PIMS V. 5.3 Scheduling Module User Manual update

The manual is broken down into the following PDF files.

- Menus, Intro, Orientation, etc.
- Ambulatory Care Reporting Menu
- Appointment Menu
- Automated Service Connected Designation Menu
- Outputs Menu
- Supervisor Menu

Revision History

Initiated on 02/22/07

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
2/22/07	SD*5.3*466 - Ambulatory Care,	Zach Fain	Corinne Bailey
	Phase II enhancements		
3/7/07	Removed PCMM Reports Menu	Michaele Mahoney	Corinne Bailey
	Documentation – PCMM now listed		
	separately in the VistA		
	Documentation Library		
11/7/07	Removed Transitional Pharmacy		Corinne Bailey
	Benefit Deferred Appt Record		
	option from Outputs Menu		
11/9/07	Added Automated Service	Zach Fain	Corinne Bailey
	Connected Designation Menu to		
	the Scheduling menu and referred		
	users to the ASCD site in the VistA		
	Documentation Library		
7/1/08	DG*5.3*779 - Added New Enrollee	Richard Muller	Corinne Bailey
	Appointment Request Management		
	Menu to the Appointment Menu		
1/29/09	Name change update - Austin	Kevin Jackson	Tavia Leonard
	Automation Center (AAC) to		
	Austin Information Technology		
	Center (AITC)		
10/25/10	SD*5.3*568 – Added two new	John Mahan	Tavia Leonard
	options to the SDSUP Menu: "Edit		
	Clinic Stop Code Name- Local		
	Entries Only" option and the		
	"Clinic Edit Log Report" option.		

• Menus, Intro, Orientation, etc.

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• 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

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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.

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.

Orientation

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 **V***ISTA* 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.

Orientation

On-line Help

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 answering. You enter "?" and the HELP message would appear.

Sort by TREATING SPECIALTY: ?

CHOOSE FROM:

.01 SURGERY

1 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.

Orientation

Note to Users with "QUME" Terminals

It is very important that you set up your Qume terminal properly. After entering your access and verify codes, you will see:

Select TERMINAL TYPE NAME: {type}//

Please make sure that C-QUME is entered here. Once you enter this, it will become the default and you can then enter <RET> for all subsequent log-ins. If any other terminal type configuration is set, options using the List Manager utility (such as Appointment Management and Scheduling Parameters) will neither display nor function properly on your terminal.

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.

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.

Convert - Actually converts the data into PCE files.

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.

Parameters

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

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.

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.

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.

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.

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.

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.

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)

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.

Actions Available from the CST Master List Screen

Add Template

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.

Edit Template

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.

Schedule/Stop Event

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

Cancel Template

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.

View Template

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

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.

Refresh List

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

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.

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.

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.

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.

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.

Edit Template

Same as on the CST Master List screen.

Schedule/Stop Event

Same as on the CST Master List screen.

Cancel Template

Same as on the CST Master List screen.

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.

Error Log

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

Event Log

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

Mail Estimate Bulletin

Same as on the CST Master List screen.

Glossary

add-ons Patients who have been scheduled for a visit after routing slips for a particular date has been printed. **AMIS** Automated Management Information System ancillary A test added to an existing appointment (i.e. lab, x-ray, EKG). test collateral A visit by a non-veteran patient whose appointment is related to or visit associated with a service-connected patient's treatment. CPTCurrent Procedural Terminology no show A person who did not report for a scheduled clinic visit without prior notification to the medical center. A clinic whose visits do not affect AMIS statistics. non-count 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 **RAM** Resource Allocation Methodology routing When printed for a specified date, it shows the current appointment time, clinic, location, and stop code. It also shows slip future appointments. security Used in conjunction with locked options or functions. Only holders key of this key may perform these options/functions. Used for options which perform a sensitive task. Agreement or contract under which patients from other government sharing agencies or private facilities are treated. agreement 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.

Glossary

Military Time Conversion Table

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

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Means Test Visits & Uniques (OP3, OP4, OP5)

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Most Frequent 50 CPT Codes (OP6)

Most Frequent 50 ICD-9-CM Codes (OP7)

Most Frequent 50 IP CPT Codes (IP6)

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Purge rejections that are past database close-out

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