

RADIOLOGY OUTPATIENT SCHEDULING AND ORDERS MANAGEMENT

- 1. SUMMARY OF CONTENT:** This is a new Veterans Health Administration (VHA) directive establishing policy for radiology outpatient clinic appointment scheduling.
- 2. RELATED ISSUES:** VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022; VHA Directive 1231(3), Outpatient Clinic Practice Management, dated October 18, 2019.
- 3. POLICY OWNER:** The Diagnostic Services Imaging Office (11DIAG1) is responsible for the contents of this directive. Questions relating to this directive may be referred to the Executive Director, National Radiology Program at VHARadiologyProgramOffice@va.gov.
- 4. RESCISSIONS:** VHA Memorandum Outpatient Radiology and Scheduling Policy and Procedures and Interim Guidance, dated, November 13, 2015; VHA Memorandum Outpatient Radiology Scheduling Policy and Interim Guidance (UPDATED) (VAIQ 7722255), dated August 12, 2016; and VHA Memorandum, Radiology and Nuclear Medicine Orders Management (VIEWS 00200846), dated May 1, 2019; Moving Forward Together, Prioritization for Expanding Outpatient Consultations, Procedures, and Appointments, v4.0 section Imaging: Radiology and Nuclear Medicine.
- 5. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of July 31, 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.
- 6. IMPLEMENTATION SCHEDULE:** 6 months after publication date to allow for the Veterans Integrated Service Networks (VISNs) and Department of Veterans Affairs (VA) medical facilities to make necessary changes to comply with the policy.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Erica Scavella, M.D., FACP, FACHE
Assistant Under Secretary for Health
for Clinical Services/CMO

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

July 25, 2023

VHA DIRECTIVE 1234

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RADIOLOGY OUTPATIENT SCHEDULING AND ORDERS MANAGEMENT

1. POLICY

It is Veterans Health Administration (VHA) policy that patients' radiology appointments are scheduled timely, accurately, and consistently, with the goal of scheduling routine appointments no more than 28 calendar days from the Patient Indicated Date (PID). Urgent imaging exams should be scheduled no more than 14 days from the PID. **NOTE:** *This VHA directive establishes policy for radiology outpatient imaging order scheduling. VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022, covers outpatient scheduling standards for consults. Most radiology exams are requested using "orders" and not "consults"; therefore, radiology is exempt from the requirements in VHA Directive 1230 and this directive covers specific standards for orders.* **AUTHORITY:** 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer is responsible for supporting Diagnostic Services with oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all Department of Veterans Affairs (VA) medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Diagnostic Services.** The Executive Director Diagnostic Services is responsible for:

(1) Providing oversight and support of national issues for radiology-specific scheduling and orders management policy, procedures, education, and radiology-specific applications across VHA.

(2) Overseeing and improving access to Radiology Services within VA in collaboration with the Executive Director, National Radiology Program.

e. **Executive Director, National Radiology Program.** The Executive Director, National Radiology Program is responsible for:

(1) Assisting the Executive Director, Diagnostic Services in overseeing and improving access to radiology services within VHA.

(2) Developing national standards for radiology-specific scheduling and orders management, including procedures and education (e.g., presenting training on Integrated Clinical Communities (ICC) calls).

(3) Working with VISN Diagnostics ICCs to communicate radiology policy changes to VA medical facilities.

f. **Assistant Director, National Radiology Program.** The Assistant Director, National Radiology Program is responsible for:

(1) Assisting the Executive Director, National Radiology Program with compliance of this directive.

(2) Advising the Executive Director, National Radiology Program on matters regarding scheduling and orders management.

g. **Veteran Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Overseeing the Radiology scheduling program and outpatient procedure routine (90% within 30 calendar days) and urgent (90% within 14 calendar days) wait times at the VISN, including staffing and equipment, in order to ensure access to imaging exams in accordance with the Standard Operating Procedure (SOP) titled ***Radiology Orders and Scheduling Business Rules*** and the ***Radiology and Medical Support Assistant (MSA) Staffing Recommendation Guide*** on the Radiology Program SharePoint site: <https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Appointing a VISN Diagnostics Integrated Clinical Communities Clinical Lead and/or VISN Lead Radiologist with a provision of appropriate administrative support and time to oversee scheduling and orders management compliance and ensuring communication of all new radiology guidance to VA medical facilities.

(4) Reviewing and monitoring compliance of VA medical facilities with this directive and requesting assistance from the VISN Diagnostics ICC Clinical Lead or VISN Lead Radiologist; Executive Director, Diagnostics Services; or Executive Director, National Radiology Program, when needed, to implement corrective actions.

h. Veteran Integrated Service Network Diagnostics Integrated Clinical Communities Clinical Lead/Veteran Integrated Service Network Lead Radiologist.

Depending on the VISN structure, the VISN Diagnostics ICCs Clinical Lead or VISN Lead Radiologist is responsible for:

(1) Facilitating information exchange between the National Radiology Program and VA medical facilities. This includes distribution of new VHA policies and guidelines to Radiology Services and documenting communication for tracking purposes in a method designated by the VISN ICC Clinical Lead (e.g., on a log posted on a SharePoint site).

(2) Overseeing and monitoring the standards for radiology scheduling and orders management processes in collaboration with the VA medical facility Director. This includes monitoring overall trends, identifying outlier VA medical facilities and ensuring overall compliance, with feedback to the VA medical facility Diagnostics ICC after at least monthly VISN Diagnostics ICC meetings. Specific monitoring responsibilities include:

(a) Regularly monitoring “pending,” “hold,” “past scheduled” orders and “incomplete” examination lists to identify potential noncompliance and provide feedback to VISN and VA medical facility leadership for noncompliant sites for VA medical facilities in accordance with the SOPs for **Management of Pending Orders, Hold Orders, and Scheduled Orders** that are found on the Radiology Program SharePoint site at: <https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** This is an internal VA website that is not available to the public.

(b) Regularly monitoring orders for radiology examinations requiring scheduling that are in “pending” status for over 7 days for VA medical facilities within their VISN to identify potential noncompliance and provide feedback to VISN and VA medical facility leadership for noncompliant sites in accordance with the SOP for **Management of Pending Orders** on the Radiology Program SharePoint site: <https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** This is an internal VA website that is not available to the public.

(c) Reviewing data for mandatory scheduling and examination cancellation audits by the VA medical facility Radiology Service or Nuclear Medicine Service Chief, and working with the VISN Director and VA medical facility Director to implement corrective actions, when necessary, in accordance with the SOP for **Radiology Scheduling Audits** on the Radiology Program SharePoint site <https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39>

[dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243](#). **NOTE:** This is an internal VA website that is not available to the public.

(3) Overseeing and monitoring metrics to improve access to care, including relevant wait times and other access metrics for routine and urgent exams as required by this directive.

i. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring that electronic health record (EHR) and Radiology applications are maintained in accordance with nationally distributed software and software packages.

(2) Assessing resource levels and the number of appointments made by radiology staff no less than yearly to ensure appropriate staff are scheduling appointments.

(3) Providing adequate resources for performing scheduling tasks to meet the needs of patients, which includes adequate staffing levels, appropriate equipment and software, and space in accordance with the **Radiology and Medical Support Assistant (MSA) Staffing Recommendation Guide** on the Radiology SharePoint site: <https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** This is an internal VA website that is not available to the public.

(4) Ensuring radiology scheduling and exam cancellation audits are conducted by the VA medical facility Radiology Administrator, Chief Technologist or Administrative Officer and conducting ongoing scheduling improvements accordingly as needed.

(5) Monitoring VA medical facility Radiology Service compliance with this directive in accordance with all SOPs on the Radiology Program SharePoint site: <https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** This is an internal VA website that is not available to the public.

(6) Providing appropriate processes for ongoing staff training and scheduling competency as required for access to the EHR Appointment Manager as it applies to Radiology scheduling parameters for all employees who schedule these exams. **NOTE:** This includes radiology-specific training for any employees scheduling radiology exams, including those organizationally aligned under Health Administration Service or other services.

(7) Collaborating with the VISN Diagnostics ICC Clinical Lead or VISN Lead Radiologist to ensure continuous auditing and improvement process of scheduling activities, including the timeliness and appropriateness of scheduling actions in accordance with the SOP for **Radiology Scheduling Audits** on the Radiology

SharePoint site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** This is an internal VA website that is not available to the public.

(8) Providing an annual review of all clinic profiles for accuracy, necessity, appropriate utilization and compliance with national appointment lengths for CT, MRI, and ultrasound in accordance with the SOP for **Clinic Profile Management** on the Radiology Program SharePoint site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** This is an internal VA website that is not available to the public.

(9) Providing ongoing review of outpatient imaging wait times and adequate staffing resources (e.g., technologists) and imaging equipment for appropriate access to radiology exams. **NOTE:** General guidance for staffing and imaging equipment as applicable to access to care can be found in the **Radiology and Medical Support Assistant (MSA) Staffing Recommendation Guide** on the Radiology Program SharePoint site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. This is an internal VA website that is not available to the public.

j. **VA Medical Facility Associate Director.** The VA medical facility Associate Director is responsible for ensuring that the Scheduling Business Owner maintains and conducts an annual review of the Master Scheduler List and validates that Schedulers have completed the required training as listed in paragraph 3 and further detailed in the **VHA National Standardized Scheduler Onboarding Trainer's Guide**:
<https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

k. **VA Medical Facility Chief of Staff.** The VA medical facility Chief of Staff is responsible for:

(1) Ensuring that ordering health care providers enter appropriate PIDs for imaging orders.

(2) Ensuring that ordering health care providers enter appropriate clinical history in the Reason for Exam when ordering exams.

(3) Ensuring that ordering health care providers directly contact the Radiology Service when ordering for STAT examinations that must be completed within 24 hours.

(4) Ensuring that ordering health care providers make available and maintain current personal contact information (cell phone or beeper) for the reporting of critical results.

(5) Ensuring that ordering health care providers assign a surrogate to receive imaging exam results during times of absence.

(6) Ensuring that ordering health care providers discontinue orders when the studies are no longer clinically indicated.

(7) Ensuring that ordering health care providers regularly monitor communication regarding imaging order cancellation (including EHR view alerts and notes) and enter new radiology or nuclear medicine orders into EHR, when clinically indicated.

I. VA Medical Facility Radiology Service and Nuclear Medicine Service Chief.

Depending on the structure of the VA medical facility, either the VA medical facility Radiology Service Chief or the VA medical facility Radiology Service Chief and Nuclear Medicine Service Chief is responsible for:

(1) Identifying radiology examinations and procedures that require scheduling and are suitable for unscheduled walk-ins.

(2) Ensuring that VA medical facility Schedulers follow scheduling and orders management processes (i.e., “Pending”, “Hold”, and “Scheduled” orders) in accordance with the SOPs for **Management of Pending Orders, Hold Orders, and Scheduled Orders** on the Radiology Program SharePoint site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** This is an internal VA website that is not available to the public.

(3) Defining, implementing and overseeing the plan for monitoring orders management and ensuring resolution of these management reports in accordance with the SOPs for **Management of Pending Orders, Hold Orders, and Scheduled Orders** on the Radiology Program SharePoint site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** This is an internal VA website that is not available to the public.

(4) Ensuring that the incomplete examination report for the VA medical facility is managed in accordance with the SOP for **Incomplete Exam Management** on the Radiology Program SharePoint site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>

[ance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%20VHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243](https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance%20VHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243). **NOTE:** This is an internal VA website that is not available to the public.

(5) Reviewing and ensuring that the VA medical facility Radiology Administrator, Chief Technologist or Administrative Officer monitors and makes recommendations to improve outpatient procedure wait times, including routine and urgent examination requests.

(6) Reviewing and ensuring that the VA medical facility Radiology Administrator, Chief Technologist or Administrative Officer implements scheduling and exam cancellation audits in accordance with the SOP for **Radiology Scheduling Audits** on the Radiology Program SharePoint site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%20VHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** This is an internal VA website that is not available to the public.

(7) Gathering an analysis of data regarding outpatient procedure wait times (routine and urgent), orders management and audits for scheduling and exam cancellation and reporting the data at least quarterly to the VA medical facility Radiology Service Quality Improvement Committee, VISN Diagnostics ICC, and through the local facility governance structure as appropriate.

(8) Developing action plans to remedy non-compliance with not meeting access wait time standards. This includes notification to VA medical facility leadership and VISN Diagnostics ICCs when resources are insufficient to ensure full compliance with the requirements of this directive.

(9) Collaborating with the VA medical facility Scheduling Business Owner, and the VA medical facility Radiology Administrator, Chief Technologist or Administrative Officer to sustain access initiatives and implement contingency plans that impact scheduling practices.

m. **VA Medical Facility Radiology Service Quality Improvement Committee Chair.** The VA medical facility Radiology Quality Improvement Committee Chair is responsible for:

(1) Encouraging a culture of quality to support continuous improvements which promotes high quality care and organizational efficiency.

(2) Establishing, with input from committee members, imaging quality metrics that improve processes and performance and incorporate data driven elements as reported by the VA medical facility Radiology Service or Nuclear Medicine Service Chief.

(3) Ensuring that the Radiology Quality Improvement committee meeting minutes are reviewed through the local facility governance structure.

n. **VA Medical Facility Ordering Health Care Provider.** The VA medical facility ordering health care provider is responsible for:

(1) Discussing with the patient the necessity and benefit(s) versus risk(s) of the exam and negotiating the PID with the patient.

(2) Entering the correct 'urgency' status for the exam into EHR.

(3) Entering appropriate clinical history based on patient signs and symptoms into the Reason for Exam when placing an order in EHR.

(4) Regularly monitoring EHR view alerts and Reason for Exam notes regarding imaging order cancellation and entering new radiology or nuclear medicine orders when clinically indicated.

(5) Contacting the Radiology Service directly when ordering STAT examinations that need to be completed within 24 hours.

(6) Entering appropriate PIDs for imaging orders.

(7) Making available and maintaining current personal contact information (cell phone or beeper) for the reporting of critical results.

(8) Assigning a surrogate to receive imaging exam results during times of absence.

(9) Discontinuing orders when the studies are no longer clinically indicated.

o. **VA Medical Facility Radiology Administrator/Chief Technologist/Administrative Officer.** Depending on the structure of the VA medical facility, the VA medical facility Radiology Administrator, Chief Technologist or Administrative Officer is responsible for:

(1) Monitoring orders for radiology exams requiring scheduling, which have been in "pending" status for more than 7 days at the VA medical facility, to ensure patients are contacted in accordance with the SOP for ***Management of Pending Orders*** on the Radiology Program SharePoint site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** *This is an internal VA website that is not available to the public.*

(2) Reconciling the incomplete exam report in accordance with the SOP for ***Incomplete Exam Management*** on the Radiology Program SharePoint site: <https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>

[ance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243](https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance%20Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243). **NOTE:** This is an internal VA website that is not available to the public.

(3) Monitoring at least monthly outpatient procedure wait times, including routine and urgent examination requests.

(4) Implementing scheduling and exam cancellation audits in accordance with the SOP for **Radiology Scheduling Audits** on the Radiology Program SharePoint site: <https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** This is an internal VA website that is not available to the public.

(5) Collaborating with the VA medical facility Scheduling Business Owner and VA medical facility Radiology Service or Nuclear Medicine Service Chief to sustain access initiatives and implement contingency plans that impact scheduling practices.

p. **VA Medical Facility Scheduling Business Owner.** The VA medical facility Scheduling Business Owner is determined by the structure of the VA medical facility and may include the VA medical facility Chief of Health Administration Service (HAS), Medical Administration Service (MAS), Business Office, or Radiology Service; VA medical facility Service Line Manager; or VA medical facility Group Practice Manager. The VA medical facility Scheduling Business Owner is responsible for:

(1) Overseeing VA medical facility Schedulers and VA medical facility Scheduling Supervisors in the technical components of scheduling and appointment management tools in accordance with the **Appointment Management Business Rules SOP**, available at:

<https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(2) Ensuring that VA medical facility Schedulers complete National Standardized Onboarding Training prior to being released to work unit and are issued scheduler keys in accordance with the **VHA National Standardized Scheduler Onboarding Trainer's Guide**, available at:

<https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(3) Ensuring that VA medical facility Schedulers complete national annual Scheduler refresher training as identified and developed by the Office of Integrated Veteran Care (OIVC) in accordance with the **VHA National Standardized Scheduler Onboarding Trainer's Guide**, available at:

<https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(4) Collaborating with the VA medical facility Scheduling Trainer to identify supplemental Scheduler training requirements and overseeing the VA medical facility Scheduling Trainer in the implementation of updates to Scheduler training based on VA medical facility radiology scheduling needs and scheduling audit results and trends.

(5) Collaborating with the VA medical facility Radiology Service or Nuclear Medicine Service Chief, and the VA medical facility Radiology Administrator, Chief Technologist or Administrative Officer to sustain access initiatives and implement contingency plans that impact scheduling practices.

q. **VA Medical Facility Scheduling Supervisor.** The VA medical facility Scheduling Supervisor, or designee is responsible for:

(1) Ensuring Schedulers have appropriate menu access and training for making, rescheduling, canceling, entering cancellation notes, and updating Veteran appointments in the EHR Scheduling and Radiology packages.

(2) Ensuring that VA medical facility Schedulers are scheduling and managing appointments as outlined in the Standard Operating Procedures for this directive.

(3) Completing an annual Scheduler competency assessment.

(4) Conducting ongoing radiology orders management audit performance feedback and any required remediation.

(5) Conducting daily oversight and management of VA medical facility Scheduler administrative work tasks (e.g., “Pending”, “Hold”, past “Scheduled” orders reports).

r. **VA Medical Facility Scheduling Trainer.** The VA medical facility Scheduling Trainer is responsible for:

(1) Collaborating with the VA medical facility Scheduling Business Owner to identify supplemental Scheduler training requirements.

(2) Implementing updates to Scheduler training based on VA medical facility radiology scheduling needs and scheduling audit results and trends.

s. **VA Medical Facility Scheduler.** VA medical facility Schedulers refer to staff who is authorized to schedule outpatient appointments in Radiology, after completing the National Standardized Onboarding Scheduler Training and radiology-specific training. The VA medical facility Scheduler is responsible for:

(1) Following scheduling and orders management processes (i.e., “Pending”, “Hold”, and “Scheduled” orders) in accordance with the SOPs for ***Management of Pending Orders, Hold Orders, and Scheduled Orders*** on the Radiology Program SharePoint site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FSch>

[eduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243](https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243). **NOTE:** This is an internal VA website that is not available to the public.

(2) Reviewing the radiology orders to ensure that the PID is not more than 390 calendar days in the future from the order entry date and matches the timeframe in the Reason for Exam entry (e.g., if the Reason for Exam states 6-month follow-up of abnormality found on CT scan, the PID should match accordingly).

(3) Contacting patients within 7 calendar days of the ordering health care provider's entry date of the radiology exam, in accordance with the SOP for **Scheduling Processes** on the Radiology Program SharePoint site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** This is an internal VA website that is not available to the public.

(4) Making, rescheduling, canceling, entering cancellation notes, and updating Veteran appointments in EHR Scheduling and Radiology packages.

(5) Negotiating appointment dates and times with the Veteran.

(6) Reviewing community care eligibility (designated access standards) and offering patients the choice to schedule an appointment in the community, if eligible.

(7) Following the minimum scheduling effort when attempting to schedule and reschedule appointments in accordance with the SOP for **Radiology Orders and Scheduling Business Rules** on the Radiology Program SharePoint site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** This is an internal VA website that is not available to the public.

(8) Cancelling and rescheduling appointments in accordance with the SOP for **Reschedules, Cancellations, and No Shows** on the Radiology Program SharePoint site:

<https://dvagov.sharepoint.com/sites/VHADiagnosticservices/NRP2/Scheduling%20Guidance/Forms/AllItems.aspx?id=%2Fsites%2FVHADiagnosticservices%2FNRP2%2FScheduling%20Guidance%2FVHA%20Directive%201234%20SOP%20Directory&viewid=39dee479%2D5d49%2D42d9%2D94ec%2D2ae372ee2243>. **NOTE:** This is an internal VA website that is not available to the public.

(9) Completing daily administrative work tasks (e.g., "Pending", "Hold", past "Scheduled" orders reports).

(10) Entering appointment “no shows” into EHR scheduling software and updating the radiology order no later than the end of each business day.

(11) Managing the check-in process with patients to enable timely start of appointments.

(12) Completing required training as specified in paragraph 3 in order to be assigned the appropriate EHR menu options to perform these functions by the VA medical facility Radiology Scheduling Supervisor.

3. TRAINING

The following training is required for all **VA medical facility Scheduling Audit Lead** and **VA medical facility Schedulers**:

a. National Standardized Onboarding Scheduler Training. For specific information on TMS course titles and numbers, see the **VHA National Standardized Scheduler Onboarding Trainer’s Guide**, available at: <https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

b. Locally developed radiology-specific training for orders management and scheduling practices.

c. Annual scheduler refresher training as identified and developed by OIVC.

4. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

5. BACKGROUND

VHA is committed to providing timely, high quality outpatient imaging care for all enrolled patients. This requires a sound outpatient scheduling system, business practices and processes that meet patients’ diagnostic imaging needs. The Office of Inspector General issued a report in December 2019 on the Delays and Deficiencies in Management of Selected Radiology and Nuclear Medicine Outpatient Exams which identified opportunities to improve radiology orders management and scheduling practices.

6. DEFINITIONS

a. **Clinic Profile.** The clinic profile is the customized set of parameters in EHR Scheduling that define outpatient clinic parameters. These parameters include clinic

name, start date/time, location, frequency of the clinic, operational times, stop codes, overbooking allowance, count or non-count clinic, appointment lengths, billable or non-billable for the first party copays, billable or non-billable for third party billing, appointment lengths, users, etc.

b. **Electronic Health Record.** EHR is the digital collection of patient health information resulting from clinical patient care, medical testing, and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA), and Cerner platforms. **NOTE:** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

c. **Imaging Order.** The imaging order is the request for a radiology or nuclear medicine exam to be performed.

d. **No Show.** A no show is an appointment classification that signifies a patient was not present and did not notify the clinic to cancel a scheduled appointment. In order to distinguish a no show from a late arrival, schedulers are encouraged to enter no shows at the end of the day or the beginning of the next day.

e. **Non-Count Clinic.** A non-count clinic is a clinic established for internal use only (e.g., managing clinics). Workload is not transmitted to the National Patient Care Database. Radiology Clinics in the EHR Scheduling package are Non-Count and the workload is automatically loaded to the Patient Care Encounter (PCE) database from the Radiology EHR package. **NOTE:** *For additional information, refer to VHA Directive 1082, Patient Care Data Capture and Closeout, dated March 9, 2023.*

f. **Order Entry Date.** The order entry date is the date the ordering health care provider entered the radiology or nuclear medicine order. This is the date used by staff for MISSION Act requirements.

g. **Patient Indicated Date.** 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.*

h. **Radiology.** For the purposes of this directive, Radiology refers to all radiology and nuclear medicine imaging modalities.

i. **STAT Examination.** For the purpose of this directive, a STAT examination is for an 'immediate' examination.

7. REFERENCES

- a. VHA Directive 1082, Patient Care Data Capture and Closeout, dated March 9, 2023.
- b. VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022.