

November 13, 2002

**IMPLEMENTATION OF ELECTRONIC WAIT LIST
NATIONAL VISTA SOFTWARE**

1. **PURPOSE:** This Veterans Health Administration (VHA) Directive requires VHA health care facilities to install and implement the Electronic Wait List (EWL) National Veterans Information Systems and Technology Architecture (VistA) Software. EWL has two components that must be installed, the first component is the Core EWL Software and the second is the transmission patch. The core EWL software provides a standard mechanism for VHA to capture and track patients who are waiting for clinic appointments and primary care panel assignments. The second component of the EWL software transmits information about the patients on EWL to a national database at the Austin Automation Center.

2. BACKGROUND

a. On February 1, 2002, the Under Secretary for Health requested that the Office of Information develop an EWL. This request was initiated because of concerns about the variable use of local wait lists across VHA. VHA is in the process of developing standard business rules for ensuring that all veterans are treated in a uniform and consistent way when trying to gain access to the Department of Veterans Affairs (VA) Health Care System anywhere in the country. Since local wait lists are used as a mechanism to control access to VA health care, there was a need to replace local wait lists with a national electronic wait list. The national electronic wait list will provide VHA facilities a standard tool for tracking and analyzing the numbers and types of patients on wait lists.

b. EWL version 1.0 is the first version of the core EWL and is a patch to the Scheduling software, complemented by patches to Primary Care Management Module (PCMM) and Enrollment. The new software provides users with the ability to place patients on the wait list when in the Scheduling (Make Appointment) function, when in PCMM, and when in EWL stand-alone mode. EWL version 1.0 Core EWL Software is comprised of the following:

- (1) EAS*1.0*17
- (2) SD*5.3*263
- (3) DG*5.3*273
- (4) SD*5.3*264
- (5) Two executables for the PCMM GUI and GUI Merge Utility

c. This core EWL software enables the user to place a patient on two types of wait lists. The first is a wait list for placement on a primary care panel. The second is a wait list for a clinic appointment.

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- d. Sites may choose which clinics and service/specialties will utilize the wait list functionality through the EWL parameter menu.
- e. Sites manage the wait list through reports included in the patch, which sort waiting patients in a variety of ways, such as by institution, clinic, or appointment date desired.
- f. Patients are automatically removed from both wait lists when a patient expires. Patients are automatically removed from the primary care panel wait list when they are assigned to a primary care panel. Patients are not automatically removed from the clinic appointment wait list. Instead, when an appointment is scheduled in a clinic for which the patient has been waiting for an appointment (either a Decision Support System (DSS) Clinic Stop or clinic), the user of the software (e.g. scheduling clerk) will be asked if they want to remove (inactivate) the patient from the wait list. If the user answers “no,” the patient will remain on the wait list.
- g. The Core EWL Software also includes an “import tool,” which provides sites that currently have a local electronic wait list with a utility to move existing data to the new EWL.
- h. The VHA Office of Information is facilitating a training initiative for sites to obtain an overview demonstration of the EWL software.
- i. EES has produced training guides for scheduling clerks that describes how to use the electronic wait list as it relates to scheduling:
<http://vaww.vistau.med.va.gov/VistaU/ewl/TrainMat.htm>. This training guide should be distributed to, and reviewed with all scheduling clerks. Sites should also discuss the reasons for these changes and the importance of accurate entry of this information with affected staff. All efforts must be taken to keep the EWL data as accurate as possible and all involved staff must understand the importance of their role in accomplishing this.
- j. VistA Software Patch SD*5.3*270 is the EWL transmission patch. This software sends data from the VistA EWL to a national database at the Austin Automation Center.

3. POLICY

- a. The National VistA Core EWL Software must be used by VHA facilities to capture and track information about patients waiting for clinic appointments and primary care panel assignments. EWL will replace all local wait lists or other processes intended to keep patients in a holding status while waiting for a clinic appointment to become available.
- b. EWL software must be implemented at sites within 30 days of national release. For the purposes of this discussion, implementation means installing the software and populating the software with any patients that have previously been on local wait lists.

c. After the installation and population of the electronic wait list, sites shall discontinue using all local wait lists or other local processes for maintaining patients in a holding status for a clinic appointment.

d. The EWL transmission patch SD*5.3*270 will be released after the Core EWL Software. The installation of patch SD*5.3*270 requires that the Core EWL Software be installed first and implemented. Sites must install the EWL Transmission patch SD*5.3*270 as soon as possible after installing and implementing the Core EWL Software and set the Task Manager to transmit data on the 1st and 15th of every month. Transmissions must begin by January 1, 2003.

4. ACTION

a. The National VistA EWL Software shall be implemented at sites within 30 days of national release.

b. For the purposes of this discussion, implementation means installing the Core EWL Software and transferring patients from local wait lists to the EWL. This transfer needs to be done immediately after installation to avoid the confusion associated with maintaining two lists, the EWL and the local wait list. Both installation and population of the EWL software, with local wait list patients, should be accomplished within 30 days after the national release of the EWL software.

c. After patients have been transferred from local wait lists to the EWL, the use of all local wait lists must be discontinued. The EWL will replace all local wait lists.

d. The National VistA EWL Transmission Software will be installed as soon as possible after the installation and implementation of the Core EWL Software. The software must be set up such that the extraction will run automatically via Task Manager. Transmissions will begin by January 1, 2003.

e. Training developed by the Office of Information will be accommodated at all sites.

f. As part of the implementation, sites will specify which clinics and service/specialties will utilize the wait list functionality through the EWL parameter.

g. At a minimum, any clinics that have maintained local wait lists in the past must be set up to utilize the wait list functionality through the EWL parameter. Other clinics should be evaluated periodically to determine the benefit of utilizing the electronic wait list functionality.

h. Manual reporting, by sites, of the number of patients on wait lists will need to continue until national reporting can occur from the national wait list database. It is expected that this transition period between the manual reporting and national reporting will last 30 days after the release of the National EWL transmission patch (SD*5.3*270).

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i. Sites must use the VistA EWL reports to provide the summarized data for manual reporting during this transition period once they have populated the EWL software with any patients that had been maintained on local wait lists.

5. REFERENCES

- a. VHA Assistant Deputy Under Secretary for Health Memorandum entitled, "Implementation of PCMM," dated 2/1/02.
- b. VHA Directive entitled, "Enrollment Process for Clinical Care," in process.
- c. <http://vaww.vistau.med.va.gov/VistaU/ewl/TrainMat.htm>

6. FOLLOW-UP RESPONSIBILITY: Deputy Under Secretary for Health for Operations and Management (10N).

7. RESCISSION: This VHA Directive expires November 30, 2007.

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