Cancelled Clinic Schedule

Tuesday, March 22, 2022   1:16 PM

What's New

Date	Description
05/06/2019	Original
5/13/2019	Cancel date changed to clinic date to more accurately reflect data contents
8/21/2019	Added Same Day closure count & percent of total closures as measure

Purpose

This tabular cube report displays information on cancelled clinic schedules. In accordance with VHA Directive 1231, planned clinic schedule cancellations should be done at least 45 days prior to the date of clinic closure in order to appropriately manage clinic scheduling. Unplanned clinic closures can adversely impact clinic availability and lead to delays in patient care or excessive wait times.

Typical Use of Data: Monitoring canceled clinic schedules assures compliance with Scheduling Directive 1231 and assists clinic managers to plan work flow and patient care delivery systems.
Target Audience: Clinic Coordinators/Group Practice Managers

Methodology:

Cancelled clinic schedules are defined as clinic grids closed or cancelled to prevent scheduling during a specific date. Clinics schedules may be cancelled for a full or partial day. Cancelled clinic schedules are determined by two methods:
- Current Availability field in the clinic grid marked as "Cancelled"
- 2 or more appointments cancelled at the exact same time/date by the same user/staff person (i.e. indicates bulk cancellation using VistA scheduling cancel clinic feature)

Dimension/Slicer Definitions (optional)

Table Name	Description
Clinic Date	The user may select from the hierarchy FY, Qtr, Month and Day. The data start date is 10/01/2017 through the most current data extract date. This dimension reflects the date(s) the clinic availability was closed.
Clinic Location	The user may select summary levels of National, VISN, Administrative Parent, and Division. Users may set views to display by clinic name. Other location details available include: Primary Stop Code Attention Score Primary Stop Code Category/Class/StopCode
Cancel Clinic Method	Users may specify clinic grid cancellation method. Two methods were used to determine clinic schedule cancellation: Greater than 1 appointment cancelled at the same datetime by the same staff person Current Availability in the clinic grid displays "cancelled".
Clinic Schedule Details	This report contains details related to clinic grid cancellations. Some details were assigned/assumed by matching cancelled availability from the clinic grid to the appointment files. Details include: Staff person cancelling the clinic schedule Date clinic schedule was cancelled/closed

Measure Definitions

Name of Measure	Description

# Appts Cancelled	Number of appointments cancelled when clinic was closed
# Closures	Number of clinics closed
# Closures < 45 Days	Number of clinics closed less than 45 days from the scheduled clinic date
# Days Closure Prior	Number of days prior to the scheduled clinic date that the clinic was closed. Note: some clinic cancellations were done after the scheduled clinic date. Days for those clinic closures was set to zero to eliminate the negative numbers.
# Unique Cancel Staff	Number of staff closing clinic schedules
# Unique Clinics	Number of clinics closed
% Closures < 45 days	Percent of all clinic closures that were done < 45 days prior to the scheduled clinic date
Avg # Days Closures Prior	Average number of days clinic was closed prior to the scheduled clinic date. Note: closures identified as occurring after the scheduled clinic date were removed from this measure.
# Same Day Closures	Number of clinic closures where closed date was same as clinic date
% Same Day Closures	#Same Day Closures/#Closures

Additional Information

Primary Data Sources	Vhacdwsql12.VSSC_Access.Dflt.FactAppointment Vhacdwsql12.VSSC_AccessCubes.Dflt.FactClinicUtilization Vhacdwsql12.VSSC_Access.Dflt.vw_LocationVhacdwa01.LSV.BISL_Collab.ClinicAvailability
Update Frequency	Daily, processing back 2 months from the appointment date and 6 months into the future
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=4912
Link to VSSC Website Location	
Power BI Server	

Clinic Practice Management (CPM) Report

Tuesday, March 22, 2022   1:16 PM

Purpose/Rationale:

The Clinic Practice Management (CPM) Report has been created to support the management of clinic access by providing a consolidated view of actionable workload at the clinic location level. All data elements are sourced from existing VSSC reports and cubes. Drilling to SSN details requires NSSD access. Please use this SharePoint page as a resource for CPM Reports, Scheduling Tools and other Access related reports, dashboards and information. There are links to a number of VSSC Reports, related Dashboards and Help and Information.

The intent of this report is to support the management of clinic access.

Data Source:
Corporate Data Warehouse (CDW)

Update Frequency: This report will be updated daily – though various reports within the CPM Report have individual update schedules.

The CPM Report currently has 6 sections:

VSSC Clinic Access Cubes
Appointments Cube Dashboard
Consult Cube Dashboard
Clinic Utilization Cube Dashboard

CPM Reports
Clinic Practice Management (CPM) Dashboard
CPM Worklist

Scheduling Tools
NEAR Call List
No Show Daily Call List
Potential Data Entry Errors
Recall Reminders Dashboard
Return to Clinic Order
Test and Deceased Patient Appointments
VA Online Scheduling Requests

Other Products

[Access to Care Data](#)
[Provider Bookability](#)
[SAIL Report](#)
[Radiology Reports](#)

Non VSSC Products

[Advance Practice Provider Productivity](#)
[BISL GPM/SAT Suite](#)
[Physician Productivity Cube](#)
[SPARQ Tool](#)

Help and Information

[VSSC Home Page](#)
[Check your NSSD SSN Access](#)
[Instructions for Requesting SSN Access](#)
[Open a VSSC Help Desk Ticket](#)

Each of the Reports in these sections have their own Data Definitions and a link to the appropriate Help Desk within the report.

Clinic Practice Management (CPM) - Dashboard

Monday, April 11, 2022   12:55 PM

What's New

Coming Soon.

Purpose

The Clinic Practice Management (CPM) Report supports the management of clinic access by providing a consolidated view of access-based metrics and actionable data down to the clinic location level. All data elements are sourced from existing VSSC reports and cubes. Drilling down to SSN details requires NSSD access.

This Alert report is a decision support tool to help identify facilities that may have opportunities for improvement and in need of program office assistance.

Dimension/Slicer Definitions (optional)

Table Name	Description
DimFacility	The location of the appointment/request. Includes hierarchies for facility; VISN, Facility and Division
DimFiscalPeriod	
DimLocationSerivce	
DimStopCode	

Measure Definitions

Fact Table	Measure Name	Description
FactAppt_Completed	# Completed Appts	The Completed Appointment measures are limited to "wait time appts".
FactAppt_Completed	# Est Appts Completed	
FactAppt_Completed	# New Appts Completed	
FactAppt_Completed	% Appts Completed LTE 20 Days From PID	
FactAppt_Completed	% Appts Completed LTE 28 Days From PID	
FactAppt_Completed	% Est Appts Completed LTE 28 Days From PID	
FactAppt_Completed	% New Appts Completed LET 28 Days from FED	
FactAppt_Pending	# Pending Appts	
	# Pending Appts LTE 20 Days From PID	
Consults		
	Workload Visits not linked to Appointments	Encounters that have been completed but not linked to an appointments. They are considered add/edits .

The Consult measures below exclude veteran self-schedule consults:
1. Average days from File Entry to First Schedule
2. Unscheduled Consults No Activity GT 14 Days
3. Unscheduled Consults GT 14 days from PID
4. Unscheduled Consults GT 30 days from PID

Additional Information

Primary Data Sources	Appt.Appointment

	Con.Consult CPRSOrder.CPRSOrder Appt.RecallReminders
Update Frequency	Daily
Helpdesk	
Link to VSSC Website Location	
Power BI Server:	

Clinic Practice Management (CPM) - Field Operations Engagement Support Tool

Monday, April 11, 2022   12:55 PM

What's New

11/28/2023: Rebranded to Field Operations Engagement Support Tool and renamed Alert to Opportunity

11/1/2023: Updated measures per OIVC

Purpose

The Clinic Practice Management (CPM) Report supports the management of clinic access by providing a consolidated view of access-based metrics and actionable data down to the clinic location level. All data elements are sourced from existing VSSC reports and cubes. Drilling down to SSN details requires NSSD access.

This CPM - Field Operations Engagement Support Tool is a decision support tool to help identify facilities that may have opportunities for improvement and in need of program office assistance.

For additional definitions please refer to the CPM Dashboard:
Clinic Practice Management (CPM) - Dashboard

VA Care consult measures are limited to Clinical and Clinical Procedure consults.
Threshold: Volumne where denominator is less than 25 will not be flagged as an opportunity

Dimension/Slicer Definitions

Name	Description
FactAlerts	A fact table containing data related to facilities and measures that have been flagged as opportunities.
DevAlert	This should be set to N and is for VSSC use only.

Measure Definitions

Name of Measure	Description
MeasureValue	The raw value of the measure. This may be a percentage express in decimal format (percent recall reminders past due) or a raw number (average days from FED to first scheduled).
MeasurePercentile	The percentile rank of the MeasureValue when compared all other facilities.

Alert Measure Definitions

Name of Measure	Description
Retired: Completed Appts - MH - New Avg Wait Time From RD Replaced With FY 2026- **Completed Appts – MH 20 Day - New Avg Wait Time From RD** **Completed Appts – MH 28 Day - New Avg Wait Time From R**D	The average wait time from the Reference Date (RD) to the appointment date for appointments categorized as New and for Mental Health for the last 3 full months plus the current month. The definition for Reference Date can be found in the Appointments Cube Dashboard data definitions. This measure is flagged as an opportunity for the bottom 25% of facilities.

Completed Appts - PC - New Avg Wait Time From RD Replaced with FY 2026 **Completed Appts - PC Access Group- New Avg Wait Time From RD**	The average wait time from the Reference Date (RD) to the appointment date for appointments categorized as New and for Primary Care for the last 3 full months plus the current month. . The definition for Reference Date can be found in the Appointments Cube Dashboard data definitions. This measure is flagged as an opportunity for the bottom 25% of facilities.
Completed Appts - SC - New Avg Wait Time From RD Replaced with FY 2026 **Completed Appts – SC Access Group - New Avg Wait Time From RD**	The average wait time from the Reference Date (RD) to the appointment date for appointments categorized as New and for Specialty Care for the last 3 full months plus the current month. . The definition for Reference Date can be found in the Appointments Cube Dashboard data definitions. This measure is flagged as an opportunity for the bottom 25% of facilities.
Completed Appts – Surgery Access Group - New Avg Wait Time From RD	The average wait time from the Reference Date (RD) to the appointment date for appointments categorized as New and for Surgery Access Group Care for the last 3 full months plus the current month. . The definition for Reference Date can be found in the Appointments Cube Dashboard data definitions. This measure is flagged as an opportunity for the bottom 25% of facilities.
Consult - CC - % of Pending Consults Pending GT 2 Week Days	The percent of pending consults for community care that have been pending greater than two week days This measure is flagged as an opportunity for the bottom 25% of facilities.
Consult - CC - % Scheduled Consults Linked To Past Appt (30)	Denominator: the number of consults in a scheduled status and linked to an appointment in the past Numerator: the number of consults in scheduled status and linked to an appointment greater than 30 days ago. This measure is flagged as an opportunity if a site is in the top 25%.
Consult - CC - % Unscheduled Consults GT 30 Days From FED	Denominator: the number of consults that are unscheduled (active or pending status) Numerator: the number of consults that are unscheduled (active or pending status) and the file entry date was greater than 30 days ago The % of unscheduled consults that were entered greater than 30 days ago. This measure is flagged as an opportunity if a site is in the bottom 25%.
Consult - CC - % Unscheduled Consults GT 30 Days From FED	Denominator: the number of consults that are unscheduled (active or pending status) Numerator: the number of consults that are unscheduled (active or pending status) and the file entry date was greater than 30 days ago The % of unscheduled consults that were entered greater than 180 days ago. This measure is flagged as an opportunity if a site is in the bottom 25%.
Consult - CC - % Unscheduled Consults No Activity GT 14 Days	The percent of unscheduled community care consults with no activity in the past 14 days and today is within 14 days for the Patient Indicated Date (PID). This measure is flagged as an opportunity if a site is in the top 25%.
Consult - CC - Avg Days From File Entry To First Scheduled (14)	The average days from the consult file entry date to the first scheduled is greater than or equal to 14 days. The date range for this measure is the last full months plus the current month. This measure is flagged as an opportunity if a site is in the bottom 25%.
Retired Consult - CC - % Unscheduled Consults No Activity GT 30 Days	The percent of unscheduled community care consults with no activity in the past 30 days and today is within 30 days for the Patient Indicated Date (PID). This measure is flagged as an opportunity if a site is in the top 25%.
Retired Consult - CC - Avg Days From File Entry To First Scheduled (21)	The average days from the consult file entry date to the first scheduled is greater than or equal to 21 days. The date range for this measure is the last full months plus the current month. This measure is flagged as an opportunity if a site is in the bottom 25%.

Consult - CC - Avg Days From File Entry To First Scheduled (30)	The average days from the consult file entry date to the first scheduled is greater than or equal to 30 days. The date range for this measure is the last full months plus the current month. This measure is flagged as an opportunity if a site is in the bottom 25%.
Retired Consult - CC - Avg Days From File Entry To First Scheduled (60)	The average days from the consult file entry date to the first scheduled is greater than or equal to 60 days. The date range for this measure is the last full months plus the current month. This measure is flagged as an opportunity if a site is in the bottom 25%.
Retired Consult - CC - Avg Days From File Entry To First Scheduled (Trend)	The average days from consult file entry date to the first scheduled date. This measure is flagged as an opportunity if a site as increased the past three months in a row and the current month is greater than 21 days.
Consult - VA - % of Pending Consults Pending GT 2 Week Days	The percent of pending consults for VA Care that have been pending greater than two week days This measure is flagged as an opportunity for the bottom 25% of facilities.
Consult - VA - % Scheduled Consults Linked To Past Appt	The percent of VA consults in scheduled status that are linked to an appointment with a date/time less than today. This measure is flagged as an opportunity if a site is in the top 25%.
Consult - VA- % Unscheduled Consults GT 30 Days From FED	The percent of unscheduled VA consults that are open greater than 30 days from the File Entry Date (FED) This measure is flagged as an opportunity if a site is in the top 25%.
Consult - VA- % Unscheduled Consults GT 30 Days From PID	The percent of unscheduled VA consults that are open greater than 30 days from the Patient Indicated Date (PID) This measure is flagged as an opportunity if a site is in the top 25%.
Consult - VA - Avg Days From File Entry To First Scheduled	The average days from the file entry date to the first scheduled date for VA consults. The measure is calculated for the last three full months plus the current month. This measure is flagged as an opportunity if a site is over 7 days.
Consult - VA - % Unscheduled Consults No Activity GT 14 Days	The percent of unscheduled VA consults with no activity in the past 14 days and today is within 30 days for the Patient Indicated Date (PID). This measure is flagged as an opportunity if a site is in the top 25%.
Retired FY 2026 Consult - VA - % RCT Expected with RCT Documented	The number of RCT documented divided by the number of expected RCT documented for VA Care consults. This is based on the RCT usage metrics in the RCI Dashboard. RCI dashboard This measure is flagged as an opportunity for the bottom 25% of facilities.
Retired Consult - VA - % Scheduled Consults Linked To Past Appt (30)	Denominator: the number of consults in a scheduled status and linked to an appointment in the past Numerator: the number of consults in scheduled status and linked to an appointment greater than 30 days ago.pr This measure is flagged as an opportunity if a site is in the top 25%.
Retired Consult - VA - Avg Days From File Entry To First Scheduled (Trend)	The average days from the file entry date to the first scheduled date for VA consults. This measure is flagged as an opportunity if a site increases each month and the current month if over 7 days. The date range is the last 4 full months.
Recall - Percent Open Recalls Past Due	The percent of open recalls where the recall date is less than today. This measure is flagged as an opportunity if a site increases three months in a row for the most recent four months, excluding the current month.

Retired RTC - Avg Days From RTC Entry To Closed	The average days from the return to clinic order entry date to the date it was addressed in VSE/VS GUI. This measure is flagged as an opportunity if a site is in the top 25% over the past three months full months plus the current month.
RTC - Percent Open RTC Orders Past Due	The percent of open return to clinic orders that are past due. This measure is flagged as an opportunity if a site is in the top 25%.

Additional Information

Primary Data Sources	Corporate Data Warehouse (CDW): Appt.Appointment Con.Consult CPRSOrder.CPRSOrder Appt.RecallReminders
Update Frequency	Daily around 12:15pm central
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=6531
Link to VSSC Website Location	VSSC - VHA Support Service Center (va.gov)

Clinic Practice Management (CPM) - Worklist

Monday, April 11, 2022   12:55 PM

What's New

4/18/2024: Removed the VSE worklists until more current data is available in the CDW

Purpose

The Clinic Practice Management (CPM) Report supports the management of clinic access by providing a consolidated view of actionable workload at the clinic location level. All data elements are sourced from existing VSSC reports and cubes. Drilling down to SSN details requires NSSD access.

This report displays counts of various data elements that are potentially actionable. For example, potential data entry errors may be correctable and past due recall reminders should be scheduled or removed.

The primary data source for Clinic Practice Management (CPM) Report are existing VSSC data sources:
- Appointments Cube
- Consult Cube
- Potential Data Entry Errors
- Recall Reminders
- Return to Clinic Orders
- VSE Open Requests

Dimension/Slicer Definitions (optional)

Table Name	Description
DimFacility	The location of the appointment/request. Includes hierarchies for facility; VISN, Facility and Division
DimPatient	Patient information; name, age and SSN. Drill down to SSN level requires NSSD Real SSN access: http://vaww.vhadataportal.med.va.gov/Support/FAQs.aspx#DataAccessVSSC
DimStopCode	Primary stop code associated with the location of the appointment or request
DimTeam	Name of the PACT Team associated with the patient
DimWorkList	Name of data source and measure

Measure Definitions

Name of Measure	Description

Distinct Patient	Total number of unique patient
Entered Date	Date the appointment or request was entered
Indicated Date	Patient Indicated Date from each data source
Records	Total count of each appointment or request
Return to Clinic Orders - Open	Number of open Return to Clinic Orders entered in CPRS
Return to Clinic Orders - Past Due	Number of open Return to Clinic Orders entered in CPRS past the return PID date
Consults - Open	Number of open Consults
Consults - Open Stat	Number of open Consults at Stat urgency status
Recall Reminders - Open	Number of open Recall Reminders
Recall Reminders - Past Due	Number of open Recall Reminders past the recall date
Pending Appointment	Number of pending appointments
Pending Appointment > 90 Days	Number of pending appointment greater than 90 days
VSE - Open	The number of open VSE/VS GUI requests in the VSE files in VistA. An RTC that is scheduled (completed) but the appointment is no-showed may result in an Open VSE Request.

Additional Information

Primary Data Sources	
Update Frequency	Daily
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=4912
Link to VSSC Website Location	
Power BI Server:	

Clinic Utilization Report/Model

Friday, December 17, 2021   11:42 AM

Overview

Frequently Asked Questions (FAQs)	
Purpose	The purpose of the Clinic Utilization Model/Report is to display data associated with a location's scheduling grid in VistA. The primary goal of this report is to mimic the Clinic Utilization Statistical Summary (CUSS) report in VistA. Please note: The true capacity of a clinic (e.g. starting state of the grid) is not available in the CDW. Daily capacity is derived from the most future grid of the same day of the week with the same pattern structure. This mostly affects clinics that allow for multiple appointments in the same time slot (group clinics, clinics with multiple providers). Please consult the CUSS report in VistA before making critical decisions. Telehealth or "ghost" clinics with a starting capacity of 0 (grid with one or more [0]) may not be reflected accurately. The starting state of the grid is not available in the CDW.
What's New	n/a
Model Data Dictionary	Clinic Utilization - Report - Power BI
Primary Data Sources	• Vhacdwa01.BISL_Collab,DOEx.vw_ClinicAvailability • Vhacdwa01.LSV.BISL_Collab.ClinicAvailability • Appt.Appointment
Update Frequency	This report is updated daily
VSSC Website Location	VSSC - VHA Support Service Center
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=4527
Power BI Data hub	

	Name	Type	Owner	Refreshed	Location	Endorsement
	Clinic Utilization - model	Semantic model	Leonard Aloi	1/31/25, 9:49:29 AM	VSSC_Access	⊘ Promoted

Power BI End Point	Data Source=powerbi://api.powerbigov.us/v1.0/myorg/VSSC_Access?readonly;Initial Catalog=Clinic Utilization - model;

Report Page Catalog

Report Page	Description
At a Glance	This page shows summary charts associated with high level clinic utilization metrics and dimensions.
VistA CUSS	The page attempts to replicate the Clinic Utilization Statistical Summary (CUSS) report available in VistA. Data is aggregated by facility, specialty stop code, stop code category, and default provider.
Utilization	This page displays CUSS metrics over time.
Availability by Modality	This page displays location availability by modality.
Scheduling Grid	This page displays the scheduling grid as displayed on the grid/pattern screen in VistA. It is current as of around midnight.
Scheduling Grid - Provider Overlay	The page attempts to overlay a providers availability based on the locations they are assigned as the default provider.
Open Slot Time By Week	This page displays slot hours used and available.
Cancelled Grids - At a Glance	This page display summary charts and data related to full grid cancellations (clinic closure).
Cancelled Grids - Summary	This page displays aggregated measures related to full grid cancellations. Data is aggregated by facility, specialty stop code, default provider, and cancel by staff.
Cancelled Grids - Details	This page displays the details associated with the aggregated gird cancellation data.
Third Next Available (TNA)	This page displays the third next available (TNA) appointment slot for each hospital location, as of around midnight. The TNA is re-calculated daily. This is a current statue measure and is not currently trended.
Avg Appt Length/Location Details	The page displays summary and average location appointment length and the details specific to the locations aggregated.

Time Slots

```
/*********************************************************************
get time slots
*********************************************************************/
select
      a.*
```

```sql
, case when a.CurrentAvailability like '%CANCELLED%' then '--------' else CAST(REPLACE(REPLACE(REPLACE(REPLACE(bblock6, '|', ''),'[',''),']',''),'XXXXXXXX', 'XXXX') as varchar(50)) end AS block6
, case when a.CurrentAvailability like '%CANCELLED%' then '--------' else CAST(REPLACE(REPLACE(REPLACE(REPLACE(bblock7, '|', ''),'[',''),']',''),'XXXXXXXX', 'XXXX') as varchar(50)) end AS block7
, case when a.CurrentAvailability like '%CANCELLED%' then '--------' else CAST(REPLACE(REPLACE(REPLACE(REPLACE(bblock8, '|', ''),'[',''),']',''),'XXXXXXXX', 'XXXX') as varchar(50)) end AS block8
, case when a.CurrentAvailability like '%CANCELLED%' then '--------' else CAST(REPLACE(REPLACE(REPLACE(REPLACE(bblock9, '|', ''),'[',''),']',''),'XXXXXXXX', 'XXXX') as varchar(50)) end AS block9
, case when a.CurrentAvailability like '%CANCELLED%' then '--------' else CAST(REPLACE(REPLACE(REPLACE(REPLACE(bblock10, '|', ''),'[',''),']',''),'XXXXXXXX', 'XXXX') as varchar(50)) end AS block10
, case when a.CurrentAvailability like '%CANCELLED%' then '--------' else CAST(REPLACE(REPLACE(REPLACE(REPLACE(bblock11, '|', ''),'[',''),']',''),'XXXXXXXX', 'XXXX') as varchar(50)) end AS block11
, case when a.CurrentAvailability like '%CANCELLED%' then '--------' else CAST(REPLACE(REPLACE(REPLACE(REPLACE(bblock12, '|', ''),'[',''),']',''),'XXXXXXXX', 'XXXX') as varchar(50)) end AS block12
, case when a.CurrentAvailability like '%CANCELLED%' then '--------' else CAST(REPLACE(REPLACE(REPLACE(REPLACE(bblock13, '|', ''),'[',''),']',''),'XXXXXXXX', 'XXXX') as varchar(50)) end AS block13
, case when a.CurrentAvailability like '%CANCELLED%' then '--------' else CAST(REPLACE(REPLACE(REPLACE(REPLACE(bblock14, '|', ''),'[',''),']',''),'XXXXXXXX', 'XXXX') as varchar(50)) end AS block14
, case when a.CurrentAvailability like '%CANCELLED%' then '--------' else CAST(REPLACE(REPLACE(REPLACE(REPLACE(bblock15, '|', ''),'[',''),']',''),'XXXXXXXX', 'XXXX') as varchar(50)) end AS block15
, case when a.CurrentAvailability like '%CANCELLED%' then '--------' else CAST(REPLACE(REPLACE(REPLACE(REPLACE(bblock16, '|', ''),'[',''),']',''),'XXXXXXXX', 'XXXX') as varchar(50)) end AS block16
, case when a.CurrentAvailability like '%CANCELLED%' then '--------' else CAST(REPLACE(REPLACE(REPLACE(REPLACE(bblock17, '|', ''),'[',''),']',''),'XXXXXXXX', 'XXXX') as varchar(50)) end AS block17
, case when a.CurrentAvailability like '%CANCELLED%' then '--------' else CAST(REPLACE(REPLACE(REPLACE(REPLACE(bblock18, '|', ''),'[',''),']',''),'XXXXXXXX', 'XXXX') as varchar(50)) end AS block18
from
(
        select
                a.CurrentAvailability
                , a.BlockLength
                , a.ClinicStartHour
                , a.LocationSID
                , a.PatternDate

                , cast(substring(currentavailability, a.BlockLength*(6-ClinicStartHour+1), CASE WHEN ClinicStartHour=7 THEN 0 ELSE a.BlockLength END) as varchar(50)) AS bblock6
                , cast(substring(currentavailability, a.BlockLength*(7-ClinicStartHour+1), CASE WHEN ClinicStartHour=8 THEN 0 ELSE a.BlockLength END) as varchar(50)) AS bblock7
                , cast(substring(currentavailability, a.BlockLength*(8-ClinicStartHour+1), CASE WHEN ClinicStartHour=9 THEN 0 ELSE a.BlockLength END) as varchar(50)) AS bblock8
                , cast(substring(currentavailability, a.BlockLength*(9-ClinicStartHour+1), CASE WHEN ClinicStartHour=10 THEN 0 ELSE a.BlockLength END) as varchar(50)) AS bblock9
                , cast(substring(currentavailability, a.BlockLength*(10-ClinicStartHour+1), CASE WHEN ClinicStartHour=11 THEN 0 ELSE a.BlockLength END) as varchar(50)) AS bblock10
                , cast(substring(currentavailability, a.BlockLength*(11-ClinicStartHour+1), CASE WHEN ClinicStartHour=12 THEN 0 ELSE a.BlockLength END) as varchar(50)) AS bblock11
                , cast(substring(currentavailability, a.BlockLength*(12-ClinicStartHour+1), CASE WHEN ClinicStartHour=13 THEN 0 ELSE a.BlockLength END) as varchar(50)) AS bblock12
                , cast(substring(currentavailability, a.BlockLength*(13-ClinicStartHour+1), CASE WHEN ClinicStartHour=14 THEN 0 ELSE a.BlockLength END) as varchar(50)) AS bblock13
                , cast(substring(currentavailability, a.BlockLength*(14-ClinicStartHour+1), CASE WHEN ClinicStartHour=15 THEN 0 ELSE a.BlockLength END) as varchar(50)) AS bblock14
                , cast(substring(currentavailability, a.BlockLength*(15-ClinicStartHour+1), CASE WHEN ClinicStartHour=16 THEN 0 ELSE a.BlockLength END) as varchar(50)) AS bblock15
                , cast(substring(currentavailability, a.BlockLength*(16-ClinicStartHour+1), CASE WHEN ClinicStartHour=17 THEN 0 ELSE a.BlockLength END) as varchar(50)) AS bblock16
                , cast(substring(currentavailability, a.BlockLength*(17-ClinicStartHour+1), CASE WHEN ClinicStartHour=18 THEN 0 ELSE a.BlockLength END) as varchar(50)) AS bblock17
                , cast(substring(currentavailability, a.BlockLength*(18-ClinicStartHour+1), CASE WHEN ClinicStartHour=19 THEN 0 ELSE a.BlockLength END) as varchar(50)) AS bblock18

        from
        (
        select
                top 1000
                a.CurrentAvailability
                , a.LocationSID
                , a.PatternDate
                , b.ClinicStartHour
                , b.DisplayIncrementsPerHour
                , b.AppointmentLength

                , case
                        when COALESCE(LEFT(b.DisplayIncrementsPerHour,2),CAST(b.AppointmentLength as varchar(2)),'0') = '10' then 12
                        when COALESCE(LEFT(b.DisplayIncrementsPerHour,2),CAST(b.AppointmentLength as varchar(2)),'0') = '15' then 8
                        when COALESCE(LEFT(b.DisplayIncrementsPerHour,2),CAST(b.AppointmentLength as varchar(2)),'0') = '20' then 6
                        when COALESCE(LEFT(b.DisplayIncrementsPerHour,2),CAST(b.AppointmentLength as varchar(2)),'0') = '30' then 8
                        when COALESCE(LEFT(b.DisplayIncrementsPerHour,2),CAST(b.AppointmentLength as varchar(2)),'0') = '60' then 8
                        else 8 end BlockLength

        from BISL_Collab.DOEx.vw_ClinicAvailability as a
                join cdwwork.dim.location as b on b.locationsid = a.locationsid
        where 1=1
                and a.PatternDate >= cast(getdate() as date)
        ) as a
) as a
```
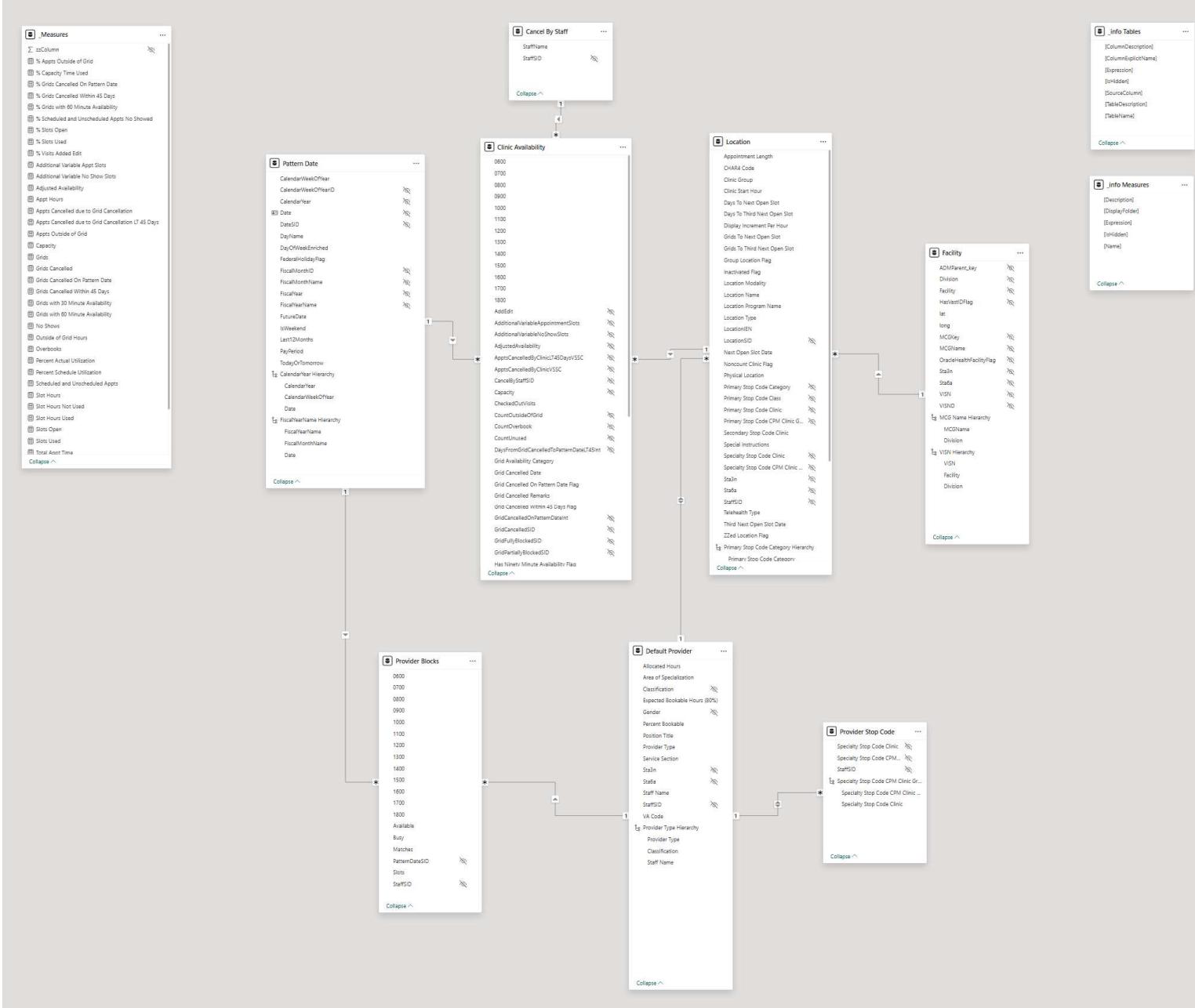
Model ERD

_Measures
- Σ zzColumn
- % Appts Outside of Grid
- % Capacity Time Used
- % Grids Cancelled On Pattern Date
- % Grids Cancelled Within 45 Days
- % Grids with 60 Minute Availability
- % Scheduled and Unscheduled Appts No Showed
- % Slots Open
- % Slots Used
- % Visits Added Edit
- Additional Variable Appt Slots
- Additional Variable No Show Slots
- Adjusted Availability
- Appt Hours
- Appts Cancelled due to Grid Cancellation
- Appts Cancelled due to Grid Cancellation LT 45 Days
- Appts Outside of Grid
- Capacity
- Grids
- Grids Cancelled
- Grids Cancelled On Pattern Date
- Grids Cancelled Within 45 Days
- Grids with 30 Minute Availability
- Grids with 60 Minute Availability
- No Shows
- Outside of Grid Hours
- Overbooks
- Percent Actual Utilization
- Percent Schedule Utilization
- Scheduled and Unscheduled Appts
- Slot Hours
- Slot Hours Not Used
- Slot Hours Used
- Slots Open
- Slots Used
- Total Appt Time

Cancel By Staff
- StaffName
- StaffSID

Pattern Date
- CalendarWeekOfYear
- CalendarWeekOfYearID
- CalendarYear
- Date
- DateSID
- DayName
- DayOfWeekEnriched
- FederalHolidayFlag
- FiscalMonthID
- FiscalMonthName
- FiscalYear
- FiscalYearName
- FutureDate
- IsWeekend
- Last12Months
- PayPeriod
- TodayOrTomorrow
- CalendarYear Hierarchy
  - CalendarYear
  - CalendarWeekOfYear
  - Date
- FiscalYearName Hierarchy
  - FiscalYearName
  - FiscalMonthName
  - Date

Clinic Availability
- 0600
- 0700
- 0800
- 0900
- 1000
- 1100
- 1200
- 1300
- 1400
- 1500
- 1600
- 1700
- 1800
- AddEdit
- AdditionalVariableAppointmentSlots
- AdditionalVariableNoShowSlots
- AdjustedAvailability
- ApptsCancelledByClinicLT45DaysVSSC
- ApptsCancelledByClinicVSSC
- CancelByStaffSID
- Capacity
- CheckedOutVisits
- CountOutsideOfGrid
- CountOverbook
- CountUnused
- DaysFromGridCancelledToPatternDateLT45Int
- Grid Availability Category
- Grid Cancelled Date
- Grid Cancelled On Pattern Date Flag
- Grid Cancelled Remarks
- Grid Cancelled Within 45 Days Flag
- GridCancelledOnPatternDateInt
- GridCancelledSID
- GridFullyBlockedSID
- GridPartiallyBlockedSID
- Has Ninety Minute Availability Flag

Location
- Appointment Length
- CHAR4 Code
- Clinic Group
- Clinic Start Hour
- Days To Next Open Slot
- Days To Third Next Open Slot
- Display Increment Per Hour
- Grids To Next Open Slot
- Grids To Third Next Open Slot
- Group Location Flag
- Inactivated Flag
- Location Modality
- Location Name
- Location Program Name
- Location Type
- LocationIEN
- LocationSID
- Next Open Slot Date
- Noncount Clinic Flag
- Physical Location
- Primary Stop Code Category
- Primary Stop Code Class
- Primary Stop Code Clinic
- Primary Stop Code CPM Clinic G...
- Secondary Stop Code Clinic
- Special Instructions
- Specialty Stop Code Clinic
- Specialty Stop Code CPM Clinic ...
- Sta3n
- Sta6a
- StaffSID
- Telehealth Type
- Third Next Open Slot Date
- ZZed Location Flag
- Primary Stop Code Category Hierarchy
  - Primary Stop Code Category

_info Tables
- [ColumnDescription]
- [ColumnExplicitName]
- [Expression]
- [IsHidden]
- [SourceColumn]
- [TableDescription]
- [TableName]

_info Measures
- [Description]
- [DisplayFolder]
- [Expression]
- [IsHidden]
- [Name]

Facility
- ADMParent_key
- Division
- Facility
- HasVastIDFlag
- lat
- long
- MCGKey
- MCGName
- OracleHealthFacilityFlag
- Sta3n
- Sta6a
- VISN
- VISNID
- MCG Name Hierarchy
  - MCGName
  - Division
- VISN Hierarchy
  - VISN
  - Facility
  - Division

Provider Blocks
- 0600
- 0700
- 0800
- 0900
- 1000
- 1100
- 1200
- 1300
- 1400
- 1500
- 1600
- 1700
- 1800
- Available
- Busy
- Matches
- PatternDateSID
- Slots
- StaffSID

Default Provider
- Allocated Hours
- Area of Specialization
- Classification
- Expected Bookable Hours (80%)
- Gender
- Percent Bookable
- Position Title
- Provider Type
- Service Section
- Sta3n
- Sta6a
- Staff Name
- StaffSID
- VA Code
- Provider Type Hierarchy
  - Provider Type
  - Classification
  - Staff Name

Provider Stop Code
- Specialty Stop Code Clinic
- Specialty Stop Code CPM...
- StaffSID
- Specialty Stop Code CPM Clinic Gr...
  - Specialty Stop Code CPM Clinic ...
  - Specialty Stop Code Clinic

Additional Information

APPENDIX A – Clinic Availability Rules and Guidelines

1. There is no way to determine what the original grid looked like prior to scheduling.
2. A zero or UPPER alphabetic character in the Current Availability grid will be counted as 1
3. A LOWER alphabetic character in the Current Availability grid will be counted per the rules below (j=10...z=26)
4. The rest of the slots will be counted as displayed, i.e., [1][0][C][3] ! would equal 6 slots with 3 overbooks, 3 outside of grid and 4 unused.
5. Outside of grid would be counted per the rules below (*= 1...#=5)
6. UPPER alphabetic character would be counted as an Overbook based on the rules below (A=1...Z=26)

Clinic Grid Rules:

- The clinic grid is case sensitive
- Available slots: 0-9 and j-z where j=10,k=11...z=26
- Overbooks within a designated time slot: A-W where A=1, B=2, C=3 ...
- Overbooks outside of a designated time slot:
- * = 1
- $ = 2
- ! = 3
- @ = 4
- # = 5

Available Slots	Overbooks	
j = 10	A = 1	R = 18
k = 11	B = 2	S = 19
l = 12	C = 3	T = 20
m = 13	D = 4	U = 21
n = 14	E = 5	V = 22
o = 15	F = 6	W = 23
p = 16	G = 7	X = 24
q = 17	H = 8	Y = 25
r = 18	I = 9	Z = 26
s = 19	J = 10	
t = 20	K = 11	
u = 21	L = 12	
v = 22	M = 13	
w = 23	N = 14	
x = 24	O = 15	
y = 25	P = 16	
z = 26	Q = 17	

Electronic Wait List (EWL) Disposition Report

Tuesday, March 22, 2022   1:18 PM

What's New

Provide information on revisions & changes made to product by including date and description of change in the two columns below.

11/06/2014 - Data source changed to CDW. Report now updates daily.
01/21/2015 - VCL entries are excluded from this report.
05/09/2017 - The cube is now located on vhacdwmdm08.vha.med.va.gov server.

Purpose

EWL Report and EWL Cube identifies all OPEN Electronic Wait List (EWL) records and the associated wait times. As with many of the wait time reports, the overall goal in the use of these reports is to help reduce the number of appointments with long waits. While the Electronic Wait List package is used for the Veteran's Choice List, those records are excluded from this report.

Wait times are calculated from appointment Preferred Date and EWL Create Date. A drilldown is available with patient details to anyone with SSN level access.

EWL Disposition report designed to provide information on veterans dispositioned from Electronic Wait List (EWL).

Typical Use of Data: The information in this report helps VISNs and medical center's view the data in detail as they monitor and analyze their facility's EWL. Produce customized reports on EWL and wait times that include a variety of patient demographics.

Target Audience: Clinic Coordinators

PHI Access

The level of access you need is granted either locally by your CUPS/NSSD point of contact (POC) or by National Data Systems (NDS).

- You will find a complete set of instructions and forms for submitting a request for the access you need at the following link:
  http://vaww.vhadataportal.med.va.gov/Support/FAQs.aspx#DataAccessVSSC

- This report will tell you who your local NSSD contacts are, complete with phone number and email address:
  https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fApps%2fNSSD%2fProd%2fNSSD_POCs&rs:Command=Render

- Also, you can check your access at any time with the following report:
  https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fNSSDReports%2fCprsNssdUserCredsProd&rs:Command=Render

Cube Dimensions

Field	Description
Timeframe	Time frame for the EWL data that you would like to see
Summary Level	National - VISN - Parent Station - Sub-Station
Wait Time Calculation	Wait time calculated from appointment preferred date or Originating date of the EWL record
Preferred date	Patient's preferred date or the date medically determined by the physician
Originating date	Date patient was placed on EWL
EWL Priority	Future ("F") indicates that the patient needs an appointment in the future and a preferred will be entered by the user. ASAP ("A") indicates that the patient needs an appointment before the currently next available appointment (as soon as a slot opens). The desired date for ASAP will be set by the system as the originating date.
Report Date	Date of the Update. All open records on the selected date. Year-Quarter-Month-Day

Clinic	DSS Primary Stop Code. Divided into 4 Hierarchies:		
	Clinic Groups	These include the performance measure groups – PC, SC, MH, Other	
	Top 50 Clinics	List of top 50 high volume clinics (No longer used for performance scores)	
	Clinic All	All clinics grouped by Category-Class-Primary Clinic Stop	
	Clinic Specialty	All clinics grouped by Specialty Clinic Group-Primary Clinic Stop	
Facility	All Facilities – VISN – Facility – Division – VistA Clinic		
Priority	Patient Priority group. 1, 2, 3, 4, 5, 6, 7, 8, Non-Veteran, Not Enrolled, Unknown		
SC Percent	Service Connected Percentage rating of veteran – 0-100%, Not Service Connected		
OEFOIF	Identifies whether the patient is designated by the Health Eligibility Center (HEC), or the Defense Management Data Center (DMDC), or both, as an OEF/OIF veteran.		
Patient Sex	Patient Sex		
Rurality	Most recent classification of the location of the patient's address based on an algorithm built by the PSSG office. Possible levels are Highly Rural, Rural, Urban, Insular Islands, and Unknown.		
Means Test	Means Test status. MT CoPay Exempt, MT CoPay Required, Non-Vet, Not Done, Unknown		
Billable Insurance	Veteran has billable insurance, Yes or No		
MTF2VA	The veteran was discharged from a Military Treatment Facility, Yes or No		
Disposition Date	Select the date(s) patient is dispositioned from the EWL		
Disposition Type	The reason patient has been dispositioned from EWL		

The summary view provides data for All clinics, MH (7 stop codes), PC (3 stop codes), and SC (41 stop codes). Data for the individual stop codes can be viewed by clicking on the underlined clinic group.

EWL Disposition Report Dimensions:
The summary view provides average time to disposition and reason patient dispositioned from EWL.

Measures

Measure	Description
EWL Records	Total number of EWL entries open at the selected timeframe
EWL Count	EWL Count – Total number of EWL entries open at the selected timeframe
Clinic	Clinic – displays one row for each of the Clinic Groups or Stop codes selected
Wait Time 0-14 Days from Create Date	Wait Time 0-14 Days from Create Date – Count of records with wait 0-14 days between creation and report date
Wait Time 15-30 Days from Create Date	Wait Time 15-30 Days from Create Date - Count of records with wait 15-30 days between creation and report date
Wait Time 31-60 Days from Create Date	Wait Time 31-60 Days from Create Date - Count of records with wait 31-60 days between creation and report date
Wait Time 61-90 Days from Create Date	Wait Time 61-90 Days from Create Date - Count of records with wait 61-90 days between creation and report date
Wait Time 91-120 Days from Create Date	Wait Time 91-120 Days from Create Date - Count of records with wait 91-120 days between creation and report date
Wait Time Greater Than 120 Days from Create Date	Wait Time Greater Than 120 Days from Create Date – Count of records with wait greater than 120 days between create date and report date
Percent 0-14 Days from Create Date	Wait Time 0-14 Days from Create Date/EWL Records
Percent 15-30 Days from Create Date	Wait Time 15-30 Days from Create Date/EWL Records
Percent 31-60 Days from Create Date	Wait Time 31-60 Days from Create Date/EWL Records
Percent 61-90 Days from Create Date	Wait Time 61-90 Days from Create Date/EWL Records
Percent 91-120 Days from Create Date	Wait Time 91-120 Days from Create Date/EWL Records
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Wait Time 31-60 Days from Preferred Date	Count of records with wait 31-60 days between Preferred and report date
Wait Time 61-90 Days from Preferred Date	Count of records with wait 61-90 days between Preferred and report date
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Future Preferred Date	count of records where the preferred date is in the future (later than the report date)
Percent Future Preferred Date	Future Preferred Date/EWL Records
Preferred Date Missing	Count of records with no value for appointment preferred date
Percent Preferred Date Missing	Preferred Date Missing/EWL Records
Disposition Date	Select the date(s) patient is dispositioned from the EWL
Average Time to Disposition	Average time from originating date to disposition date
Total Dispositions	Total number of Dispositions entries removed from EWL at the selected timeframe

Report Action:
A link to the patient drilldown report is located at the top of the summary report. SSN/PHI access is
required. Right click on data grid, hover over Actions, and select Patient Detail Report.

Fields included in the drilldown:
- Division
- Sta6a
- WaitListSID – CDW ID of EWL record
- Patient SSN
- Patient Last Name
- Patient First Name
- Primary Stop Code – stop code of the completed appointment
- Primary Stop Code Name – stop code description
- Clinic Name – VistA clinic name
- EWL Create Date – originating date of EWL record
- Appointment Preferred Date – Preferred date of requested appointment
- Wait Time from Create Date – Wait time in days from create date
- Wait Time from Preferred Date – Wait time in days from Preferred date
- Sex
- Enrollment Priority
- OEFOIF
- SC Percentage

Additional Information

Primary Data Sources	• Electronic Wait List from the Corporate Data Warehouse. • Vhacdwa01.CDWWork.Appt.WaitList and the associated dimension tables.
Update Frequency	This report is updated daily post CDW processing.
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=2997
Link to VSSC Website Location	https://vssc.med.va.gov/VSSCMainApp/products.aspx?PgmArea=42&sub_ID=150
Power BI Server	Server: vhacdwmdm08.vha.med.va.gov

Electronic Wait List (EWL) Wait Time Report

Tuesday, March 22, 2022   1:19 PM

What's New

Provide information on revisions & changes made to product by including date and description of change in the two columns below.

11/06/2014 - Data source changed to CDW. Report now updates daily.
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Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=2997
Link to VSSC Website Location	https://vssc.med.va.gov/VSSCMainApp/products.aspx?PgmArea=42&sub_ID=150
Power BI Server	Server: vhacdwmdm08.vha.med.va.gov

Clinic Utilization Dashboard (Legacy)

Friday, December 17, 2021   11:42 AM

What's New

8/23/2024: The data source for the UAT - Clinic Utilization - model/Report is being pruned and currently starts at 4/1/24. We are working with the CDW to load a full FY24.

1/31/2024: The measure Total Slots was replaced by Capacity

Purpose

The purpose of this Power BI is to track past and future appointment slots by clinic to allow facilities to monitor clinic capacity on an ongoing basis. The data is updated daily.

Clinic Grids are a means of getting veterans time with providers. CUSS is a tool and not necessarily a measurement or the sole measurement of Access.

Please note:

The true capacity of a clinic (e.g. starting state of the grid) is not available in the CDW. Daily capacity is derived from the most future grid of the same day of the week with the same pattern structure. This mostly affects clinics that allow for multiple appointments in the same time slot (group clinics, clinics with multiple providers). Please consult the CUSS report in VistA before making critical decisions.

Telehealth or "ghost" clinics with a starting capacity of 0 (grid with one or more [0]) may not be reflected accurately.

Starting state of the grid is not available in the CDW.

Cube Dimensions

Dimensions	Attribute	Description
Location	Facility	The facility where the clinic location exists.
	Default Provider	Default provider or physician that is assigned to specific clinic.
	Area of Specialization	A providers area of specialization based on the provider type/VA Code.
	Count Non-Count	Yes/No Indicates whether the clinic location is flagged as count or non-count.
	Location Modality	The modality (face to face, telephone, telehealth) of the clinic location. This is based on stop code assignment and naming conventions.
	Primary Stop Code	Primary Stop Code of the clinic location.
	Provider Class	
	Provider Type	The provider type, based on person class/VA Code assignment.
	Secondary Stop Code	Secondary or Credit Stop Code.
	Specialty Stop Code	The specialty or "tertiary" stop code assigned to the location. This is based on the primary and secondary stop codes. For example 324/303 would be assigned specialty stop code 303. The is useful for grouping face to face and telephone data for a service.
Report Date		The date Clinic Utilization data was populated.

Grid Availability Category	Grid Availability Category	This dimensions attempts to categorize the state of the grid. Values include:
		1. Grid Cancelled
		    a. The grid is entirely cancelled for the day
		2. Grid Partially blocked
		    a. The grid contains time/slots that are blocked with X's
		3. Grid Fully Blocked
		    a. The grid isn't cancelled but contains blocked slots and zero capacity
		4. Zero grid
		    a. A grid with no slots/zero capacity
		5. Normal Grid
		    a. The grid doesn't match any other category above.

Has Sixty Minute Availability		The grid contains 60 consecutive minutes of open slots in any combination. This may be one 60 minute slot, two 30 minute slots, or four 15 minute slots etc.
Has Thirty Minute Availability		The grid contains 30 consecutive minutes of open slots. This may be one 30 minute slot, two 15 minute slots, etc.

Measures

Dimensions	Measure	Description
Clinic Utilization	Additional Variable Appointment Slots	(Scheduled Appointment length – Clinic Profile default appointment length) / Clinic Profile default appointment length. This measure attempts to mimic the Addl. Variable Appt. Slots measure on the VistA CUSS report. This measure looks to see if a scheduled appointment occupied multiple appointment slots. For instance, let's say you have three 15 min slots available and you want to schedule one 45 min appointment. If you use the three 15 min slots to schedule one appointment, the additional variable appointment slots would be 2 ((45 – 15) / 2).
	Additional Variable No Show Slots	(Appointment length – default appointment length) / default appointment length of appointments with a CancelNoShowCode of "N" or "NA". This measure attempts to mimic the Addl. Variable No-Show Slots measure on the VistA CUSS report.
	Adjusted Availability	clinic capacity - sched. and unsched. appts. - additional variable appt. slots. This measure attempts to mimic the Adjusted Avail. measure on the VistA CUSS report. This measure helps identify number of slots available by subtracting scheduled and unscheduled appointments and additional variable shots from clinic capacity.
	Average Days To Third Next Available	The number of days to the third open slot, starting with today. The number of open slots are summed for each grid day until the total is >= 3. This data is only calculated on days when the clinic has a grid and there is only one value per clinic per grid day. When aggregating multiple clinics the values are averaged and not weighted for capacity. Future dates will not have a days to third next available.
	Average Days to Three Consecutive Date	The number of days to the next grid day with three consecutive open slots, including today, based on the current state of the grid. This data is only calculated on days when the clinic has a grid and there is only one value per clinic per grid day.
	Clinic Capacity	The number of appointment slots (open + used) on the report date. This value is derived from the most future grid of the same day of the week with the same pattern structure because the starting grid is not available in the CDW.
	Current Availability	
	No Shows	The number of appointments with a CancelNoShowCode of "n" or "na". This measure attempts to mimic the No Shows measure on the VistA CUSS report.
	Open Slots	The number of open appointment slots on the report date on the clinic grid.
	Outside of Gird	The number of outside of grid slots booked on the clinic grid. These are scheduled appointments and not add/edit visits.
	Overbook Slots	The number of overbooks on the clinic grid.
	Percent Actual Utilization	sched. and unsched. appts. + addl. variable appointment slots - no-shows - additional variable no-show slots (times 100) divided by clinic capacity. This measure attempts to mimic the Percent Actual Util. measure on the VistA CUSS report.
	Percent Schedule Utilization	sched. and unsched. appts. + additional variable appt. slots (times 100) divided by clinic capacity. This measure attempts to mimic the Percent Sched. Util. measure on the VistA CUSS report.
	Percent Slots Used of Total Slots	Slots Used / Capacity
	Schedule and Unscheduled Appointments	The number of appointments with an AppointmentStatus of Null, I (inpatient), and N (no show). This measure attempts to mimic the Scheduled and Unscheduled Appointments measure on the VistA CUSS report.
	Slot Used	Total slots – open slots. The number of used appointment slots on the report date on the clinic grid.
	% Slots Open	
Report Date		The date Clinic Utilization data was populated.
Location	Pattern Date of TNA Calculation (Date TNA Was Identified)	The date TNA was calculated. If no changes are made to the grid, CDW does not calculate TNA. TNA is only calculated when a change is made to a grid, eg appointment is scheduled.
	Third Next Available (TNA) Date	Provider identified as Default Provider in scheduling grid.
	Day to 3rd	Number of days from Date TNA was Identified to the TNA Date.

Additional Information

Primary Data Sources	• BISL_Collab,DOEx.vw_ClinicAvailability on vhacdwa01 • Appt.Appointment
Update Frequency	This report is updated daily post CDW processing.
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=4368
Link to VSSC Website Location	https://vssc.med.va.gov/VSSCMainApp/products.aspx?PgmArea=42&sub_ID=150
Power BI Server	Server: vhaausbi25.vha.med.va.gov\as2 Database: VSSC_Access_ClinicUtilization

APPENDIX A – Clinic Availability Rules and Guidelines
[RETURN TO TOP]

1. There is no way to determine what the original grid looked like prior to scheduling.
2. A zero or UPPER alphabetic character in the Current Availability grid will be counted as 1
3. A LOWER alphabetic character in the Current Availability grid will be counted per the rules below (j=10…z=26)
4. The rest of the slots will be counted as displayed, i.e., [1][O][C][3] ! would equal 6 slots with 3 overbooks, 3 outside of grid and 4 unused.
5. Outside of grid would be counted per the rules below (*= 1…#=5)
6. UPPER alphabetic character would be counted as an Overbook based on the rules below (A=1…Z=26)

Clinic Grid Rules:

- The clinic grid is case sensitive
- Available slots: 0-9 and j-z where j=10,k=11…z=26
- Overbooks within a designated time slot: A-W where A=1, B=2, C=3 …
- Overbooks outside of a designated time slot:
- * = 1
- $ = 2
- ! = 3
- @ = 4
- # = 5

Available Slots		Overbooks		
j = 10		A = 1		R = 18
k = 11		B = 2		S = 19
l = 12		C = 3		T = 20
m = 13		D = 4		U = 21
n = 14		E = 5		V = 22
o = 15		F = 6		W = 23
p = 16		G = 7		X = 24
q = 17		H = 8		Y = 25
r = 18		I = 9		Z = 26
s = 19		J = 10		
t = 20		K = 11		
u = 21		L = 12		
v = 22		M = 13		
w = 23		N = 14		
x = 24		O = 15		
y = 25		P = 16		
z = 26		Q = 17		

Model ERD

_Measures
- Σ Column
- % Grids Cancelled Within 45 Days
- % Slots Open
- % Slots Used
- % Visits Added Edit
- Additional Variable Appt Slots
- Additional Variable No Show Slots
- Adjusted Availability
- Appts Outside of Grid
- Capacity
- Grids
- Grids Cancelled
- Grids Cancelled Within 45 Days
- No Shows
- Overbooks
- Percent Actual Utilization
- Percent Schedule Utilization
- Scheduled and Unscheduled Appts
- Slot Hours Not Used
- Slots Open
- Slots Used
- Total Appt Time
- Total Slot Hours
- Visits Add/Edit
- Visits Checked Out
- Visits Linked To Appt
- Zero Slot Grids

Collapse ^

Pattern Date
- CalendarWeekOfYearID
- CalendarYear
- CalendarWeekOfYear
- Date
- DateSID
- DayName
- DayOfMonth
- DayOfWeek
- FederalHoliday
- FederalHolidayFlag
- FiscalMonth
- FiscalMonthID
- FiscalMonthName
- FiscalQuarter
- FiscalYear
- FiscalYearName
- FutureDate
- IsWeekend
- Last6Months
- MonthName
- MonthOfYear
- Next14Days
- Next3Months
- PastOrNext30Days
- PastOrNext90Days
- PayPeriod
- PayYear
- PlusOrMinus3Months
- Quarter
- TodayOrTomorrow
- VistaRefDate
- WeekOfYear
- CalendarYear Hierarchy
  - CalendarYear
  - CalendarWeekOfYear
  - Date
- FiscalYearName Hierarchy
  - FiscalYearName

Collapse ^

Grid Cancelled Within 45 Days
- GridCancelledWithin45Days
- GridCancelledWithin45DaysSID

Collapse ^

Facility
- ADMParent_FCDMD
- ADMParent_key
- Division_FCDMD
- lat
- long
- MCGKey
- MCGName
- Sta6aid
- VISN_FCDMD
- VISND
- MCGName Hierarchy

Collapse ^

Clinic Availability
- AddEdit
- AdditionalVariableAppointmentSlots
- AdditionalVariableNoShowSlots
- AdjustedAvailability
- AppointmentDateSID
- ApptsCancelledByClinic
- block10
- block11
- block12
- block13
- block14
- block15
- block16
- block17
- block18
- block6
- block7
- block8
- block9
- Capacity
- CheckedOut
- CountOutsideOfGrid
- CountOverbook
- CountUnused
- CurrentAvailabilityTrimmed
- DaysFromGridCancelledToPatternDate
- DaysFromGridCancelledToPatternDateLT64...
- DaysOut
- FinalCountSlotsPatternDate
- GridAvailabilityCategorySID
- GridCancelledDateTime
- GridCancelledSID
- GridFullyBlockedSID
- GridPartiallyBlockedSID
- HasSixtyMinuteAvailabilitySID
- HasSlotsSID
- HasThirtyMinuteAvailabilitySID
- LinkedToAppt

Collapse ^

Location
- AppointmentLength
- CHAR4 Code
- ClinicStart-Hour
- DisplayIncrementsPerHour
- Inactivated
- LocationIEN
- LocationModality
- LocationName
- LocationProgramName
- LocationSID
- NonCountClinic
- PrimaryStopCode
- SecondaryStopCode
- SpecialtyStopCode
- Sta6a
- StaffSID
- TelehealthType
- ZzedLocation

Collapse ^

Location Primary Sto...
- MCAOCategory
- MCAOClass
- PrimaryStopCode
- PrimaryStopCodeClinic
- PrimaryStopCodeCPMC...
- MCAOCategory Hierarchy
  - MCAOCategory
  - MCAOClass
  - PrimaryStopCodeClinic
- PrimaryStopCodeCPMClinicGro...
  - PrimaryStopCodeCPMClinicGr...
  - PrimaryStopCodeClinic

Collapse ^

Location Secondary S...
- SecondaryStopCode
- SecondaryStopCodeClinic

Collapse ^

Location Specialty St...
- SpecialtyStopCode
- SpecialtyStopCodeCPM...
- SpecialtyStopCodeClinic
- SpecialtyStopCodeCPMClinicGr...
  - SpecialtyStopCodeCPMClinicG...
  - SpecialtyStopCodeClinic

Collapse ^

Grid Availability Cate...
- GridAvailabilityCategory
- GridAvailabilityCategor...

Collapse ^

Has Sixty Minute Availability
- HasSixtyMinuteAvailability
- HasSixtyMinuteAvailabilitySID

Collapse ^

Has Thirty Minute Av...
- HasThirtyMinuteAvailability
- HasThirtyMinuteAvaila...

Collapse ^

Location Default Prov...
- PositionTitle
- ProviderTypeSID
- ServiceSection
- StaffName
- StaffSID
- ServiceSection Hierarchy
  - ServiceSection
  - StaffName

Collapse ^

Provider Type
- ActiveFlag
- AreaOfSpecialization
- Classification
- InactiveDate
- OpCode
- ProviderType
- ProviderTypeSID
- SpecialtyCode
- VACode
- VistaCreateDate
- VistaEditDate
- X12Code
- ProviderType Hierarchy
  - ProviderType
  - Classification

Collapse ^

Immersive Tech Virtual Reality

Wednesday, August 28, 2024   11:20 AM

What's New

08/28/2024: Deployed to User Acceptance Testing (UAT)
11/7/2024: Report taken out of UAT and put into production

Purpose

The National Immersive Report (NIR) serves as a centralized platform for visualizing and analyzing virtual reality data across the Veterans Health Administration (VHA). This report enhances decision-making and collaboration by providing real-time insights to stakeholders and champions. By leveraging immersive technologies, the report seeks to drive innovation and support strategic initiatives through improved data engagement.

Report-based Data Dictionary

Virtual Reality - report - Power BI (powerbigov.us)

Additional Information

Primary Data Sources	CDWWork.Dim.HealthFactorType CDWWork.HF.HealthFactor CDWWork.SPatient.SPatient CDWWork.Outpat.Visit CDWWork.Dim.StopCode CDWWork.Dim.Institution CDWWork.Dim.Location CDWWork.Dim.Sta3n
Update Frequency	Daily
Helpdesk	VSSC Help Desk (va.gov)
Link to VSSC Website Location	VSSC - VHA Support Service Center (va.gov)

Location Profile

Wednesday, January 19, 2022   7:07 AM

What's New

Purpose

The Location – Profile report displays information related to hospital locations such as stop code assignment, default provider, and VA Online Scheduling and MCA configuration.

Other reports in the Location-based suite of reports are listed below and included in this data definition document.
1. Location – Scheduling Grid
2. Location – New Slot Finder
3. Location Report Card

For additional information please see the Location Report Card data definitions:
Location Report Card

Additional Information

Primary Data Sources	• CDWWork.Dim.Location • CDWWork.Dim.StopCode • CDWWork.Dim.LocationProvider • CDWWork.Dim.DSSLocation • CDWWork.Dim.DSSLocatoinStopCode • LSV.BISL_Collab.ClinicAvailability
Update Frequency	Daily
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=5012
Link to VSSC Website Location	VSSC - VHA Support Service Center (va.gov)

Location - New Slot Finder

Monday, January 31, 2022   11:58 AM

What's New

Purpose

The Location – New Slot Finder attempts to find 60 minutes of consecutive grid time by date range. The intention is to help find new patient slots for PACT. Locations are limited to primary stop code 322 and 323 and secondary stop code 0, 185, 186, 187, 188 and 135. This report is unable to identify "reserved" slots for same day access. This report is based on a work done by the Orlando VAMC.

Sixty minute availability - Any combination of consecutive time (15 minutes x4, 30 minutes x2, or 60 minutes x1, etc.).

Additional Information

Primary Data Sources	Please reference the Location - Profile definitions
Update Frequency	Daily
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=5014
Link to VSSC Website Location	VSSC - VHA Support Service Center (va.gov)

Location Report Card

Wednesday, January 19, 2022   7:07 AM

What's New

Purpose

The purpose of this report is to score the configuration of clinic location profiles per the OVAC program office business rules.

Locations matching the criteria below are included on the report:
- The location not inactivated
- The location has Location Type = Clinic
- The location is assigned a primary stop code
- The location has an Operational status of A or null
- The location has an Occasion of Service Clinic Flag of N or null
- The location is from a site still running VistA

Measure Categories

Category	Measures	Description
Clinic Build	Missing VVC In Name	The location is assigned secondary stop code 179 but VVC is not in the name.
Clinic Build	Missing INPT/Inpatient in Name	The location is assigned with an Inpatient Char4 but INPT/Inpatient is not in the name.
Clinic Build	End with Dash X	The location ends with a -x
Clinic Build	Has Prohibited Terms	The location includes prohibited terms supplied by IVC.
Clinic Build	No Associated Providers	The location is assigned zero associated providers.
Clinic Build	Telephone Missing Secondary Stop Code	The location has a telephone primary stop code and is not assigned a valid secondary stop code.
Grid Access	Unused Clinic	The location has no grids with a capacity greater than 0 over the next 90 says for non CRH (clinical Resource Hub) clinics or 6 months (183 days) for CRH clinics And the location has no pending appointments over the next 90 days for non CRH Clnics or 6 months (183 days) for CRH clinics. And the location has no checked out encounters/visits over the past 90 days for non-CRH clinics or 6 months (183 days) for CRH Clnics Non-count locations are not included in this measure.
Grid Access	Has Overbooks Outside of Grid	The location exceeds the IVC threshold of overbooks outside of the scheduling grid as the appointment slot falls outside of the clinic's regular hours. The current threshold is 60 over the past 90 days.
Grid Access	Has Add Edits	The location exceeds the IVC threshold of "add/edit" encounters. The current threshold is 5 over the past 30 days.

Grid Access	Redundant Location	The location's assigned default provider is the default provider on another location with the same stop code combination, Division/Sta6a, CHAR4, and clinic start hour.
Grid Access	Has Mirrored Grids	The location's default provider is the default provider for another location that has an identical grid on at least one day over the next 90 day. Overlapping slots does not necessarily mean mirrored. The grids must match exactly down to the Clinic Start Hour.
Veteran Experience	No Patient Friendly Name	The location is VA Online Scheduling (VAOS) enabled and not assigned a patient friendly name.
Veteran Experience	No Physical Location	The location is VA Online Scheduling (VAOS) enabled and not assigned a physical location.
Veteran Experience	No Direct Patient Scheduling Flag	The location is VA Online Scheduling (VAOS) enabled and the direct patient scheduling flag is not set to Yes.
Veteran Experience	Missing Phone Number	The location is not assigned a phone number.
Other	% Clinic Build Not Flagged	The percentage of locations within the Stop Code Group that have 0 sub-metrics flagged within the Clinic Build category. Failing a single sub-metric within the category will result in a 0 for the category.
Other	% Grid Access Not Flagged	The percentage of locations within the Stop Code Group that have 0 sub-metrics flagged within the Grid Access category. Failing a single sub-metric within the category will result in a 0 for the category.
Other	% Veteran Experience Not Flagged	The percentage of locations within the Stop Code Group that have 0 sub-metrics flagged within the Veteran Experience category. Failing a single sub-metric within the category will result in a 0 for the category.
Other	Overall Score	(% Clinic Build Not Flagged + % Grid Access Not Flagged + % Veteran Experience Not Flagged) / 3

Other Data Elements:

Name	Description
Location Name	Name of hospital location
VistA Create Date	Date the clinic was created in VistA
VistA Edit Date	Date the clinic was edited in VistA
Needs Attention	A flag has been identified in one or more categories (clinic build, grid access, veteran experience).
Add/Edit	An add or edit to an existing encounter, also called stop code addition. Stop Code additions in the last 30 days are reviewed. A location will be flagged with Add/Edits only if 5 or more add/edits occur.
Appt Length	Length of the appointment in the clinic build, this does not indicate if variable appointment lengths are possible.
Display Increments Per Hour	Display shown on the clinic grid

Clinic Start Hour	Earliest time of day appointments can begin in this clinic
Prohibited Access Flag	Identifies clinic that limit ability to schedule to only allowed individuals
Direct Patient Scheduling Flag	A patient can use VAOS to schedule their own appointment on line in the clinics indicated "Y"
Display Appt Flag	Appointments in these clinics will be visible to a patient in MyHealthe Vet
Patient Friendly Location Name	Name associated with a clinic that should not contain abbreviations or acronyms. This is the clinic name that will show in MyHealthe Vet
Physical Location	This location to which the patient should report for their appointment.
National Char4	MCAO National Char4 Code.
Next Open Slot Date	Date of the next available appointment slot built into the clinic grid.
Third Next Available Date	Date of the their next available appointment slot built into the clinic grid.
Days to 3rd	Number of days until the Third Next Available Date
Capacity 0-90 Days	Total capacity (open + used) slots on the grid in the next 90 days. This number may differ from VIstA in cases where multiple slots are available at a single slot time due to how the CDW Team extracts the data.
Special Instructions	Special Instructions Regarding Clinic Location

Other Considerations

The stop codes below are excluded from the Mirrored Grid measure.
- Primary Stop Code: 124, 373, 507, 550, 583, 560, 565, 516,577,539
- Or secondary stop code: 674, 697, 669, 719

The stop codes below are excluded from the Associated Providers measure.
- 674 - Administrative
- 697 - Chart Consult
- 669 - Community Care
- 719 - Secure Messaging

The stop codes below are excluded from the Grid Access and Veteran Experience measures.
- 189 – Store and Forward
- 192 – Caregiver Support
- 673 – Clinical Team Conference
- 697 - Chart Consult
- 669 - Community Care
- 674 - Administrative
- 719 - Secure Messaging

The stop codes below are excluded from the add/edit exclusion measures
- 105,109,115, 121, 150, 151, 153, 156, 157, 162, 170, 171, 172, 173, 174, 175, 176, 177, 190,215, 317, 354, 421, 443, 444, 445, 446, 447, 448, 450, 504, 507, 508, 511, 522, 529, 552, 555, 556, 568, 573, 574, 586, 587, 591, 592,703
- Primary 147, secondary 139
- Primary 568, secondary 536

Non-count locations are not included in the Unused Clinic measure.

Additional Information

Primary Data Sources	• CDWWork.Dim.Location • CDWWork.Dim.StopCode • CDWWork.Dim.LocationProvider • CDWWork.Dim.DSSLocation

	• CDWWork.Dim.DSSLocatoinStopCode • LSV.BISL_Collab.ClinicAvailability
Update Frequency	Daily
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=5012
Link to VSSC Website Location	VSSC - VHA Support Service Center (va.gov)

Location - Scheduling Grid

Wednesday, January 19, 2022   7:08 AM

What's New

Purpose

The Location – Scheduling Grid report display details of the scheduling grid in VistA. The grid is current as of midnight and will not reflect appointments created during the day.

For additional information please reference the data definition below.

Location Profile

Clinic Utilization Cube Dashboard (Web view)

Data Elements

Name	Description
Location Name	Name of hospital location
Capacity	Total capacity (open + used) slots on the grid date. *This number may differ from VIstA in cases where multiple slots are available at a single slot time due to how the CDW Team extracts the data.
Open slots	Open slots as of midnight
Used Slots	Used slots as of midnight
Over-books	Over-books as of midnight
Over-books Outside Grid	Over-books outside of grid as of midnight
Grid Date	Date of grid
Days from Today	Days from today
Current Availability	The state of the scheduling grid as of midnight
Three Consecutive Flag	Yes if there are three consecutive slots on the grid date

Additional Information

Primary Data Sources	Please reference the Location - Profile definitions
Update Frequency	Daily
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=4592
Link to VSSC Website Location	VSSC - VHA Support Service Center (va.gov)

APPENDIX A – Clinic Availability Rules and Guidelines
[RETURN TO TOP]

1. There is no way to determine what the original grid looked like prior to scheduling.
2. A zero or UPPER alphabetic character in the Current Availability grid will be counted as 1
3. A LOWER alphabetic character in the Current Availability grid will be counted per the rules below (j=10...z=26)
4. The rest of the slots will be counted as displayed, i.e., [1][0][C][3] ! would equal 6 slots with 3 overbooks, 3 outside of grid and 4 unused.
5. Outside of grid would be counted per the rules below (*= 1...#=5)
6. UPPER alphabetic character would be counted as an Overbook based on the rules below (A=1...Z=26)

Clinic Grid Rules:

- The clinic grid is case sensitive
- Available slots: 0-9 and j-z where j=10,k=11...z=26
- Overbooks within a designated time slot: A-W where A=1, B=2, C=3 ...
- Overbooks outside of a designated time slot:
- * = 1
- S = 2

- Available Slots: 0-9 and j-z where j=10,k=11...z=26
- Overbooks within a designated time slot: A-W where A=1, B=2, C=3 ...
- Overbooks outside of a designated time slot:
- * = 1
- $ = 2
- ! = 3
- @ = 4
- # = 5

Available Slots

j = 10
k = 11
l = 12
m = 13
n = 14
o = 15
p = 16
q = 17
r = 18
s = 19
t = 20
u = 21
v = 22
w = 23
x = 24
y = 25
z = 26

Overbooks

A = 1	R = 18
B = 2	S = 19
C = 3	T = 20
D = 4	U = 21
E = 5	V = 22
F = 6	W = 23
G = 7	X = 24
H = 8	Y = 25
I = 9	Z = 26
J = 10	
K = 11	
L = 12	
M = 13	
N = 14	
O = 15	
P = 16	
Q = 17	

Megabus Monitoring Report

Tuesday, March 22, 2022   1:20 PM

Data Definitions for this report in One Note coming soon.

Until then, please click on the Data Definitions button in the report to read the original Word version of the definitions.

My HealtheVet Dashboard

Tuesday, January 9, 2024   12:20 PM

What's New

2/26/2024: Deployed to User Acceptance Testing

Purpose

The purpose of this report is to report various metrics related to MyHealthEVet Secure Messaging. It combines metrics from the legacy Secure Messaging Reports and adds additional metrics and data elements.

My HealtheVet (MHV) Secure Messaging is the authorized means of electronic communication between Veterans and their Veterans Health Administration (VHA) health care teams.

Secure Messaging is foundational to Veterans Administration (VA) PACT, MyVA and Connected Health. In October 2013, My HealtheVet Coordinator position funding was transferred to each facility. These positions are expected to support the MHV program, however funding and responsibilities vary from full-time to "other duties as assigned."

The Corporate Data Warehouse (CDW) has collaborated with the MHV Program Office and the Office of Information and Technology (OIT) to develop a MHV database hosted on the CDW Microsoft SQL servers. CDW has technical control for the structure and maintenance of this database. The VHA Support Service Center (VSSC) in turn develops and maintains a Microsoft SQL server database for reporting purposes on VSSC hosted servers. The VSSC is responsible for the development and maintenance of a series of MHV reports which are to be used by facilities to assist Veterans in completing the In-Person Authentication (IPA) and Secure Messaging Opt-In processes and assist leadership in monitoring progress toward achieving Secure Messaging goals.

Target Audience

The target audience for the Secure Messaging reports are the site MHV Coordinators and VISN and executives who supervise the MHV Secure Messaging program.

Typical Use of Data

The Secure Messaging Manage Escalations report will allow a facility to see messages which have escalated or are near escalation. Facility staff should verify the status of a message prior to following up with the team as the message may have been completed or responded to after the report update. The report contains links to aid in the follow-up of these messages.

Secure Messaging teams have three (3) federal business days to respond to and manually complete a message. If a message is not completed in three (3) federal business days, the message will then be escalated. The Secure Messaging application has an internal clock that begins tracking the length of time it takes to complete from the point of message arrival. Message completion is not just replying to a patient within the Secure Messaging portal. For a message to be considered complete, the status must be changed to Complete in the application. An example of the internal clock and message flow is provided.

Secure Message Sent By Patient On:	Time/Date Arrival of Escalation Notice in MHV:	Manage Escalations Report	
		Message is NEAR Escalation	Message is Escalated On:

		On:	
Monday	3:02 a.m. Friday	Thursday	Friday
Tuesday	3:02 a.m. Monday	Friday	Monday
Wednesday	3:02 a.m. Tuesday	Monday	Tuesday
Thursday	3:02 a.m. Wednesday	Tuesday	Wednesday
Friday, Saturday or Sunday	3:02 a.m. Thursday	Wednesday	Thursday
Exception to the above Escalation days: Weeks with federal holidays. Calculate weeks with federal holidays accordingly. **NOTE:** The start of the message "clock" is measured by when the message is sent by the patient and **not** when the triage team member opens the message or when the team member or provider is assigned the message. Secure Message "clock" is based on Eastern Time.			

The Triage Team report provides a list of Triage Team members. The report is available as a link from the Manage Escalations report and as an independent report. It can be run by team or facility. The member names contain a link to create an email message.

The Secure Messaging MHV Veteran Engagement report provides patient level contact information including patient name, address, phone and email by VISN and Station. Parameter selectors allow the user to select patients by Primary Care Team, Primary Care Provider, Current MHV Status and by Last SM Message Status (Never Sent a Message, Within Last 180 days, Within Last 1Year, Within Last 2 Years, Sent a Message > 2 Years.) This report exports to Excel as an Excel friendly version to expedite constructing mail merges and Email lists to facilitate sending emails to long lists of email addresses. This report may be used by MHV Coordinators with the proper level of access to export this report to excel or word for mail merge purposes.

Population included in this Product:
The MHV Veteran Engagement report pulls patients who would be included in the facility's Operational Denominator.
Note: The Operational Denominator changed as of 9/8/2016 to include 'checked out' encounters in the past 24 months instead of encounters in the current FY and prior 2 FYs.

Operational denominator:
The Operational Denominator represents any Veterans
currently assigned to a PCMM panel
OR
that have a 'checked out' encounter in the past 24 months
OR
who have a future pending appointment.
Deceased patients and non-veterans are excluded.
This population of patients is used to support veteran engagement efforts.

Element	Criteria
Snapshot Date	A snapshot is the statistics as of a particular date and time. A snapshot is captured daily, weekly, monthly, and each fiscal year. The daily snapshot shows the stats as of the last update (previous day). The daily snapshots are not saved. The weekly, monthly, quarterly and yearly ARE saved.
Operational Denominator	Defines the population included in this report. The denominator is re-calculated daily and may change daily. Patients must meet one of the three criteria. 1. assigned to a PCMM panel **OR** 2. have a 'checked out' encounter in the past 24 months **OR** 3. have a future pending appointment. Deceased patients and non-veterans are excluded. A patient can be included in

| | multiple locations denominators, but are unduplicated as you role up. For instance included in 2 cboc denominators, but only once in the administrative parent, VISN and national.

To see the patients included in your facility's denominator, review the MHV Veteran Engagement report. Select Provider or team to 'All'. The list of patients will include all patients in your operational denominator, except those deactivated. On the MHV Engagement report, summing the unique patients total + the deactivated patients = your operational denominator at the facility level. |
|---|---|
| MHV Statuses | |
| Basic Unmatched or Unregistered Patients | Note: Basic or Unregistered category started in 10/2019. Revised to Basic Unmatched or Unregistered 10/2021.
Patient is in the denominator and does not appear to have a Verified/Premium/Authenticated Acct or an Advanced Acct. |
| Basic Matched Patients | Note: Advanced Patients started in 10/2019. Revised to Basic Matched 10/2021.
Patient is in the denominator and appears to have an Advanced Acct.
(Patient has a valid ICN in the MHV Patient table and having an IPA status that is NOT Authenticated in the MHV IPA table) |
| Verified (formerly called Premium/Authenticated Patients) | Note: This former Authenticated was changed to Premium starting in 10/2019.
Note: This former Premium was changed to Verified starting in 01/2026.
Patient is in the denominator and appears to have an Verified Acct (Patient has a valid ICN in the Patient table and has a Status in the IPA table= 'authenticated') |
| Active Sender Status | |
| Active Unique Senders | Patient is in the denominator and has sent a SM Message in the last 24 months from the Secure_Message table (for any Sender_ID associated with the patient's ICN) |

Report-based Data Dictionary

My HealtheVet Secure Messaging - report - Power BI (powerbigov.us)

Additional Information

Server	vhacdwa01.vha.med.va.gov
Primary Data Sources	• Mhv.Secure_Message • Mhv.Message_Activity • Mhv.User_Profile • Mhv.Patient • Mhv.IPA • Mhv.SMS_User • Mhv.Triage_Group • Mhv.Message_Thread • Mhv.Clinical_Triage_Map • Mhv.SMS_Surrogate • Mhv.Clinical_User_Type • Mhv.Triage_Relation • Mhv.SMClinics_Triage_Map • Appt.Appointment
Update Frequency	Daily
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=6670

Link to VSSC Website Location	VSSC - VHA Support Service Center (va.gov)

Triage Group Type: All group types with escalated or near escalated messages will be displayed. An individual group type can be selected.

Administrative

Care Management and Social Work Services

Dental

Diagnostic Services

Genetics

Geriatrics & Extended Care

Health Promotions, Disease Prevention

Home-Based Primary Care

Mental Health

Other

Pharmacy Benefits Management

Primary Care

Prosthetics and Sensory Aids

Rehab Medicine

Specialty Medicine

Spinal Cord Injury & Disorder

Surgery

TeleHealth

Women Veterans Health Care

Triage Team Name: Each team is assigned a triage group type. The team name determines the triage group type.

Administrative: $ at the end

Care Management and Social Work Services: _SW at the end

Dental: # at the end

Diagnostic Services: = at the end

Genetics: _GENE at the end

Geriatrics and Extended Care: _GERI at the end

Health Promotions, Disease Prevention: _HPDP at the end

Mental Health: % at the end

Pharmacy Benefits Management: _PHARM at the end

Primary Care: **at the beginning

Prosthetics and Sensory Aids: _PROS at the end

Rehabilitative Medicine: ! at the end

Specialty Medicine: @ at the end

Spinal Cord Injury and Disorder: _SCI at the end

Surgery: + at the end

Women Veterans Health Care: _WMS at the end

My HealtheVet Modern Credentials

Wednesday, August 28, 2024   11:20 AM

What's New

08/28/2024: Deployed to User Acceptance Testing (UAT)

Purpose

The purpose of this report is to show whether or not MHV Veteran patients have used a modern credential VA.

Modern Credentials: ID.me and Login.gov

The updated report currently offers a more precise representation of the number of Veterans who may not have used a Modern Credential within the VA system.

Patient Details Report: This report contains sensitive patient information and is designed to assist VISNs and facilities in identifying Veterans who have not yet signed in to VA systems with a modern account (also called "credential" in internal systems): Login.gov or ID.me. To access this dashboard, you must have Social Security number (SSN) access which will also allow you to drill down to Veteran-specific data including email address and names. If you need VSSC SSN access, please complete VA Form 9957 and submit it through your local approval and submission process.

MHV Veterans, No Access as of 3/5/25 (Previously Priority Veterans): This slicing and filtering combination removes traveling Veterans, snowbirds, etc. "Veterans Requiring a Modern Credential…" were derived using the following analysis on the UAT – My Healthevet Modern Credential Dashboard to ensure only Veterans assigned to your VISN's facilities are captured:
- Sliced for the VISN
- Sliced to UsedModernCredential = No
- Sliced to HasDSLogonCredential = No
- Sliced to MHVAcctStatus = Premium
- Filtered to PCFacility =
  - Filter Type = Advanced Filtering
  - Show Items when the value = "is blank"
  - Select Or and set second level
  - Contains = enter VISN number, i.e. V01

This filtering will give you only Veterans enrolled in Primary Care at your facilities and those not enrolled in Primary Care (Blank) but being treated there for Mental Health, Specialty Care, etc.

Premium MHV Veterans, No Modern Credential – MHV Veterans with a Premium account who may or may not have the DS Logon credential, no modern credential and are either assigned to the facility for primary care or receive other services (i.e. mental health, specialty care) at the facility.

Premium MHV Veterans w/DS Logon, No Modern Credential – MHV Veterans with a Premium account who have the DS Logon credential, no modern credential and are either assigned to the facility for primary care or receive other services (i.e. mental health, specialty care) at the facility. The DS Logon credential will retire on September 30, 2025.

	Report Data Elements Data can be filtered by the report column titles.
Veteran Name	Veteran Name
Used Modern Credential	indicates 'Yes' or 'No' to whether or not the patient has a modern credential

Has DS Logon Credential	indicates 'Yes' or 'No' to whether or not the patient has a DS Logon credential
Has MHV Credential	indicates 'Yes' or 'No' to whether or not the patient has a MHV credential
Street Address 1, 2	Veteran Address
City	Veteran City
State	Veteran State
Zip	Veteran Zip
MHV Email	email address from MHV User_Profile
Patient Email	email address from Vista database
Phone	Veteran Phone
Phone Cellular	Veteran Cell Phone
MHV Account Status	current MHV account status-Basic Matched or Premium
Days Since Last Message	indicates the number of days since the patient's last secure message, grouped by the following statuses: --Within Last 180 Days, Within Last 1 Year, Within Last 2 Years, Over 2 Years Ago, Never Sent a Message.
Last Active Date	This represents the most recent active date for Login.gov, ID.me, and DS Logon, as well as the last active date recorded in the MHV database associated with either a 'System' login action or a 'Self-action' performed by the patient.
PC Facility	Current Primary Care Facility

Report-based Data Dictionary

My HealtheVet Modern Credential - report - Power BI (powerbigov.us)

Additional Information

Primary Data Sources	My HealtheVet Secure Messaging Data on A01
Update Frequency	The Modern Credential data is received once a week and updated on Tuesdays
Helpdesk	VSSC Help Desk (va.gov)
Link to VSSC Website Location	VSSC - VHA Support Service Center (va.gov)

National NEAR List - Filled Status

Data Definitions for this report in One Note coming soon.

Until then, please click on the Data Definitions button in the report to read the original Word version of the definitions.

National NEAR List - Pending Summary & Detail Report

Tuesday, March 22, 2022   1:21 PM

Data Definitions for this report in One Note coming soon.

Until then, please click on the Data Definitions button in the report to read the original Word version of the definitions.

No Show Call List

Tuesday, March 22, 2022   1:22 PM

Data Definitions for this report in One Note coming soon.

Until then, please click on the Data Definitions button in the report to read the original Word version of the definitions.

Potential Data Entry Errors

Tuesday, March 22, 2022   1:23 PM

Last Update: 07/27/2018
Most Recent Updates:

Date	Description
07/27/2018	Initial Release
10/31/2018	Revised report to allow users to select domain area(s) for detailed reports
03/15/2019	Data Definitions updated to list reasons within domain areas

Purpose/Rationale:
The Potential Data Entry Errors report displays records in the Corporate Data Warehosue (CDW) that contain dates that may have been entered in error in VistA. Domains checked for data entry errors include appointments, consults, and recall reminders. An example of an error is an appointment with a date time in the year 2108 instead of 2018. This report intended to be a tool to identify and correct possible errors and does not measure performance and may include false positives. False positive records can be ignored.
NSSD SSN access is required to review data on this report.
Typical Use of Data:
Review data for potential errors and take the appropriate steps to correct.
Domain Areas and Reasons Evaluated:
Domain: Appointment
1. Appointment between 8pm and 5am
2. Appointment date time > 2 years from today
3. Appointment patient indicated date (PID) GT 2 years
4. Wait time from patient indicated date (PID) GT 3 years

Domain: Electronic Wait List
1. Patient indicated date (PID) GT 2 years
2. Wait time from patient indicated date (PID) GT 12 months

Domain: Recall Reminder
1. Recall date GT 7 years

Domain: Consult
1. Consult request date > 2 years from today
2. Consult patient indicated date (PID) GT 3 years and not future care consult
3. Consult patient indicated date (PID) GT 5 years

Domain: RTC Order
1. Return to date GT 3 years
Data Source and Description:
The primary data source for VSSC Appointment products is the Corporate Data Warehouse (CDW)
CDWWork.Appt.Appointment
CDWWork.Appt.RecallReminders
CDWWork.Con.Consult
Help Desk:
http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=5037

Potential Lost to Follow-Up

Tuesday, March 22, 2022   1:24 PM

Data Definitions for this report in One Note coming soon.

Until then, please click on the Data Definitions button in the report to read the original Word version of the definitions.

Provider Bookability

Tuesday, March 22, 2022   1:25 PM

What's New

5/24/2024: Removed allocated hours from locations assigned a DSS production that is flagged as not bookable.

4/11/2024: The Bookability by Specialty and Bookability by Facility pages were combined into the Bookability - Matrix page. Bookability by T&L Unit was added.

6/7/2023: Removed Cerner-Site providers from the report.

Frequently Asked Questions (FAQ)

Question	Answer
When exporting to Excel the report is returning an error: Reporting Services Error An internal error occurred on the report server. See the error log for more details. (rsInternalError) An internal error occurred on the report server. See the error log for more details. (rsInternalError)	Unfortunately we have little control over how the export function works. You can try exporting after selecting fewer staff names in the staff name parameter or try using the Export Friendly version linked next to the Specialty/Staff Name table.
Can you update the labor mapping data more frequently.	Unfortunately we do not have access to more current labor mapping data than what you see on the report. The labor mapping data is typically updated around the middle of the month but will lag a few pay periods. Update: Labor Mapping is now updated every two weeks but still may lag a few pay periods.
Appearance is all bookability % are now based solely on prior encounters without regard to grid slots or [clinic location] default providers. Is that true?	Bookable hours are based on future grid slots. Prior encounters are used to determine who to allocate hours to and at what percentage.
How are clinic/appointment cancellations and no shows credited if slots were present but no encounter occurred?	The cancellation of a clinic grid in the future will affect the average weekly allocatable bookable hours until the date has passed. Appointment cancellations and no shows do not affect bookable hours. They may affect the percentage of prior encounters a provider was responsible for if a particular provider cancels/no shows at a significantly higher rate than another provider encountering in the same clinic.
How are encounters credited by providers designated as secondary on the encounter entry?	A provider is "credited" with a visit/encounter if: The visit/encounter is associated with an appointment AND The provider is the primary provider on the encounter OR The provider is the primary or secondary provider on an encounter in a Group location OR The provider is the secondary provider on an encounter and the secondary stop code of the location is 185, 186, or 187
How are PA's (for example) to meet expected mapped bookable hours if they do not have any assigned clinics (ie surgery).	A provider does not need to be the default provider of a location in order to be allocated bookable hours.
A provider has an approved LEAF request but it's not showing on the report.	If a provider has a LEAF request in Approved status, and it was approved prior to the date the LEAF data was last updated, please ensure the Email Address in the NEW PERSON file in VistA matches the provider email address on the LEAF request.
How do I submit a question to IVC.	Bookable Hour & Appointment Length Q&A Database - Power Apps

Purpose

The Provider Bookability report is a supply validation tool based on MCA Labor Mapping and bookable time on a scheduling grids.

Expected bookable hours is based on MCAO Labor Mapping. It is equal to FTE x percent of labor mapping classified as bookable.

Allocated hours is based on the number of hours available in the grid and the ratio of appointment visits the provider is responsible for. Group clinics, regardless of the number of slots, will only allocate hours for the timeframe. For example, a group clinic with 10 slots in the 9am to 10am hour will allocate 1 hour, not 10.

Dimensions/Slicer/Filters

Facility	Health care system where provider is labor mapped.
Division	Division where provider is labor mapped.
Specialty Filter	All Specialties or Core Bookable Specialties. This parameter filters the Specialty parameter to All specialties or just those the Office of Integrated Veterans Care (IVC) has categorized as "core bookable".
Specialty	OPES aggregate specialty or provider type specialization if not classified in OPES data.
Primary Stop Code	The Primary Stop Code of an encounter. This filters the Staff Name parameter to just those staff with at least one encounter in the selected primary stop codes.
"Specialty" Stop Code	The "specialty" stop code is an evaluation of the primary and secondary stop codes. In general the "specialty" stop code will be the primary stop code, unless the primary stop code is generic (147, 324, etc.) in which case the secondary will be the "specialty". Staff aren't directly associated with a stop code. The "specialty" stop code assigned to a staff in the Provider Bookability semantic model is the stop code they have the most visit/encounter time in.
T&L Unit	The T&L unit of a provider as assigned by MCA labor mapping.
At or Above 80% Bookable	N/a, Yes, No N/a indicates the staff has 0 expected bookable hours or an approved LEAF request.
Exclude New Staff New Staff Flag	Yes/No "New" staff are staff who have been in their current Person Class less than 90 days.
PCP Provider	Yes/No This flag is set to Yes if the provider's SSN is in the VSSC PCMM Active Assignment dataset.
CRH Provider Display	Yes/No The provider is classified as a Clinical Resource Hub (CRH) Provider based being labor mapped to an ALBCC ending in HB.
Core Bookable	Yes/No The specialty, based on Person Class (VA Code) is classified as "Core Bookable" per the Office of Veteran Integrated Care (OIVC).
Has Approved LEAF Request	Yes/No The provider has an approved LEAF request.
Has Expected Bookable Hours	Yes/No The Provider has greater than 0 expected bookable hours based on labor mapping.
Staff Name	Staff names that satisfy the parameters criteria.
RNBookabilityFlag	This is set to Yes if the providers VA Code (taxonomy/person class) is V070902 or V070903

Measure Definitions

# Providers	The total number of providers matching the slicer/filter criteria.
FTE Total FTE	FTE as defined by normal or regular pay period hours divided by 80 hours. This is based on the latest MCAO Labor Mapping available in CDW Raw. This is not adjust for leave.

% Bookable ALBCC	The percent of the staff's labor mapping that is flagged as bookable.
	(see Bookable ALBCC for additional information).
Adjusted FTE	FTE * % Bookable ALBCC
Total Patient Care Hours	This is the total hours mapped to direct patient care minus breaks. It can also be considered the 100% bookable hours. For 1 FTE 100% labor mapped to patient care the Total Patient Care Hours will be 37.5 (40 - (FTE * 2.5)).
Bookable Staff	A provider is considered bookable if their expected bookable hours, based on MCA labor mapping, is greater than 0 AND the staff does not have an approved LEAF request.
Min Expected Bookable Hours (80%) (aka Expected Bookable) # Minimum Expected Bookable Hours (80%)	The minimum average hours per week a provider should have bookable on grids. This is based on FTE and MCA labor mapping. Break hours, defined as FTE x 2.5, are removed off the top. For example, 1 FTE 100% patient care labor mapped provider will have a minimum expected bookable of 30 hours (40 - (1 x 2.5) * 0.8).
# Bookable Hours (10%)	Total number of potential bookable hours. Direct clinical patient care labor mapping hours - break hours
Default Provider Bookable Hours	The approximate Location Weekly Bookable Hours for the clinic locations where the provider is assigned as the default provider.
Actual Bookable Hours Staff Allocable Bookable Hours (aka Allocated Bookable)	Location Weekly Bookable Hours * % Provider of Clinic The approximate hours a provider is bookable on VistA grids. This is based on grid capacity and historical encounter volume and is a subset of Location Weekly Bookable Hours. For example: A clinic has approximately 20 bookable hours per week. Over the past 90 (approx.) days the clinic has completed 100 encounters. Over the past 90 (approx.) days Provider A is the provider on 25 of the 100 encounters. Over the past 90 (approx.) days Provider B is the provider on 75 of the 100 encounters. Provider A would be allocated 5 of the 20 bookable hours (20 * 25/100) Provider B would be allocated 15 of the 20 bookable hours (20 * 75/100) A provider with >= 75% of the visits will be allocated 100% of the hours if they are the default provider. A provider with >= 95% of the visits will be allocated 100% of the hours. A provider with 0 visits will be allocated up to 5 hours if they are the default provider.
% Bookable	Allocated Bookable Hours / Total Patient Care Hours
At or Above 80% Bookable	The provider is >= 80% bookable (actual bookable hours / Total Patient Care Hours). n/a indicates the provider has 0 expected bookable hours.
Bookable ALBCC	A providers expected bookable is reduced by the percentage of labor mapping that is classified as "not bookable". Some labor mapping, primarily based on the Production Unit (characters 4 and 5 of the ALBCC) are categorized as admin (00)/research (01)/education (02)/etc. and is flagged as "not bookable" (not expected to be bookable). See appendix A for a list of Production Units (characters 4 and 5 of ALBCC) showing if bookable or not bookable. ALBCCs with FDL splits are categorized as not bookable. ALBCCs ending in ED are classified as Bookable unless the production unit is not bookable or unless ED is preceded by IN (Ex. INED) ALBCCs ending in PA, AW, and IN, INED are classified as not bookable.
% Staff At or Above 80% Bookable	The percent of staff that are at or above 80% bookable.

% Staff At or Above 80% Bookable (bookable staff only)	The percent of staff that are at or above 80% bookable. This excludes staff with approved LEAF exceptions and staff with 0 expected bookable hours.
Total Appt Time (min)	The total appointment time (sum of appointment lengths) of the appointments linked to a checked out visit over the past 60 (approx.) days.
Total Location Appt Visits	The total visits associated with an appointment to the clinic location over the past 60 (approx.) days.
Provider Appt Time (min)	The total appointment time (sum of appointment lengths) of the appointments linked to a checked out visit over the past 60 (approx.) days for the visits where the provider was the primary provider on (or secondary provider if the secondary stop code is 185, 186, 187, 188, or secondary provider if the location is a group clinic).
Provider Appt Visits	The number of visits associated with an appointment the provider was the primary provider on (or secondary provider if the secondary stop code is 185, 186, 187, 188, or secondary provider if the location is a group clinic) over the past 60 (approx.) days. This is a subset of Total Location Appt Visits.
% Provider of Clinic	Provider Appt Time (min) / Total Appt Time (min)
Provider Visits	The number of visits the provider was the primary provider on (or secondary provider if the secondary stop code is 185, 186, 187, 188, or secondary provider if the location is a group clinic) over the past 60 (approx.) days. This is Provider Appt Visits + Add/Edits. Secondary providers on group visits will also be assigned a visit.
Location Weekly Bookable Hours	An approximate of the total hours that are available to book on a grid per week. This is based on the next 90 days of grids. This will be the max bookable week if the average bookable week meets or exceeds 50% of the max. This helps account for holidays, leave, and encourages full grid build-out into the future.
Staff Default Bookable Hours	The sum of the Location Weekly Bookable Hours for the clinics the provider is flagged as the default provider, regardless of the percentage of visits they account for.
Approx. Weekly Visit Hours	The approximate weekly hours actually used in the location.
Slot Utilization	Slots Used / Capacity (total slots)
Has LEAF Exception	A LEAF request has been entered for this provider and the request is in Approved status.
# Compliant	The number of compliant providers. Compliant is defined as the provider is at or above 80% bookable hours or has an approved LEAF request.
% Compliant	# Compliant / # Providers

Other Considerations

1. Locations with CHAR4 CGPH and PACP do not contribute to allocated hours.f
2. Locations with primary stop code 105,108,115,150,151,174,176,178,317,674,999 do not contribute to allocated hours.
3. Locations with secondary stop code 317,474,644,690 do not contribute to allocated hours.

Additional Information

Primary Data Sources	• Dim.Location • Dim.ProviderType • StaffSub.ProviderTypeAssignment • Outpat.Visit • Outpat.VProvider • Sstaff.Sstaff • BISL_Collab.DOEx.ClinicAvailability on vhacdwa01

	• CDWWork.DSS_WF.PaidAndVcnv on vhacdwa06

Update Frequency	Daily
	    • Historical visits
	    • Future grids
	    • Provider type assignment
	
	MCAO Labor mapping
	    ○ This data is updated every two weeks but the most recent pay period available may lag 4-6 weeks
	
	LEAF
	    • As requested (typically once or twice per week)

Helpdesk	https://vssc.med.va.gov/troubleshooter/default.aspx?rampID=4590
Link to VSSC Website Location	VSSC - VHA Support Service Center (va.gov)

Production Unit Bookable Classification

ALBCC Descriptions

MCA
Productio…

ALBCC and
Descriptio…

Core Bookable Specialties:

1. Radium Therapy
2. Addiction Psychiatry
3. Adolescent Medicine
4. Allergy and Immunology
5. Anesthesiology
6. Audiologist
7. Cardiovascular Disease
8. Child and Adolescent Psychiatry
9. Chiropracty
10. Clinical and Laboratory Immunology
11. Clinical Cardiac Electrophysiology
12. Clinical Genetics
13. Clinical Neurophysiology
14. Clinical Nurse Specialist - Mental Health
15. Clinical Nurse Specialist - Primary Care
16. Clinical Nurse Specialist - Specialty Care
17. Colon and Rectal Surgery
18. Counselor
19. Critical Care Medicine
20. Dentist
21. Dermatological Immunology/Diagnostic and Lab Immunology
22. Dermatology
23. Dermatopathology
24. Endocrinology/Diabetes and Metabolism
25. Family Practice
26. Forensic Psychiatry
27. Gastroenterology
28. Genetic Counselor, MS
29. Geriatric Medicine
30. Geriatric Psychiatry
31. Hematology
32. Infectious Disease
33. Internal Medicine
34. Interventional Cardiology
35. Kinesiotherapy
36. Marriage & Family Therapist
37. Medical Oncology
38. Neonatal Perinatal Medicine
39. Nephrology
40. Neurological Surgery
41. Neurology

42. Nurse Practitioner Mental Health
43. Nurse Practitioner Primary Care
44. Nurse Practitioner Specialty Care
45. Obstetrics and Gynecology
46. Occupational Therapist
47. Ophthalmology
48. Optometry
49. Oral & Maxillofacial Surgery
50. Orthopaedic Surgery
51. Other
52. Other (as specified)
53. Other Service
54. Otolaryngology
55. Pain Medicine
56. Pediatrics
57. Pharmacist
58. Pharmacy
59. Pharmacy Service
60. Physical Medicine and Rehabilitation
61. Physical Therapist
62. Physician Assistant - General
63. Physician Assistant - Specialty Care Medical
64. Physician Assistant - Specialty Care Surgical
65. Physician/Osteopath
66. Plastic Surgery
67. Podiatry
68. Psychiatry
69. Psychoanalyst
70. Psychology
71. Public Health and General Preventive Medicine
72. Pulmonary Disease
73. Rehabilitation Practitioner
74. Respiratory, Rehabilitative and Restorative Service
75. Rheumatology
76. Social Worker
77. Specialist
78. Speech Language Pathologist
79. Spinal Cord Injury Medicine
80. Surgery
81. Surgery of the Hand
82. Surgical Critical Care
83. Thoracic Surgery
84. Urology
85. Vascular Surgery

Recall Reminder Dashboard

Tuesday, March 22, 2022   1:26 PM

What's New

Purpose

This dashboard displays data associated with Recall Reminders in VistA.

Dimension/Slicer Definitions (optional)

Measure Definitions

Measure Name	Measure Description
% Open Past Due	The percent of open recall reminders that are past due, defined as having a recall date that is earlier than today.
%Past Due Past Dute > 7 Days	The percent of past due recall reminders that are past due greater than 7 days.
Avg Days From Recall Date To Delete	The average days between the recall date and the date the recall reminder was deleted/removed.
Avg Days Past Due	The average days the past due recalls have been past due.
Closed Recall Reminders	The number of recall reminders that have been closed (deleted/removed).
Open Recall Reminders	The numerb of recall reminders that are currently in open status (not deleted/removed).
Past Due	The number of recall reminders that are past due, define as having a recall date that is earlier than today.
Past Due > 7 Days	The number of recall reminders that have a recall date earlier than 7 days before today.
Recall Reminders	The total number of recall reminders based on the slicing criteria. This can include open, closed, and past due.
Recall Reminder Status	The status of the Recall Reminder (Open or Closed).
Time Group	Predefined time frames that bucket recalls past due and due in the future.
Has Indicator	Has Indicator indicates if the patient has had an appointment in the same location of the recall location on or after the recall date.

Additional Information

Primary Data Sources	• VSSC Consult Cube • CDWWork.Con.ConsultActivity

Update Frequency	Daily
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=6440
Link to VSSC Website Location	
Power BI Server:	Server: vhaausbi25.vha.med.va.gov\as2 Database: VSSC_Access_RecallRemidners

Return to Clinic Orders (CPRS)

Tuesday, March 22, 2022   1:29 PM

Frequently Asked Questions (FAQ)

Question	Answer
How do I disposition an Order in Partial Results status?	This usually happens when the child requests are removed instead of scheduled. The parent request remains in a partial status as the child requests are unresolved. There is no way to get them back once they are removed. This can be resolved via a YourIT ticket. Also, your facility CAC may be able to update them if they have the right access and know how.

Purpose

The purpose of this report is to display data related to the national CPRS Return to Clinic (RTC) Order. Patient level detail of the orders is available via the Display SSN Details parameter. Viewing SSN details requires NSSD SSN access to the selected facility.

A correctly formatted RTC order appears in CPRS on the ORDERS tab with the following text:
"**Return to CLINIC NAME on or around DATE for a total of 1 appointment**
    Prerequisites: Whatever the user selects, Comments.

Other reports in the Return to Clinic Order-based suite of reports are listed below and included in this data definition document.
1. Return to Clinic Order - Open
2. Return to Clinic Order Dashboard

This report displays data associated with the national Return to Clinic (RTC) order. There is no direct link between a CPRS RTC and an Appointment or Recall Reminder. The report displays the first appointment made for the same patient in the RTC location on or after the RTC was entered, regardless of appointment status. If a patient has an open Recall Reminder to the RTC location the recall date is displayed. The appointment and recall reminder displayed may not be associated with the RTC order.
Only stop codes with orders used by the selected facility will appear in the stop code parameter list.
Test patient names on the report may not match the name displayed in VistA.

Data Description:
This data displayed on this report is sourced from the CPRSOrder schema in the CDW. The national RTC is identified using the CLINIC SCHEDULING display group and SD RTC order dialog.
Open orders are typically in Pending status or Partial Results.

Clinic Scheduling orders can have the following statuses on the VSSC Report (For National RTC orders):

- **Pending:** The order will have this status after it is released in CPRS. A pending RTC can indicate that the patient hasn't been scheduled at all, or using the VSGUI software utilizing the RTC request in the VSGUI, or the appointment was scheduled in VistA and not the VSGUI, or the
- **Completed**: The order will have this status after Scheduling has scheduled the RTC request in the VSGUI or dispositioned the order as Scheduled/Assigned using the VSGUI.
- **Discontinued:** The order will have this status if the order is discontinued in CPRS prior to being scheduled in the VSGUI or discontinued by the user in VS GUI when dispositioning a VS GUI RTC request.
- **Partial Results:** When there is a Multibook RTC (MRTC) and some of the appointments aren't scheduled.
- **Cancelled**: Provider can cancel the CPRS RTC order if no longer appropriate.
- **Discontinued:** Provider may discontinue the CPRS RTC order or the CPRS RTC maybe discontinued by a scheduler in VS GUI.
- **Lapsed:** A local facility RTC order that expired before it was scheduled.
- **Expired:** A local facility RTC order that has reached the expiration date that was set up in the local order.

Other order statuses that are associated with LOCAL RTC orders that sites have developed using the Clinic Scheduling Display Group: (Note: This should not happen as sites are not supposed to be using local RTC orders anymore.)

If the details of the Order display:
- **Active:** A local facility RTC order set up in the Clinic Scheduling display group, but doesn't use the SD RTC dialog.   The order will have this status after it is released in CPRS. This order doesn't transfer to the VSGUI software, and must be completed in CPRS. If the scheduler wants to use the VSGUI, the scheduler would have to make an appointment request on the VSGUI, then schedule the appointment, but it will NOT complete the CPRS RTC order.
- **Scheduled:** A local facility RTC order that was scheduled. This status does not exist with a national RTC order because there isn't currently an interface that works from the VSGUI back to CPRS to send the status as scheduled.

Cancelled/Discontinued RTC Orders

The issues currently identified that cause the RTC order to be cancelled are shown below:

Issue	Comments	Example of the Order Text	Mitigation
Comment is greater than 75 characters	The comment prompt has around 75 characters plus special characters	Return to CLINIC NAME on or around DATE for a total of 1 appointment(s) Prerequisites: Appt Duration 60 Minutes Continue with Dr. Smith - Chiropractic & see Dr. Jones for acupuncture & follow-up with nurse	Fix with VistA patches OR*3*483 with SD*5.3* 682 Release approximately November, 2018
RTC Date must be an internal date	RTC order has @ and/or Time in the order	Return to CLINIC NAME on or around (DATE@10:30) for a total of 1 appointment(s)	Currently In-Work – CPRS GUI change, included in CPRS v31b Release around February 2019
RTC Date must be an internal date	RTC order has NOW in the order	Return to CLINIC NAME on or around (NOW) for a total of 1 appointment(s)	Currently In-Work CPRS GUI change, included in CPRS v31b Release around February 2019
An IEN is required as the first piece of Clinic	RTC location is missing in the order	_____on or around DATE for a total of 1 appointment(s) C6	Currently In-Work CPRS GUI change, included in CPRS v31b Release around February 2019
Missing text "on or around" in the RTC order - no cancellation reason given - null	Missing text "on or around" in the RTC order	Return to CLINIC NAME_____ DATE for a total of 1 appointment(s)	VistA patch OR*3*494 under development for this issue
A Multiple Appointment Request must have a numeric Interval	The interval is zero on the RTC order. It should be a number of days.	Return to CLINIC NAME on or around DATE for a total of 2 appointment(s) with a frequency of every 0 day(s)	VistA patch OR*3*494 under development for this issue
Unsigned / unreleased order cancelled by provider	Order was not signed by provider	Still looking at these issues. **These don't require action currently.**	The examples we have reviewed so far are not an issue. They were unsigned orders that were discontinued (cancelled) by the provider.
**Cancelled with no reason listed	All of these orders will have to be reviewed because they don't have a reason that they are cancelled.		Currently In-Work
**Orders that are Auto Discontinued due to an inpatient discharge	The CACs need to add Clinic Scheduling orders as exempt from Discontinuing when discharged	Guidance to CACS is listed below	

Available Reports

This report is displayed as one report with multiple sub-reports available to the user after parameters are selected. After parameters are selected, the report will open to the Summary by Facility main page. Users can use the Document Map navigation pane on the left side of the report to move directly to the other available reports. Below is a listing of the report and considerations for use.

Document Map Report Name	Contents & Considerations for Use
Summary by Facility (Updated daily)	Displays summary of Open/Closed RTC orders in selected timeframe. Users may view VISN totals and all Facilities within the selected VISN. Users must select all facilities to view VISN totals and must select all divisions to view Facility totals.
Summary by Month (Updated daily)	Displays past full month & current month-to-date summary of Open/Closed RTC orders by selected facility in selected timeframe.
Summary by Status (Updated daily)	Displays number of RTC orders by status for the selected timeframe for the selected facilities. Users select the VISN and may select all facilities within the VISN to display VISN totals.

Summary by Division and Stop Code (Updated daily)	Displays summary of Open/Closed RTC orders in selected timeframe by Facility total & listed divisions. Users can click the "+" to expand the selection from Division to Stop code level within that division.
Open Orders by Time Group (Updated on or about 1st & 15th of each month)	Displays a single snapshot of open RTS orders as it existed on the 1st or the 15th of each month. Document map report displays the most recent data update. Users can select *"Click here for more trend reports"* link to view trend chart data or access link to download all snapshot data in datasheet view. This report is intended to show trends over time and is captured for historical storage twice per month only. This report should be used to evaluate trends for timely RTC order closure.
Details (Updated daily)	This report displays SSN-detail reports for RTC orders with an open status. Statuses indicating Open are Active, Partial Results, Pending, and Scheduled. Scheduling an appointment from an RTC order via GUI VSE processes will change the order status to closed. Changes will be reflected in the report within 1-2 days after closed actions are taken at the site.

Dimension Definitions

Table Name	Description
Appointment Made Date	The Date the appointment was made (not the scheduled date of the actual appointment)
ContactType	Method use to contact Veteran - , Mail, Call, Email
CPRS Order Status	Status of the CPRS RTC Order
Entered by Staff /Data Entry Staff Name	Name of the staff who entered the RTC Order
Entered Date	Date the RTC Order was entered
Location - Patient Location	Location/clinic name where RTC order was entered
Location - Return to Location	Name of the location/clinic ordering provider has requested follow-up appointment
Order by Staff	Name of the staff requested the RTC Order
Patient Indicated Date	Request return date of RTC. The Patient Indicated Date (PID) is the date the health care provider and Veteran agree is clinically indicated for care. In the absence of health care provider input, the PID is the Veteran's preferred date. The PID cannot be changed due to capacity or access reasons. NOTE: The PID for a consult must be entered by the referring health care provider in the consult request "Clinically Indicated Date (CID)" field and cannot be changed by the receiving health care provider.
Return Interval	Time between when order was entered to Return PID
RTC (Return to Clinic)	An RTC is a return to clinic order. It is entered in EHR by the health care provider to communicate the need for an episode of care to be scheduled/appointed in one of their clinics. It includes scheduling instructions and the PID/RTC date.
Rurality	The rurality of the patients' geocoded VistA address
Time Group	Time between order was entered till today
NLTFlag	The no later than indicator from the appointment comment. This a guesstimated appointment related to the order.
NoLaterThan	Comes from the RTC Order itself

Measure Definitions

Measure Name	Description
Average Hours to Closed	The number of hours from the order entry date time to the order stop date time. The order stop date time correlates to the time the order was first scheduled or dispositioned in VSE. NOTE: This only shows the average hours to close the orders, but

	dispositioned in VSE. NOTE: This only shows the average hours to close the orders, but for those orders that are still open/pending, it is not counting they are pending already for XXX number of days. This is intended to show how quickly and order is acted on.
Average Number of Days Open	Of the current open orders, the average number of days the orders have been open.
Closed Order	The number of orders in a closed status.
Order with Stop Date	The number of orders with an Order Stop Date Time. This indicates the order was likely scheduled or dispositioned in VSE.
Number of Orders	The total number of orders entered.
Open Order	The number of orders in an open status.
Orders Closed on Same Day	The number of orders where the order stop date time is on the same day as the order entry date.
Percent Closed Orders	The percent of orders in a closed status.
Percent Open Orders	The percent of orders in an open status.
Percent Orders Closed on Same Day	The percent of orders closed on the same day.
Return Interval	This column identifies RTC by Return Intervals. This is for Multiple RTC orders (MRTCs) when the provider enters the number of times the patient should return. Time between when order was entered to Return PID

Additional Information

Primary Data Sources	• CPRSOrder.CPRSOrder • CPRSOrder.OrderAction • CDWWork.Appt.Appointment
Update Frequency	This report is updated daily post CDW processing. Users should be aware that changes made in the VSE GUI/VistA scheduling system will not be reflected on this report until 1-2 days after the change are made. There is no real time report available via VSSC for this data. This report is typically available to users by 0800 ET
Helpdesk	VSSC Help Desk (va.gov)
Link to VSSC Website Location	https://vssc.med.va.gov/VSSCMainApp/products.aspx?PgmArea=42&sub_ID=149
Power BI Server:	Server: vhaausbi25.vha.med.va.gov\as2 Database: VSSC_Access_ReturnToClinicOrders Please note: when creating PowerBI report, measures/values from Return to Clinic Order Table and Return to Clinic Order - Secure cannot be used in the same report. When values from both tables are used in the same report, it will create duplicate results.

Scheduling Access and TMS Completions

Thursday, February 20, 2025   4:10 PM

What's New

02/18/2025: Deployed to User Acceptance Testing (UAT)
04/15/2025: Report made active

Purpose

The purpose of this report is to show staff scheduling menus and completed associated TMS classes

Report-based Data Dictionary

Scheduling Access And TMS Completions - Report - Power BI

Additional Information

Primary Data Sources	CDWWork.Dim.MenuOption CDWWork.Dim.VistaSecurityKey CDWWork.SStaff.SStaff CDWWork.Staff.StaffChangeMod CDWWork.StaffSub.SecondaryMenuOption CDWWork.StaffSub.VistaPermission
Update Frequency	Daily
Helpdesk	Helpdesk Ticket
Link to VSSC Website Location	VSSC - VHA Support Service Center

Scheduling Resource Assessment Report

Tuesday, March 22, 2022   1:31 PM

Data Definitions for this report in One Note coming soon.

Until then, please click on the Data Definitions button in the report to read the original Word version of the definitions.

Staff Activity Dashboard

Wednesday, December 22, 2021   7:32 AM

What's New

FAQs

Question	Answer
I cannot see any data on the Staff Activity Dashboard Request Access	The Staff Activity Dashboard now requires CDW LSV/Local Data Access. To request CDW LSV/Local Data Access please see the link below. https://dvagov.sharepoint.com/sites/OITBISL/LSV
What is the staff name of "AVSConnector,MWV" and "Taskman, proxy user" on this report?	It appears the taskman account is applying the DSC consult factor which is "discontinued consult". This may be an automated job that is discontinuing consults due to some criteria. The avsconnector account is applying the COT consult factor which is "community care appt occurred". This may be automated via HSRM or some other process.
Can I see data farther back than 30 days ago or for the past 6 months?	The Staff Activity Dashboard is limited to a rolling 30 days and there are no plans to increase this date range at the present time.

Purpose

The Staff Activity Dashboard is a tool to provide insight on various activities staff are performing in VistA/CPRS. This report is limited to a rolling 30 days.

Please note:

This report is not intended to be used as a measure of workload or productivity.

Selecting stop code 669 will not result in comprehensive activity related to community care.

Types of Activities

Group	Activity	Description
Appointment	Cancelled by Clinic	The number of appointments indicated as cancelled by clinic.
	Cancelled by Patient	The number of appointments indicated as cancelled by patient.
	Checked In	The number of appointments checked in.
	Made	The number of appointments made. This data comes from the legacy appointment file in VistA.
	Made (VSE)	The number of appointments made via VSE. This data comes from the VSE specific files in VistA. This was added because VSE captures the timestamp of when the appointment made. The legacy appointment table only captures the date. Please note that he count of Made (VSE) may exceed the count of Made due to how Block and Move functions.
	No Show	The number of appointments indicated as no showed.
Consults	Added Comment	The number of consult activities of activity type ADDED COMMENT. This excludes comments added by the consult toolbox.
	Forwarded	The number of consult activities of activity type FORWARDED FROM.
	Scheduled	The number of consult activities of activity type SCHEDULED.
	Cancelled	The number of consult activities of activity type CANCELLED.
	CompleteUpdate	The number of consult activities of activity type COMPLETE/UPDATE.
	Toolbox – C1	The number of consult activities where the consult toolbox factor C1 was used. This corresponds to the consult toolbox inserting the text "C1-first call" into the comment of the consult (first call to veteran).
	Toolbox – C2	The number of consult activities where the consult toolbox factor C2 was used. This corresponds to the consult toolbox inserting the text "C2-second call" into the comment of the consult (first call to veteran).

	Toolbox – C3	The number of consult activities where the consult toolbox factor C3 was used. This corresponds to the consult toolbox inserting the text "C3-third call" into the comment of the consult (third call to veteran).
	Toolbox - C1V	The number of consult activities where the consult toolbox factor C1V was used. This corresponds to the consult toolbox inserting the text "C1V-First VA Contact Attempt" into the comment of the consult.
	Toolbox - C2V	The number of consult activities where the consult toolbox factor C2V was used. This corresponds to the consult toolbox inserting the text "C2V-Second VA Contact Attempt" into the comment of the consult.
	Toolbox - C3V	The number of consult activities where the consult toolbox factor C3 was used. This corresponds to the consult toolbox inserting the text "C3V-Third VA Contact Attempt" into the comment of the consult.
	Toolbox – L1C	The number of consult activities where the consult toolbox factor L1C was used. This corresponds to the consult toolbox inserting the text "L1C-Community Care scheduling letter sent by regular US Mail" into the comment of the consult.
	Toolbox - CC1	The number of consult activities where the consult toolbox factor CC1 was used. This corresponds to the consult toolbox inserting the text "CC1-First CC Contact Attempt" into the comment of the consult.
	Toolbox - CC2	The number of consult activities where the consult toolbox factor CC2 was used. This corresponds to the consult toolbox inserting the text "CC2-Second CC Contact Attempt" into the comment of the consult.
	Toolbox - CC3	The number of consult activities where the consult toolbox factor CC3 was used. This corresponds to the consult toolbox inserting the text "CC1-Third CC Contact Attempt" into the comment of the consult.
	Toolbox – R1	The number of consult activities where the consult toolbox factor R1 was used. This corresponds to the consult toolbox inserting the text "R1-first attempt" into the comment of the consult (first attempt to get records).
	Toolbox – R2	The number of consult activities where the consult toolbox factor R2 was used. This corresponds to the consult toolbox inserting the text "R2-second attempt" into the comment of the consult (second attempt to get records).
	Toolbox – R3	The number of consult activities where the consult toolbox factor R3 was used. This corresponds to the consult toolbox inserting the text "R3-third attempt" into the comment of the consult (third attempt to get records).
	Toolbox – DU	The number of consult activities where the consult toolbox factor DU was used. This corresponds to the consult toolbox inserting the text "DU-Documents uploaded" into the comment of the consult.
	Toolbox - COT	The number of consult activities where the consult toolbox factor CPT was used. This corresponds to the consult toolbox inserting the text "COT-Community care appointment has occurred" into the comment of the consult.
	Toolbox – Other	All other consult toolbox usage.
	Consult Toolbox - Distinct Usage	The distinct times the consult toolbox was used, regardless of how many factors were selected.
	Non CTB Activity	The number of consult activities that were not generated by the Consult Toolbox.
Recall	Entered	The number of recall reminders entered.
	Removed	The number of recall reminders removed.
RTC	Closed Order	The number of return to clinic orders closed (scheduled/cancelled/discontinued).
TIU (Text Integration Utility - CPRS Notes)	Addendum	The number of TIU addendums entered.
	Entered	The number of TIU notes entered. Does not include addendums.
	Signed	The number of TIU notes signed. Does include addendums.

Dimensions

Name	Description
Clinical Workload Staff	Yes or No Yes = the staff is listed as a primary or secondary provider of an encounter during the past 14 days. The intent of this dimensions is to group clinician's vs non clinicians.
System Of Care	VA Care or Community Care. Community Care =

Complete list of Consult Toolbox Factors:

ConsultFactorType	SearchString	ConsultFactorText	Active
	%CTA-Consult type assigned:%	CTA-Consult type assigned:	1
Missing	*Missing*	*Missing*	*
Unknown at this time	*Unknown at this time*	*Unknown at this time*	*
A1-	%A1-Accept consult%	A1-Accept consult, schedule within 1 week, (OK to overbook).	1
A1M	%A1M-Accept consult%	A1M-Accept consult, schedule within 1 month (OK to overbook).	1
A2-	%A2-Accept consult%	A2-Accept consult, schedule within 2 weeks, (OK to overbook).	1
AAR	%AAR-Approved as Requested above%	Approved as Requested (SAR)	1
AB-	%AB-Address bad%	AB-Address bad or no address on file, unable to contact by letter.	1
AC-	%AC-Accept consult%	AC-Accept consult, schedule routine appointment.	1
ACC	%Admin Screening Care Coordination:%	Admin Screening Care Coordination	1
ACC	%CLA-Admin Care Coordination Level:%	CLA-Admin Care Coordination Level:	1
ACF	%ACF-Community care approved under Choice First%	Community care approved under Choice First.	1
ACN	%ACN-Administratively closed without records%	ACN-Administratively closed without records	1
ADT	%ADT-Accept consult, schedule on%	Accept Consult, schedule on MM/DD/YYYY, ok to overbook	1
AEV	%AEV-Administrative Eligibility verified%	Administrative Eligibility verified.	1
AFD	%AFD-DST Forward to:%	AFD-DST Forward To:	1
AFU	%AFU-Authorize%	AFU-Total Authorized Units/Visits:	1
ALR	%ALR-Alert sent to:%	Alert Sent to: nameofperson	1
ANV	%ANV-Community care approved under NVCC%	Community care approved under NVCC.	1
AOK	%AOK-Mailing Address Confirmed%	AOK-Mailing Address Confirmed	1
APP	%APP-Consult Approved%	DoD Consult Approved	1
ARD	%ARD-Appointment Request Date:%	ARD-Appointment Request Date	1
AS-	%AS-Accept consult%	AS-Accept consult, see scheduling order for scheduling instructions.	1
ASD	%ASD-Community Care Appointment scheduled date:%	ASD-Community Care Appointment scheduled date:	1
BRF	%BRF-Patient record flag%	BRF-Patient record flag:	1
BST	%BST-Verified best%	BST-Verified best Contact Number:	1
BVP	%BVP-Basis for Veteran%	BVP-Basis for Veteran Preference:	1
C1-	%C1-First call to %	C1-First call to Veteran:	1
C1C	%C1C-First call to Veteran%	C1C-First call to Veteran:	1
C1V	%C1V-First VA Contact Attempt%	C1V-First VA Contact Attempt	1
C2-	%C2-Second call to %	C2-Second call to Veteran:	1
C2C	%C2C-Second call to Veteran%	C2C-Second call to Veteran:	1
C2V	%C2V-Second VA Contact Attempt%	C2V-Second VA Contact Attempt	1
C3-	%C3-Third call%	C3-Third call or more to Veteran:	1
C3-	%C3-Third or subsequent call%	Third or subsequent call to Veteran(unsuccessful scheduling)	1
C3-	%C3-Third or additional call%	Third or additional call to veteran, unable to schedule.	1
C3C	%C3C-Third or subsequent call to Veteran%	Comm Care Third or subseq. Call to Veteran	1
C3C	%C3C-Third call%	C3C-Third call or more to Veteran: {detail}	1
C3V	%C3V-Third VA Contact Attempt%	C3V-Third VA Contact Attempt	1
C4V	%C4V-Fourth or more VA Contact Attempt:%	C4V-Fourth or more VA Contact Attempt:	1
C6E	%C6E-Veteran is eligible for C6%	C6E-Veteran is eligible for C6 program. (future)	1
C6M	%C6M-Site has MOU with C6%	C6M-Site has MOU with C6 (future)	1
C6P	%C6P-C6 is managing care%	C6P-C6 is managing care (future)	1
CA-	%CA-Clinically Appropriate%	Clinically Appropriate to wait for the scheduled appointment.	1
CA1	%CA1-Consult has been reviewed%	CA1-Consult has been reviewed for clinical appropriateness:	1
CAD	%no match%	Vista cancellation for Administrative reason	1
CAL	%CAL-Clinically appropriate location for this consult:%	CAL-Clinically appropriate location for this consult:	1
CAM	%CAM-Clinically appropriate modality:%	CAM-Clinically appropriate modality:	1
CAP	%CAP-CC approved:%	CAP-CC approved:	1
CAP	%CAP-Community Care Approved, Program:%	Community care approved for specified program.	1
CAP	%CCA-Community Care Approved%	Community care approved for specified program.	1
CAS	%CAS-Consult accepted for scheduling%	CAS-Consult accepted for scheduling from UTS List	1
CAT	%CAT-SEOC CoC%	CAT-SEOC CoC:	1
CAT	%CAT-Category of Care:%	CAT-Category of Care:	1
CB-	%C1-First call to Veteran: Veteran wants to call back%	C1-First call to Veteran: Veteran wants to call back	1
CB-	%C2-Second call to Veteran: Veteran wants to call back%	C2-Second call to Veteran: Veteran wants to call back	1
CB-	%C3-Third or more call to Veteran: Veteran wants to call back%	C3-Third or more call to Veteran: Veteran wants to call back	1

CB-	%CB-Patient contacted but pt%	CB-Patient contacted but pt will call back to schedule later.	1
CBD	%CBD-Care authorization expires%	CBD-Care authorization expires on	1
CC1	%CC1-First CC Contact Attempt%	CC1-First CC Contact Attempt	1
CC2	%CC2-Second CC Contact Attempt%	CC2-Second CC Contact Attempt	1
CC3	%CC3-Third CC Contact Attempt%	CC3-Third CC Contact Attempt	1
CC4	%CC4-Fourth or more CC Contact Attempt%	CC4-Fourth or more CC Contact Attempt:	1
CCA	%CCA-A community care appt%	A community care appt has been scheduled.	1
CCC	%COA-Veteran Cancelled community%	Community Care Cancelled by Patient	1
CCD	%CCD-Community Care Appointment Date%	Community Care Appointment Date:	1
CCE	%CCE-CC Eligibility Status:%	CCE-CC Eligibility Status:	1
CCH	%CCH-CC scheduling%	CCH-CC scheduling to be performed by:	1
CCH	%CCH-Community Care Appt Scheduling%	Community Care Appt Scheduling to be handled by:	1
CCL	%cancelled by the Clinic%	Vista Cancelled by Clinic	1
CCM	%Care Coordination Level manually set%	Care Coordination was manually Set	1
CCO	%CCO-Care Coordination Time Spent%	Care Coordination Time Spent:	1
CCP	%COA-Community Care provider cancelled%	Community Care Cancelled by Clinic	1
CCR	%CCP-Community Care Provider%	Community Care Provider:	1
CCR	%CCR-Community Care Provider%	Community Care Provider:	1
CCS	%CCS-Community Care Appointment has been%	Community Care Appointment has been Scheduled	1
CED	%CCE-CC Eligibility%	CCE-CC Eligibility Status:	1
CER	%CER-Clinical evaluation of RFS%	CER-Clinical evaluation of RFS:	1
CEV	%CEV-Choice Eligibilty Verified%	Choice Eligibilty Verified.	1
CEV	%CEV-Basic Choice Eligibilty Verified%	Choice Eligibilty Verified.	1
CHD	%CHD-Community Provider declines%	Contractor Not Used: Community Provider declines Choice Network participation.	1
CHD	%CHD-Community Provider declines Choice%	CHD-Community Provider declines Choice Network participation	1
CHN	%CHN-Network Provider not accepting Choice%	Network Provider not accepting Choice patients	1
CHN	%CHN-Network Provider not accepting Choice%	Contractor Not Used: Network Provider not accepting Choice, patients.	1
CHU	%CHU-Choice Provider unable%	Contractor Not Used: Choice Provider unable to schedule within CID (Urgency)	1
CHU	%CHU-Choice Provider unable to schedule%	Choice Provider unable to schedule within CID (Urgency)	1
CHV	%CHV-Veteran declined appointment due to%	Veteran declined appointment due to date/time/distance	1
CHV	%CHV-Veteran declined appointment%	Contractor Not Used: Veteran declined appointment due to date/time/distance.	1
CID	%no match%	Prior CID=FactorData after Edit/Resubmit	1
CLA	%CLA-Admin Screening Care Coordination%	CLA-Admin Care Coordination Level:	1
CLC	%CLC-Clinical Care Coordination Level:%	Clinical Care Coordination Level:	1
CLV	%Clinical Triage Care Coordination:%	Clinical Triage Care Coordination:	1
CMP	no match	Completed Consult	1
CNC	no match	Consult Cancelled	1
CNS	%COA-Veteran was No-Show %	Community Care Veteran No Show for Appt	1
COC	%COC-Community care appointment occurred, per patient%	Community care appointment occurred, per patient (awaiting confirmation).	1
COI	%COI-Veteran OPT-IN%	Veteran OPT-IN for choice.	1
COM	%COM-Additional Comments:%	COM-Additional Comments:	1
COO	%COO-Veteran OPT-OUT%	Veteran OPT-OUT for choice.	1
COR	%COR-Community care appointment occurred, records received%	Community care appointment occurred, records received.	1
COT	%COT-Community care appointment occurred, per TPA%	COT-Community care appointment occurred, per TPA portal, awaiting records.	1
COT	%COC-Community care appointment occurred, per patient%	Community care appointment occurred, per patient (awaiting confirmation).	1
COT	%COT-CC appointment has occurred%	COT-CC appointment has occurred, waiting for records:	1
CP1	%CP1-Cancelled by patient, first%	Cancelled by patient, first missed appointment.	1
CP2	%CP2-Cancelled by patient, second%	Cancelled by patient, second missed appointment.	1
CPD	%CPD-RFS date submitted by community provider:%	CPD-RFS date submitted by community provider	
CPO	%CPO-Is Community Provider Order applicable for this referral:%	CPO-Is Community Provider Order applicable for this referral	
CPP	%CPP-Consult ready for CPP Referral%	Consult ready for CPP Referral	1
CPT	%cancelled by the Patient%	Vista Cancelled by Patient	1
CRA	%CRA-Requested care is clinically appropriate:%	CRA-Requested care is clinically appropriate:	1
CRC	%CRC-Canceled CC consult%	CRC-Canceled CC consult:	1
CRG	%CRG-Canceled GEC consult:%	CRG-Canceled GEC consult	1
CRM	%CRM-Clinical Review Method%	Clinical Review Method:	1
CRV	%CRV-Canceled VA Consult%	CRV-Canceled VA Consult:	1
CSC	%CSC-Consult stop code:%	CSC-Consult stop code:	1
CSN	%CSN-Clinical Service:%	CSN-Clinical Service:	1

CST	%CST-Consult service type:%	CST-Consult service type:	1
CTC	%CLC-Clinical Care Coordination%	Clinical Triage completed	1
CTC	%Clinical Triage: Complete%	Clinical Triage: Complete	1
CTN	%Clinical Triage: Not Required%	Clinical Triage: Not Required	1
CTR	%Clinical Triage: Required%	Clinical Triage: Required	1
CU-	%CU-Patient states%	Patient states that they have an appointment scheduled through the Veterans Choice program, however there is no documentation to this effect in the consult.	1
CUR	%CUR-CTB User Role:%	CUR-CTB User Role:	1
CV1	%CV1-COVID-19 Priority 1%	CV1-COVID-19 Priority 1: Proceed with scheduling	1
CV2	%CV2-COVID-19 Priority 2%	CV2-COVID-19 Priority 2: Schedule after clinical review	1
CV3	%CV3-COVID-19 Priority 3%	CV3-COVID-19 Priority 3: Schedule per local department policy	1
CV4	%CV4-COVID-19 Priority 4%	CV4-COVID-19 Priority 4: Schedule per local department policy	1
CVA	%CVA-Accept new consult%	CVA-Accept new consult	1
CVE	%CVE-Complete via eConsult%	CVE-Complete via eConsult:	1
DAF	%DAF-DST Forwarding:%	DAF-DST Forwarding:	1
DCA	%DCA-DST CC Best Interest of Vet:%	DCA-DST CC Best Interest of Vet:	1
DCB	%DCB-DST CC Best Interest of Vet:%	DST CC Best Interest of Vet:	1
DCC	%DCC-DST CC eligibility: No clinic appts available%	DST CC eligibility: No clinic appts available	1
DCD	%DCD-DST CC eligibility: DRIVE TIME%	DST CC eligibility: DRIVE TIME	1
DCF	%DCF-DST CC Best Interest of Vet:%	DST CC Best Interest of Vet:	1
DCG	%DCG-DST CC eligibility: GRANDFATHERED%	DCG-DST CC eligibility: GRANDFATHERED	1
DCH	%DCH-DST CC eligibility: HARDSHIP%	DST CC eligibility: HARDSHIP	1
DCI	%DCI-DST CC Best Interest of Vet:%	DST CC Best Interest of Vet:	1
DCO	%DCO-DST CC Best Interest of Vet:%	DCO-DST CC Best Interest of Vet:	1
DCP	%DCP-DoD Consult Present%	DoD Consult Present	1
DCQ	%DCQ-DST CC Best Interest of Vet:%	DST CC Best Interest of Vet:	1
DCR	%DCR-DST CC Best Interest of Vet:%	DST CC Best Interest of Vet:	1
DCS	%DCS-Discuss with clinical staff%	DSC-Discuss with clinical staff if no appt within wait time standard	1
DCS	%DCS -Discuss with clinical staff%	DSC-Discuss with clinical staff if no appt within wait time standard	1
DCS	%DCS - if no apt within 30 days Discuss%	If no apt within 30 days Discuss with clinical staff	1
DCT	%DCT-DST CC Best Interest of Vet:%	DST CC Best Interest of Vet:	1
DCV	%DCV-DST CC eligibility: No FULL-SVC VHA FACILITY%	DST CC eligibility: NO FULL-SVC VHA FACILITY	1
DCX	%DCX-DST Service not offered within%	DST Service not offered within search radius	1
DDD	%DDD-RFS DOA Decision Date%	DDD-RFS DOA Decision Date	
DDF	%DDF-DoD facility%	DDF-DoD facility contacted to request care:	1
DDO	%DDO-DOS Outside of Approved EOC%	DoD Date of Svc Outside of Approved EOC	1
DDS	%DDS-RFS Sent for DOA Review%	DDS-RFS Sent for DOA Review:	1
DDU	%DDU-DoD Urgency%	DDU-DoD Urgency:	1
DEC	%DEC-Veteran declines/does not want%	Patient declines/refuses-does not want appointment. Please submit new consult if patient agrees to care.	1
DIS	%DIS-Reason%	Disapprove Reason	1
DLA	%DLA-Delegation of Auth.: Administrative%	Delegation of Auth.: Administrative	1
DLA	%DLA-DOAMS List reviewed:%	DLA-DOAMS List reviewed: Does not require clinical review	1
DLC	%DLC-DOAMS List reviewed:%	DLC-DOAMS List reviewed: Clinical review required	1
DLC	%DLC-Delegation of Auth.: Clinical%	Delegation of Auth.: Clinical	1
DLS	%DLS-Date letter sent:%	DLS-Date letter sent:	1
DNC	%DNC-Non DoD consult present%	Non DoD consult present	1
DNF	%DNF-DST No VHA facilities within search radius%	DST No VHA facilities within search radius	1
DNP	%DNP-DoD Consult Not Present%	DoD Consult Not Present	1
DNY	%DNY-Community Care care request disapproved%	Request for community care is disapproved.	1
DOK	%DOK-OK to leave appt. details with%	DOK-OK to leave appt. details with:	1
DOR	%DOR-RFS supporting documentation reviewed%	DOR-RFS supporting documentation reviewed	
DP	%DP-Scheduling plans discussed with ordering provider%	DP-Scheduling plans discussed with ordering provider	1
DP-	%DP-Scheduling plans discussed%	DP-Scheduling plans discussed with ordering provider.	1
DRR	%DRR-Date community care records received%	DRR-Date community care records received:	1
DRS	%DRS-Date community care records sent%	DRS-Date community care records sent for scanning:	1
DSC	no match	Discontinued Consult	1
DSF	%DSF-Documents sent via fax%	Documents sent via fax to community care provider.	1
DSO	no match	Disassociate Report	1
DSP	%DSP-DST data saved prior to signing%	DSP-DST data saved prior to signing consult	1
DSR	%DSR-RFS date Scanned:%	DSR-RFS date Scanned:	1
DST	%DST-DST ID:%	DST-DST ID:	1
DT1	%DT1-Veteran First Day%	DT1-Veteran First Day Preference:	1

DT1	%DTE-Veteran's Day/Date Preference:%	DTE-Veteran's Day/Date Preference:	1
DT2	%DT2-Veteran Second Day%	DT2-Veteran Second Day Preference:	1
DT3	%DT3-Veteran Third Day%	DT3-Veteran Third Day Preference:	1
DTE	%DTE-Veteran's Day/Date Preference:%	DTE-Veteran's Day/Date Preference:	1
DTP	%DTP-Appointment day-time preference: No preference%	DTP-Appointment day-time preference: No preference	1
DU-	%DU-Documents uploaded%	DU-Document Uploaded to HSRM	1
DUP	%DUP-Duplicate Request%	Duplicate Request.	1
DVE	%DVE-DST%	DVE-DST Vista Error:	1
E90	%EWL-No appointment within 90 days%	No appointment within 90 days	1
EDC	%EDC-Established patient%	Established patient, follow-up appointment has been scheduled.	1
EEF	%EEF-Extra scheduling effort%	EEF-Extra scheduling effort:	1
ENV	%ENV-Environmental factors:%	Environmental factors:	1
ERS	no match	Edit/Resubmit	1
EST	%EST-Established patient%	EST-Established patient, schedule appointment then cancel consult	1
EWL	%EWL-On EWL or awaiting CHOICE%	On EWL or awaiting CHOICE. Pt added to Electronic Wait List, no available appt w/in 90 days.	1
EXP	%EXP-Patient has expired%	Patient has expired.	1
FDX	%FDX-Veteran has an active Third Party%	FDX-Veteran has an active Third Party Release on file.	1
FSE	%FSE-Failed mandated scheduling effort%	Failed mandated scheduling effort (multiple missed/cancelled appts. or patient did not respond to mandated scheduling effort). Consult discontinued, per VA consult management policy. Please submit a new request if care is still desired and patient agrees	1
FUD	%FUD-Community Care Appointment scheduled/re-scheduled%	FUD-Community Care Appointment scheduled/re-scheduled	1
FUV	%FUV-Follow up communication with provider/vendor to check on status%	FUV-Follow up communication with provider/vendor to check on status	1
FUV	%FUV-Follow up call made%	FUV-Follow up call made to provider/vendor to check on status.	1
FWD	no match	FORWARDED FROM	1
FWR	no match	FWD TO REMOTE SERVICE	1
GAP	%GAP-CC approved:%	GAP-CC approved	1
GAS	%GAS-GEC consult removed from UTS List%	GAS-GEC consult removed from UTS List	1
GDR	%GDR-GEC DOA Review%	GDR-GEC DOA Review:	1
GEO	%GEO-Geographical challenges:%	Geographical challenges:	1
GRM	%GRM-GEC referral will be managed using HSRM:%	GRM-GEC referral will be managed using HSRM:	1
GVM	%GVM-Guideline Review Method:%	Guideline Method used for approval	1
GVM	%GVM-Clinical Review Method:%	GVM-Clinical Review Method:	1
HAR	%HAR-Hardship request approved%	HAR-Hardship request approved by COS or designee:	1
HDL	%HDL-Hardship decision letter sent%	HDL-Hardship decision letter sent to Veteran:	1
HDR	%HDR-Hardship request disapproved%	HDR-Hardship request disapproved by COS or designee	1
HEC	%HEC-Presumed eligible, HEC%	Presumed eligible, HEC Update Pending.	1
HEC	%HEC-Pending HEC update:%	HEC-Pending HEC update:	1
HR-	%HR-High risk consult%	HR-High risk consult, continue trying to schedule after mandated effort	1
HSM	%HSM-CCP%	HSM-CCP-	1
HSR	%HSR-Consult ready for HSRM Referral%	Consult ready for HSRM Referral	1
IAV	%IAV-Veteran informed%	IAV-Veteran informed of appt via:	1
ICR	%ICR-Initiate Community Care Referral%	ICR-Initiate Community Care Referral	1
INC	no match	INCOMPLETE RPT	1
INF	%INF-Veteran informed of eligi%	INF-Veteran informed of eligibility, referral and approval.	1
INF	%INF-Veteran informed of Community Care eligibility%	INF-Veteran informed of Community Care eligibility	1
L1-	%L1-Unable to schedule%	L1-Unable to contact letter sent by mail to Veteran.	1
L1-	%L1-Unable to contact%	L1-Unable to contact letter sent by mail to Veteran.	1
L1-	%L1-Letter sent%	Letter sent to patient.	1
L1C	%L1C-Community Care unable to contact letter%	L1C-Community Care unable to contact letter sent by Mail.	1
LC-	%LC-Above letter sent by Certified Mail%	LC-Above letter sent by Certified Mail.	1
LC-	%LC-Certified letter sent%	Certified letter sent to patient regarding scheduling.	1
LCC	%LCC-Above letter sent by Certified Mail%	LCC-Above letter sent by Certified Mail.	1
LDT	%LDT-Shortest average drive time (min):%	Shortest average drive time (min):	1
LM-	%LM-Left message on voice mail%	Left message on voice mail.	1
LMF	%LMF-Left message with family member%	Left message with family member.	1
LR-	%LR-Low risk clinic%	LR-Low risk clinic/consult, may cancel after 1 missed appointment	1
LSV	%LSV-Letters sent to Veteran:%	LSV-Letters sent to Veteran:	1
MA1	%MA1-First missed CC Appointment:%	MA1-First missed CC Appointment:	1
MA2	%MA2-Second missed CC Appointment:%	MA2-Second missed CC Appointment:	1
MA3	%MA3-Third or more missed%	Third or more missed appointments.	1

MAT	%MAT-Approved obstetric service%	Approval for maternity care	1
ME-	%ME-May discontinue%	May discontinue if patient cancels/no-shows twice or fails to respond to mandated scheduling effort.	1
ME-	%ME-May cancel%	ME-May cancel if Veteran fails to respond to mandated scheduling effort	1
MED	%MED-Medical condition:%	Medical condition:	1
MFU	%MFU-Follow up call%	Follow up call made to veteran while on wait list to confirm wait list status.	1
MIE	%MIE-Explanation of BMI - OTHER:%	Explanation of BMI - OTHER:	1
MLD	%MLD-Appt modality discussed with Veteran:%	MLD-Appt modality discussed with Veteran:	1
MLS	%MLS-Willing to travel up to (miles):%	MLS-Willing to travel up to (miles):	1
MOK	%MOK-OK to leave appt. details%	MOK-OK to leave appt. details on voice mail.	1
MSC	%no match%	Scheduled but not from VistA	1
NAA	%NAA-Next available appointment:%	NAA-Next available appointment:	1
NAA	%NAA-Next avail clinic appt:%	Next avail clinic appt:	1
NAE	%NAE-Not administratively eligible.%	Not administratively eligible.	1
NAP	%NAP-Consult Not Approved%	DoD Consult Not Approved	1
NEL	%NEL-Patient does not meet eligibility%	Patient does not meet eligibility requirements.	1
NET	%NET-No earlier than date:%	No earlier than date:	1
NLT	%NLT-No later than date:%	No later than date:	1
NN-	%NN-Care is no longer needed%	Care is no longer needed.	1
NNA	no match	NEW NOTE ADDED	1
NOS	%NOS-VA facility does not provide%	VA facility does not provide the required service	1
NR-	%NR-No records%	No records received after three attempts.	1
NRD	%NRD-Requesting provider notified%	NRD-Requesting provider notified of RFS decision:	1
NRL	%NRL-RFS decision sent to Veteran and CC Provider%	NRL-RFS decision sent to Veteran and CC Provider	
NS1	%NS1-No Show, first%	No Show, first missed appointment.	1
NS2	%NS2-No Show, second%	No Show, second missed appointment.	1
NSH	%was a No-Show.%	Vista Patient was a No-Show	1
NVA	%NVA-The care will be provided%	The care will be provided through a Community Care Consult.	1
NVD	%NVD-Community Care disapproved%	Community Care disapproved.	1
NVD	%NVD-Non-VA Care disapproved%	Non-VA Care disapproved.	1
NVN	%NVN-Community Care are not needed%	Community Care not needed, care provided by VA appointment.	1
NVN	%NVN-Non-VA care not needed%	Non-VA care not needed, care provided by VA appointment.	1
NXC	%NXC-Not eligible for Choice.%	Not eligible for Choice.	1
OCC	%OCC - Ok to send to Community Care%	Ok to send to Community Care if no apt within wait time standard	1
OCC	%OCC-Ok to send to Community Care%	OCC-OK to send to Community Care if no appt within wait time standard	1
ODC	%ODC-Other discontinuation%	Other discontinuation reason:	1
ODV	%ODV-All available appointment options discussed with Veteran%	ODV-All available appointment options discussed with Veteran	1
ODV	%ODV-All available appointment options discussed and offered to Veteran%	ODV-All available appointment options discussed and offered to Veteran	1
OTH	%no match%	Vista cancellation for other reason	1
OTP	%OTP-Veteran OK to see other%	OTP-Veteran OK to see other than Preferred Provider:	1
P30	%P30-Procedure scheduled greater than 30 days%	Procedure scheduled greater than 30 days from PID	1
PAC	%PAC - Provider was contacted for Alternate Plan of Care%	Provider was contacted for Alternate Plan of Care	1
PB-	%PB-Phone contact number bad%	PB-Phone contact number bad/incorrect or disconnected.	1
PFP	%PFP-Veteran's Preferred Provider%	PFP-Veteran's Preferred Provider	1
PID	%PID-Patient Indicated Date:%	PID-Patient Indicated Date	1
PKT	%PKT-Referral Packet mailed to veteran%	Referral Packet mailed to veteran.	1
PMO	%PMO-Preferred modality%	PMO-Preferred modality for this consult:	1
PMV	%PMV-Preferred modality%	PMV-Preferred modality for this consult:	1
PPP	%PPP-Veteran expressed preference%	PPP-Veteran expressed preference for specific community provider(s):	1
PRA	%PRA-Community Care Provider has%	Community Care Provider has accepted referral	1
PRC	%Procedure: %	Procedure(s) Approved for Community Care	1
PRD	%PRD-Procedure:%	Procedure Requested	1
PRF	%PRF-Preferred notification method%	PRF-Preferred notification method:	1
PRQ	%PRQ-Provider requires records to review prior to scheduling.%	PRQ-Provider requires records to review prior to scheduling.	1
PRX	No match	Free texted priority	1
PSP	%PSP-Veteran's Scheduled Provider%	PSP-Veteran's Scheduled Provder	1
PSS	%PSS-Scheduling support:%	PSS-Scheduling support:	1
PVT	%PVT-Patient decline%	Patient declines/refuses-going to private provider outside VA care.	1
PWA	%PWA-Prework acceptable for consult triage%	Prework acceptable for consult triage:	1

R1-	%R1-First attempt%	R1-First attempt to get records from community care.	1
R1-	%R1- First attempt%	First attempt to get records from community care.	1
R2-	%R2-Second attempt%	R2-Second attempt to get records from community care.	1
R3-	%R3-3rd attempt%	3rd attempt to get records from community care.	1
R3-	%R3-Third attempt to get%	R3-Third attempt to get records from community care.	1
R3-	%R3- 3rd attempt%	3rd attempt to get records from community care	1
RAC	%RAC-Refer to clinical reviewer for administrative%	Refer to clinical reviewer for administrative completion.	1
RAC	%RAC-Refer to Clinical Care Coordinator%	RAC-Refer to Clinical Care Coordinator.	1
RCF	%RCF-Received 7332 signed%	RCF-Received 7332 signed ROI Form, ready to schedule.	1
RCR	%RCR-Refer to clinical%	RCR-Refer to clinical reviewer for disposition after unsuccessful scheduling effort	1
RCT	%RCT-Referral Coordination Team Member%	Referral Coordination Team Member	1
RCV	%RCV-Returned from CC Vendor:%	RCV-Returned from CC Vendor:	1
RDR	%RDR-RFS Date Received%	RDR-RFS Date Received:	1
RDS	%RDS-RFS sent for scanning%	RDS-RFS sent for scanning:	1
REC	no match	Receive Consult	1
REF	%REF-Veteran declined/refused-does not want appointment%	Veteran declined/refused-does not want appointment.	1
REF	%REF-Veteran refuses Community Care appointment%	Veteran refuses Community Care appointment.	1
REF	%REF-Patient refuse%	Patient refuses non-VA appointment.	1
REL	%REL-Veteran has a signed ROI%	REL-Veteran has a signed ROI for 7332 conditions on file.	1
RFA	%RFA-CC Appt annotated on RFS:%	RFA-CC Appt annotated on RFS:	1
RFC	%RFC-Patient declined/refused%	Patient declined/refused community care.	1
RFP	%RFP-CC referral not processed%	RFP-CC referral not processed:	1
RFS	%RFS-Request for Service%	RFS-Request for Service	1
RFV	%RFV-Returned from vendor%	Referral returned from community care vendor.	1
RNO	%RNO-Referral Number:%	RNO-Referral Number:	1
ROI	%ROI-Mailed 7332 ROI Form to enable this%	Mailed 7332 ROI Form to enable this referral to proceed.	1
RP-	%RP-Referred to provider%	Referred to provider for disposition after unsuccessful scheduling effort.	1
RP-	%Refer to clinical reviewer for disposition%	Referred to provider for disposition after unsuccessful scheduling effort.	1
RP-	%RCR-Refer to clinical%	Referred to provider for disposition after unsuccessful scheduling effort.	1
RPN	%RPN-Previous RFS Progress Notes Reviewed%	RPN-Previous RFS Progress Notes Reviewed	1
RPR	%RPR-Consult is related to previous referral%	RPR-Consult is related to previous referral, UCID:	1
RR-	%RR-Records%	RR-Records from community care provider received	1
RRD	%RRD-RFS details%	RRD-RFS details of what was requested:	1
RRH	%RRH-Records Received via:%	RRH-Records Received via:	1
RRM	%RRM-RFS Clinical Review Method:%	RRM-RFS Clinical Review Method:	1
RSA	%RSA-RFS Approved%	RSA-RFS Approved:	1
RSC	%RSC-RFS is already covered%	RSC-RFS is already covered under existing referral	1
RSD	%RSD-RFS Disapproved%	RSD-RFS Disapproved:	1
RSP	%RSP-Records faxed%	RSP-Records faxed/sent to Community Care Provider.	1
RSS	%RSS-RFS Date Submitted:%	RSS-RFS Date Submitted:	1
S1M	%S1M-Schedule/reschedule%	Schedule/reschedule within 1 month, ok to overbook.	1
S1W	%S1W-Schedule/reschedule%	Schedule/reschedule within 1 week, ok to overbook.	1
S2W	%S2W-Schedule/reschedule%	Schedule/reschedule within 2 weeks, ok to overbook.	1
SAL	%SAL-Selected appointment location:%	SAL-Selected appointment location:	1
SAM	%SAM-Selected appointment modality:%	SAM-Selected appointment modality:	1
SAR	%Secondary Authorization Request%	Secondary Authorization Request	1
SC1	%SC1-Scheduling Priority 1: Proceed with scheduling%	SC1-Scheduling Priority 1: Proceed with scheduling	1
SC2	%SC2-Scheduling Priority 2: Schedule after clinical review%	SC2-Scheduling Priority 2: Schedule after clinical review	1
SC3	%SC3-Scheduling Priority 3: Schedule per local department policy%	SC3-Scheduling Priority 3: Schedule per local department policy	1
SC4	%SC4-Scheduling Priority 4: Schedule per local department policy%	SC4-Scheduling Priority 4: Schedule per local department policy	1
SCC	%SCC-This Referral is for a Service Connected Condition%	This Referral is for a Service Connected Condition.	1
SCD	%SCD-Screening Code:%	Administrative Care Coordination Screening	1
SCS	%SCS-Specific Clinical Service:%	SCS-Specific Clinical Service:	1
SDC	%SDC-Patient still desires care%	Patient still desires care.	1
SDR	%SDR-RFS Sent for DOA Review:%	SDR-RFS Sent for DOA Review	
SDT	%SDT-Schedule/reschedule%	Accept Consult, schedule on specific date, ok to overbook	1
SDX	%SDX-Veteran has dx requiring 7332 ROI%	SDX-Veteran has dx requiring 7332 ROI.	1
SEO	%SEOC - VHA Office of Community Care%	SEOC - VHA Office of Community Care	1
SEV	%SEV-Specific%	Specific Eligibility:	1

SEV	%DCA-DST CC Best Interest of Vet:%	DCA-DST CC Best Interest of Vet:	1
SEV	%DCB-DST CC Best Interest of Vet:%	DST CC Best Interest of Vet:	1
SEV	%DCC-DST CC eligibility: No clinic appts available%	DST CC eligibility: No clinic appts available	1
SEV	%DCD-DST CC eligibility: DRIVE TIME%	DST CC eligibility: DRIVE TIME	1
SEV	%DCF-DST CC Best Interest of Vet:%	DSF-DST CC Best Interest of Vet:	1
SEV	%DCG-DST CC eligibility: GRANDFATHERED%	DCG-DST CC eligibility: GRANDFATHERED	1
SEV	%DCH-DST CC eligibility: HARDSHIP%	DST CC eligibility: HARDSHIP	1
SEV	%DCI-DST CC Best Interest of Vet:%	DST CC Best Interest of Vet:	1
SEV	%DCO-DST CC Best Interest of Vet:%	DCO-DST CC Best Interest of Vet:	1
SEV	%DCQ-DST CC Best Interest of Vet:%	DST CC Best Interest of Vet:	1
SEV	%DCR-DST CC Best Interest of Vet:%	DST CC Best Interest of Vet:	1
SEV	%DCT-DST CC Best Interest of Vet:%	DST CC Best Interest of Vet:	1
SEV	%DCV-DST CC eligibility: No FULL-SVC VHA FACILITY%	DST CC eligibility: NO FULL-SVC VHA FACILITY	1
SEV	%HEC-Presumed eligible, HEC%	Presumed eligible, HEC Update Pending.	1
SEV	%SEV-CC Eligibility%	SEV-CC Eligibility:	1
SEV	%SEV-Community Care Eligibility: Grandfathered%	SEV-CC Eligibility: {eligibilityCriteria}	1
SEV	%SEV-Community Care Eligibility: BMI-Hardship%	SEV-CC Eligibility: {eligibilityCriteria}	1
SEV	%DCH-DST CC eligibility: HARDSHIP%	SEV-CC Eligibility: {eligibilityCriteria}	1
SEV	%SEV-Community Care Eligibility: Drive Time%	SEV-CC Eligibility: {eligibilityCriteria}	1
SEV	%SEV-Community Care Eligibility: Service Not Available%	SEV-CC Eligibility: {eligibilityCriteria}	1
SEV	%SEV-Community Care Eligibility: Wait Time%	SEV-CC Eligibility: {eligibilityCriteria}	1
SEV	%SEV-Community Care Eligibility: 1703%	SEV-CC Eligibility: {eligibilityCriteria}	1
SEV	%SEV-Community Care Eligibility: BMI-per episode of care%	SEV-CC Eligibility: {eligibilityCriteria}	1
SFD	%SFD-Significant Finding%	SFD-Significant Finding	1
SIG	no match	SIG FINDING UPDATE	1
SIM	%SIM-Nature or simplicity of%	Nature or simplicity of service (UEXB):	1
SLD	%SLD-Scheduling location discussed with Veteran:%	SLD-Scheduling location discussed with Veteran:	1
SOR	%SOR-Schedule/reschedule%	Schedule/reschedule-see Scheduling Order for instructions.	1
SPA	%SPA-This referral is for Special Authority%	This referral is for Special Authority.	1
SPC	%Specialty Requested: %	Specialty Approved for Community Care	1
SR-	%SR-Schedule/reschedule%	Schedule/reschedule routine appointment.	1
SRA	no match	SAR Approval Status	1
SSC	%SSC-Veteran prefers to self-schedule appointment%	Veteran prefers to self-schedule appointment.	1
SSC	%SSC-Veteran prefers to self schedule%	SSC-Veteran prefers to self schedule appointment.	1
SSP	%Subspecialty: %	Subspecialty Approved for Community Care	1
SUR	%SUR-SAR Urgency:%	SAR Urgency:	1
SUR	%SUR-SAR/RFS Urgency%	SUR-SAR/RFS Urgency:	1
SV-	%SV-Spoke with veteran/care giver%	Spoke with veteran/care giver.	1
SV-	%SV-Spoke with Veteran/caregiver%	SV-Spoke with Veteran/caregiver	1
SV1	%SV1-Scheduling Priority 1: Proceed with scheduling%	SV1-Scheduling Priority 1: Proceed with scheduling	1
SV2	%SV2-Scheduling Priority 2: Schedule after clinical review%	SV2-Scheduling Priority 2: Schedule after clinical review	1
SV3	%SV3-Scheduling Priority 3: Schedule per local department policy%	SV3-Scheduling Priority 3: Schedule per local department policy	1
SV4	%SV4-Scheduling Priority 4: Schedule per local department policy%	SV4-Scheduling Priority 4: Schedule per local department policy	1
SVC	%Service Requested: %	Services requested.	1
TCC	%Clinical Triage Care Coordination:%	Clinical Triage Care Coordination	1
TCD	%TCD-Clinical Triage Code:%	Clinical Care Coordination Triage	1
TEL	%TEL-Telephone Appointment%	TEL-Telephone Appointment may be offered	1
TFR	%Timeframe: %	Timeframe for Episode of Care Approved	1
THL	%THL-Telehealth Appointment may be offered%	THL-Telehealth Appointment may be offered	1
TI1	%TI1-Veteran First Time%	TI1-Veteran First Time Preference:	1
TI1	%TIM-Veteran's Time Preference%	TIM-Veteran's Time Preference:	1
TI2	%TI2-Veteran Second Time%	TI2-Veteran Second Time Preference:	1
TI3	%TI3-Veteran Third Time%	TI3-Veteran Third Time Preference:	1
TIM	%TIM-Veteran's Time Preference%	TIM-Veteran's Time Preference: Any	1
TOS	%TOS-Type of Service:%	Type of service	1
TSA	%NLT: Time Sensitive Appt%	NLT: Time Sensitive Appt,	1
UCH	%no match%	Prior Urgency after Edit/Resubmit	1
UNV	%UNV-Unable to Verify%	Unable to Verify Eligibility	1

URG	%URG-Urgency:%	Urgency:	1
US1	%US1-Unable to Schedule:%	US1-Unable to Schedule: Prefers VA/No capacity	1
US2	%US2-Unable to Schedule:%	US2-Unable to Schedule: No comparable service in the community	1
US3	%US3-Unable to Schedule:%	US3-Unable to Schedule: Receiving care/Awaiting specialized service	1
US4	%US4-Unable to Schedule:%	US4-Unable to Schedule:	1
USG	%USG-Unable to Schedule%	USG-Unable to Schedule:	1
UXB	%UXB-Unusual or Excessive travel burden%	Unusual or Excessive travel burden	1
V1M	%V1M-based on the medical condition of the Veteran%	V1M-based on the medical condition of the Veteran	1
V1N	%V1N-based on the nature of the care or services%	V1N-based on the nature of the care or services	1
V1T	%V1T-based on the travel involved%	V1T-based on the travel involved	1
V2M	%V2M-based on the medical condition of the Veteran%	V2M-based on the medical condition of the Veteran	1
V2N	%V2N-based on the nature of the care or services%	V2N-based on the nature of the care or services	1
V2T	%V2T-based on the travel involved%	V2T-based on the travel involved	1
V3M	%V3M-based on the medical condition of the Veteran%	V3M-based on the medical condition of the Veteran	1
V3N	%V3N-based on the nature of the care or services%	V3N-based on the nature of the care or services	1
V3T	%V3T-based on the travel involved%	V3T-based on the travel involved	1
VAT	%VAT-Veteran willing to accept telehealth%	VAT-Veteran willing to accept telehealth/virtual care appt.	1
VC	%VC-Veteran Contacted, wants to coordinate scheduling at a later date%	VC-Veteran Contacted, wants to coordinate scheduling at a later date	1
VC1	%VC1-Obtaining the required care/services in a VA facility is%	VC1-Obtaining the required care/services in a VA facility is	1
VC2	%VC2-Obtaining the required care/services through use of a third-party administrator (TPA) contract is%	VC2-Obtaining the required care/services through use of a third-party administrator (TPA) contract is	1
VC3	%VC3-Obtaining the required care/services through use of an existing or new Acquisition Regulation (FAR) -based acquisition is%	VC3-Obtaining the required care/services through use of an existing or new Acquisition Regulation (FAR) -based acquisition is	1
VCA	%no match%	Vista cancellation for other reason	1
VCC	%COI-Veteran OPT-IN%	COI-Veteran OPT-IN	1
VCC	%VOI-Veteran OPT-IN%	VOI-Veteran OPT-IN	1
VCC	%COO-Veteran OPT-OUT%	COO-Veteran OPT-OUT	1
VCC	%COO-Veteran OPT-OUT%	VOO-Veteran OPT-OUT	1
VCC	%VCC-Veteran CC Option:%	Veteran CC Option:	1
VCD	%VCD-Veteran caregiver contact info%	VCD-Veteran caregiver contact information:	1
VCG	%VCG-Veteran caregiver%	VCG-Veteran caregiver:	1
VCL	%VCL-On EWL or awaiting CHOICE%	On EWL or awaiting CHOICE. Pt added to VCL.	1
VCL	%VCL-Veteran placed on VCL%	Veteran placed on VCL	1
VCP	%VCP-Community Provider:%	VCP-Community Provider	1
VDC	%VDC-Veteran contacted, declines CC consult%	VDC-Veteran contacted, declines CC consult	1
VDC	%VDC-Veteran contacted, declines CC consult%	VDC-Veteran contacted, declines CC consult	1
VDS	%VDS-CC referral disposition%	VDS-CC referral disposition:	1
VDS	%VDS-Returned Referral Disposition%	Returned Referral Disposition	1
VDV	%VDV-Veteran contacted, declines VA consult%	VDV-Veteran contacted, declines VA consult	1
VNT	%VNT-Veteran is not willing to accept telehealth care appt%	VNT-Veteran is not willing to accept telehealth care appt.	1
VPP	%VPP-Receipt Package Preference:%	VPP-Receipt Package Preference:	1
VRD	%VRD-Veteran reported deceased%	VRD-Veteran reported deceased	1
VSC	%Consult Appt. on %	Vista Scheduled Appointment	1
VSP	%VSP-Veteran scheduling preference%	VSP-Veteran scheduling preference:	1
VST	%VST-Request sent to VistA Imaging%	%Sar Request Sent to VISTA Imaging%	1
VT5	%VT5-VEText message sent:%	VT5-VEText message sent:	1
VTC	%VTC-Veteran contacted Community%	VTC-Veteran contacted Community Care.	1
VVC	%VVC-VVC Appointment%	VVC-VVC Appointment may be offerred	1
VXR	%VXR-VEText Message Received%	VXR-VEText Message Received	1
VXS	%VXS-VEText Message Sent%	VXS-VEText Message Sent	1
VXT	%VXT-VEText Message Request%	VXT-VEText Message Request	1
WHO	%WHO-This consult was discussed with and handed off to%	This consult was discussed with and handed off to	1
XXC	%no match%	Some other status change reason	1

Additional Information

Primary Data Sources	CDWWork.Appt.Appointment CDWWork.Appt.RecallReminder CDWWork.Appt.RemovedRecallReminder

	CDWWork.Con.ConsultActivity CDWWork.CPRSOrder.CPRSOrder CDWWork.TIU.TIUDocument CDWWork.Dim.Location
Update Frequency	Daily
SSAS Server	Vhacdwdwhtdmo7 => VSSC_Access_StaffActivity
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=6283
Link to Product	

Surgery Metrics Dashboard

Tuesday, January 9, 2024   12:20 PM

What's New

01/09/2024: Deployed to User Acceptance Testing (UAT)
05/23/2024: Product moved from UAT to production
09/03/2024: Added NSO Invasive Procedure Complexity to the Surgery Details report
09/09/2024: Added Lag Time Allowed, Lag Time, and Lag Delay

Purpose

The purpose of this report is to report various metrics related to surgical timeliness. It combines metrics from the legacy Requested Surgical Case Wait Report and Surgical Timeliness report and adds additional metrics and data elements.

Report-based Data Dictionary

Surgery - Report - Power BI (powerbigov.us)

Surgery Complexity

Invasive Procedure Complexity definitions from VHA DIRECTIVE 1220:

(1) **Outpatient Basic** (Bedside/Clinic/Minor Procedure). Outpatient basic procedures are performed at the bedside or in the clinic or other ambulatory setting. A procedure room is not required. Outpatient basic procedures can be performed with minimal sedation and/or application of local anesthetics. Examples: arthrocentesis, acupuncture, paracentesis, thoracentesis, laryngoscopy, cystoscopy, and cryotherapy for dermatologic purposes.

(2) **Outpatient Intermediate** (Moderate Sedation). Outpatient intermediate procedures involve the administration of moderate/conscious sedation but do not require on-site anesthesia support. Examples: colonoscopy, bronchoscopy, and upper endoscopy.

(3) **APC Basic**. APC Basic invasive procedures are performed in an ambulatory setting with available anesthesia services and readily available (fewer than 60 min) back-up of observation beds and inpatient invasive services. Available support services including supply processing service, radiology, blood bank and pharmacy. Examples of APC invasive procedures include intra-ocular lens implant procedures, amputation of a digit, breast biopsy, open or laparoscopic inguinal hernia repair, vasectomy, and arteriovenous fistula creation.

(4) **Inpatient Standard**. Inpatient standard invasive procedures are typically performed on a same day basis and require an ICU with the ability to provide hemodynamic monitoring and respiratory support of the patient delayed in recovering from general anesthesia; pharmacy and blood bank during weekday duty hours; an ED; and a physician call schedule to support the invasive services provided. Examples of inpatient standard invasive procedures are amputation lower extremity, appendectomy, tonsillectomy, cholecystectomy and cardiac pacemaker insertion.

(5) **APC Advanced.** APC advanced invasive procedures are performed routinely in an ambulatory setting with a readily available (fewer than 60 min) back-up of inpatient intermediate or complex invasive services; on-site anesthesia and immediately available cardiology and vascular surgery consultation; and on-site pharmacy services.   Examples of APC advanced invasive procedures include mastectomy, laparoscopic cholecystectomy, and transurethral resection of prostate.

(6) Inpatient Intermediate. Inpatient intermediate invasive procedures require an ICU with a dedicated intensivist to make daily rounds and provide consultative services; the capability to monitor recovering patients on the ward; medical specialists and services available to care for anticipated complications and co-morbid conditions associated with intracavitary procedures and patients receiving these procedures including nephrology and dialysis, infectious disease, hematology/oncology, pulmonary, cardiology, interventional cardiology and interventional radiology; and immediately available clinicians privileged in thoracic and vascular surgery to respond to foreseeable complications. Examples of inpatient intermediate invasive procedures include head and neck cancer resection, pulmonary resection, bariatric surgery, colectomy, joint replacement, nephrectomy, abdominal aortic aneurysm repair, and lumbar laminectomy.

(7) **Inpatient Complex.** Inpatient complex invasive procedures require a dedicated critical care service providing 24/7 coverage and daily multidisciplinary rounds, specialized technology and board-certified specialists depending on the approved invasive programs, dedicated in-house 24/7 coverage of invasive patients and a readily available OR call team for emergency and salvage procedures. Examples of inpatient complex invasive procedures include radical neck dissection, craniotomy, coronary artery bypass grafting, thoracoabdominal aneurysm resection, Whipple's procedure, esophagectomy, and solid organ (e.g. heart, liver, lung and kidney) transplantation.

Additional Information

Primary Data Sources	• [Surg].[SurgeryPRE] • [Surg].[SurgeryINTRA] • [Surg].[SurgeryPOST] • [Surg].[SurgeryDelay] • [Surg].[SurgeryPrincipalAssociatedProcedure] • [Surg].[SurgeryProcedureCPTModifier] • [Surg].[SurgeryProcedureDiagnosisCode] • [Surg].[SurgORCircSupport] • [Surg].[SurgORScrubSupport] • [Dim].[LocalSurgicalSpecialty] • [Dim].[OperatingRoom] • [Dim].[Prosthesis] • [Dim].[SurgeryCancelReason] • [Dim].[SurgeryDelayCause] • [Dim].[SurgicalSpecialty]
Update Frequency	Daily
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=6670
Link to VSSC Website Location	VSSC - VHA Support Service Center (va.gov)

Near Report

Tuesday, January 9, 2024   12:20 PM

What's New

3/22/2024: Migrated Report to PowerBI

Standard Operating Procedure

📄
New Enrollee Appointment Requests SOP 07.23.2024 signed.pdf

Purpose

The purpose of this report is to provide a summary and detailed list of Veterans that have requested an appointment with a VHA Provider through the 10-10EZ form but do not have any evidence of a pending appointment, or a completed appointment and\or encounter.

National NEAR List – Summary & Detail Reports: This report mirrors the NEAR (Newly Enrolled/Appt Requested) Call List in VistA listing those Veterans without evidence of a completed or pending appt:

- This report captures those Veterans that applied more than once, and requested an appointment (VistA only captures the first time the Veteran completed a 10-10EZ)
- This report captures appointments only back to FY2000, where local VistA should be able to go back further. Current data update frequency: Daily
- Sites may continue to reference VistA NEAR reports for real time data.
- This report may not match the local VistA NEAR reports.

This report should be used by the facilities to contact these Veterans to set up an appointment. NEAR entries are automatically removed when a primary care appointment is made, or a primary care encounter is completed.

Appointment Request – Filled Status: This report provides summary and patient detail of NEAR report for "Filled" or "Cancelled" status. Once an appointment has been scheduled an appropriate clinic or status of the request is changed to "Filled," the veteran will be displayed on this report. Veteran information will also be displayed if a request has been cancelled in VistA Management Edit Option.

- This report only goes back to FY2018.

Product Description:
1. National NEAR List and Appointment Request – Filled Status:
   a. Parameters for the reports includes:
      i. VISN
      ii. Facility
      iii. For National NEAR List:
         1. NEAR Status (Appointment Request Status)

         For Appointment Request – Filled Status:

         1. Start Enrollment Date and End Enrollment Date, the date veteran enrolled into VA Health Care
         2. Request Status, select between Filled or Cancelled status
         3. View Patient Details: select yes if you would like to see patient detail report

Can scroll between Summary and Detail by selecting appropriate options under

Document Map on left hand side of the report.

2. Summary Section:
    a. National NEAR List Report: Aggregated report showing the number of Veterans associated to a VISN, Facility and NEAR Status (In Process & Pending)
    b. For Appointment Request – Filled Status:
        i. Aggregated report shows request count and average days from Appointment Request Date to Appointment Create Date by months for all stop codes and for primary care.
3. Detail Section:
    a. Detail report provides Veteran contact information
    b. Station REALSSN access is required to access this list
    c. As this is a detail list of Veterans, printing is not recommended as the length of the document could be quite large.

Tables used to compile the reports are provided in the Data Sources section of this document

Typical Use of Data:

National NEAR List report will assist VAMC staff in identifying newly enrolled Veterans that have requested an appointment, through the 10-10EZ form, that may not appear through current VistA reporting options; so, contacts can be made with these Veterans. Filled Status report will provide list of all appointment request that have "Filled" for Appointment Request status.

Target Audience:

VACO, VISN & VAMC Leadership and Administrative Staff

Product Name and Description:

Methodology Used to Create New Call List (NEAR) reports

1. Patch DG*5.3*982 - Primary Care Appointments, NEAR list processing, modifies the call list option and NEAR Tracking Report to indicate the request as "filled" when a primary care appointment is scheduled, or an encounter is completed in a clinic with a primary care stop code. A listing of the primary care stop codes can be found Appendices section. If the new enrollee does not desire a primary care appointment, the NEAR entry must be manually dispositioned as "cancelled" to ensure the entry is removed from the call list.
2. Call List Report provides list of Veteran in open Appointment Request status and Filled Status report provides list of Veterans in "Filled" Appointment Request status.
3. Starting with the core file - National NEAR list - where Veteran had indicated on 10-10 EZ they wanted an appointment, and the Appt Request Status field is Null, In-Process, Pending
    a. Removes those with Complete or Filled Status
4. Removed those Veterans with Enrollment Date < Aug 1, 2005
    a. Greater than Aug 1, 2005 selected - in order to match VistA
5. Removed those Veterans where Appt Request Date is NULL
6. Removed Veterans that are not verified as Enrolled (based on VistA enrollment file) OR have no enrollment record on file
7. Removed Veterans that had a past appointment back to 10-1-1999 (FY2000)
    a. *Note: VistA looks back all time (prior to 1999), therefore National list may have Veterans which may not be on local list - but if not seen in 15 years*
8. Removed Patients that had a Date of Death in VistA

Note: Veterans are only on the List at their VistA Preferred Facility. Refer to Product Description section of this document for additional information.

Data Sources:

This report uses the Corporate Data Warehouse to obtain data for NEAR List Report

Vhacdwsql12.CDWWork.Appt.AppointmentRequest

Vhacdwsql12.CDWWork.SPatient.SPatient

Vhacdwsql12.CDWWork.SPatient.Form1010EZ

Vhacdwsql12.CDWWork.Patient.Enrollment

Vhacdwsql12.CDWWork.dim.EnrollmentStatus

Vhacdwsql12.CDWWork.Appt.Appointment

Update Frequency:
This report is updated daily
Server:

Not Applicable.

Measures:
National NEAR List – Pending Summary & Detail Report

This report captures Veterans who have enrolled in VA healthcare and have requested an appointment when completing the 10-10EZ application. It is updated daily and captures appointments dating back to FY-2000.

a. **Summary Report:** The summary report provides an overview of the facility's NEAR status which includes all "**Pending**" and "**In Process.**" At a glance, the user can view the total number/count of NEAR in the two statuses: "**Pending Action**" and "**In Process/Veteran Contacted**" and the average number of days from the enrollment date. See Table 1, NEAR Call List Summary Report.

Table 1. NEAR Call List, Summary Report

The following data fields are available:

a. Facility Details: VISN, facility number, and facility name
b. Appointment Request Status: displays two open request status: "Pending Action" and "In Process/Veteran Contacted"
c. Count: total number of open NEAR request.
d. Average days from Enrollment Date: Average number of days that passed from enrollment date to today.
e. Mode from Enrollment Date: Mode of the enrollment date. Mode is the values that appears most often in a set of data.
f. Average days from Request Date: Average number of days that passed from appointment request date to today.

b. **Patient Detail Report:** The Patient Detail Report provides Veteran specific information that is used to contact and track the NEAR entry until it is scheduled. Once scheduled, the NEAR entry is automatically removed from the list. If the appointment is cancelled or Veteran no-shows for the appointment, the entry will reappear on the list and in the report, listed as "**Pending Action.**"

The following data fields are available:

a. Facility Details: VISN, facility number, and facility name
b. Veteran Demographics: Sex, SSN, Last name, first name, Address, City, State, zip code and residence/cell phone number(s), percent service connection, service separation date.
c. Appointment Request Status: The report will first list all pending actions and then "In Process" status
d. Pending Action: Associated data fields include the enrollment date and service separation date.
e. In Process/Veteran Contacted: Associated data fields include the appointment request comment (entered using VistA NEAR Management Edit Option when changing status), the date the entry was last updated, the

Appointment Status Last Edited date and time, and the number of days since the status was updated.

f. Appointment Request Comment: Free test field comment entered in VistA NEAR Management Edit Option.

g. Comment Last Edited: Date and time appointment request comment was last edited.

h. Appointment Status Last Edited Date Time: Date and time the appointment request status was changed from Pending to "In Process/Veteran Contacted" or from "Filled" to "In Process/Veteran Contacted."

i. Days from Status Last Updated: number of days that passed from appointment request status to today.

j. Appointment Request Date: the appointment date the Veteran requested on 1010EZ Application.

k. Enrollment Date: Date an eligible Veteran is accepted into the VA and assigned to an enrollment priority group.

l. Prior NEAR Entry: Column marked "Yes" if the Veteran has reappeared on the NEAR List since FY15.

NEAR Call List – Filled Status.

This report captures all NEAR appointment request with "**filled**" or

"**cancelled**" status. Slicer options will display on top of the NEAR Call List – Filled

Status Report.

Parameters for report, See Figure 1, NEAR Call List – Filled Status Slicers:

a. Select your VISN and Facility.

b. Select "**Start Request Date**" and "**End Request Date**" for date range of the report based on the Appointment Request Date.

c. **Request Status**: two request status options are available (filled or cancelled). Based on your selection, the report will only display summary and patient detail for "**filled**" or "**cancelled**" requests.

d. **View Patient Detail**: Select "**Yes**" if you would like to view summary and patient detail sections of the report or select "**No**" for only summary section of the report.

   - *NOTE: you must have SSN-level access to view patient detail section of the report. Click here to request SSN-level access.*

Figure 1. NEAR Call List – Filled Status Slicers

A. **Summary Report**: The Summary Report provides an overview of the facility's NEAR filled status which includes entries marked as "**cancelled**" and "**filled**." The summary table provides wait time for each step in the enrollment and appointment request process. See Table 2, NEAR Filled Status Summary Report

Table 2. NEAR Filled Status, Summary Report

The following measure are available:

a. For all average wait time excludes values greater than the third standard deviation to eliminate outliers found in the data due to the periodic appearance of Veterans who have already enrolled and reappear on the list due to a change in enrollment status.

b. Average Days Application Date to Appointment Date: average number of days that passed from application date to the appointment scheduled date. This metric includes the front-end work completed by enrollment and the Health Eligibility Center and the work of the NEAR Coordinator and team.

c. Average Days Enrollment Date to Create Date: average number of days that passed from enrollment date to the date appointment was entered into the system. This metric is critical for the NEAR Coordinator and team.

d. Average days Enrollment Date to Appointment Date: average number of days that passed form enrollment to the appointment date.

e. Count of Appointments: total number of requests with an appointment.

a. Same-day Scheduling:
   i. Count of Same Day Scheduling: total number of requests with the same enrollment date as the appointment create date (e.g., walk-in enrollments).
   ii. Percent of Same Day Scheduling: the total number of count of same day scheduling by the count of enrollment date.

b. Enrollment Office Data: To view enrollment office data, expand by clicking on "+" just above the "% of Same Day Scheduling" column. By selecting "+" expand button, you will able to view additional enrollment office measures:
   i. Average Days Application Date to Enrollment Date: average number of days that passed from application date to the enrollment date (all values greater than 3 standard deviation are removed from average).
   ii.

Count of Enrollment Date: total number of requests with enrollment date.

VHA Directive 1230-1, Outpatient Scheduling Processes and Procedures

Actions:

Not Applicable.

Validation:
Refer to Product Name and Description Section of this document for methodology used to develop this report.
Help Desk:

Reporting \ Technical Questions: https://help.vssc.med.va.gov

Report Summary:
- Domain: Patient Access and Eligibility
- Sub-Program: Clinical Operations
- Name of Report(s):
  - ○ Appointment Request - Call List
  - ○ Appointment Request – Filled Status
- Is this related to a Data Cube: No
- Key Words: 10-10EZ, Appt, Appointment, Access, Cancel, Call List, Enrollee, Enrollment, NEAR, System Redesign, Wait List
  Appendices:

https://dvagov.sharepoint.com/sites/VHANEARCOP

Report-based Data Dictionary

Surgery - Report - Power BI (powerbigov.us)

Additional Information

Primary Data Sources	• Surg.SurgeryPRE • Surg.SurgeryINTRA • Surg.SurgeryDelay
Update Frequency	Daily
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=6670
Link to VSSC Website Location	VSSC - VHA Support Service Center (va.gov)

Test and Deceased Patient Appointment - Details

Tuesday, March 22, 2022   1:33 PM

Data Definitions for this report in One Note coming soon.

Until then, please click on the Data Definitions button in the report to read the original Word version of the definitions.

Test and Deceased Patients

Data Definitions for this report in One Note coming soon.

Until then, please click on the Data Definitions button in the report to read the original Word version of the definitions.

VSE Requests Dashboard

Wednesday, March 16, 2022

What's New

Purpose

VSE = VistA Scheduling Enhancements

This report provides aggregate and detailed information of all VistA Scheduling Enhancement (VSE) appointment requests.

Patient level data is available to authorized users with appropriate NSSD access. NSSD authorization for PHI/PII level data must be obtained prior to accessing the patient-specific report.

Please note: The report currently only includes requests VSE Requests that either were closed after 2023 (VSE Requests closed prior to 2022 are not included) and VSE Requests that were created after 2020 but are open.

Data Details: The data in this report represents Requests for scheduling.   Requests can be reopened again after they are dispositioned. Requests will reopen (switch status from closed back to open) in cases where an appointment needs to be re-scheduled.   Specifically for RTCS, a Request is a "request for an RTC order to be scheduled. The Request itself is not the Order.   a Request of type "RTC" can open but the order associated with it closed/completed, etc. This occurs when an appointment that was scheduled using an RTC needs to be rescheduled (the Request re-opens but the order associated with the Reuest remains completed)

Slicer/Dimension Definitions

Slicer/Dimension	Description
VISN, Facility, Division	The VISN, Facility, and Division associated with the request.
Request Type	The type of request. Appointment Return to Clinic Veteran (VA Online Scheduling for Direct Care)
Entered Date/Fiscal Year	The date/time the request was entered.
Specialty Stop Code	The specialty stop code associated with the request.
RequestTypeCode	The type of Request being entered in VSE (RTC, Appointment, Veteran)
ModailityCode	The type of modality being requested (Face to Face, Video, Telephone, Blank)
CurrentStatus	The status the request is in (Open, Closed)
PatientMergedFlag	By default, should be set to N, it removes records where a patients inactive patient record is removed because it has been merged into their new patient record
Order Status	The order status of a veteran request whose request type is RTC. Only Veteran Requests of type RTC will have an order status. This is similar to an order status of an RTC

Measure Definitions

Measure	Description
# Requests	The total number of requests that match the slicer/filtering criteria. This includes Appointment, Return to Clinic, and Veteran requests.
# Appt Requests	The number of requests with request type APPOINTMENT.
# RTC Requests	The number of requests with request type RETURN TO CLINIC.
# Veteran Requests	The number of requests with request type VETERAN (VA Online Scheduling for Direct Care)
# Open GT 30 Days	The number of requests that were entered greater than 30 days ago.
% Open GT 30 Days	The percent of open requests that were entered greater than 30 days ago.
# Open GT 90 Days	The number of requests that were entered greater than 90 days ago.
% Open GT 90 Days	The percent of open requests that were entered greater than 90 days ago.
Days From Create to Today	# of Requests Grouped By Time Period (# between >90,0-30 Days,31-60,61-90 Days)-if used with CurrentStatus=Open, it will show how many open grouped by time period

# Contacts Per Request	The number of contact attempts divided by the number of requests.
# Contacts Per Request With Contact	The number of contact attempts divided by the number of request with at least one contact attempt.
Avg Days Since Last Contact	The average number of days since the last contact date time.
% Requests With Contact	The number of requests with at least one contact attempt.
# of Closed Requests	# of Requests that are closed
# of Open Request	# of Requests Open
Average Days to Disposition	Average days to Disposition (# of Days To Disposition/# of closed Requests)
# of Requests Linked to Appointment	The total number of Requests that have a scheduled Appointment Date
# of Calls	The total number of contact calls made
# of Emails	The total number of emails sent
# of Letters	The total number of letters sent
# of texts	The total number of texts sent

Additional Information

Primary Data Sources	CDWWork.VSE.sdecapptrequest_409_85 CDWWork.VSE.sdeccontact_409_86 CDWWork.VSE.datetimeofcontact_409_863 CDWWork.Dim.Location CDWWork. Dim.StopCode CDWWork.Spatient.Spatient CDWWork.appt.appointment
Update Frequency	The report is updated daily around 12pm Eastern. Please note: This data is currently sourced from Azure- SDP.
Helpdesk	https://vssc.med.va.gov/troubleshooter/default.aspx?rampID=6346
Link to VSSC Website Location	VSSC - VHA Support Service Center (va.gov)
Power BI Workspace:	VSSC_Access

VistA Staff Menu Access

Thursday, December 30, 2021   8:33 AM

Data Definitions for this report in One Note coming soon.

Until then, please click on the Data Definitions button in the report to read the original Word version of the definitions.

View Alerts

Tuesday, March 22, 2022   1:36 PM

What's New

09/01/2025 - User Acceptance Testing (UAT)
11/01/2025 - Added total alerts received trends
11/15/2025 - Added unresolved Critical and Abnormal Alerts
12/01/2025 - Removed Keyword filters and combined with Alert Type so that unresolved and total alerts received match

Job Aids

Job Aids

Purpose

To track the total number of **view alerts received** trended over time related to specific keywords and categories to support the Clinical Team Inefficiencies Task Force: ACE Initiative Memo on Reducing View Alerts initiative.

Alerts per Unique

- Alerts Per Unique = Total Monthly Alerts/Unique Veterans
- Unique Veterans (Oct 2024 – Aug 2025): The count of unique Veterans for October – August FY25.
- Total Monthly Alerts: Total alerts received by the facility including notes
- Regenerating Alerts: Alerts regenerated by unsigned notes have been deduplicated

Updated Baseline

- The new baseline was specifically designed to eliminate TIU-related redundant alerts.
- Previously, these alerts created multiple notifications for the same events, leading to inefficiencies and potential oversight of critical information.
- The aim of the baseline update is to improve alert management by reducing noise, thereby allowing healthcare professionals to focus on the most pertinent alerts without being distracted by duplications.
- This represents a significant change aimed at improving operational efficiency and accuracy in alert handling.

To track progress and review your baseline go to the Receiving/Generating reports and select your facility and Aug 2025 from the Facility and Create Date Slicers. Due to minor coding differences the baseline of total alerts received from the PDF might be slightly different.

To view either VISN 15 or VISN 23 consolidated sites open the filters on the right hand side of the page and use the VISN 15 Facility or VISN 23 Facility filters. Reminder these filters save each to you close the report so make sure you review what is selected.

NOTE: These filters are only as accurate as the facilities Service Sections.

Below are the buckets, when VISN 15 service sections start with:
STL then St. Louis
CO then Columbia
MA then Marion

KC then Kansas City
EKH then Eastern Kansas
WI then Wichita

When VISN 23 Sta3n 636 service sections end with:
NWI then Nebraska-W Iowa
CIH then Central Iowa
IC then Iowa City

PHI Access

The level of access you need is granted either locally by your CUPS/NSSD point of contact (POC) or by National Data Systems (NDS).

- You will find a complete set of instructions and forms for submitting a request for the access you need at the following link:
  http://vaww.vhadataportal.med.va.gov/Support/FAQs.aspx#DataAccessVSSC

- This report will tell you who your local NSSD contacts are, complete with phone number and email address:
  https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fApps%2fNSSD%2fProd%2fNSSD_POCs&rs:Command=Render

- Also, you can check your access at any time with the following report:
  https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fNSSDReports%2fCprsNssdUserCredsProd&rs:Command=Render

Additional Information

Primary Data Sources	• SPatient.SPatientViewAlert • SPatient.SViewAlertTracking • Sstaff.Sstaff • ViewAlert.PatientViewAlert • ViewAlert.ViewAlert • ViewAlert.ViewAlertTrackingRecipient
Update Frequency	Daily
Helpdesk	http://vaww.vssc.med.va.gov/troubleshooter/default.aspx?rampID=6730
Link to VSSC Website Location	
Power BI Server:	Data Source=powerbi://api.powerbigov.us/v1.0/myorg/VSSC_Access;Initial Catalog=View Alerts - Model;