



Patient Information Management System (PIMS)

**Scheduling Menus, Introduction & Orientation
Module User Manual**

Software Version 5.3

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**Department of Veterans Affairs
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Revision History

Date	Page #	Description	Project Manager	Technical Writer
04/18/2012	12 27	<p>Added VISTA Scheduling Patch SD*5.3*578. It contained options titled SD MH NO SHOW AD HOC REPORT and SD MH NO SHOW NIGHTLY. These Scheduling Report options appear in the primary and secondary menu options.</p> <p>Added screen printouts for new options in this Version 5.3 release.</p> <p>This manual has been updated to the latest Technical Publication Standards of OIT.</p>	Al Ebert	Raymond Steele
10/25/2010		SD*5.3*568 – Added two new options to the SDSUP Menu: “Edit Clinic Stop Code Name- Local Entries Only” option and the “Clinic Edit Log Report” option.	John Mahan	Tavia Leonard
01/29/2009		Name change update - Austin Automation Center (AAC) to Austin Information Technology Center (AITC)	Kevin Jackson	Tavia Leonard
07/01/2008		DG*5.3*779 - Added New Enrollee Appointment Request Management Menu to the Appointment Menu	Richard Muller	Corinne Bailey
11/09/2007		Added Automated Service Connected Designation Menu to the Scheduling menu and referred users to the ASCD site in the VistA Documentation Library	Zach Fain	Corinne Bailey
11/07/2007		Removed Transitional Pharmacy Benefit Deferred Appt Record		Corinne Bailey

Revision History

		option from Outputs Menu		
03/07/2007		Removed PCMM Reports Menu Documentation – PCMM now listed separately in the VistA Documentation Library	Michaele Mahoney	Corinne Bailey
02/22/2007		SD*5.3*466 - Ambulatory Care, Phase II enhancements	Zach Fain	Corinne Bailey

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Orientation

Intended Audience

The intended audiences are Scheduling supervisors, ADPACs, and the product support staff.

The Scheduling module of the PIMS Package is designed to assist in the set-up of clinics, scheduling of patients for clinic appointments, and the collection of an assortment of related workload data for reporting purposes.

Through Scheduling, necessary National Patient Care Database (NPCDB) workload is transparently collected and may be transmitted to the Austin Information Technology Center (AITC), (formerly the Austin Automation Center (AAC)).

The described Scheduling Menus, Intro, and Orientation supplies Users with tools that produce a variety of reports, directs data collection and distribution and can generate notification / letters pertinent to Scheduling procedures.



These Scheduling Report options appear in the primary and secondary menu options.

Documentation Conventions

This manual uses several methods to highlight different aspects of the material:

- Various symbols/terms are used throughout the document to alert the reader to special information. The following table gives a description of each of these symbols/terms:

Table 1 - Documentation Symbol / Term Descriptions

Symbol	Description
	NOTE/REF: Used to inform the reader of general information including references to additional reading material. In most cases you will need this information, or at least it will make the installation smoother and more understandable. Please read each note <i>before</i> executing the steps that follow it!
	CAUTION, DISCLAIMER, or RECOMMENDATION: Used to inform the reader to take special notice of critical information.

- Descriptive text is presented in a proportional font (as represented by this font).
- "Snapshots" of computer commands and online displays (i.e., screen captures/dialogues) and computer source code, if any, are shown in a *non*-proportional font and may be enclosed within a box.
 - User's responses to online prompts and some software code reserved/key words will be bold typeface and highlighted in yellow.
 - Author's comments, if any, are displayed in italics or as "callout" boxes.



NOTE: Callout boxes refer to labels or descriptions usually enclosed within a box, which point to specific areas of a displayed image.

- Bold Typeface:
 - All computer keys when referenced with a command (e.g., "press **Enter**" or "click **OK**").
 - All references to computer dialogue tab or menu names (e.g., "go to the **General** tab" or "choose **Properties** from the **Action** menu").
 - All values entered or selected by the user in computer dialogues (e.g., "Enter '**xyz**' in the **Server Name** field" or "Choose the **ABCD** folder entry from the list").
 - All user text (e.g., commands) typed or entered in a Command-Line prompt (e.g., "Enter the following command: **cd xyz**").
- Italicized Typeface:
 - Emphasis (e.g., do *not* proceed or you *must* do the following steps).
 - All reference to computer dialogue or screen titles (e.g., "in the *Add Entries* dialogue...").
 - All document or publication titles and references (e.g., "see the *ABC Installation Guide*").

- Step-by-Step Instructions—for documentation purposes, explicit step-by-step instructions for repetitive tasks (e.g., "Open a Command-Line prompt") are generally only provided once. For subsequent steps that refer to that same procedure or task, please refer back to the initial step where those instructions were first described.
- Conventions for displaying TEST data in this document are as follows:
 - The first three digits (prefix) of any Social Security Numbers (SSN) must begin with either "000" or "666".
 - Patient and user names are formatted as follows:

[Application Name]PATIENT,[N] and [Application Name]USER,[N] respectively, where "Application Name" is defined in the Approved Application Abbreviations document and "N" represents the first name as a number spelled out and incremented with each new entry.

For example, in LSRP test patient and user names would be documented as follows:
LSRPPATIENT, ONE; LSRPPATIENT, TWO; LSRPPATIENT, THREE; etc.

Documentation Navigation

Document Navigation—this document uses Microsoft® Word's built-in navigation for internal hyperlinks. To add **back** and **forward** navigation buttons to your toolbar, do the following:

1. Right-click anywhere on the customizable Toolbar in Word 2007 (not the Ribbon section).
2. Select **Customize Quick Access Toolbar** from the secondary menu.
3. Press the dropdown arrow in the "Choose commands from:" box.
4. Select **All Commands** from the displayed list.
5. Scroll through the command list in the left column until you see the **Back** command (green circle with arrow pointing left).
6. Click/Highlight the **Back** command and press the **Add** button to add it to your customized toolbar.
7. Scroll through the command list in the left column until you see the **Forward** command (green circle with arrow pointing right).
8. Click/Highlight the **Forward** command and press the **Add** button to add it to your customized toolbar.
9. Press **OK**.

You can now use these **Back** and **Forward** command buttons in your Toolbar to navigate back and forth in your Word document when clicking on hyperlinks within the document.

How to Use this Manual

The Scheduling User Manual is provided in Adobe Acrobat PDF (portable document format) files. The Acrobat Reader is used to view the documents. If you do not have the Acrobat Reader loaded, it is available from the VISTA Home Page, “Viewers” Directory.

Once you open the file, you may click on the desired entry name in the table of contents on the left side of the screen to go to that entry in the document. You may print any or all pages of the file. Click on the “Print” icon and select the desired pages. Then click “OK”. Each menu file contains a listing of the menu, a brief description of the options contained therein, and the actual option documentation. The option documentation gives a detailed description of the option and what it is used for. It contains any special instructions related to the option.

In this manual revision, new Scheduling reports are described that identify no-show “high risk for suicide” patients that have missed scheduled appointments.

The new Registration Patient Record Flag provides Scheduling and Reminder interfaces used to show High Risk for Suicide flag status set on a specified date.

On-line Help System

When the format of a response is specific, there usually is a HELP message provided for that prompt. HELP messages provide lists of acceptable responses or format requirements which provide instruction on how to respond.

A HELP message can be requested by typing a "?" or "??". The HELP message will appear under the prompt, then the prompt will be repeated. For example, perhaps you see the prompt

Sort by TREATING SPECIALTY:

And you need assistance so you answer enter "?" and the HELP message would appear.

Sort by TREATING SPECIALTY: ?

CHOOSE FROM:

- SURGERY
- CARDIOLOGY
- 12 PSYCHIATRY

Sort by TREATING SPECIALTY:

For some prompts, the system will list the possible answers from which you may choose. Any time choices appear with numbers, the system will usually accept the number or the name.

A HELP message may not be available for every prompt. If you enter a "?" or "???" at a prompt that does not have a HELP message, the system will repeat the prompt.

Definitions, Acronyms, and Abbreviations

All software definitions are included in the *Master Term Glossary* found in the Project Notebook in the VA Office of Information and Technology (OIT) Technical Services Project Repository (TSPR):

Related Manuals

DOCUMENTATION NAME	DOCUMENTATION FILE NAME	LOCATION
SCHEDULING PATCH 578 INSTALLATION AND SETUP GUIDE	SD_5_3_578_IG.PDF SD_5_3_578_IG.doc	Anonymous Directories
PIMS TECHNICAL MANUAL	SD_5_3_578_TM.PDF	
SCHEDULING USER MANUAL – OUTPUTS MODULE	SD_5_3_578_UM.PDF	
CLINICAL REMINDERS INSTALLATION AND SETUP GUIDE	PXRM_2_18_IG.PDF PXRM_2_18_IG.doc	VDL Clinical Reminders website Anonymous Directories

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1 Introduction

1.1 Purpose

The Scheduling module of the PIMS Package is designed to assist in the set-up of clinics, scheduling of patients for clinic appointments, and the collection of an assortment of related workload data for reporting purposes.

Through Scheduling, necessary National Patient Care Database (NPCDB) workload is transparently collected and may be transmitted to the Austin Information Technology Center (AITC), (formerly the Austin Automation Center (AAC)).

The Scheduling Menus, Intro, Orientation options provides the User with tools that produce a variety of reports and letters pertinent to Scheduling procedures.

The following is a brief list and description of the options available in the Menus, Intro, and Orientation Menu.

1.1.1 Ambulatory Care Reporting Menu

- Overview
- ACRP Reports Menu
- ACRP Ad Hoc Report Menu
- ACRP Ad Hoc Report
- Delete an Ad Hoc Report Template
- Display Ad Hoc Report Template Parameters
- Print from Ad Hoc Template
- Clinic Appointment Availability Report
- Clinic Group Maintenance for Reports
- Clinic Utilization Statistical Summary
- Data Validation Menu
- Enc. by IP DSS ID/DSS ID by Freq. (IP0, IP1, IP2)
- Means Test IP Visits & Unique (IP3, IP4, IP5)
- Most Frequent 50 IP CPT Codes (IP6)
- Most Frequent 50 IP ICD-9-CM Codes (IP7)
- Most Frequent 20 IP Practitioner Types (IP8)

- Visits and Unique IP SSNs by County (IP9)
- Enc. by DSS ID/DSS ID by Freq. (OP0, OP1, OP2)
- Means Test Visits & Uniques (OP3, OP4, OP5)
- Most Frequent 50 CPT Codes (OP6)
- Most Frequent 50 ICD-9-CM Codes (OP7)
- Most Frequent 20 Practitioner Types (OP8)
- Visits and Unique SSNs by County (OP9)
- Encounter Activity Report
- Encounter 'Action Required' Report
- Means Test/Eligibility/Enrollment Report
- Outpatient Diagnosis/Procedure Frequency Report
- Outpatient Diagnosis/Procedure Code Search
- Outpatient Encounter Workload Statistics
- Patient Activity by Appointment Frequency
- Patient Appointment Statistics
- Patient Encounter List
- Performance Monitor Menu
- Performance Monitor Summary Report
- Performance Monitor Detailed Report
- Performance Monitor Retransmit Report (AAC)
- Review of Scheduling/PCE/Problem List Data
- Retroactive Visits List
- SC Veterans Awaiting Appointments
- Trend of Facility Unique by 12 Month Date Ranges
- Veterans Without Activity Since a Specified Date

- Error Listing
- Transmission Reports
- Transmission History Report - Full
- Transmission History for Patient
- Supervisor Ambulatory Care Menu
- Edit Appointment Type for Add/Edit Encounters
- Check Transmitted Outpatient Encounter Files
- Purge Ambulatory Care Reporting files
- Scheduling/PCE Bad Pointer Count
- Edit Outpatient Encounter
- Purge rejections that are past database close-out
- Data Transmission Report
- Incomplete Encounter Management
- Incomplete Encounter Reports
- Alpha List of Incomplete Encounters
- Encounters Transmitted with MT Status of U
- Incomplete Encounter Error Report
- Incomplete Encounters by Error Code
- Summary Report - IEMM
- Correct Incomplete Encounters
- Retransmit Ambulatory Care Data by Date Range
- Retransmit Selected Error Code
- Selective Retransmission of NPCDB Rejections

1.1.2 Appointment Menu

- Overview
- Appointment Management

- Appointment Check-in/Check-out
- Add/Edit Stop Codes
- Append Ancillary Test to Appt.
- Cancel Appointment
- Chart Request
- Check-in/Unsched. Visit
- Computer Generated Menu
- Computer Generated Appointment Type Listing
- Edit Computer Generated Appointment Type
- Batch Update Comp Gen Appt Type for C&Ps
- Stop Code Listing (Computer Generated)
- Delete Ancillary Test for Appt.
- Discharge from Clinic
- Display Appointments
- Edit Clinic Enrollment Data
- Enrollment Review Date Entry
- Find Next Available Appointment
- Make Appointment
- Make Consult Appointment
- Multiple Appointment Booking
- New Enrollee Appointment Request Management Menu
- Management Edit
- Call List
- Tracking Report
- Multiple Clinic Display/Book

- No-Shows
- Team/Position Assignment/Re-Assignment

1.1.3 Automated Service Connected Designation Menu

Documentation for this module may be found in the VistA Documentation Library under Automated Service Connected Designation at the following address.

<http://www.va.gov/vdl/application.asp?appid=174>

1.1.4 Outputs Menu

- Appointment Management Report
- Cancelled Clinic Report
- Clinic Assignment Listing
- Clinic List (Day of Week)
- Clinic Next Available Appt. Monitoring Report
- Clinic Profile
- Display Clinic Availability Report
- Enrollments > X Days
- File Room List
- Future Appointments for Inpatients
- Inpatient Appointment List
- Management Report for Ambulatory Procedures
- No-Show Report
- Patient Profile MAS
- Print Scheduling Letters
- Provider/Diagnosis Report
- Radiology Pull List
- Routing Slips
- Visit Rpt by Transmitted OPT Encounter
- Workload Report

- High Risk MH No-Show Adhoc Report
- Ad Hoc No Show Report for All Clinics
- High Risk Mental Health No Show Nightly Report

1.1.5 Supervisor Menu

- Overview
- Add/Edit a Holiday
- Appointment Status Update Menu
- Appointment Status Update
- Print Appointment Status Update (Date Range)
- Purge Appointment Status Update Log File
- View Appointment Status Update Date (Single Date)
- Appointment Waiting Time Report
- Cancel Clinic Availability
- Change Patterns to 30-60
- Clinic Edit Log Report
- Convert Patient File Fields to PCMM
- Current MAS Release Notes
- Edit Clinic Stop Code Name - Local Entries Only
- Enter/Edit Letters
- Inactivate a Clinic
- Look Up on Clerk Who Made Appointment
- Non-Conforming Clinics Stop Code Report
- Purge Scheduling Data
- Reactivate a Clinic
- Remap Clinic
- Restore Clinic Availability

- Scheduling Parameters
- Set up a Clinic
- Sharing Agreement Category Update

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2 Introduction

The PIMS User Manual is divided into two modules, ADT and Scheduling. This is the Scheduling module of PIMS.

The Scheduling module of the PIMS Package is designed to assist in the set-up of clinics, scheduling of patients for clinic appointments, and the collection of an assortment of related workload data for reporting purposes. Through Scheduling, necessary National Patient Care Database (NPCDB) workload is transparently collected and may be transmitted to the Austin Information Technology Center (AITC), (formerly the Austin Automation Center (AAC)).

The information gathered through Scheduling is available on-line to a wide range of users throughout the medical center. Scheduling is fully integrated with the VA FileMan, thus allowing the extraction of ad hoc reports by non-programming personnel.

The Scheduling software provides for efficient and accurate collection, maintenance and output of data, thus enhancing your medical center's ability to provide quality care to its patients.

Important features of the Scheduling module include clinic set-up and enrollment/ discharge of patients from clinics. Some of the outputs which may be generated include workload analysis reports and letters of notification regarding cancellation of clinics/appointments.

The PIMS software package makes use of Current Procedural Terminology (CPT) codes which is an AMA copyrighted product. Its use is governed by the terms of the agreement between the Department of Veterans Affairs and the American Medical Association.

The most recent revision (as documented in the Revision Table) is the addition of a VISTA Scheduling Patch SD*5.3*578. These two reports add the following software functionality.

NO SHOW AD HOC REPORT - This Scheduling option provides a new MH NO SHOW Scheduling Report for use by Suicide Prevention Coordinators and other Mental Health professionals. This report supports following up with High Risk for Suicide patients who missed a scheduled MH appointment. It displays all patients that no-showed for their scheduled appointment. It also displays patient contact information, Next of Kin, emergency contact and the default clinic provider.

NO SHOW NIGHTLY REPORT - This Scheduling option provides a new MH NO SHOW Scheduling Report. This report supports actions relating to following up with High Risk for Suicide patients that missed their MH appointment. When a patient with a high risk for suicide PRF misses a Mental Health clinic appointment due to a no-show, an automatic nightly report is run that lists patients who have a MH clinic appointment with "NO-SHOW", "NO-SHOW AUTO-REBOOK", or "No Action Taken" status. This report is generated at the end of the Scheduling Nightly Background job, and will be sent in a Mailman message to those persons added to the mail group SD MH NO SHOW NOTIFICATION. All persons in this mail group will receive the High Risk Mental Health NO SHOW report that is generated from the scheduling nightly background job.

Other related materials are the PIMS Technical Manual, the PIMS Installation Guide, and the PIMS Release Notes. The PIMS Technical Manual is provided to assist IRM personnel in maintenance of the software. The Installation Guide provides assistance in installation of the package, and the Release Notes describe any modifications and enhancements to the software that are new to the version.



NOTE: MAS is an acronym for Medical Administration Service. This service, where it still exists, is now generally referred to as Health Administration Service. Several file names, option names, and reports in the PIMS software contain the initials MAS. These will be retained to avoid confusion and ensure continuity.

2.1 ACRP Database Conversion

This option has been exported as a stand-alone option to be run by IRM in consultation with the Scheduling Supervisor or assigned to the Scheduling Supervisor to be run in consultation with IRM.

The purpose of the database conversion is to convert old Scheduling encounter information into the Visit Tracking/Patient Care Encounter (PCE) database. Scheduling encounters include appointments, add/edits, and dispositions.

All data from 10/1/96 on is already part of the PCE database and does not need to be converted. This one option provides the functionality necessary to accomplish all aspects of the database conversion.

The conversion is accomplished by creating Conversion Specification Templates (CSTs).

They contain the user-specified criteria that defines a set of records (based on a time frame) to be converted from the current file structure to the new file structure.

The CST also maintains an error log and an event log for conversion-process tracking.

There are 3 functions (or events) relating to the CST.

1. Estimate - Determines amount of disk space the conversion will take. Estimating is not mandatory. Once you've started the conversion, you cannot go back and estimate.
2. Convert - Actually converts the data into PCE files.
3. Cancel - Once canceled, no further action can be taken against a CST. However, another CST can be created that includes the same time frame.

Once the event has started, the actions shown on the CST Master List screen will go from "queued" to "started" to "completed" without user intervention. If the task never starts, contact IRM Service to find out why.

The templates listed on the CST Master List are in date range order.

When one is added, it will be placed on the list in date order. The asterisk (*) before a date range indicates there is a gap between that date range and the entry preceding it.

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3 ACRP Database Conversion Parameters

The following ACRP Database Conversion parameters are set through the Display/Edit Parameters action.

3.1 Earliest Encounter Date

This field contains the earliest allowable date to convert encounters (cannot be before 10/1/80). For example, if 1/1/86 is entered in this field, encounters before 1/1/86 cannot be converted via the encounter conversion utilities.

Additionally, all data from this date through 9/30/96 must be converted before the database conversion at your site can be designated as complete.

3.2 Limit Conv Range To 1 Year: No// (0 Or No; 1 Or Yes)

Set this field to YES if you wish to limit the Scheduling conversion date range for a CST to a maximum of 1 year.

3.3 Default Disposition Clinic

If a valid disposition clinic cannot be determined for the division, this field contains the pointer to the disposition clinic that will be used for the conversion of dispositions.

3.4 Maximum Errors Allowed: 1000//

If a CST produces this number of errors in the CST Error Log, processing of the conversion for the template will be stopped. If this field contains no value, the system will use 1000.

3.5 Display Cancelled Templates: No// (0 Or No; 1 Or Yes)

This parameter determines whether or not cancelled CSTs are included in the list of templates displayed while using the ACRP Database Conversion option.

3.6 Date Conversion Completed (Date)

This is the date the entire conversion has been completed at your site. After this date has been entered, no more CSTs can be run. You will only be allowed to make an entry at this parameter when all CSTs are either completed or canceled and when the date range from the earliest encounter date through 9/30/96 has completed conversion.

3.7 Date Deletion Completed (Date)

This is the date the last of the following files were deleted from the system.

OPC (#40.1)

OPC ERRORS (#40.15)

SCHEDULING VISITS (#409.5)

OUTPATIENT DIAGNOSIS (#409.43)

OUTPATIENT PROVIDER (#409.44)

ACRP Database Conversion

Once this date has been entered, the Scheduling software will no longer check these files for visit data. It will only use the PCE V-files.

You will only be allowed to make an entry at this parameter when all CSTs are either completed or canceled.

4 Actions Available from the CST Master List Screen

4.1 Add Template

These are used to create a CST. You cannot select a CST start date before 9/1/80.

After creating a CST, you can initiate the estimate or convert event.

Both events can generate a bulletin when completed - the Scheduling Conversion Global Growth bulletin for the estimate event and the Scheduling Conversion Log bulletin for the convert event.

You should answer YES to the “Bulletin Upon Completion” prompt if you wish to be notified when the event has completed.

4.2 Edit Template

Editing functions are used to perform the following: edit whether or not the bulletin is generated; edit date range when estimating; change event to convert after estimating.

Can't edit CST dates once conversion is started.

4.3 Schedule/Stop Event

Start, restart, or stop the current conversion event through this action.

4.4 Cancel Template

Canceling functions are used to cancel a CST. You may wish to cancel if estimating showed the selected date range as too large. Once the selected date range has completed converting, the CST cannot be canceled.

Even though a CST has been canceled, another CST may be created for the same time frame.

4.5 View Template

May display conversion data such as template date range, estimate results, last event, last action request, and estimated global growth.

4.6 Mail Estimate Bulletin

Used to get a copy of the estimate bulletin without rerunning the estimate. Goes to the user and whoever has made a request to schedule/stop the event.

4.7 Refresh List

Used to refresh the screen and update the list with the most recent event status.

4.8 Estimate Summary

Used to obtain a copy of the estimate summary. Categories include global block growth, new entries, modified entries, and global block estimates per entry. You may print the summary to include each CST individually (answer YES to CST detail).

This summary should be used by IRM to help plan disk space requirements.

4.9 Display/Edit Parameters

Used to enter/edit the database conversion parameters.

Some of these include setting the earliest allowable date to convert encounters and limiting the conversion range to one year.

4.10 Convert Single Visit

Used to convert a single visit. The visit may be selected from available records by encounter, disposition, appointment, or standalone add/edit. Identifying information will be displayed for each selection to ensure you have selected the correct visit.

4.11 Delete Old Files

Once you have converted all the data, you may wish to delete the old Scheduling files. A list of the files which may be deleted will be displayed when selecting this action.

It is recommended you back up these files before deletion. All data from your “earliest date to convert” to 9/30/96 must be converted (with no gaps) before these files can be deleted.

5 Actions Available from the CST Detail Screen

The CST Detail Screen is reached by utilizing the View Template action on the CST Master List Screen. No template selection is necessary for these actions as the template has already been selected.

5.1 Edit Template

Same as on the CST Master List screen.

5.2 Schedule/Stop Event

Same as on the CST Master List screen.

5.3 Cancel Template

Same as on the CST Master List screen.

5.4 Action Request Log

Prints a list of requests taken against the CST. Includes request date/time, action, event, start date/time, stop date/time (will only appear if an entry was made at the stop date/time prompt), and user.

5.5 Error Log

Prints a list of errors for a selected CST. Includes error code number and error text.

5.6 Event Log

Prints a list of events for a selected CST. Includes event date/time, status, and event.

5.7 Mail Estimate Bulletin

Same as on the CST Master List screen.

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6 The PIMS Scheduling Output Menu

The Outputs menu application provides the capability to produce a variety of reports and letters pertinent to Scheduling procedures. The following is a brief description of the options in the Outputs Menu.

6.1 Appointment List

This option is used to generate appointment lists for one/many/all clinics for a specified date.

6.2 Appointment Management Report

This option is used to print appointment lists that will help the site implement and manage the new appointment check in requirement.

6.3 Cancelled Clinic Report

This option is used to generate a report to determine the number of cancelled clinic appointments for National Reporting purposes.

6.4 Clinic Assignment Listing

This option is used to monitor the size and composition of clinics. Over time, the listings can reflect clinic growth, shrinkage, etc.

6.5 Clinic List (Day Of Week)

This option is used to generate a listing of all active clinics showing which days they meet and, if applicable, the days they will meet in the future.

6.6 Clinic Next Available Appt. Monitoring Report

This option provides an appointment monitoring tool which reflects the data collected for the access performance measure.

6.7 Clinic Profile

This option is used to produce a profile of one/many/all clinics.

6.8 Display Clinic Availability Report

This option is used to provide a display of the clinic patterns for the clinics and date range selected. For each selected clinic, the option will print its clinic appointment pattern as well as a listing by appointment date/time of those patients who are scheduled.

6.9 Enrollments > X Days

This option is used to produce a report showing all enrollments for a selected clinic which exceed a select number of days.

6.10 File Room List

This option is used to generate a list of appointments for a specified day.

6.11 Future Appointments For Inpatients

This option is used to produce a report that lists all patients admitted on a particular date that have pending appointments at the facility.

6.12 Inpatient Appointment List

This option is used to produce a list of inpatients that have appointments scheduled for the facility's clinics.

6.13 Management Report For Ambulatory Procedures

This option is used to print a statistical report of ambulatory procedures captured through the CPT coding of outpatient visits for a specified date range.

6.14 No-Show Report

This option is used to generate a report of all no-shows entered into the system for specified clinics.

6.15 Patient Profile Mas

This option is used to generate a profile for a selected patient including demographic, clinic, eligibility and Means Test information.

6.16 Print Scheduling Letters

This option is used to print any one of the following types of scheduling letters for a selected date range: Appointment Cancelled, Clinic Cancelled, No-Show or Pre-Appointment.

6.17 Provider/Diagnosis Report

This option is used to print a report of outpatient encounters for a selected date range sorting by Division and Outpatient Encounter Date. You also may choose two of the following additional sorts: Provider, Diagnosis, Patient, Clinic, or Stop Code.

6.18 Radiology Pull List

This option is used to generate a listing of all patients whose radiology reports/films are required for their scheduled appointments.

6.19 Routing Slips

This option is used to produce routing slips for one individual patient, all patients, or add-ons (patients scheduled for appointments since routing slips were last printed).

6.20 Visit Rpt By Transmitted Opt Encounter

This option is used to generate a report providing encounter and visit information for a specified date range.

6.21 Workload Report

This option is used to generate a variety of reports showing clinic workload. These help in determining the kinds of activity within clinics during a specified date range.

6.22 No Show Ad Hoc Report

This Scheduling option provides a MH NO SHOW Scheduling Report for use by Suicide Prevention Coordinators and other Mental Health professionals. This report supports following up with High Risk for Suicide patients who missed a scheduled MH appointment. It displays all patients that no-showed for their scheduled appointment.

It also displays patient contact information, Next of Kin, emergency contact and the default clinic provider.

6.23 No Show Nightly Report

This Scheduling option provides a MH NO SHOW Scheduling Report. This report supports actions relating to following up with High Risk for Suicide patients that missed their MH appointment. When a patient with a high risk for suicide PRF misses a Mental Health clinic appointment due to a no-show, an automatic nightly report is run that lists patients who have a MH clinic appointment with “NO-SHOW”, “NO-SHOW AUTO-REBOOK,” or “No Action Taken” status.

This report is generated at the end of the Scheduling Nightly Background job, and will be sent in a Mailman message to those persons added to members of the SD MH NO SHOW NOTIFICATION mail group.

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7 Military Time Conversion Table

STANDARD	MILITARY
12:00 MIDNIGHT	2400 HOURS
11:00 PM	2300 HOURS
10:00 PM	2200 HOURS
9:00 PM	2100 HOURS
8:00 PM	2000 HOURS
7:00 PM	1900 HOURS
6:00 PM	1800 HOURS
5:00 PM	1700 HOURS
4:00 PM	1600 HOURS
3:00 PM	1500 HOURS
2:00 PM	1400 HOURS
1:00 PM	1300 HOURS
12:00 NOON	1200 HOURS
11:00 AM	1100 HOURS
10:00 AM	1000 HOURS
9:00 AM	0900 HOURS
8:00 AM	0800 HOURS
7:00 AM	0700 HOURS
6:00 AM	0600 HOURS
5:00 AM	0500 HOURS
4:00 AM	0400 HOURS
3:00 AM	0300 HOURS
2:00 AM	0200 HOURS
1:00 AM	0100 HOURS

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8 GLOSSARY

Also please refer to the following sites.

OI Master Glossary: http://vaww.oed.wss.va.gov/process/Library/master_glossary/masterglossary.htm

National Acronym Directory: <http://vaww1.va.gov/Acronyms/>

ADD-ONS Patients who have been scheduled for a visit after routing slips for a particular date have been printed.

ALOS Average Length of Stay

AMIS Automated Management Information System

ANCILLARY A test added to an existing appointment (i.e. lab, x-ray, EKG) test

API Application Program Interface

BILLINGS Bills sent to veteran

BRD Business Requirements Document

CLINIC PULL LIST A list of patients whose radiology/MAS records should be pulled from the file room for use in conjunction with scheduled clinic visits

COLLATERAL A visit by a non-veteran patient whose appointment is related to or visit associated with a service-connected patient's treatment.

COMPUTERIZED PATIENT RECORD SYSTEM (CPRS) An integrated, comprehensive suite of clinical applications in VistA that work together to create a longitudinal view of the veteran's Electronic Medical Record (EMR). CPRS capabilities include a Real Time Order Checking System, a Notification System to alert clinicians of clinically significant events, Consult/Request tracking and a Clinical Reminder System. CPRS provides access to most components of the patient chart.

CPT Current Procedural Terminology

CR Clinical Reminders

DBIA Database Integration Agreement

DRG Diagnostic Related Group

GMTS Health Summary namespace

GUI Graphic User Interface

HL7 Health Level Seven

ICR Integration Control Reference

Supplemental Data

IRT Incomplete Records Tracking

IVMH Improve Veteran Mental Health

MEANS TEST A financial report upon which certain patients' eligibility for care is based

MENTAL HEALTH TREATMENT COORDINATOR (MHTC) The liaison between the patient and the mental health system at a VA site. There is only one Mental Health treatment coordinator per patient and they are the key coordinator for behavioral health services care.

For more information about the MH treatment coordinator's responsibilities, see VHA Handbook 1160.1, "Uniform Mental Health Services in VA Medical Centers for Clinics," page 3-4. Note: In the handbook, the MHTC is called the Principal Mental Health Provider.

MH Mental Health

MHA3 Mental Health Assistant 3 package

MHTC Mental Health Treatment Coordinator

NO SHOW A person who did not report for a scheduled clinic visit without prior notification to the medical center.

NON-COUNT A clinic whose visits do not affect AMIS statistics.

NSR New Service Request

OE/RR Order Entry/Results Reporting

OPC Outpatient Clinic

OR CPRS Order Entry/Results Reporting namespace

PAF Patient Assessment File; where PAI information is stored until transmission to Austin.

PAI Patient Assessment Instrument

PCE Patient Care Encounter

PCMM Primary Care Management Module

PRF Patient Record Flag

PRINCIPAL MENTAL HEALTH PROVIDER (PMHP) See MH Treatment Coordinator (MHTC)

PTF Patient Treatment File

PULL LIST A list of patients whose radiology/PIMS records should be "pulled" from the file room for scheduled clinic visits

PX Patient Care Encounter namespace

PXRM Clinical Reminders package namespace

RAM Resource Allocation Methodology

REMINDER DEFINITIONS These are pre-defined sets of findings that are used to identify patient cohorts and reminder resolutions. The reminder is used for patient care and/or report extracts.

REMINDER DIALOGS These are pre-defined sets of text and findings that provide information to the CPRS GUI for collecting and updating appropriate findings while building a progress note.

REMINDER TERMS Terms are used to map local findings to national findings, providing a method to standardize the findings for national use. These are also used for local grouping of findings for easier reference in reminders and are defined in the Reminder Terms file.

ROUTING SLIP When printed for a specified date, it shows the current appointment time, clinic, location, and stop code. It also shows future appointments.

RPC Remote Procedure Calls

RSD Requirements Specification Document

RUG Resource Utilization Group

SBR Suicide Behavior Report

SECURITY Used in conjunction with locked options or functions. Only holder's key of this key may perform these options/functions. Used for options which perform a sensitive task.

SHARING AGREEMENT Agreement or contract under which patients from other government agencies or private facilities are treated.

SME Subject Matter Expert

SPECIAL SURVEY An ongoing survey of care given to patients alleging Agent Orange or Ionizing Radiation exposure. Each visit by such patients must receive "special survey dispositioning" which records whether treatment provided was related to their exposure. This data is used for Congressional reporting purposes.

STOP CODE A three-digit number corresponding to an additional stop/service a patient received in conjunction with a clinic visit.

Stop code entries are used so that medical facilities may receive credit for the services rendered during a patient visit.

THIRD PARTY Billings where a party other than the patient is billed

Supplemental Data

TIU Text Integration Utility

TSR Treating Specialty Report

VHA Veterans Health Administration

VISTA Veterans Information System and Technology Architecture

9 Alphabetical Index of PIMS terms

ACRP Ad Hoc Report

ACRP Database Conversion

Alpha List of Incomplete Encounters

Add/Edit Stop Codes

Add/Edit a Holiday

Append Ancillary Test to Appt.

Appointment Check-in/Check-out

Appointment List

Appointment Management

Appointment Management Report

Appointment Status Update

Appointment Waiting Time Report

Batch Update Comp Gen Appt Type for C&Ps

Call List

Cancel Appointment

Cancel Clinic Availability

Cancelled Clinic Report

Change Patterns to 30-60

Chart Request

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Check-in/Unsched. Visit

Clinic Appointment Availability Report

Clinic Assignment Listing

Clinic Edit Log Report

Clinic Group Maintenance for Reports

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Clinic List (Day of Week)

Clinic Next Available Appt. Monitoring Report

Clinic Profile

Clinic Utilization Statistical Summary

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Current MAS Release Notes

Data Transmission Report

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Delete Ancillary Test for Appt.

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Display Appointments

Display Clinic Availability Report

Edit Appointment Type for Add/Edit Encounters

Edit Clinic Enrollment Data

Edit Clinic Stop Code Name- Local Entries Only

Edit Computer Generated Appointment Type

Edit Outpatient Encounter

Enc. by DSS ID/DSS ID by Freq. (OP0, OP1, OP2)

Enc. by IP DSS ID/DSS ID by Freq. (IP0, IP1, IP2)

Encounter Activity Report

Encounter 'Action Required' Report

Encounters Transmitted with MT Status of U

Enrollment Review Date Entry

Enrollments > X Days
Enter/Edit Letters
Error Listing
File Room List
Find Next Available Appointment
Future Appointments for Inpatients
Inactivate a Clinic
Incomplete Encounter Error Report
Incomplete Encounters by Error Code
Inpatient Appointment List
Look Up on Clerk Who Made Appointment
Make Appointment
Make Consult Appointment
Management Edit
Management Report for Ambulatory Procedures
Means Test/Eligibility/Enrollment Report
Means Test IP Visits & Unique (IP3, IP4, IP5)
Means Test Visits & Uniques (OP3, OP4, OP5)
Most Frequent 20 IP Practitioner Types (IP8)
Most Frequent 50 CPT Codes (OP6)
Most Frequent 50 ICD-9-CM Codes (OP7)
Most Frequent 50 IP CPT Codes (IP6)
Most Frequent 50 IP ICD-9-CM Codes (IP7)
Most Frequent 20 Practitioner Types (OP8)
Multiple Appointment Booking
Multiple Clinic Display/Book

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Non-Conforming Clinics Stop Code Report

No Show Ad Hoc Report

No Show Nightly Report

No-Show Report

No-Shows

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Outpatient Diagnosis/Procedure Frequency Report

Outpatient Encounter Workload Statistics

Patient Activity by Appointment Frequency

Patient Appointment Statistics

Patient Encounter List

Patient Profile MAS

Performance Monitor Detailed Report

Performance Monitor Retransmit Report (AAC)

Performance Monitor Summary Report

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Print from Ad Hoc Template

Print Scheduling Letters

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Purge Appointment Status Update Log File

Purge rejections that are past database close-out

Purge Scheduling Data

Radiology Pull List

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Remap Clinic

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Retransmit Ambulatory Care Data by Date Range

Retransmit Selected Error Code

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Routing Slips

SC Veterans Awaiting Appointments

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Visits and Unique SSNs by County (OP9)

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