

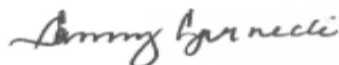
Date: April 16, 2021

From: Assistant Under Secretary for Health for Operations (15)

Subj: Return to Clinic Order Business Rules Implementation

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)
Medical Center Directors (00)

1. The purpose of this memorandum is to provide standardized business rules to be implemented in all outpatient count clinics regarding the use of the National Return to Clinic (RTC) order and associated processes in the Computerized Patient Record System (CPRS) electronic health record (EHR).
2. The National RTC order was deployed in December 2017 and implemented in Veterans Health Administration outpatient count clinics the following year. The purpose of the National RTC order is to standardize the communication of established patient follow-up appointments in count clinics and to automate the entry of the Patient Indicated Date (PID) from the RTC order to the VS GUI scheduling software system.
3. The order is required for use by clinical staff whose RTC determinations are within the scope of their practice and who are locally authorized to write orders. Refer to Attachment A: 10N Memorandum entitled Deployment of National Return to Clinic Order dated December 7, 2017.
4. Attachment B outlines the National RTC order business rules that are to be implemented. These business rules are to be implemented within 30 days of publication of this memorandum.
5. Informational and/or training sessions will provided by the Office of Veterans Access to Care. For questions regarding appropriate uses of the RTC order, please contact the Access Office Field Support Team at VHAOVACFieldSupportTeam@va.gov.



for
Renee Oshinski

Attachments

**Department of
Veterans Affairs****Memorandum**

Date: DEC - 7 2017

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

Subj: Deployment of National Return To Clinic Order

To: NetworkDirectors (10N1-23)

1. The purpose of this memo is to provide implementation instructions for the new standardized national Return to Clinic (RTC) process. This new process is critical for preventing most scheduling errors. It standardizes the provider RTC order and automatically copies the Patient Indicated Date (PID) from the order to the future scheduled appointment in Veterans Health Administration's (VHA) scheduling system. The software necessary to support this workflow will be installed by December 19, 2017, although implementation planning for the RTC process should start immediately.

2. National RTC order implementation is required in all VHA count clinics, those clinics delivering patient care between a provider and a patient. (Note, examples of non-count clinics are Radiology, Lab, Community Care and "Admin note" or "Chart Check" clinics.) The order is required for use by clinical staff whose RTC determinations are within the scope of their practice and are locally authorized to use either the ORELSE or ORES Computerize Patient Record System (CPRS) key to write orders.

3. The level of effort that will be required to implement the national RTC order varies widely depending on the local current state including the quantity and design of RTC orders embedded in facilities' CPRS menus, quick orders and order sets. Therefore, each site should consider forming a small team to assess the current state, identify areas for simplification and oversee implementation of the national RTC order process. This team could include clinic application coordinators, clinical and administrative leadership, clinical champions and/or VistA Scheduling Enhancement (VSE) super users. The national RTC order benefits will not be available until they are added to and fully used in CPRS.

4. To begin implementation, please submit an **assessment of the level of effort** to replace local RTC orders and an **implementation plan** by **December 22, 2017**, which identifies the date each site (hospital or CBOC) is expected to have completed the national RTC implementation at this link:
<https://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/10NA/ACAO/VSESuperUserTrainin/g/Lists/RTC%20Pre%20Assessment/AllItems.aspx>

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Deployment of National Return To Clinic Order

- a. In facilities where the RTC order can be easily added to a high level menu, immediate implementation is encouraged.
- b. As soon as possible, implement the national RTC order in one clinic area in order to gain experience with the process.
- c. No later than February 28, 2018, at least 50 percent of each facility's RTC orders should be processed via the national RTC order.
- d. No later than March 30, 2018, all local RTC orders should be removed from CPRS order menus, and all RTC orders must be processed via the national RTC order.

Please update the above SharePoint link with your actual implementation progress dates as they occur.

5. In Attachment A are several reference documents to assist your sites with implementing and training for RTC order functionality. Please extend our sincere thanks to all the staff, trainers and leadership who worked to develop this product and to fully implement VistA Scheduling Graphic, User Interface (VSGUI) and RTC processes in your facilities. Questions can be directed to Erin Vanderwall, VSGUI at Erin.Vanderwall@va.gov and Cathy Potts (CAC) at Cathy.Potts@va.gov on the Office of Veterans Access to Care team.


Steve Young

Attachment

Appendix A: Training and Resources

It is highly recommended that staff participate in the following trainings:

- a. All affected staff including providers: The Return to Clinic Video is a concise 12 minute description of the new RTC order functionality including the “how to” set up a personal quick order with “few clicks” functionality.
- b. Clinic Application Coordinators (CAC) and Health Information System staff: The RTC technical guide details setting up the RTC orders, menus, and parameters.
- c. For all: Training dates for appropriate time zones and dial-in information along with video and CAC resources can be found on the RTC VA PULSE page:
<https://www.vapulse.net/groups/return-to-clinic-rtc>

National Return to Clinic (RTC) Order Business Rules

1. Clinicians are required to use the National Return to Clinic (RTC) order to communicate scheduling instructions for follow-up appointments in count clinics.
 - a. Usage of the RTC order standardizes the established Veteran appointment process and automatically transfers the Patient Indicated Date (PID) from the order to the VS GUI scheduling software. Use of the National RTC order reduces scheduling errors.
2. The National RTC order requires either the ORES or ORELSE VistA key for electronic signature of the order.
 - a. ORES key: This key is assigned to users that are authorized to write orders in the EHR and release orders immediately to the appropriate service. This is assigned to physicians, dentists, house staff, Nurse Practitioners, and other licensed staff and granted the scope and authority to write and sign orders.
 - b. ORELSE key: the key is assigned to clinicians whose scope of practice allows limited entry of certain orders and enables entry and release of orders by local policy (per clinical service and approved by the Chief of Staff).
 - i. There must be a local policy for the release of electronic orders “by policy.” ORELSE key is generally assigned to Registered nurses and other appropriate personnel who can write limited orders based on their scope of practice.
3. RTC orders are entered for the clinic location of the follow-up visit. In addition to the return date, the clinician can also specify other scheduling instructions and additional modality options (e.g., in-person, video to the home (VVC), telephone) in the pre-requisite or comments section of the order when applicable.
 - a. In cases where the clinician indicates several options for the clinic/ modality of the return visit based on Veteran preference (such as telephone or video), scheduling staff will provide the options to the Veteran and schedule the appointment in the appropriate clinic.
4. RTC Order Business Rules:
 - a. An RTC order is required to schedule a follow-up appointment for all count clinics (exceptions listed in section 5 below).
 - b. Clinicians are required to enter an RTC order by the end of the clinic visit when a follow-up appointment is required. When possible, the Veteran will check out immediately after the visit to schedule a follow-up appointment or be placed in recall reminder software based on preference.
 - i. In cases where a Veteran does not check out or the clinician places an RTC after the clinic visit, the RTC order is to be scheduled or an attempt

to schedule must be made no later than 2 business days after the order's creation.

- ii. The Veteran is provided the choice to schedule a future appointment now or for the request to be entered into the Recall Reminder System and contacted later to schedule the appointment. Appointment requests with a PID less than 90 days of the date the request was created must be scheduled.
 - iii. If initial attempt to schedule the appointment fails, the RTC order must be scheduled or dispositioned no later than 14 calendar days from the date of the first contact attempt. Scheduling staff are to follow the minimum scheduling effort.
- c. RTC orders must be scheduled/processed using VS GUI. The order is automatically completed in CPRS when the appointment is scheduled in VS GUI using the VS GUI RTC request.
- i. If VistA is used (contingency use only) to schedule the appointment, the scheduler must disposition the RTC request in VS GUI as "removed/scheduled assigned."
 - ii. Disposition of the VS GUI RTC request is important in management of both open CPRS RTC orders and VS GUI RTC requests. Fileman edits to close VS GUI RTC requests or CPRS orders must not be done as it corrupts data files by breaking pointers.
- d. The National RTC order is not required for inpatient discharge orders but may be used based on locally determined processes. Locally created orders are generally used for discharge orders.
- e. National RTC orders should not be verified in CPRS. The National RTC order can no longer be completed in CPRS as the software doesn't technically allow that action anymore.

5. RTC Orders are NOT Required When:

- a. An established Veteran walks-in or calls to request an appointment.
 - i. An established Veteran who requests an appointment in addition to planned follow-up (e.g., not feeling well) should be triaged by clinical staff or appointed per rules established by the clinical team and scheduled using the PID of the Veteran.
- b. Rescheduling a cancelled appointment.
 - i. Clinic Cancellation:
 - When rescheduling an appointment due to clinician unavailability, the appointment should be scheduled as close to the PID of the original appointment as possible. The rescheduled appointment date is negotiated with the Veteran.
 - ii. Veteran cancellation or no-show:

- Veterans who cancel or no-show to an appointment should be rescheduled using the PID of the Veteran.
- c. A Veteran contacts the facility to schedule an appointment within 90 days after the RTC order has been dispositioned due to a failed scheduling effort.
 - i. RTC orders dispositioned as “removed/scheduled assigned” due to failed scheduling effort may be scheduled within 90 days of being dispositioned without further clinician input.
 - d. The modality of care is changed.
 - i. If there is an unanticipated change required in the clinic visit modality (e.g., in-person to virtual), the original appointment should be cancelled and rescheduled into the appropriate clinic. Schedulers are to note #VVC# or #TELE# in the appointment cancellation comments and reschedule the appointment into the appropriate modality, entering #VVC# or #TELE# in the new appointment comments.
 - e. Appointments are moved from one clinic to another (e.g., clinician is no longer available and is replaced by another).
 - i. When moving appointments to another clinic, the original date and time of appointments should be honored as much as possible. The rescheduled appointment date must be negotiated with the Veteran if the new time or date differs from the original appointment.
 - f. RTC orders are not required for noncount clinics (e.g. radiology, laboratory) or for programs who use specialized software where the appointment date is automatically entered in VistA (e.g. radiation oncology).
 - g. Programs/stop codes exempt from VHA Directive 1230, Outpatient Scheduling Process and Procedures, link to VHA Directives Site:
<https://vaww.va.gov/vhapublications/publications.cfm?pub=1>
6. Medical facilities are to monitor open CPRS RTC orders on the VSSC “Return to Clinic Order Report” and “VSE Open Appointment Request Report” daily to ensure the requests are addressed timely. The review and scheduling processes are determined locally. Link to the report:
<https://vssc.med.va.gov/VSSCMainApp/products.aspx?PgmArea=42>