

# CCN REFERRAL FORM

## Frequently Asked Questions

When you provide complete, accurate and timely information, CCN RCCCs can determine an appropriate prioritization and recommended maximum wait time (RMWT) for your patient based on their clinical need. If information is missing delays may occur.

### Q: How do I complete the CCS/ACS classification?

A: The CCS/ACS classification drives the Urgency Rating Score (URS) which determines how quickly your patient will receive their procedure.

#### STABLE CAD:

Report as CCS Angina Class 0, I, II, III, or IV  
Check ONLY ONE box  
Refer to Table 1 on the back of the referral form

#### EXAMPLE:

**CCS/Angina Class** (see codes & definitions)

**Stable CAD**       0     I     II     III     IV

## OR

#### ACUTE CORONARY SYNDROME:

Use ACS criteria for patients who have had a NSTEMI, STEMI or UA event in the past 6 weeks  
Report as ACS Risk  
IV-A Low Risk    IV-B Intermediate Risk  
IV-C High Risk    IV-D Emergent  
Check ONLY ONE box  
Refer to tables 2, 3 and the TIMI Risk Score on the back of the referral form

#### EXAMPLE:

**CCS/Angina Class** (see codes & definitions)

**Acute Coronary Syndrome**     IV-A Low Risk     IV-B Intermediate Risk  
 IV-C High Risk     IV-D Emergent

**Q: What is expected with the “discussed options” check box?** A: It is important that physicians discuss wait times with patients and options on where to receive care prior to referral. In order to monitor whether options are being discussed, physicians are asked to indicate in the box provided (bottom right hand corner) of these discussions with patients.

The box has been selected in this example- in addition to signing the referral form, please print your name in the space provided, as indicated in the example here:

**EXAMPLE:**

**Referring MD Name (print)** Andrea Lee

Check box if you (physician) have discussed with this patient (and/or significant others) timely access to care options for this procedure.



**MD Signature**

25 / 08 / 06 /  
**Date** YY/MM/DD

**Q: How is the information that I provide used by CCN?** A: The information you provide is collected for three main purposes:

***To monitor, manage and report on access to advanced cardiac services in Ontario***

- Clinical information is used by the Regional Cardiac Care Coordinators (RCCC) at the 18 advanced cardiac care hospitals to triage patients according to their clinical urgency. Each patient is given a clinical priority score and associated recommended maximum wait time (RMWT) based on their reported clinical condition.
- Wait times are collected and evaluated against provincial benchmarks and publicly reported by procedure (see [www.ccn.on.ca](http://www.ccn.on.ca) for wait time data by hospital)

***To monitor and report on quality indicators for cardiac services***

CCN works in partnership with the Institute for Clinical Evaluative Sciences (ICES) to monitor trends in cardiac care delivery and patient outcomes (e.g. mortality, hospital LOS). Much of the clinical data collected on the CCN referral forms is used to risk-adjust outcomes and is then compiled in the ICES Provincial Report Cards for cardiac surgery and PCI.

***To provide advice to the Ontario Ministry of Health and Long Term Care (MOHLTC)***

The information collected by CCN is used to support planning by the MOHLTC, such as population-based procedural target setting.

**Q: Is CCN eligible to collect personal health information?** A: CCN is identified in Ontario legislation as a Registry and is authorized to collect personal health information.