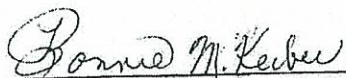


## MEMORANDUM OF UNDERSTANDING

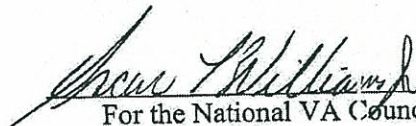
The following constitutes an agreement between the Department of Veterans Affairs, Veterans Health Administration (VHA) and the American Federation of Government Employees, AFL-CIO, National Veterans Affairs Council #53 (NVAC) concerning the implementation of Vista monitoring tool for Supervision of VHA Schedulers.

1. The parties understand that the monitoring tool for supervisors described in the January 11, 2008, memorandum from the Deputy Under Secretary for Health Operations and Management to the Network Directors is a scheduler audit plan that requires a sampling of ten (10) appointments made by persons who use the Vista scheduling menu options to create outpatient appointments per year (See attachment).
2. Bargaining unit employees will be provided feedback of their monitoring sampling in compliance with Article 16 – Employee Rights, Section 11, Article 23 – Official Records, Section 4 of the VA/AFGE Master Agreement, dated March 21, 1997, and Article 26 - Performance Appraisal, Section 6 – Communication, dated February 1, 2006.
3. All bargaining unit employees will be provided with information on the Vista monitoring process and the form used by the Department for the recording purpose.
4. The national parties agree that, at this time, only aggregate statistics on schedulers reviewed or schedulers retrained will be rolled up to the Network offices. AFGE will be notified in advance if management decides to send individual statistics to the Network offices. AFGE Locals may request a copy of the information provided and will receive a copy.
5. The appropriate management official shall provide the Local Union President with a copy of this MOU upon their receipt.

  
\_\_\_\_\_  
For the Department (VHA)

3-18-08

Date

  
\_\_\_\_\_  
For the National VA Council #53

3-25-08

Date

**Department of  
Veterans Affairs**

**Memorandum**

Date: JAN 11 2008

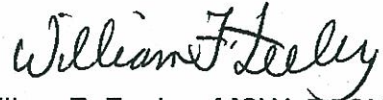
From: Deputy Under Secretary for Health for Operations and Management  
(10N)

Subj: Monitoring Tool for Supervision of Schedulers

To: Network Director (10N1-23)

1. The purpose of this memo is to formalize processes to be used by VHA facilities to assure effective, ongoing oversight of the use of VHA's Health Information Systems and Technology Architecture (VistA) menu options to schedule outpatient appointments or to make entries to the Electronic Wait List (EWL). *Note: for the purpose of this memo, ALL individuals using these menu options will be referred to as "schedulers".*
2. To ensure effective, ongoing oversight, I am requiring the attached **Scheduler Audit Plan** (Attachment A) and **tools** (Attachment B) be fully in use at all facilities by February 18, 2008.
3. Consistent with details provided in the attached plan, all supervisors will sample 10 appointments for each person they directly supervise who uses VistA scheduling menu options to create outpatient appointments or to make entries onto the EWL. The work of all schedulers will be assessed, and retraining provided if problems are identified through the review process.
4. The facility will also sample several of the appointments reviewed by each supervisor to evaluate supervisor competency in the audit process. Retraining of the supervisor will be required if problems are identified with their scheduler reviews.
5. By the end of April 2008, facilities should have documentation that all schedulers and direct supervisors of schedulers were reviewed.
6. Aggregate statistics on schedulers reviewed, schedulers retrained, and supervisors reviewed/retrained will be rolled up to the Network offices at that time.
7. Once this baseline is complete, further focused reviews should be done to improve performance for individuals scoring less than 70%. All schedulers and all supervisors of schedulers should be reviewed yearly.

8. Should you require further information, please contact Karen Morris, MSW at 908-607-6355 or via email.

A handwritten signature in cursive script that reads "William F. Feeley". The signature is written in black ink and is positioned above the printed name.

William F. Feeley, MSW, FACHE

Attachments A and B

## Attachment A

1. VHA Directive 2006-055, requires the direct supervisors of all individuals with VistA menu options to schedule outpatient appointments, or make entries to the EWL or to the Primary Care Management Module (PCMM) to successfully complete the VHA's Comprehensive Scheduler's Training Program and watch the "Veterans Health Information Systems and Technology Architecture (VistA) Scheduling Software: Making a Difference" video. Further requirements were put in place by this Director related to monitoring performance of these individuals in their use of the VistA scheduling, PCMM, and EWL menu options:

- Have their position description or functional statement include specific responsibilities relative to scheduling, Primary Care Management Module (PCMM) assignments, and entries into Electronic Wait List (EWL).
- Supervisor have on file an annual competency assessment that is inclusive of their responsibilities relative to scheduling, PCMM assignments, and entries into EWL.
- Be monitored, on an on-going, continuous basis using local facility and/or Veterans Integrated Service Network (VISN) approved processes and procedures, in terms of their performance in scheduling, PCMM assignments, and entries into EWL.

2. Scheduling errors, especially those involving the desired date of the appointment undermine VHA's scheduling data validity, and hinder balancing of appointment supply and demand. Automated reports can identify the desired dates entered into the computer, but will not assure they are entered correctly. Therefore, manual auditing of a sample of charts is necessary to assure that schedulers are correctly entering the desired date in the first place.

3. Effective February 18, 2008, facility leadership will ensure the Supervisors are actively engaged in monitoring and retraining efforts system-wide using this **Scheduler Audit Plan**. This manual process will continue on an ongoing basis. Supervisor involvement in this process is crucial, since they are the ones doing the annual competency assessment of the schedulers.

4. The purpose of these audits is to create a clear oversight process that is tied to individual employee performance, document this oversight, identify and retrain schedulers when necessary, and create/maintain dialog with schedulers about the importance of accuracy.

5. Using the spreadsheet template provided (Attachment B), supervisors will sample 10 appointments for each person they supervise who uses VistA scheduling to create outpatient appointments or make entries onto the EWL. This is a baseline review. We recommend the spreadsheet be pre-populated


centrally and then distributed to the supervisors for action.

6. The audit process will be as follows:

- First, install the software provided in Attachment B. This is a Kernel Installation & Distribution System (KIDS) build named AKW version 1.2 that contains a menu option (Appt Scheduler Random Entries (Local)) and Mumps (M) routine called AKWSCC.
- Local IRM staff will need to use FTP (File Transfer Protocol) (or copy) the file to a HFS (Host File Server) directory where they can then load the KIDS build. OI & T has approved the distribution of this KIDS build.
- Second, run the software. This M routine will randomly select 10 appointments for each scheduler name that is entered. When prompted for start and end dates, enter T-30 for the start date and T for the end date. If the routine does not produce 10 appointments for the scheduler then you should extend the look back date by 30 day increments until 10 appointments result. The Medical Center may elect to exempt schedulers from the audit process if they do not have at least 10 appointments in a 90 day time period.
- Third, audit each scheduler. For each appointment, the supervisor will determine if it was scheduled correctly. This may require looking at the patient record in CPRS and reviewing the progress notes, orders, etc. The review should focus on the desired date of the provider or patient. Is there documentation to support the scheduler's action? If we did not act within 7 days of the request, did we place the patient on the EWL as required by VHA Directive 2006-055?
- If the employee fails to schedule 7 out of the 10 appointments (70%) correctly, they are subject to retraining by their supervisor. You may wish to intervene in the performance improvement cycle earlier. If continued competency issues persist, the scheduler should be required to retake VHA's web-based Comprehensive Scheduler's Training Program.
- Fourth, audit each supervisor. The facility will also sample several appointments reviewed by each supervisor to evaluate supervisor competency in the audit process. This review can be done centrally by Medical Administration Service, the Business Office, or a similar service. The work of all supervisors should be assessed, with retraining of the supervisor if problems are identified with their scheduler reviews.
- By the end of April 2008, facilities should have documentation that all schedulers were reviewed.
- Aggregate statistics on schedulers reviewed, schedulers retrained, and supervisors reviewed will be rolled up to the Network offices at that time.

**Attachment B**

  
Scheduling Audit  
Template.xls

  
akw\_1\_2.kid  
(15 KB)

	Case #1	Case #2	Case #3	Case #4	Case #5	Case #6
Supervisor						
Scheduler						
Patient Name						
Patient Last 4 SSN						
Clinic						
Consult Origination Date / New Patient Request Date / Date of Order for Follow Up						
Name of Provider Requesting Follow-up						
Appointment Creation Date						
Appointment Desired Date from Provider (Established Patients Only)						
Appointment Desired Date as Entered by Clerk						
Scheduling Remarks						
Scheduler's Desired Date Accurate? (Y/N)						
Appointment Date/Time						
Number of Days Between the Date the Appointment was Requested and the Appointment Creation Date						
If Number of Days Between the Date the Appointment was Requested and the Appointment Creation Date is > 7 Days, was the Patient Placed on the EWL? (Y/N)						
Wait Time Between Accurate Desired Date and the Scheduled Appointment Date						
Pass/Fail (Was the desired date accurate? Was the appointment appropriately scheduled or placed on EWL?)						
Discussed w/ Scheduler (Y/N)						
Supervisor Signature						