

Patient Check-In (PCI) Corpus Christi Research Report

July 2022

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VA



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Background

The [patient check-in \(PCI\)](#) product is reimagining the ecosystem that allows a Veteran to check in for a medical appointment. The Modernized Check-In Experience Team created the portion of the ecosystem that enables a Veteran to utilize their mobile device to “check-in” through VA.gov. I.e., letting clinic staff know that the patient has arrived for their appointment.



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High level view of the Veteran check-in journey

Pre-check-in

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Start pre-check-in

We need to verify your identity so you can start pre-check-in.

Your last name

Last 4 digits of your Social Security number


[Continue](#)


Need help?


For questions about your appointment or if you have a health-related concern, call your VA provider.
[Contact your VA provider.](#)

For questions about how to fill out your pre-check-in tasks or if you need help with the form, please call our MyVA411 main information line at [800-698-2411](#) and select 0. We're here 24/7.

If you have hearing loss, call [TTY: 711](#).

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Check-in (day of appointment)

Have an appointment? Check in with your smartphone

- 1 Text **check in** to **53079** OR scan this code with your camera.

To: **53079**
Message: **check in**


- 2 Wait until you get a text back with a link. This should only take a few seconds.
- 3 Tap on the link to start your check-in. Data charges may apply.

Can't scan the QR code? Text us instead 
Need to update your information? Check in with a staff member instead 



MSA

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Check in at VA

We need some information to verify your identity so we can check you in.


Your last name


Last 4 digits of your Social Security number


[Continue](#)


Need help?

Ask a staff member.

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You're checked in for your 1:00 p.m. ET appointment


We'll come get you from the **Cardiology Specialty Red Clinic #4** waiting room when it's time for your appointment to start.


[Go to another appointment](#)


Need help?

Ask a staff member.

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Veteran waits to be seen

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Our goals for this research with Veterans

- Evaluate the effectiveness of pre-check-in and check-in with Veterans
- Observe the utilization of the Spanish version of check-in, evaluate accuracy and quality of the translations
- Identify strengths, pain points and opportunities for improvement within the check-in ecosystem
- Evaluate effectiveness of check-in poster
- Gain insights into product naming
- Gain insights on understanding the optimal experience for incorporating travel reimbursement into the check-in experience for Veterans

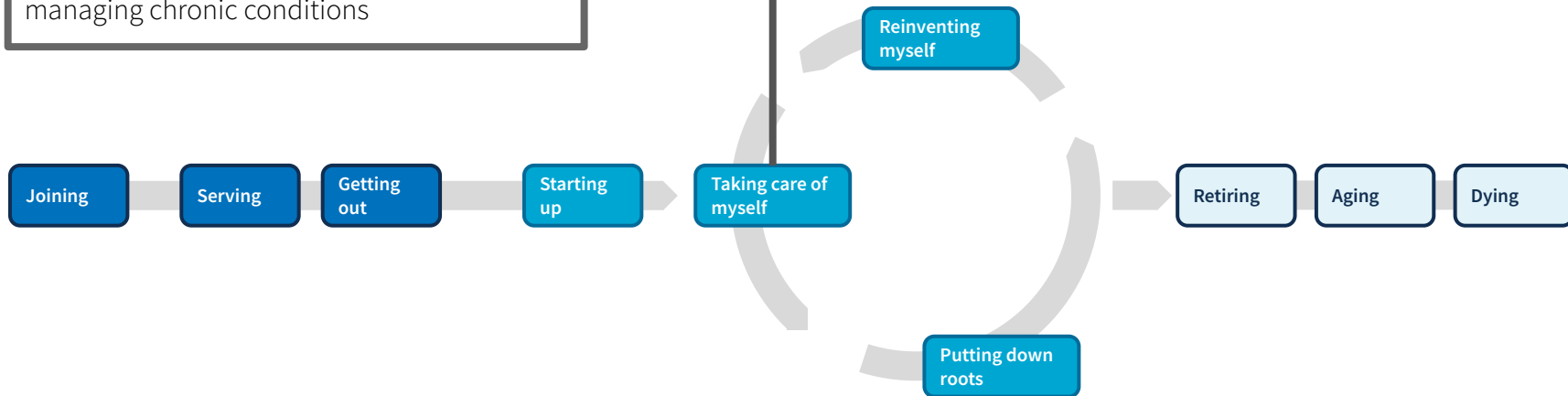
Our goals for this research with staff

- Evaluate the effectiveness of pre-check-in and check-in with MSAs
- Better understand the percentage of Spanish speakers and if nuances exist within that population about patient check-in
- Identify strengths, pain points and opportunities for improvement within the check-in ecosystem
- Understand how, if at all, MSAs are using VSE-CS
- Understand what staff roles are interested in PCI reports as well as what data they are interested in reviewing
- Gain insights on the process for staff needing to cancel appointments
- Gain insights on understanding the optimal experience for incorporating travel reimbursement into the check-in experience for Veterans
- Understand what information travel assistants use and how to review and approve reimbursement requests

How this research maps to the overall Veteran journey

Moments that matter

Veterans expect to be able to easily check in for their medical appointments, whether it's for acute care needs, speciality care or managing chronic conditions



For a fully detailed Veteran journey, go to

<https://github.com/departement-of-veterans-affairs/va.gov-team/blob/master/platform/design/va-product-journey-maps/Veteran%20Journey%20Map.pdf>

Serving and separation

Living civilian life

Retiring and aging

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OCTO-DE goals that this research supports

Supported

Not supported

Veterans and their families can apply for all benefits online

Veterans and their families can find a single, authoritative source of information

Veterans and their families trust the security, accuracy, and relevancy of VA.gov

Veterans can manage their health services online

VFS teams can build and deploy high-quality products for Veterans on the Platform

Logged-in users have a personalized experience, with relevant and time-saving features

Logged-in users can update their personal information easily and instantly

Logged-in users can easily track applications, claims, or appeals online

Measures to increase

Completion rate of online transactions

Percent of applications submitted online (vs. paper)

Veteran satisfaction with VA.gov
Benefit use and enrollment, across all business lines

Benefit value (in \$) delivered from online applications or transactions

Number of VA.gov users as a function of total Veteran population

Usage of digital, self-service tools

Measures to decrease

Time to successful complete and submit online transactions

Time to process online applications (vs. paper)

Call center volume, wait time, and time to resolution

Time from online benefit discovery to benefit delivery

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Methodology

Our research methodology

We visited the Corpus Christi locations within the VA Texas Valley Healthcare System to observe and conduct intercept interviews with Veterans when they arrived for medical appointments. We interacted with Veterans during the check-in process, documented how their experience went with PCI and asked follow-up questions to understand what went well and what didn't go well.

We also observed and interviewed a variety of VA staff who have a role in PCI – mostly MSAs and MSA leads, but also nurses and administrators.

We were able to observe Veterans and staff at Corpus Christi VA Clinic, South Enterprize VA Clinic, and Old Brownsville VA Clinic.

The research plan, conversation guide and session notes for our [Veteran](#) and [staff](#) studies can be found in VA's GitHub repository for additional information.



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Who we spoke with

39 Veterans 2 Caregivers	Those willing to participate through intercept method at clinics
30 Staff	13 MSAs 7 Nurses 3 MSA Leads 3 Volunteers 1 Chief 1 Administrative Officer 1 Nursing Manager 1 Health Benefits Advisor



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Summary of Key Findings

Summary of key findings

Insights into Usage Numbers

1. Education initiatives, poster placement, and facility appointment volume might be contributing factors as to why Corpus Christi (11%) has higher than average PCI usage numbers (1.2%).

Check-in Findings

2. For those Veterans/caregivers who attempted PCI, 43.75% (7 out of 16) successfully completed PCI.
3. Staff gave day of check-in a Net Promoter Score (NPS) of -67, which is bad.
4. Many Veterans prefer checking in with MSAs and that is okay.
5. A portion of the staff believe staff and Veteran acceptance of PCI will just take time.
6. Negative first-time experiences greatly impact a Veteran's desire to try PCI again.
7. Most of Veteran's confusion occurred during the texting and QR code scanning portion of the workflow.
8. Continued kiosk usage confuses Veterans. They aren't sure when and why to utilize kiosks or not.
9. The number of PCI scenarios that direct Veterans to "see staff" cause Veterans frustration. This also causes staff to spend a lot of time troubleshooting.
10. Veterans aren't sure what appointment types can use PCI to check-in.
11. Sometimes Veterans aren't sure if they are checked in or not when using PCI. Sometimes they end up being checked in and sometimes they aren't.



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Summary of key findings, cont.

- 12. Long load times are negatively impacting the PCI experience for a portion of Veterans.
- 13. MSA workloads have increased due to checking in more Veterans who don't want to try PCI, educating Veterans about PCI, and troubleshooting PCI.
- 14. Staff have questions about the marketing efforts related to PCI.
- 15. Staff had many feature requests for PCI. Many staff asked if PCI could handle scheduled lab appointments.

Pre-check-in Findings

- 16. Many staff and Veterans are not aware of pre-check-in or confused about its difference compared to checking in on the day of an appointment.
- 17. Staff gave pre-check-in a Net Promoter Score (NPS) of -60, which is bad.

VSE-GUI and VSE-CS Findings

- 18. MSAs who transitioned from VetLink to VSE-GUI generally approve of the shift.
- 19. Staff do not find VSE-CS reliable enough to effectively utilize due to lists not updating and missing accurate information, which is causing more work for nursing.
- 20. Veterans sometimes don't check in for subsequent appointments in the day; as a result, nurses can't tell if a Veteran is checked in or not due to their list permissions.
- 21. Nursing is overly notified about every Veteran status change in VSE-CS.



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Summary of key findings, cont.

- 22. Nursing want to see certain behavioral flags within VSE-CS, because they affect how they prepare for an appointment and how they interact with a Veteran.
- 23. Nursing wants VSE-CS to change the customized list rules, display walk-in appointments, show last 4 of SSN, and improve notes.
- 24. Specialty (non-primary care) nurses only find the pre-visit summary helpful when it is received prior to their pre-appointment phone call to the Veteran.
- 25. Approximately half of the MSAs routinely use the pre-check-in complete, check-in started, and check-in complete statuses within VSE-GUI.
- 26. The training timeline and support on the first few days did not meet staff expectations.

PCI Reporting Findings

- 27. The Chief, Administrative Officer, and MSA Supervisors are interested in check-in reports.

Canceled Appointment Findings

- 28. VA cancels appointments due to providers calling out sick, scheduling vacation, or taking time off. Canceling on short notice occurs with some frequency, so Veterans sometimes show up for these canceled appointments..



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Summary of key findings, cont.

Travel Reimbursement Findings

29. MSAs often help Veterans complete travel reimbursement via the kiosk and paper form.

Translation Findings

30. Staff mentioned some interactions with bilingual Veterans and caregivers, but didn't note this affecting check-in in any way.

Insights into Usage Numbers

Possible reasons why usage is higher at these facilities

1. Education initiatives, poster placement, and facility appointment volume might be contributing factors as to why Corpus Christi (11%) has higher than average PCI usage numbers (1.2%).

- A third of the staff mentioned how much they focus on educating Veterans about this new process, which they believe is making a huge difference to Veteran adoption.
- PCI posters weren't competing with other signage on the walls and they were prominently placed on or near kiosk to draw Veterans' attention.
- These facilities see a steady stream of Veterans checking in, but they aren't overly busy compared to other locations. This might allow staff the time to focus on Veteran education.

Recommendation

Share this information with the training team, so they can pass it along to the field.



Photos of PCI poster placements and lack of clutter on the walls within the waiting rooms.

Check-in Findings

Day of the appointment feedback

2. For those Veterans/caregivers who attempted PCI, 43.75% (7 out of 16) successfully completed PCI.

- Success = Not having to talk to MSA to check-in.
 - We did not count the following scenarios as success completions, but they are part of how the system is designed:
 - 3 needed to review their insurance.
 - 3 were checking in for a clinic that wasn't PCI enabled/received a "no appt" error.
 - 1 needed to update their next of kin.
 - The two other failures were caused by a time-out error and frustration scanning the QR code.
- 63% (26 out of 41) of Veterans who we intercepted were at the facility to check-in for an appointment.
 - 61.5% (16 out of 26) of Veterans checking in wanted to try PCI.
 - The non-PCI eligible task that the most Veterans were trying to complete was checking in for walk-in appointments (6 Veterans)

3. Staff gave day of check-in a Net Promoter Score (NPS) of -67*, which is bad.

- 12 staff evaluated PCI via NPS:
 - Promoters: 8.33%
 - Neutrals/Passives: 16.67%
 - Detractors: 75%
- Reasons staff gave for their ratings:
 - They don't like PCI for older and non-tech savvy Veterans.
 - They don't like that it requires the user of a phone.
 - They believe that it needs to be simpler, such as a 2-3 steps process that has less information on a page.
 - It is difficult to review everything on such a small screen.

**Not statistically significant, but included anyway due to the overwhelming negative responses from the small sample that we were able to gather.*

4. Many Veterans prefer checking in with MSAs and that is okay.

- 61.5% (16 out of 26) of Veterans checking in for an appointment wanted to try PCI.
 - Many Veterans just wanted to talk to the MSA.
 - Some immediately went over to the kiosk to attempt check-in.
- Numerous staff members have been receiving pushback from Veterans on trying PCI, because they:
 - Don't have a smartphone
 - Prefer a larger screen, similar to the kiosk
 - Worry about incurring charges on their phone.

Recommendation

- Staff should continue to offer PCI as an option and educate Veterans, but not make PCI required.
- Look into other workflows or products to expand the check-in ecosystem, such as digital check-in with a VA owned device (laptop or iPad).

5. A portion of the staff believe staff and Veteran acceptance of PCI will just take time.

- A small group (3) of staff cited their past experiences with the rollouts of the kiosk and telemedicine appointments as reasons why they believe acceptance of PCI will just take some time. They shared that kiosks and telemedicine appointments initially had some resistance, but were ultimately embraced.



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6. Negative first-time experiences greatly impact a Veterans desire to try PCI again.

- A few Veterans mentioned when researchers first intercepted them that they attempted PCI before and ran into difficulty. Therefore, they were hesitant to try again.
 - Some of these Veterans changed their minds when researchers offered to provide support throughout the process.
- One third of staff members mentioned how important it was to help educate Veterans when they try PCI, in order to obtain a favorable outcome.

Recommendation

Having helpers assist Veterans through the PCI experience, particularly their first time, is very important. Pass this information along to the training team, so they can share it with the field.

7. Most of Veteran's confusion occurred during the texting and QR code scanning portion of the workflow.

- Veterans experienced problems understanding how to create a new text message to a new number; some only had experience replying to message threads already created.
- Others had difficulty understanding and scanning the QR code.
- Some Veterans did not carefully read the poster and text messages.
 - One Veteran thought they were checked in immediately after texting “check in.”

Recommendation

Reimagine the text portion of the workflow in one or more of the following ways:

- Notify Veterans better that there are more steps.
- Don't make Veterans start the workflow by creating a text or scanning the QR code. Instead, push a check-in notification to Veterans when they can check-in (30 minutes prior to their appt).
- Spend more time educating Veterans about the process.

8. Continued kiosk usage confuses Veterans. They aren't sure when and why to utilize kiosks or not.

- Staff commented that they often have to direct Veterans away from utilizing the kiosk, since they can no longer check-in on them.
 - During Veteran observations, many automatically walked over to the kiosk.
- Corpus Christi is still utilizing kiosks for travel pay, walk-in appointments, release of information requests, health benefit advisor appointments, and whole health.
- Having the check-in poster placed directly on the kiosk helped to eliminate some confusion.

Recommendation

- Get rid of the kiosks completely or create a new VA-owned device solution for check-in.
- Share with training the impacts of poster placement on kiosk usage. Possible create a sticker or something else to place on the kiosks stating that check-in isn't available on them.

9. The number of PCI scenarios that direct Veterans to “see staff” cause Veterans frustration. This also causes staff to spend a lot of time troubleshooting.

- Staff report handling Veteran complaints when Veterans are directed to staff after attempting PCI.
 - “[Check-in is] not going very well. A lot get messages to see the MSA.” - MSA
 - “It is a waste.” - MSA
- Staff aren’t always sure what each error means.
 - MSAs have noticed Veterans coming to them, because they need to review their insurance. However, ICB won’t have them listed.

Recommendation

Re-evaluate adding editing and reviewing insurance within the PCI experience, so Veterans aren’t redirected to check-in with a staff member as often.

10. Veterans aren't sure what appointment types can use PCI to check-in.

- 3 Veterans, who researchers intercepted, were checking in for a clinic that wasn't PCI enabled/received a “no appt” error.
- Staff also report seeing Veterans trying to use PCI for vaccine appointments.

Recommendation

- Revisit adding or changing this information within marketing materials.
- Pushing check-in links to Veterans 30 minutes prior to an appointment would make this a non-issue.

11. Sometimes Veterans aren't sure if they are checked in or not when using PCI. Sometimes they end up being checked in and sometimes they aren't.

- Staff reported and researchers observed Veterans coming up to MSAs to double check that PCI did indeed check them into their appointment.
- Other times, Veterans don't complete check-in and just sit in the waiting room.
 - MSA noted that some Veterans come up to the desk after waiting for a long time to find out that they have already been “no showed.”

Recommendation

Revisit check-in status content within the application.

12. Long load times are negatively impacting the PCI experience for a portion of Veterans.

- Researchers observed long load times for a few Veterans.
 - One Veteran experienced a time-out error, so they abandoned PCI and talked to an MSA instead.
 - The first VA.gov page took a long time to load for one Veteran and the header loaded first. The Veteran logged in to VA.gov thinking that was their next step.
- Staff report Veterans sometimes think that they are checked in, because of the delay in receiving a text with the next step.

Recommendation

- Continue looking into ways to improve load time.
- Explore a further simplified header and footer to reduce Veterans leaving workflows like check-in.

13. MSA workloads have increased due to checking in more Veterans who don't want to try PCI, educating Veterans about PCI, and troubleshooting PCI.

- MSAs believe the increase is due to more Veterans coming to the desk to be checked in by the MSA as well as the need to educate Veterans about PCI.
 - Educating Veterans about the new check-in process is estimated by MSAs and volunteers to take 2-5 minutes.
 - Anecdotally, the MSAs feel most of their education efforts are spent with older Veterans.

Recommendation

Encourage all staff (nurses, volunteers, MSAs, etc.) to collaboratively educate Veterans about check-in.

14. Staff have questions about the marketing efforts related to PCI.

- They have concerns and questions about what marketing efforts have already occurred due to:
 - Veterans letting them know that emails were sent out a month after PCI started at their facilities.
 - Not seeing a lot of marketing materials that they can pass out to Veterans.
 - Handling a lot of Veteran questions.

Recommendation

- Revisit staff education about the available marketing materials.
- Continue to iterate on the marketing strategy.

15. Staff had many feature requests for PCI. Many staff asked if PCI could handle scheduled lab appointments.

- Checking in for additional appointment types:
 - Scheduled labs
 - Walk-ins
 - Health benefit advisor.
- Provide an alternative to submitting travel reimbursement claims on the kiosk.
- Handling release of information requests.
- Handle the whole health kiosk use case.
- Allowing Veterans to edit their pre-registration information.
- Showing the address of the clinics, because many Veterans come to the wrong location.
- Explore a different starting point for PCI.
- Improve clinic names, because they aren't easy to understand.

Recommendation

Evaluate these suggestions for future feature development.

Pre-check-in Findings

16. Many staff and Veterans are not aware of pre-check-in or confused about its difference compared to checking in on the day of an appointment.

- 13 staff members mentioned that Veterans don't know the difference between pre-check-in and day of the appointment check-in.
 - Most often Veterans assume that they are completely checked in, because they completed pre-check-in.
- Upon interviewing staff, it became apparent that a subset also didn't understand the difference or wasn't aware of pre-check-in at all.

Recommendation

- Brainstorm ways to resolve this confusion.
- Look into possibly renaming the products.

17. Staff gave pre-check-in a Net Promoter Score (NPS) of -60*, which is bad.

- 10 staff members evaluated pre-check-in via NPS:
 - Promoters: 20%
 - Neutrals/Passives: 0%
 - Detractors: 80%
- 2 additional staff members said they “didn’t have any opinion.”
- Reasons staff gave for their ratings:
 - They didn’t like the confusion between pre-check-in and check-in; however, they liked the concept of reviewing information prior to an appointment.

**Not statistically significant, but included anyway due to the overwhelming negative responses from the small sample that we were able to gather.*

VSE-GUI and VSE-CS Findings

From nursing and MSAs

18. MSAs who transitioned from VetLink to VSE-GUI generally approve of the shift.

- They liked the transition, because it is similar to VetLink and they are utilizing fewer software systems.
- **“It is good.” - MSA**

Recommendation

Share this information with VSE development team.

19. Staff do not find VSE-CS reliable enough to effectively utilize due to lists not updating and missing accurate information, which is causing more work for nursing.

- 100% of nursing staff interviewed shared this viewpoint.
- Staff are creating workarounds, because the check-in lists aren't updating/refreshing fast enough or accurately enough.
 - Nursing and some MSAs have implemented an unofficial policy that they must round (periodically go) to the waiting room and call out every Veteran name on the schedule, whether the Veterans looks like they are checked in within VSE-CS or not.
- MSAs and nurses switch over to communicating in Teams when problems arise.

Recommendation

Share this information with VSE development team.

20. Veterans sometimes don't check in for subsequent appointments in the day; as a result, nurses can't tell if a Veteran is checked in or not due to their list permissions.

- Nursing says that they used to be able to see if the Veteran had checked into another clinic, whether it was a clinic that they oversaw or not.
 - This way, they knew the Veteran was at least in the building.
- Even if nursing can see multiple appointments for a Veteran, they can't tell which one the Veteran officially checked in for.

Recommendation

Share this information with VSE development team.

21. Nursing is overly notified about every Veteran status change in VSE-CS.

- All nurses interviewed shared this sentiment.
- In addition to being notified of changes that aren't relevant, the pop-up notifications don't have enough valuable information for the nurses to make decisions.
 - Nurses are very interested in being notified when check-in is complete.
 - It is difficult for them to connect the notifications to the appropriate Veteran fields in the list to get more information, because the notifications lack such information as name, clinic, etc.
- All nurses interviewed also commented that they miss the auditory alert from VetLink; it got their attention for appropriate notifications

Recommendation

Share this information with VSE development team.

22. Nursing wants to see certain behavioral flags within VSE-CS, because they affect how they prepare for an appointment and how they interact with a Veteran.

- Some particular flags of interest are suicidal behavior, drug seeking behavior, and the need to have security alerted/with the Veteran.
- Nurses commented that they utilized this VetLink feature and would like it in VSE-CS.

Recommendation

Share this information with VSE development team.

23. Nursing wants VSE-CS to change the customized list rules, display walk-in appointments, show last 4 of SSN, and improve notes.

- Customized lists aren't maintained upon time-out or log-off (if the default isn't changes), which requires nurses to update their set up frequently.
- Non-scheduled appointment, such as vaccines, homelessness, and other walk-ins, don't show up in the current lists. (MSAs also asked for this in VSE-GUI.)
- Nurses use the last 4 of SSN for identification at the start of an appointment, but can't view that information in VSE-CS.
- Nursing wants to add/view a note about why the Veteran is there and to notify MSAs when a Veteran is a "No show."

Recommendation

Share this information with VSE development team.

24. Specialty (non-primary care) nurses only find the pre-visit summary helpful when it is received prior to their pre-appointment phone call to the Veteran.

- The speciality nurses, such as cardiology, tend to call the patient about a week before of their appointment. During this phone call, they cover a lot of the pre-visit summary areas and more.
- Additional pre-visit summary data suggestions:
 - Knowing if the Veteran recently went to the ER
 - Adding medications prescribed outside VA
 - Showing recent labs
 - Reviewing clinical reminders

Recommendation

- Share this information with VSE development team.
- Take this into account when exploring health questionnaires on VA.gov.

25. Approximately half of the MSAs routinely use the pre-check-in complete, check-in started, and check-in complete statuses within VSE-GUI.

- Those three statuses were only ones mentioned.
- One MSA stated that pre-check-in complete gives them a clue about whether a Veteran may use their phone for check-in.
- However, some MSAs mentioned that they only really look at statuses when their team has question, such as “is someone really not checked in?”

Recommendation

- Share this information with VSE development team.

26. The training timeline and support on the first few days did not meet staff expectations.

- Approximately 20% of the interviewed staff felt that there was not enough time to prepare for the check-in changes.
 - Training occurred on the Friday before the Monday launch.
- Some also commented that they had to submit IT tickets if something wasn't working on the first day, which didn't fit their expectations for support.
 - We were not able to probe about what support model they would have preferred for the first day/week of rollout.

Recommendation

Share this information with the training team.

PCI Reporting Findings

27. The Chief, Administrative Officer, and MSA Supervisors are interested in check-in reports.

- All of these roles are familiar with PowerBI dashboards.
- They are interested following items within reports:
 - Is PCI working or not?
 - PCI numbers by division, such as Corpus Christi, and not just VISN or facility
 - Being able to see more than one clinic at a time
 - Percentage of pre-check-in users
 - Which employee checks the Veteran in, so they can see if one desk is busier than another.
 - Age groups of success PCI check-ins, so they know who to help educate.

Recommendation

Share these findings with the CHIP team.

Canceled Appointment Findings

28. VA cancels appointments due to providers calling out sick, scheduling vacation, or taking time off. Canceling on short notice occurs with some frequency, so Veterans sometimes show up for these canceled appointments.

- When a provider cancels on short notice, they notify MSA supervisors. A plan is then created, which could include coverage by another provider, rescheduling for a later date, or changing to a telemedicine appointment. Creating this plan can take up to an hour or two. Next, MSAs are notified, who start calling the patients.
 - If another provider is covering or the appointment is switching to telemedicine, MSAs verify if that is ok with the Veteran.
 - Often Veterans may already be in route, because of the rural population coming to Corpus Christi for care.

Recommendation

Explore denoting canceled appointments more within the PCI interface.

Travel Reimbursement Findings

29. MSAs often help Veterans complete travel reimbursement via the kiosk and paper form.

- MSAs help Veterans with the kiosk and paper form.
 - At these facilities, Veterans can file for travel reimbursement during check-in on the kiosk. However, MSAs only assist Veterans with filing after their appointment (not prior).
 - Sometimes MSAs have to fill out the paper form for Veterans. The Veterans just sign and date.

Recommendation

Adding travel reimbursement to PCI would decrease MSAs workload.

Translation Findings

30. Staff mentioned some interactions with bilingual Veterans and caregivers, but didn't note this affecting check-in in any way.

- We also intercepted one bilingual Veteran, who completed check-in.

Recommendation

Run a remote research study to specifically talk to bilingual Veterans to learn more about their needs, since we didn't uncover a lot within this study.

Recommendations

Recommendations

Insights into Usage Numbers

1. Share with the training team that education initiatives, poster placement, and facility appointment volume might be contributing factors to Corpus Christi's higher usage numbers, so they can pass this information along to the field.

Check-in Findings

2. Staff should continue to offer PCI as an option and educate Veterans, but not make PCI required.
3. Look into other workflows or products to expand the check-in ecosystem, such as digital check-in with a VA owned device (laptop or iPad).
4. Having helpers assist Veterans through the PCI experience, particularly their first time, is very important. Pass this information along to the training team, so they can share it with the field.
5. Reimagine the text portion of the workflow in one or more of the following ways:
 - a. Notify Veterans better that there are more steps.
 - b. Don't make Veterans start the workflow by creating a text or scanning the QR code. Instead, push a check-in notification to Veterans when they can check-in (30 minutes prior to their appt).
 - c. Spend more time educating Veterans about the process.
6. Get rid of the kiosks completely or create a new VA-owned device solution for check-in.



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Recommendations, cont.

7. Share with training the impacts of poster placement on kiosk usage. Possible create a sticker or something else to place on the kiosks stating that check-in isn't available on them.
8. Re-evaluate adding editing and reviewing insurance within the PCI experience, so Veterans aren't redirected to check-in with a staff member as often.
9. Revisit adding or changing information about what appointment types are available in PCI within marketing materials.
10. Pushing check-in links to Veterans 30 minutes prior to an appointment would make not understanding what appointment types are available in PCI a non-issue.
11. Revisit check-in status content within the application.
12. Continue looking into ways to improve load time.
13. Explore a further simplified header and footer to reduce Veterans leaving workflows like check-in.
14. Encourage all staff (nurses, volunteers, MSAs, etc.) to collaboratively educate Veterans about check-in.
15. Revisit staff education about the available marketing materials.
16. Continue to iterate on the marketing strategy.
17. Evaluate feature requests (Key Finding #15) for future feature development, particularly the handling of additional appointment types.



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Recommendations, cont.

Pre-check-in Findings

18. Brainstorm ways to resolve the confusion between pre-check-in and day of check-in.
19. Look into possibly renaming the pre-check-in and day of check-in products.

VSE-GUI and VSE-CS Findings

20. Share all findings and information with VSE development team.
21. Take the timing of when nursing finds pre-visit summary information valuable into account when exploring health questionnaires on VA.gov.
22. Share with the training team that the training timeline and support on the first few days did not meet staff expectations.

PCI Reporting Findings

23. Share with the CHIP team what roles are interested in check-in reports as well as what data they are interested in reviewing.

Canceled Appointment Findings

24. Explore denoting canceled appointments more within the PCI interface.



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Recommendations, cont.

Travel Reimbursement Findings

25. Adding travel reimbursement to PCI would decrease MSAs workload.

Translation Findings

26. Run a remote research study to specifically talk to bilingual Veterans to learn more about their needs, since we didn't uncover a lot within this study.