Start Time	The calendar date & time the Anesthetist starts to work with the patient inside the OR theatre (the first interaction with patient in the OR theatre)
Patient Ready for Provider Time	The calendar date & time when Anesthetist indicates the patient is ready for the provider
Provider Start ( Start/Active Time)	The calendar date & time when provider is active in the OR. This can include time during which the provider does markings, positions patient (begin start/active time)
Incision Time	The calendar date & time when provider is ready to start
Provider End	The calendar date & time when provider completes the procedure
Patient Exits OR Time	The calendar date & time patient exit the OR Room
End Cleanup Time	The calendar date & time when the room is clean and ready for the next case
Clinical Technician ID	User ID of the technician who entered the clinical information into the clinical documentation software. (Post-op data entry clerk)