

## Attachment A

### Outpatient Scheduling Standard Operating Procedures

1. **PURPOSE:** This Standard Operating Procedure (SOP) provides clarification to Veterans Health Administration (VHA) Directive 2010-027, Outpatient Scheduling Processes and Procedures. The below updated scheduling guidance is effective **90** days from the date of this memorandum.
2. **BACKGROUND:** VHA Directive 2010-027 previously provided guidance for implementing processes and procedures for the scheduling of outpatient clinic appointments and for ensuring the competency of staff directly or indirectly involved in any, or all, components of the scheduling process.
3. **RESPONSIBILITIES:** All staff engaged in scheduling functions are responsible for becoming familiar and complying with the contents outlined below. Supervisors are responsible for ensuring that staff is familiar with and adheres to this SOP.
4. **GUIDELINES AND PROCEDURES:**
  - a. **Established Patient Appointments:** All established patient appointments will be made with clinical input, including the following:
    - i. Appointment request decisions, where clinical input has been previously documented:
      1. All providers must submit an electronic order documenting the Return to Clinic (RTC) date (also known as the Clinically Indicated Date (CID)), or the return interval (i.e. date reflecting “three months”), or other custom instructions. This electronic order is captured on the Computerized Patient Record System (CPRS) orders tab. The RTC order must be completed during the checkout process. The order is completed either by making an appointment or entering the information in the Recall Reminder system, as appropriate.
      2. Providers must enter a single RTC order. Date ranges will not be acceptable. Unless otherwise specified by the provider, the RTC date means that the patient could be scheduled up to 30 calendar days after the RTC date.
      3. The RTC date (or equivalent return interval date) contained in the RTC order is transcribed into the “Desired Date” (Preferred Date) field of Veterans Health Information Systems and Technology Architecture (VistA) Scheduling or VistA Recall Reminder Applications during the scheduling process.
    - ii. Appointment request decisions where clinical input has not been previously documented will be appointed according to licensed provider or **Registered Nurse (RN)** instructions (which may be

## Outpatient Scheduling Standard Operating Procedures

written in a protocol), or referred to a licensed provider or **RN** on a case-by-case basis.

1. If the provider instructs that the patient be appointed on a specific day, the scheduler will make the appointment by answering “n” (no) at the next available prompt in the VistA Scheduling process and then entering that specific date at the “Desired Date” menu prompt. (Note: in the future, the name of this prompt will change to “Preferred Date”).
  2. If the provider instructs the patient return at the “next available” appointment, then the scheduler will make the appointment by answering “y” (yes) to the next available prompt. Today’s date is therefore the recorded “Preferred Date” (PD) or “Desired Date”. **Note: The VistA report entitled, “Display of Clinic Availability” is helpful to identify future capacity.**
- b. Measuring Patient Wait Times: VHA measures patient wait times using PD or CID as the first reference point and the pending or completed appointment date as the second reference point. For patient appointments with a written RTC order, the CID is the date documented by the clinician or licensed provider in the RTC order. For appointment request decisions not previously documented, the PD is the date entered according to the procedure in **4a** above. For all inpatient discharges, CID is the date documented in the discharge orders. Once entered, the CID or PD will not be changed unless the patient cancels and reschedules the appointment.
- c. Canceling and Re-Scheduling Appointments: Patients requesting to cancel or reschedule an appointment will be marked “canceled by patient” in the scheduling process. If an appointment has to be rescheduled, the scheduler will ask the patient: “When would you like to be seen?” If the patient responds that they would like to be seen in the next available appointment, the scheduler will make the appointment by answering “y” to the next available prompt. If the patient requests a specific day, the scheduler will make the appointment by answering “n” to the next available prompt and entering the specific day the patient would like to be seen.
- d. Use of Electronic Wait List: The Electronic Wait List (EWL) is the only official wait list for new patients who cannot be scheduled within 90 days. New patients who request an appointment within 90 days from the preferred date but cannot be scheduled due to unavailable clinic capacity will be placed on the EWL. The scheduler will manually place them on the EWL. Patient notification is required when a patient is placed on the EWL. The scheduler should not use the EWL to track access to care earlier than 90 days. If there is availability within 90 days, the Veteran should be given

## Outpatient Scheduling Standard Operating Procedures

an appointment. In the following exceptions, established (rather than new) patients may be placed on the EWL:

- i. Exception 1: Patients who are submitting a transfer request. Transfer requests are requests to transfer care to a different site within the facility service area. These transfer requests must be entered in a non-count EWL containing the word "Transfer" as the first word of the EWL name (e.g., Transfer Crandall Community-Based Outpatient Clinics (CBOCs)). These non-count EWL transfer list names are assigned the administrative stop code of 674.
  - ii. Exception 2: An established patient seeking care for a new problem to which there is no available capacity within 90 days.
- e. Using the Veterans Choice List (VCL): Patients on the Veterans Choice List (VCL). The VCL is a non-count EWL managed by VA and a third party administrator. Schedulers should follow the guidance from Chief Business Office regarding the placing of patients on the VCL.
- f. Recall Reminder Process: The Recall Reminder process must be used for established patient appointment requests beyond 90 days. All facilities must use VHA's Class-1 Recall Reminder software. Facilities can be granted an exception for the use of the Recall Reminder process if the **overall facility No Show (Missed Opportunity) Rate** does not exceed 10.0 percent for three (3) consecutive months and submitted justification is approved. Facilities can apply for an exception at the following SharePoint:  
<https://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/10NA/ACAO/AdministrativeAccess/Lists/Recall%20Reminder%20Opt%20Out%20Request/AllItems.aspx?InitialTabId=2EListItem&VisibilityContext=WSSTabPersistence>
- Note:* If a clinic has appointment backlog for more than 90 days into the future, the backlog should be eliminated before the recall reminder process is implemented in that clinic.
- g. Veteran Input and Preference in Scheduling Appointments: All appointments, including the rescheduling of no-shows, must be made with input from the patient. No "blind scheduling" is allowed. The process for contacting patients to schedule appointments are as follows:
- i. A minimum of three documented contacts (usually two phone calls and a letter) must be made on separate days using available contact numbers.

## Outpatient Scheduling Standard Operating Procedures

1. Letters returned through the mail room should be monitored by the clinic scheduling staff to ensure documentation in the patient's record.
    - ii. The provider should wait a minimum of 14 calendar days before dispositioning the request after the letter is sent.
    - iii. When scheduling in response to a consult: If a patient cannot be reached after three documented attempts, the scheduler must ask the receiving provider for disposition of the consult. The provider may discontinue the consult (triggering a view alert back to the sending provider), or direct the staff to continue attempts to contact the patient, or another action. Disposition steps must be documented in the patient's record.
  - h. Consult No Show Policy: A clinician may, if deemed clinically appropriate, authorize discontinuation of a consult (and efforts to reschedule appointment) after two patient no-shows).**
  - i. Standard Equipment for Schedulers:** All schedulers who have completed the training should have access to standard equipment to perform their job efficiently and effectively. This package optimally includes dual computer monitors and a telephone headset. Network Directors should assess the current state of schedulers' access to these tools. If they are not currently available, facilities should purchase them. (Note that Field Operations is currently in the process of shipping second monitors to all schedulers who did not have one. Distribution of equipment should have been completed by March 21, 2015.
2. REFERENCES: Veterans Health Administration (VHA) Directive 2010-027, Outpatient Scheduling Processes and Procedures.
  3. FOLLOW-UP RESPONSIBILITY: The Access and Clinic Administration Program is responsible for any updates and changes to this guidance.