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PROCESS CONDITION-ACTION DIAGRAM FLOWCHARTS. PATIENT APPOINTMEN--ETC(U)
JUN 76 K SCHANK
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TRIMIS-Army Technical Report 1-5

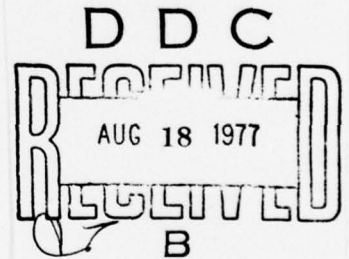
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AD-A043217

PATIENT
APPOINTMENTS
AND
SCHEDULING

PROCESS
CONDITION-ACTION DIAGRAM
FLOWCHARTS

U.S. ARMY TRIMIS AGENCY
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, DC 20012



June 1976

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) The purpose of the Patient Appointments and Scheduling (PAS) System condition-action flowcharts is to present in easily understandable graphic form the major processing involved in an advanced clinic appointments system. The PAS System is intended to provide the appointing and scheduling portion of the health care support systems which are the mission of the Tri-Service Medical Information System (TRIMIS) project.		

Block #20:

In the face of a wide diversity in clinic appointing operations throughout the military medical departments, the intent of this system is to be relatively comprehensive. Therefore, the TRIMIS PAS Subsystem includes features that may not be implemented at all hospitals or clinics. However, a subset of the system should suffice for any given treatment facility regardless of specialization or work load.

The essence of patient appointments and clinic scheduling as embodied in PAS is to bring together at a specified time and place the three essential elements for a patient-CP encounter - the patient himself, the care provider CP, and the medical record or "data base." Further, this is to be done in such a manner as to aid the clinic chief and unit manager in efficiently managing the clinic, to help in keeping medical records available where and when needed, and to aid the patient and care provider in planning their individual schedules. While this is conceptually rather straight-forward, it is pragmatically actually quite complex.

An annotated bibliography is included.

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*These mnemonics are not intended for use as general identifiers, but are used in these charts for indexing and cross-referencing purposes.

ACKNOWLEDGEMENTS

These charts were developed by Mr. Karl Schank of the TRIMIS-Army Agency, who also did the initial analysis of the then-existing system at Walter Reed Army Medical Center (WRAMC). The design and development of the complete system charted herein was a joint effort participated in by the Army, Navy, and Air Force with technical assistance from a Systems Engineering and Integration Contractor (SE&I). The principal military personnel involved in this effort were: CWO John C. Morris and Mr. Karl Schank, TRIMIS-Army Agency; Mrs. R. Lynne Nearman, Naval Medical Data Services Center; CPT John J. Cleary, Jr. and Mr. J. T. Wright, Air Force Data Systems Design Center. The SE&I was IBM Federal Systems Division.

Many thanks to Mrs. Margot Alessandro of the WRAMC Central Appointments Section, as well as her staff, who allowed us to analyze her system and put up with us when we did. LTC Norman Wallace and MAJ Carl Helser of the WRAMC Department of Clinics also deserve our thanks.

PURPOSE.

The purpose of the Patient Appointments and Scheduling (PAS) System condition-action flowcharts is to present in easily understandable graphic form the major processing involved in an advanced clinic appointments system. The PAS System is intended to provide the appointing and scheduling portion of the health care support systems which are the mission of the Tri-Service Medical Information System (TRIMIS) project.

BACKGROUND.

There is a wide diversity in clinic appointing operations throughout the military medical departments, ranging from individual clinic maintenance of local appointment books, to block-scheduled mass clinics, to individual patients seeing specific care providers in clinics that may be appointed either centrally or locally. The intent of the system is to be relatively comprehensive. As such, it must be flexible enough to be usable for facilities that have a single Centralized Appointment Section (CAS), as well as facilities that in addition to or in lieu of this have a system of decentralized local appointing areas (the clinics) operating throughout the medical facility or region. Further, the system must be usable by MTFs ranging from the small stand-alone medical clinic to the large military medical center with a wide variety of specialty services and/or active teaching program. Therefore, the TRIMIS PAS Subsystem includes features that may not be implemented at all hospitals or

clinics. However, a subset of the system should suffice for any given treatment facility regardless of specialization or workload. In fact, a major portion of the features charted here have recently been manually implemented at the Walter Reed Army Medical Center (WRAMC).

LIMITATIONS.

The reader must not at this time expect to find a hospital Central Appointment Section (CAS), for example, in which the clerks follow exactly all the procedures described herein. This is because the PAS System charted here includes more capabilities than, and is a superset of, any known system at the time of this writing. The system presented here is, in fact, a technology-independent description of the full TRIMIS PAS System design. However, the internal details of routine processes such as production of reports are not presented here, as the condition-action diagram format is an inappropriate medium for that type description.

Although the maintenance of operating room (OR) schedules is one required component of the subsystem that has not yet been adequately addressed, and is not charted here, work has been initiated to complete its definition.

OBJECTIVES.

The essence of patient appointments and clinic scheduling as embodied in PAS is to bring together at a specified time and place the three essential elements for a patient-CP encounter -- the patient

himself, the care provider CP, and the medical record or "database." Further, this is to be done in such a manner as to aid the clinic chief and unit manager in efficiently managing the clinic, to help in keeping medical records available where and when needed, and to aid the patient and care provider in planning their individual schedules. While this seems at first to be rather straight-forward, it is actually quite complex and requires a good deal of processing to accomplish.

These PAS processes are visualized as the starting point for patient care counters and health care management, and it is understood that this initial contact often determines the patient's perception of the entire facility and its staff. Consequently the patient must be treated with tact and respect.

More specific philosophies, policies, and objectives are outlined under the following headings that indicate the major process groups of PAS.

a. Care Provider Schedule Maintenance Function.

1. Satisfy or match patients' unique appointment criteria and desires with clinic/care provider schedules.
2. Reduce waiting room time.
3. Reduce patient waiting time for an appointment.
4. Reduce appointment making time.
5. Speedily and efficiently provide the means to schedule, locate, summarize, confirm, change, or cancel an individual's appointments.

6. Provide the means to satisfy those patient appointment requirements when clinic or care provider schedules are not currently available.

7. Allow flexibility of scheduling so that appointments can be made for the individual care provider from the clinic and/or the Central Appointments Section.

8. Reduce and resolve appointment conflicts arising from an attempt to create multiple appointments at the same time (in an integrated environment this may involve other subsystems).

9. Insure that in no case is an appointment ever made automatically for an outpatient without her/his active concurrence.

10. Allow for the appointing of every encounter a patient has with a clinic/care provider.

c. Follow-Up Function.

1. Remind patients of confirmed or cancelled appointments (this must not abridge his right to medical privacy).

2. Provide daily lists of scheduled appointments for each clinic session in sufficient time to arrange their delivery to the clinic and practitioner prior to the first scheduled patient's appointment.

3. Provide lists to notify the medical or dental record room and x-ray image library personnel of records required by the clinics in sufficient time to arrange delivery of the patient records to the appropriate clinic prior to the patient's appointment.

4. Provide an accurate method of patient accounting and improved data on the demand for health care services for the clinics or care provider (these statistics may be used as a variety of management reports).

OVERVIEW.

The PAS System is an advanced outpatient appointments system capable of supporting with great flexibility the specialized requirements of subspecialty clinics, and individual care providers practicing in clinics, as well as traditional block-appointed mass clinics. It is a blended centralized/decentralized system offering a significant degree of local clinic control, and local as well as CAS appointing. Hence, nowhere is any distinction, or even any mention, made of CAS as opposed to clinic-located appointing. Facilities are included to handle many of the problems of teaching hospitals, such as the professional staff rotating throughout the hospital. As with any appointments system, medical records delivery to the clinic prior to the appointment is supported. Useful managerial and statistical reports are provided; and because the facilities to handle short lead time appointments and walk-ins are included, workload data may be collected uniformly and completely. In order to reduce no-shows, reminder notices can be mailed to patients. The PAS System charted here offers significant flexibility and capability in care provider schedule maintenance, patient appointing, and follow-up and reporting that may be unavailable with most systems.

EXPECTED BENEFITS INCLUDE:

- o Improved local control and responsiveness.
- o Single centralized appointment and schedule data base, if ADP supported.
- o Uniform and complete workload data collection.
- o Greater flexibility and capability.
- o Greater clerk knowledge of clinic operations and procedures.
- o Automatic record retrieval and roster generation.
- o Improved utilization of professional and physical resources.
- o Improved patient and professional satisfaction.

SUBSYSTEM INTERFACES

As noted, there are major interfaces to the clinics (W/C) system, and the Patient Administration (PAD) System particularly including the PAD Medical Records Library.

AMENABILITY TO ADP SUPPORT.

The eventual goal is that PAS be an automated system with significant on-line interactive computer support. However, in these flowcharts, the processing is presented only in terms of procedures. Because of this technology-independent approach, the system and the charts are not in any way tied to the use of a computer or any other technology (such as lazy-susan wheels for schedule files), thus enhancing their usefulness. In fact, if workload and resources allow, any or all features of PAS may well be implemented manually by simply following the flowcharts.

CONDITION-ACTION
DIAGRAM
INTERPRETATION
GUIDE

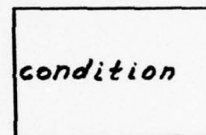
ACTION

When an action circle is encountered, the specified action, procedure, function, or process is to be performed as noted. An action is performed and never has a truth (true or false) value.



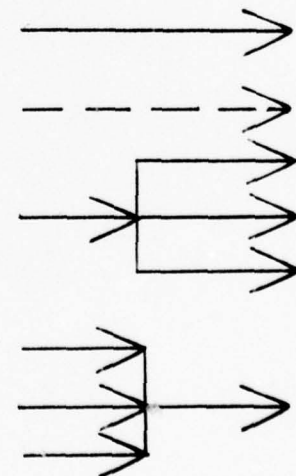
CONDITION

When a condition box is encountered, the specified condition is to be evaluated. If it holds true or succeeds, the following blocks on the diagram are to be executed. If the condition does not hold, then flow along this path of the diagram stops. The flow may, as appropriate, either be permanently blocked or may merely wait at the box pending the successful evaluation of the condition at some later time. A condition always has a truth (true or false) value.



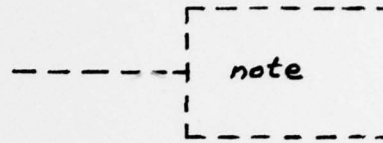
FLOWLINES

Flow proceeds through the diagram along the flowlines. When a flowline splits into multiple lines, all the lines must be followed (perhaps at once). If only one is intended, condition boxes will be used to select the proper line. When flowlines join or reconsolidate into a single line, that line is to be followed regardless of the number of joining lines that were active. Thus there is no waiting at a junction. Control, execution, or interpretation of the diagram is shown by solid flowlines. Data and information, is usually assumed to accompany control, but where necessary for clarity, it is shown, regardless of media, by dashed lines.



NOTE

Clarifying notes, comments, remarks, and other annotation, including references to additional documentation, are enclosed in dashed note boxes and are connected to the annotated structure by dashed lines.



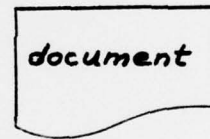
STORAGE

A triangular storage block indicates storage of information or data regardless of the medium of storage. Thus, only dashed data flow lines, not solid control lines, will connect to storage blocks.



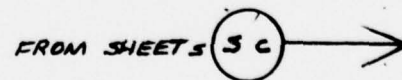
DOCUMENT

A document symbol represents information or data, regardless of media (it may or may not physically reside on a document). It is used only for clarity, as information such as that contained in the "document" is assumed to always be present along with the control flow. Like the storage symbol, only dashed data lines may connect to a document symbol.



CONNECTOR

A connector circle specifies that the flow continues on another page. An out-connector contains a number, which is the sheet number at which the flow is continued, and a letter, which specifies which in-connector on that sheet is being referenced. The in-connector contains the matching number-letter code. Adjacent to the connectors is a notation as to the sheet and process to or from which the connectors refer.



PROCESS

A striped process circle indicates a process to be performed. It is analagous to a high-level or meta-action. The process referenced will be diagrammed in its own set of condition-action flowcharts which are included in the same packet of flowcharts for reference. After the process is performed, flow resumes.



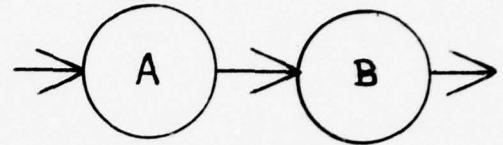
TERMINATOR

The oblong terminator symbol indicates that the current process or sub-process is complete. Normally, upon completion of a process, control returns to the process which invoked it, and resumes where it left off in that process.

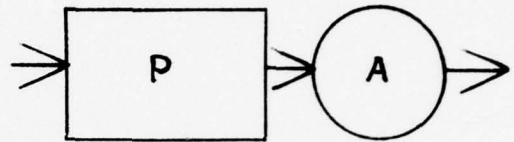


CONDITION-ACTION
EXAMPLES

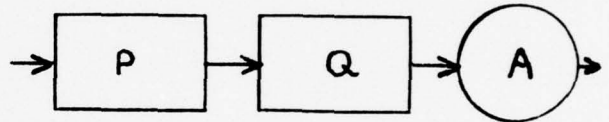
Perform Action A first, then in sequence, perform B.



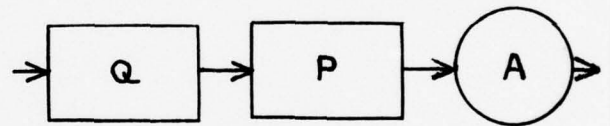
If condition P holds true, then perform Action A. If P does not hold, do not perform A.



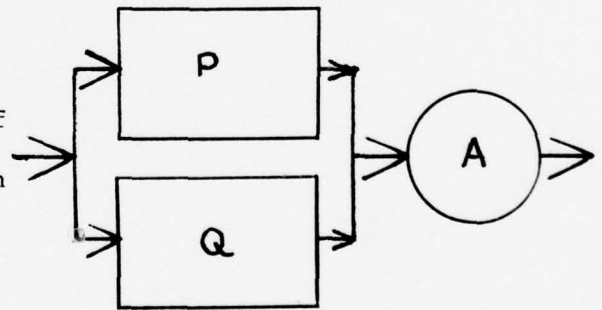
If both condition P and condition Q hold true, then perform A. If either one does not hold, then do not perform A.



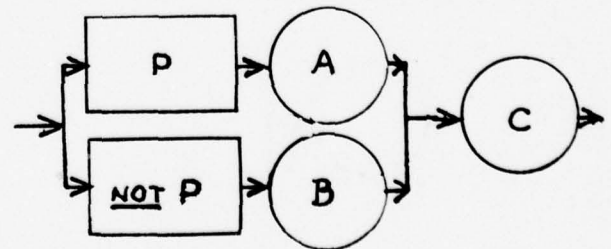
Same function and same net results as above, but evaluated in a different sequence.



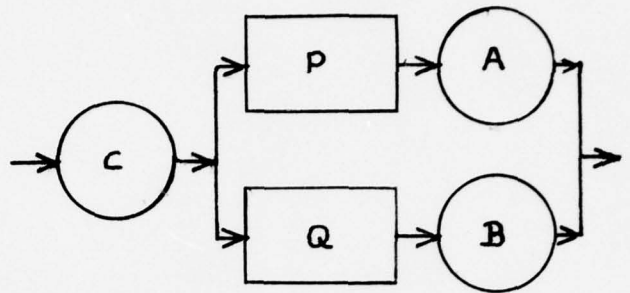
If either condition P holds true, or if condition Q holds true (or both), then perform A. If neither holds true, then do not perform A.



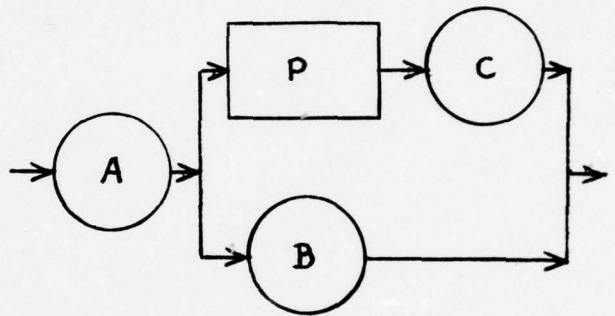
If condition P holds true, then perform Action A but not B. If P does not hold, then perform B but not A. In any case, when done, perform C.



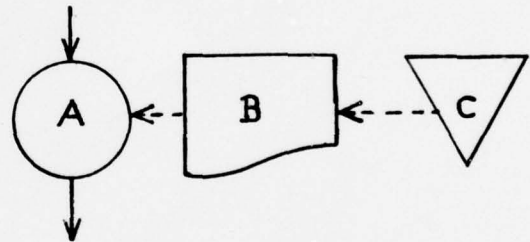
First perform Action C. Then: If condition P holds true, then perform Action A. If condition Q holds true, then perform action B. Note that both P and Q may hold, in which case both A and B will be performed.



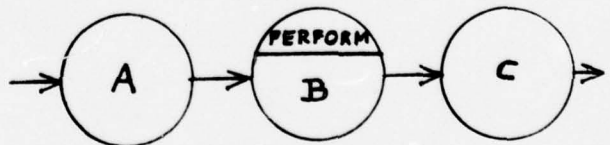
First perform Action A, then (in all cases) perform Action B. Additionally, if condition P holds true, then perform Action C (perhaps at the same time as Action B).



Perform Action A utilizing information contained on the document B which was retrieved from the file C.



First perform Action A. Then perform process B, which is itself flowcharted elsewhere in this set of charts. After B is completed, return to here and perform Action C.



ABBREVIATIONS USED IN PAS CHARTS

add'l	additional
appt	appointment
\bar{c}	with
CAS	Central Appointments Section
clin	clinic
clk	clerk
corresp	correspondence
CP	Care Provider (physician, dentist, nurse, etc.)
curr	current
determ	determine
DF	Disposition Form, DA Form 2496
doc	document
Dx	Diagnosis
Hx	History
incl	including
info	information
lim	limitations
med rec	medical record(s)
mgt	management or managerial
MR	Medical Record(s)
MTF	Medical Treatment Facility (hospital, roughly)
MTRC	Medical Treatment Record Card (patient ID card)

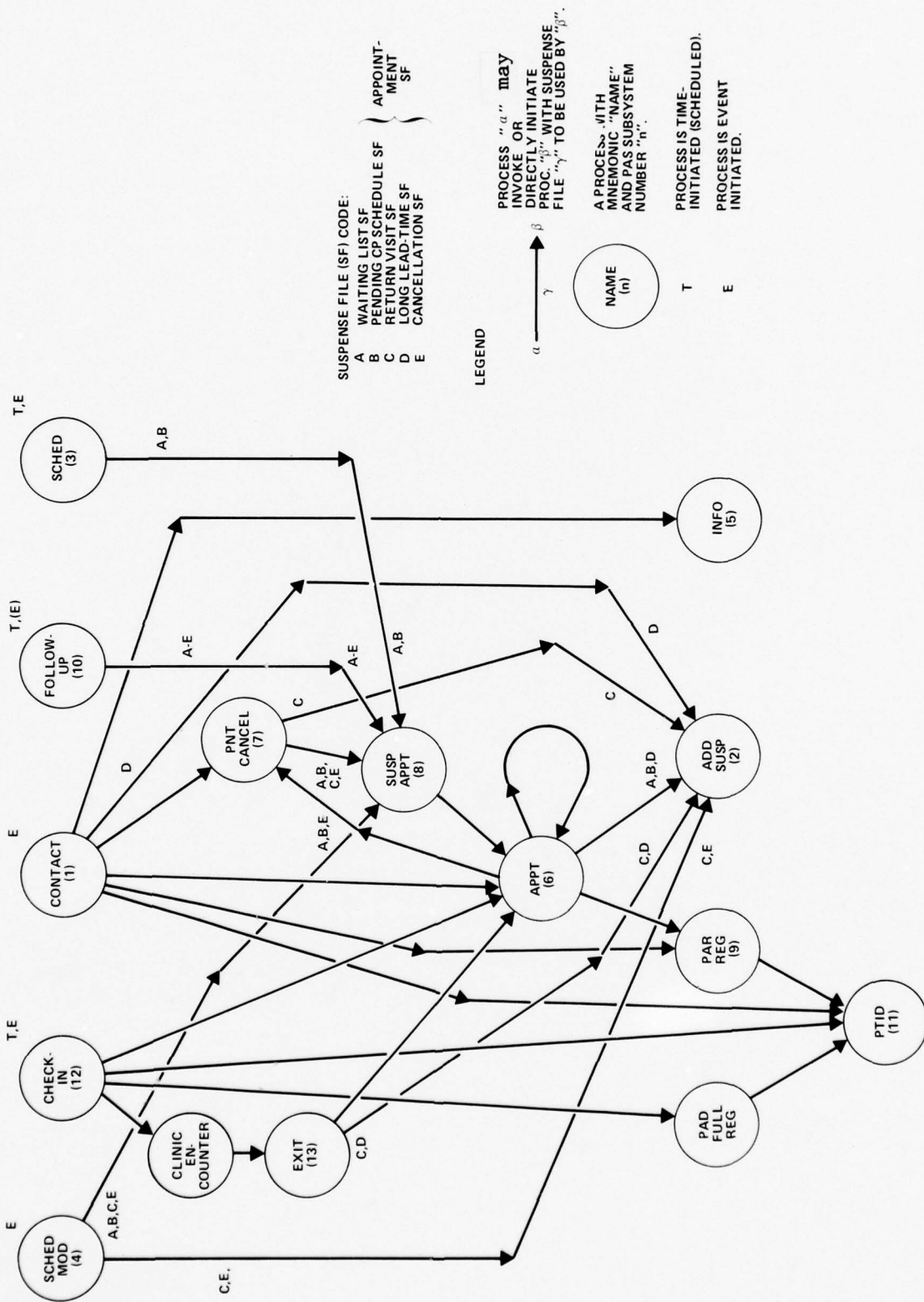
PAD	Patient Administration Subsystem (or Patient Administration Division)
PAS	Patient Appointments and Scheduling Subsystem (or Patient Appointments Subsystem)
pblm	problem (patient's medical problem)
persnl	personnel
pnt	patient
POC	Point of Contact
pri care	primary care
proc	process
prod	product or produce
PTID	Patient Identification
reg	registration
registr	registration
rept	report
sched	schedule
sel	selected
SF	Suspense File (waiting or pending list)
spec'd	specified
stat	statistical
susp	suspense or suspense file
TRIMIS	Tri-Service Medical Information System. Refers to the system, the project/program, and the organization.
w/	with
W/C	Wards and Clinics Subsystem

wkld

workload

WRAMC

Walter Reed Army Medical Center



SUSPENSE FILE (SF) CODE:

- A WAITING LIST SF
- B PENDING CP SCHEDULE SF
- C RETURN VISIT SF
- D LONG LEAD-TIME SF
- E CANCELLATION SF

APPOINTMENT SF

LEGEND

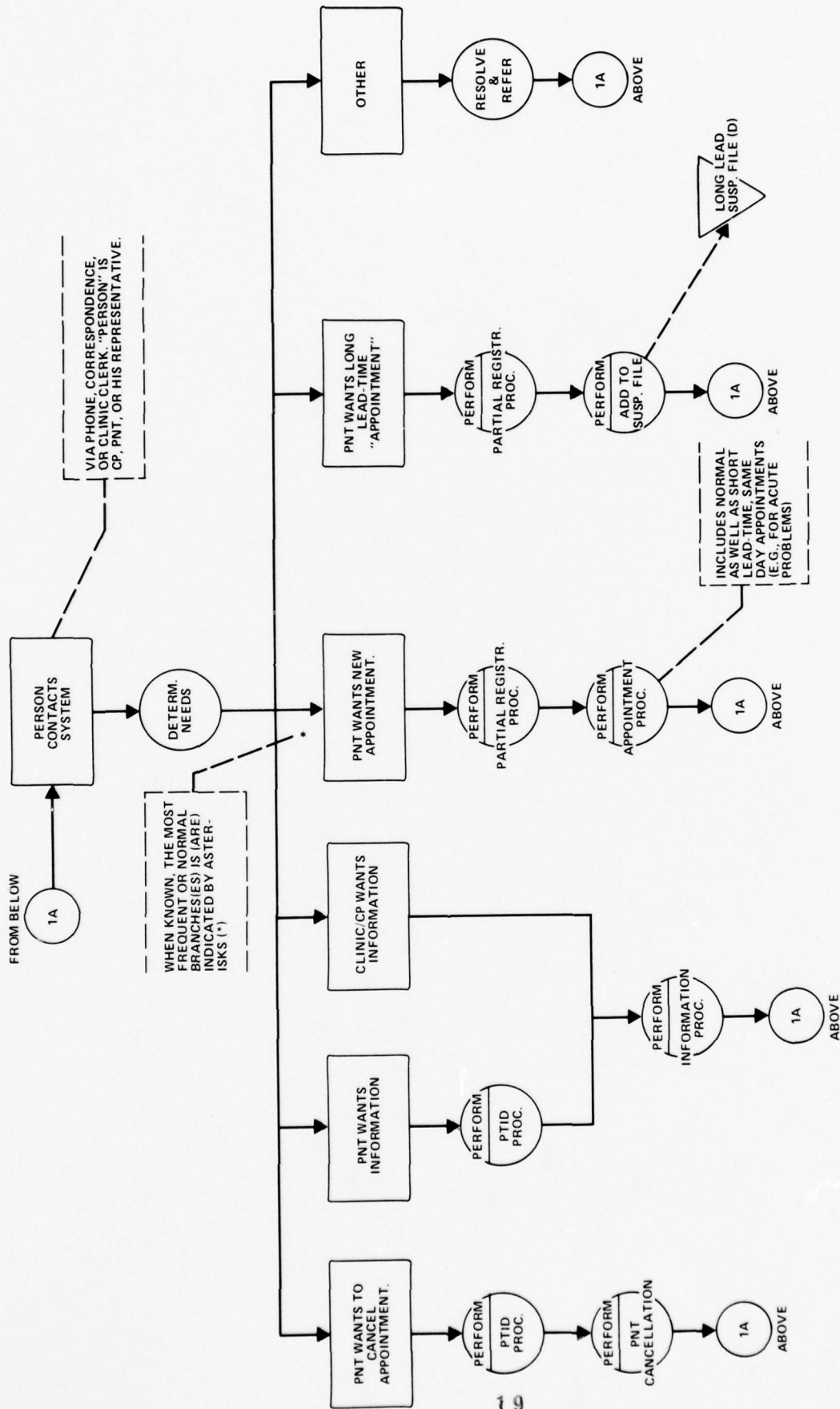
PROCESS "a" may INVOKE OR DIRECTLY INITIATE PROC. "b" WITH SUSPENSE FILE "c" TO BE USED BY "d".

A PROCESS WITH MNEMONIC "NAME" AND PAS SUBSYSTEM NUMBER "n".

PROCESS IS TIME-INITIATED (SCHEDULED).

PROCESS IS EVENT INITIATED.

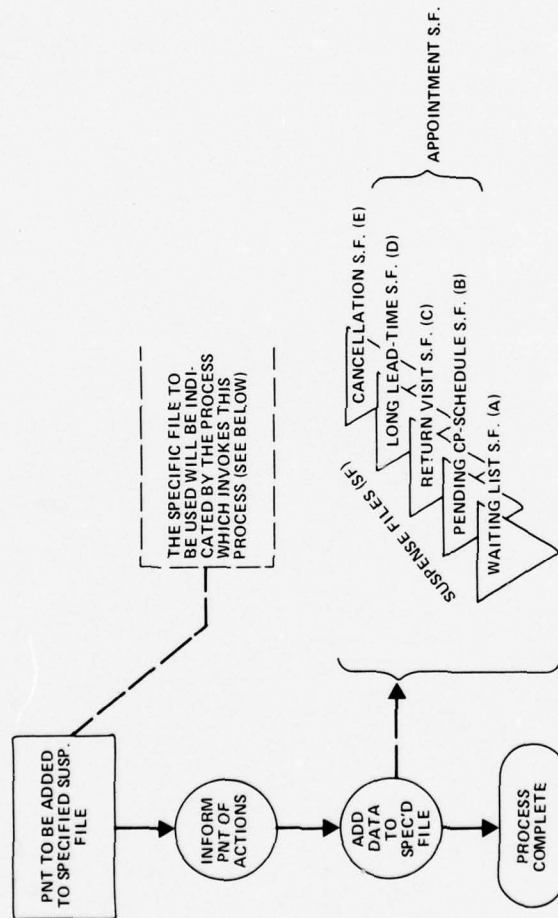
PAS
PROCESS INVOCATION OVERVIEW

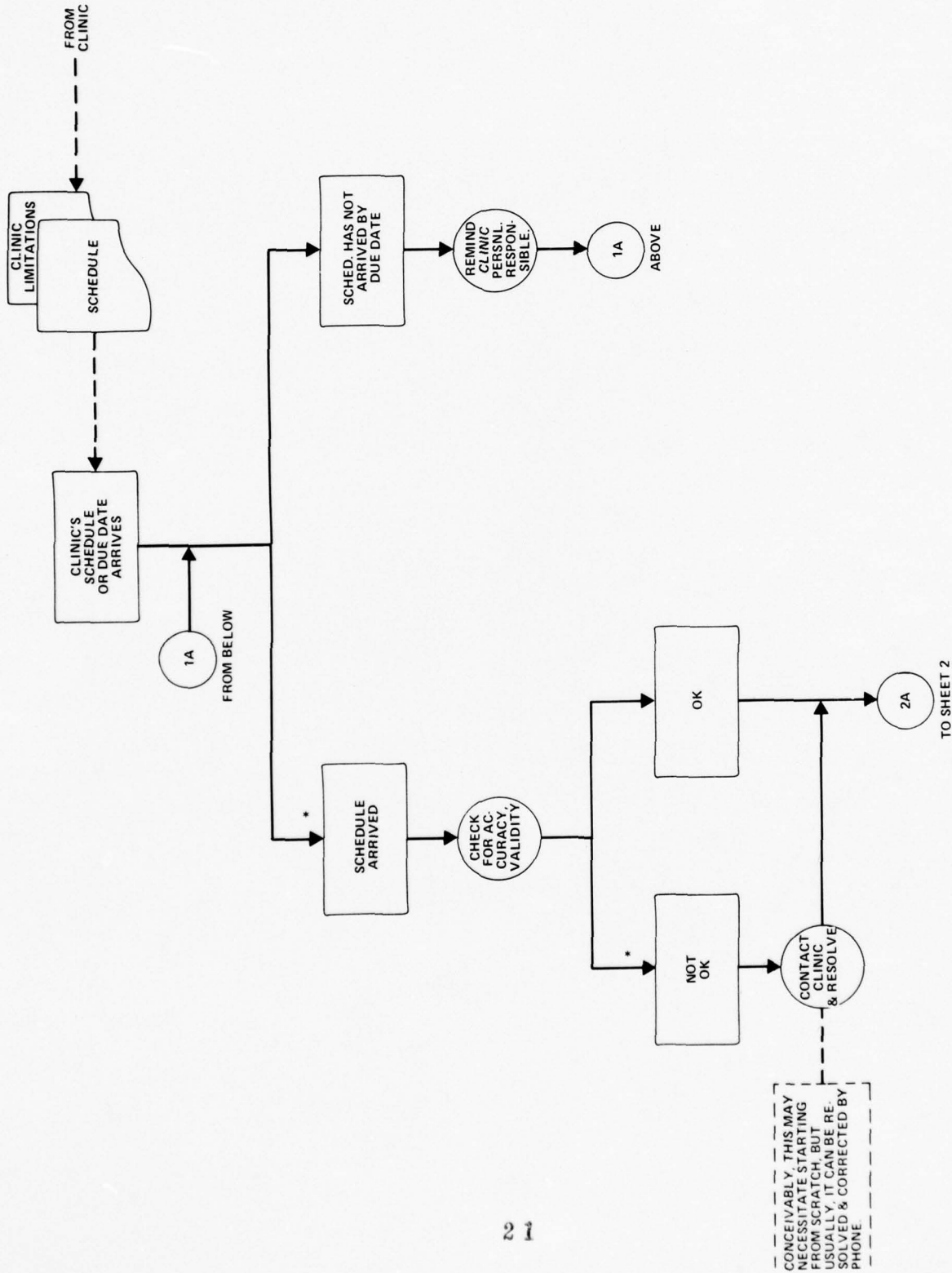


VIA PHONE, CORRESPONDENCE,
OR CLINIC CLERK. *PERSON* IS
CP, PNT, OR HIS REPRESENTATIVE.

WHEN KNOWN, THE MOST
FREQUENT OR NORMAL
BRANCHES IS (ARE)
INDICATED BY ASTER-
ISKS (*)

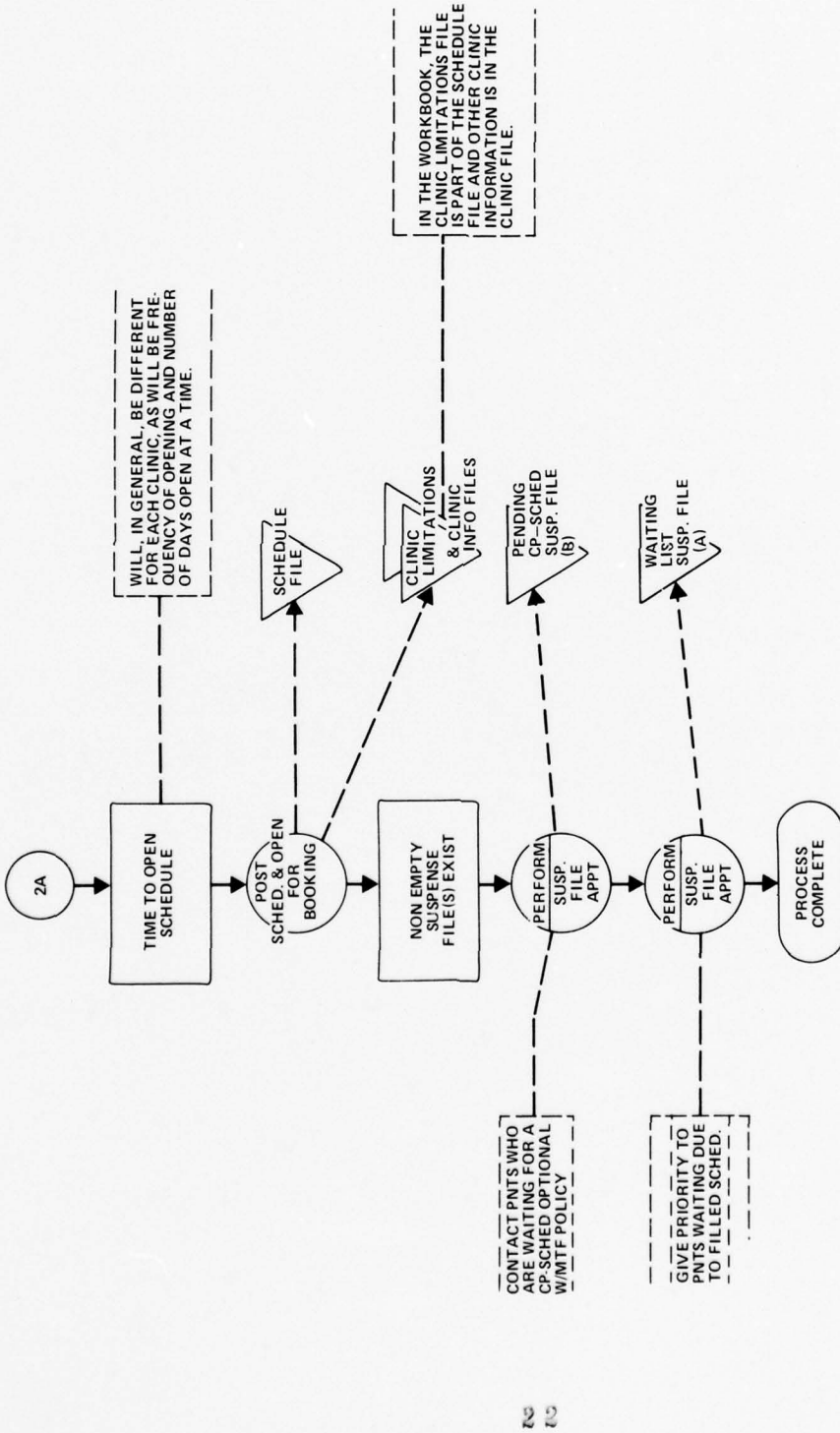
INCLUDES NORMAL
AS WELL AS SHORT
LEAD-TIME, SAME
DAY APPOINTMENTS
(E.G., FOR ACUTE
PROBLEMS)

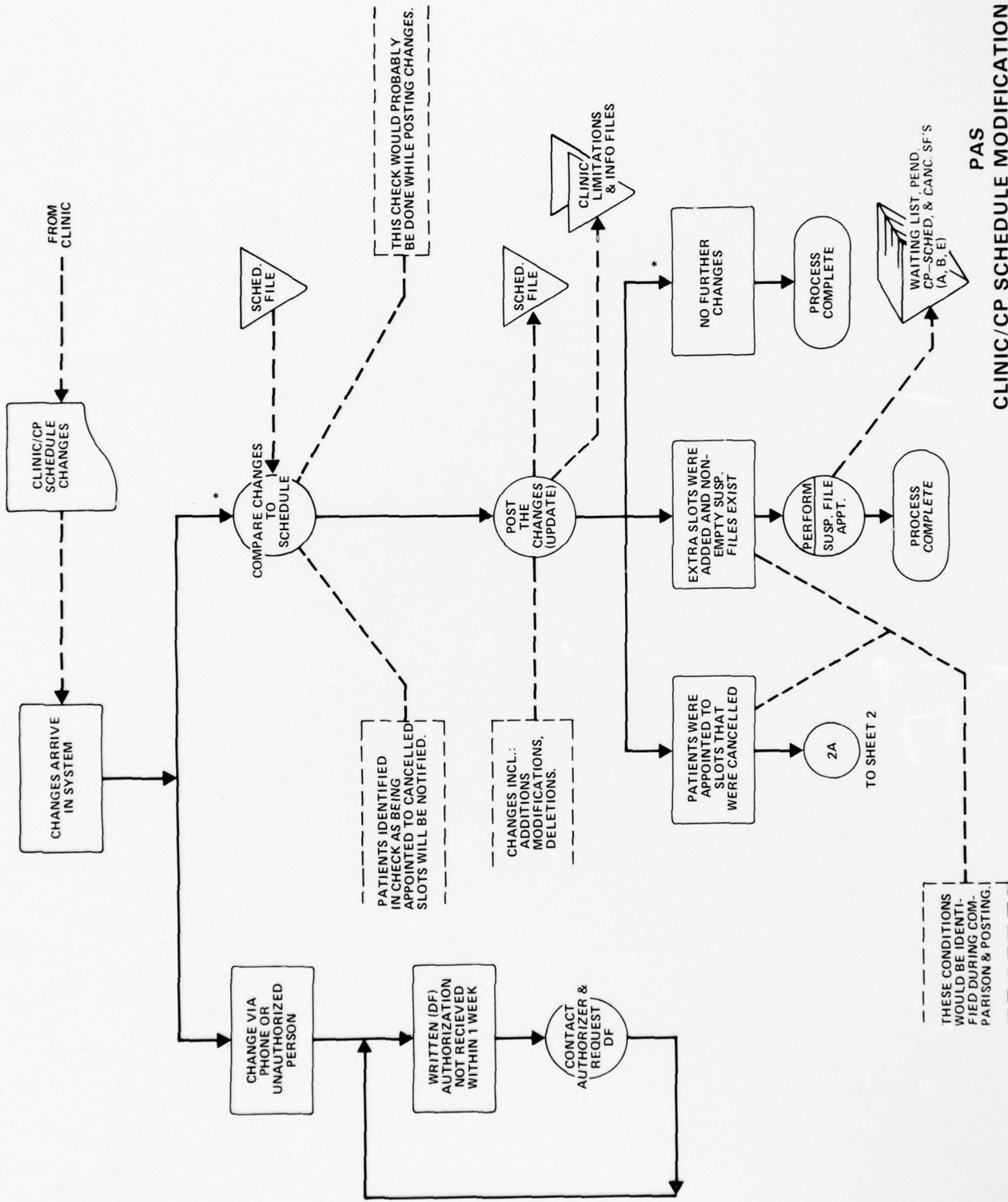


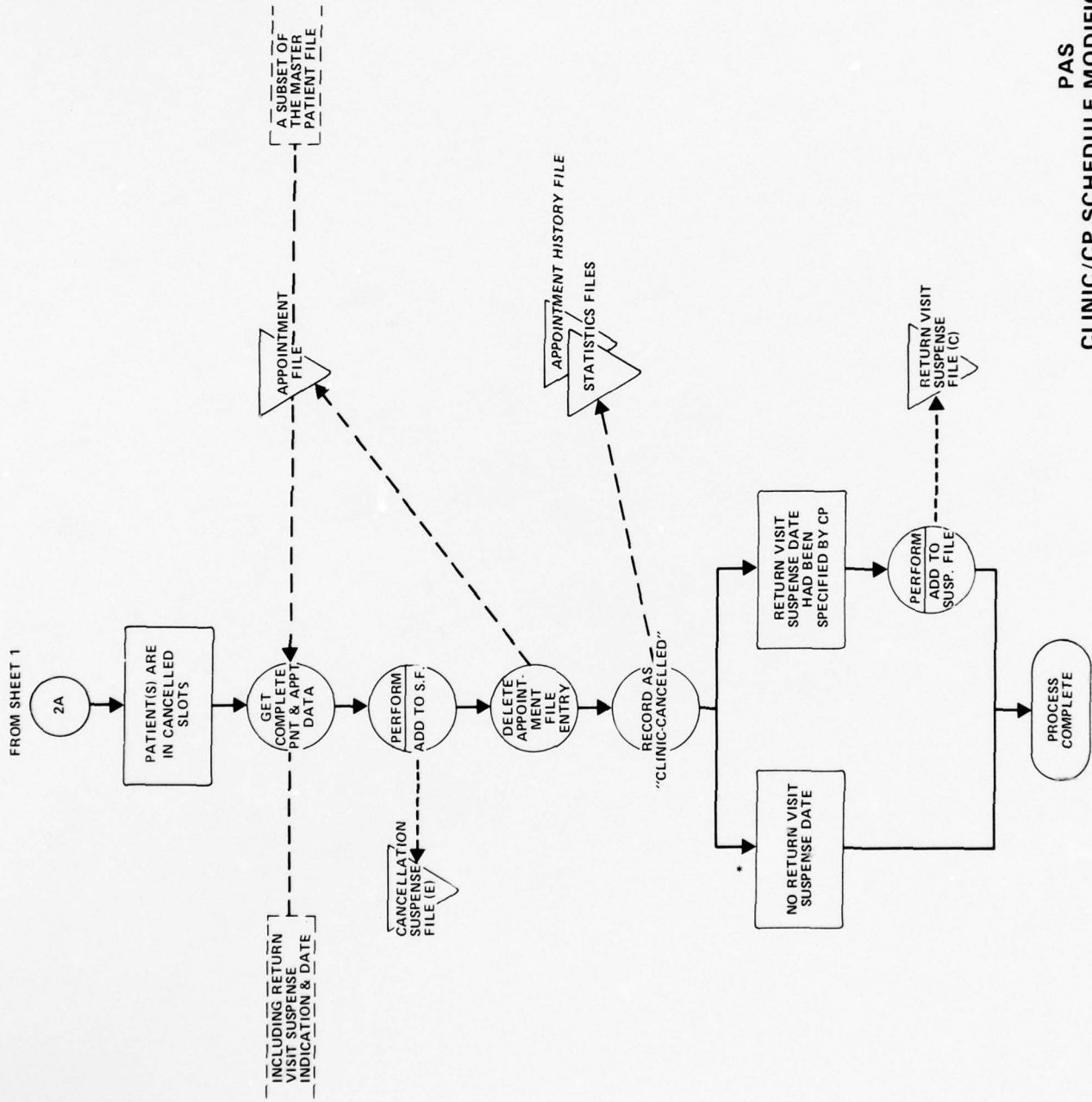


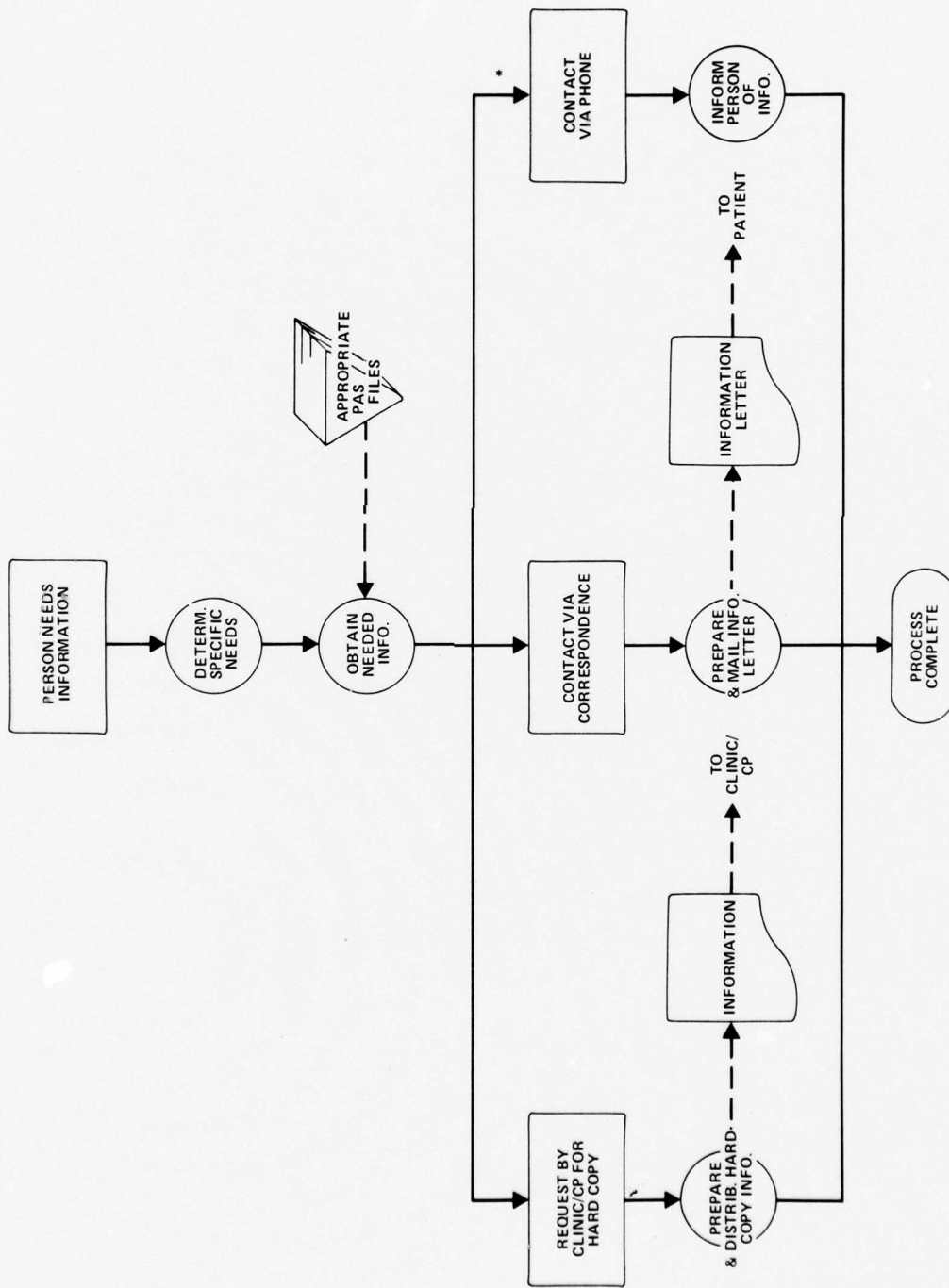
CONCEIVABLY, THIS MAY NECESSITATE STARTING FROM SCRATCH, BUT USUALLY, IT CAN BE RESOLVED & CORRECTED BY PHONE.

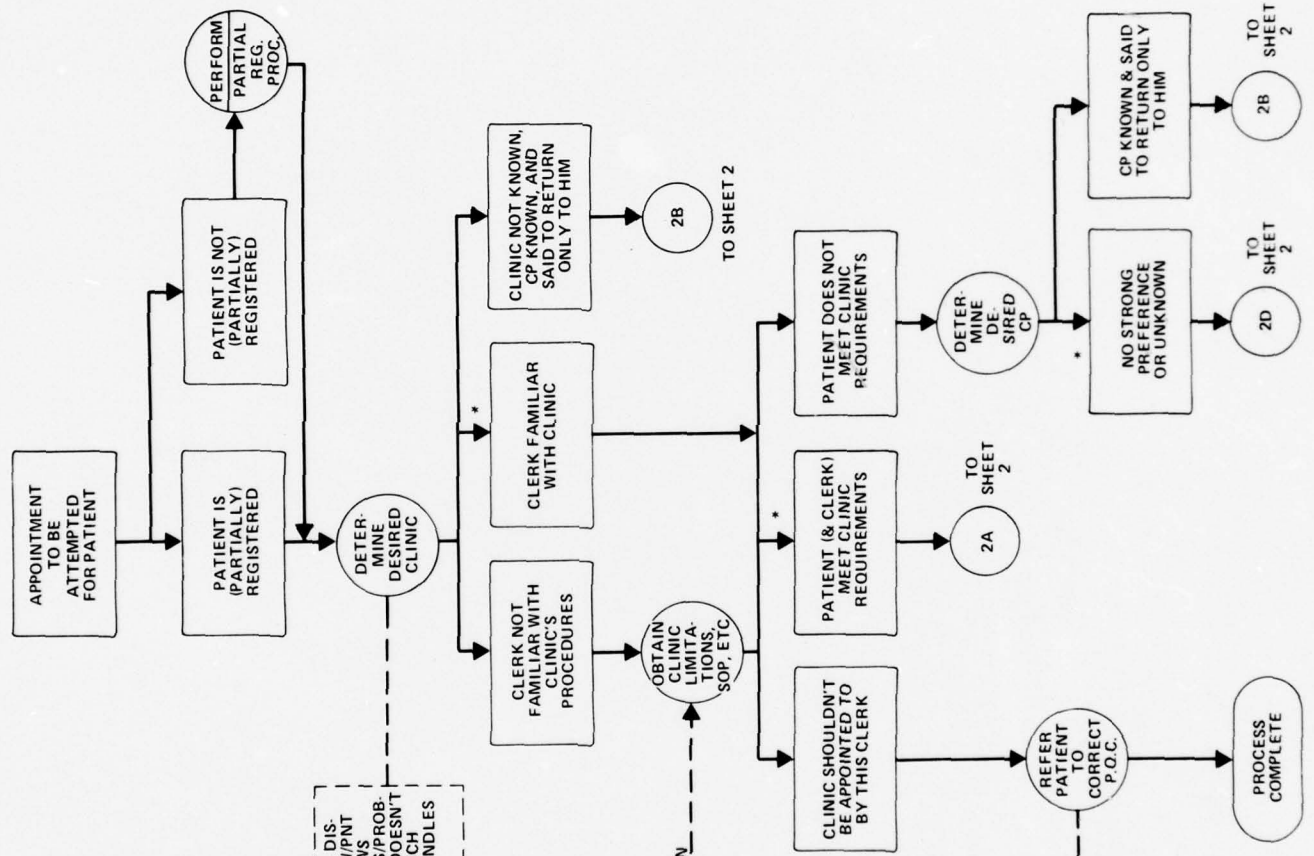
FROM SHEET 1









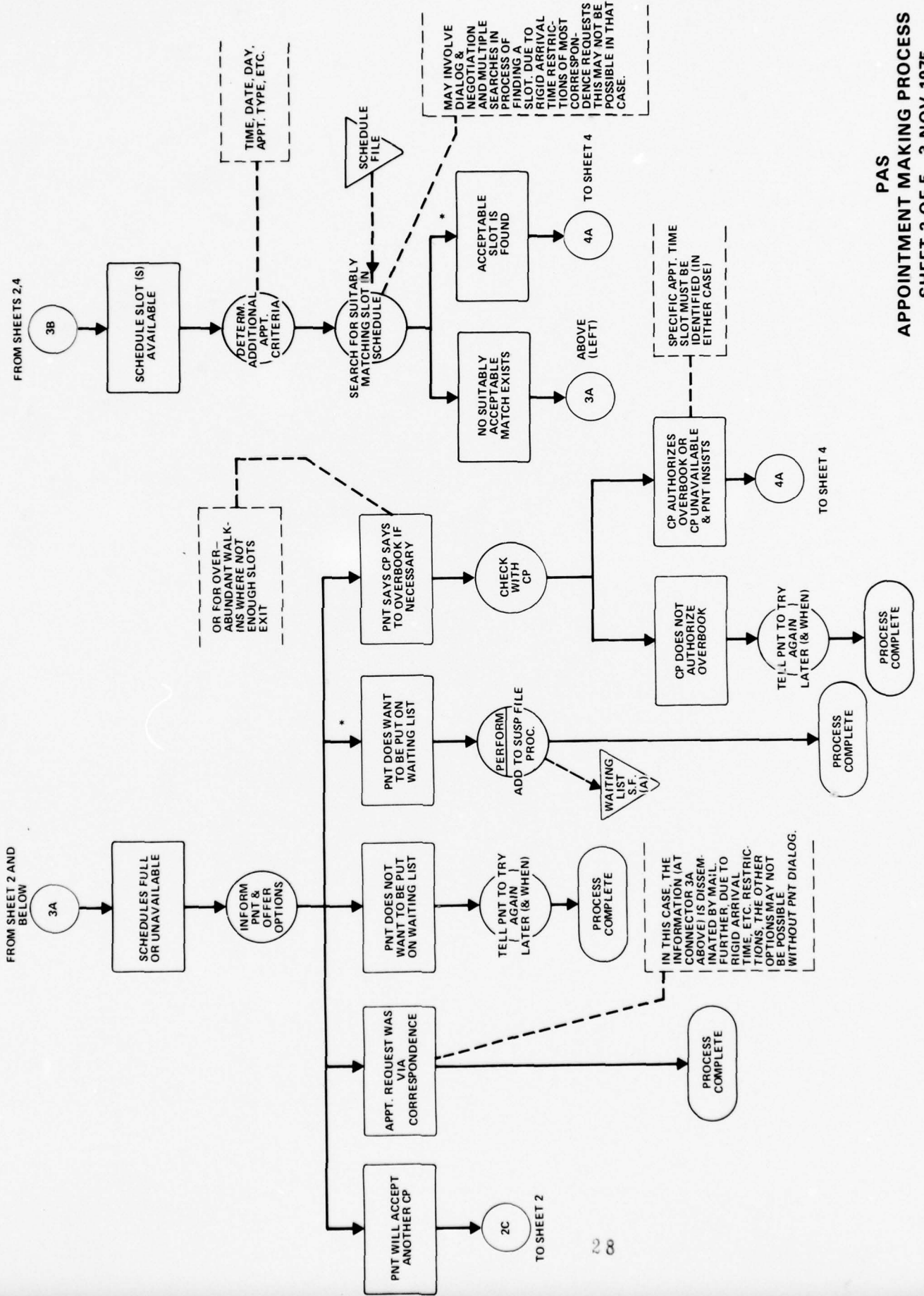


MAY INCL. DISCUSSION W/PNT WHO KNOWS SYMPTOMS/PROBLEM BUT DOESN'T KNOW WHICH CLINIC HANDLES IT.

IN THE WORKBOOK, THIS IS PART OF THE SCHEDULE FILE. FEATURES OF THE AUTHORIZATION FILES ARE ALSO INCL.

TRANSFER PHONE CALL IF POSSIBLE

CLINIC LIMITATION FILE



FROM SHEET 3

4A

APPOINTMENT IS TO BE MADE (SLOT IS FOUND)

INDICATE SLOT IS UNAVAILABLE, SET LINK TO PATIENT & APPT. INFO.

UPDATE SCHEDULE

CHECK FILES FOR CONFLICTS & (CONFIRM) WITH PNT

SCHEDULE FILE

APPOINTMENT AND SUSPENSE FILES

PATIENT CONFIRMS. NO PROBLEMS.

5A

CONFLICT, PROB-LEM, OR SUSP. FILE ENTRY "CLOSE TO" CURRENT APPT.

RESOLVE WITH PATIENT

TO DELETE SUSP. FILE ENTRY(S) OBLIVATED BY CURR. APPT.

5A

TO RE-MAKE CUR-RENT APPOINTMENT DUE TO CONFLICT WITH PREV. BOOKED APPT.

REVERSE SCHED. UPDATE

3B

TO KEEP CURRENT APPOINTMENT. DELETE PREVIOUSLY BOOKED APPOINTMENT

PERFORM PT APPT CANCEL PROC.

5A

TO DELETE SUSP. FILE ENTRY(S) OBLIVATED BY CURR. APPT.

DELETE SUSP. FILE ENTRY

5A

APPROPRIATE SUSPENSE FILE(S)

TO SHEET 5

SCHEDULE FILE

TO SHEET 3

TO DELETE SUSP. FILE ENTRY(S) OBLIVATED BY CURR. APPT.

DELETE SUSP. FILE ENTRY

5A

APPROPRIATE SUSPENSE FILE(S)

TO SHEET 5

FROM SHEET 2

4B

NO SCHEDULES IN SYSTEM FOR SPECIFIED CP

DESIRED APPT. DATE IS LONG LEAD - TIME IN NATURE

PERFORM ADD TO SUSP. FILE

PROCESS COMPLETE

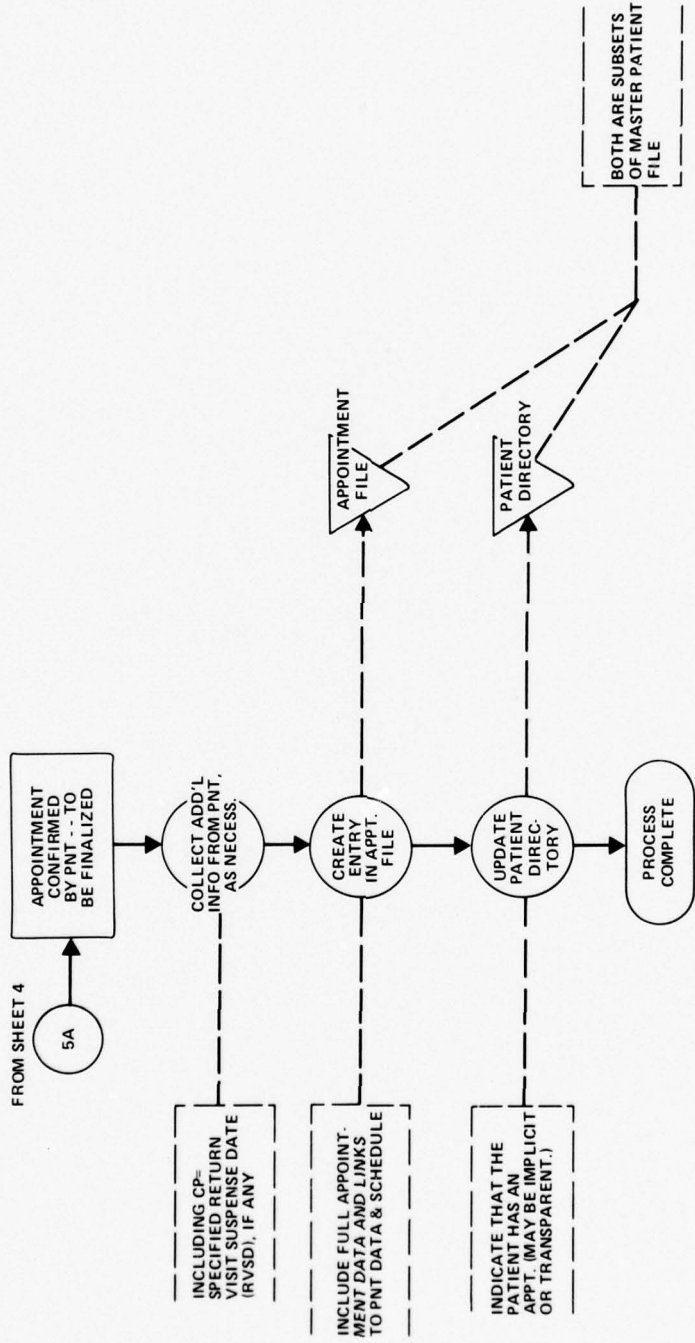
DESIRED APPT. DATE IS NOT LONG LEAD - TIME

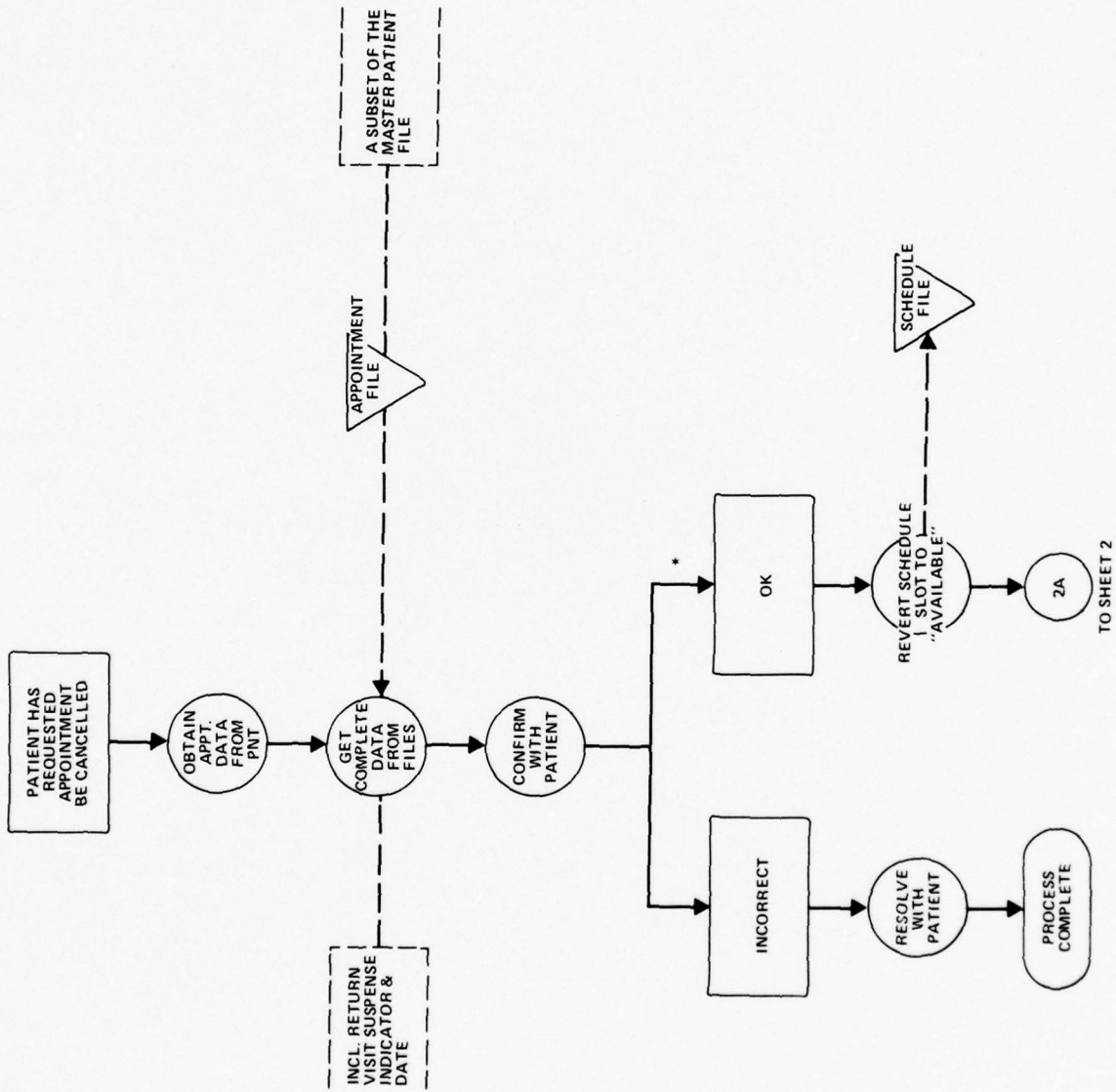
PERFORM ADD TO SUSPENSE FILE

PROCESS COMPLETE

LONG LEAD S.F. (D)

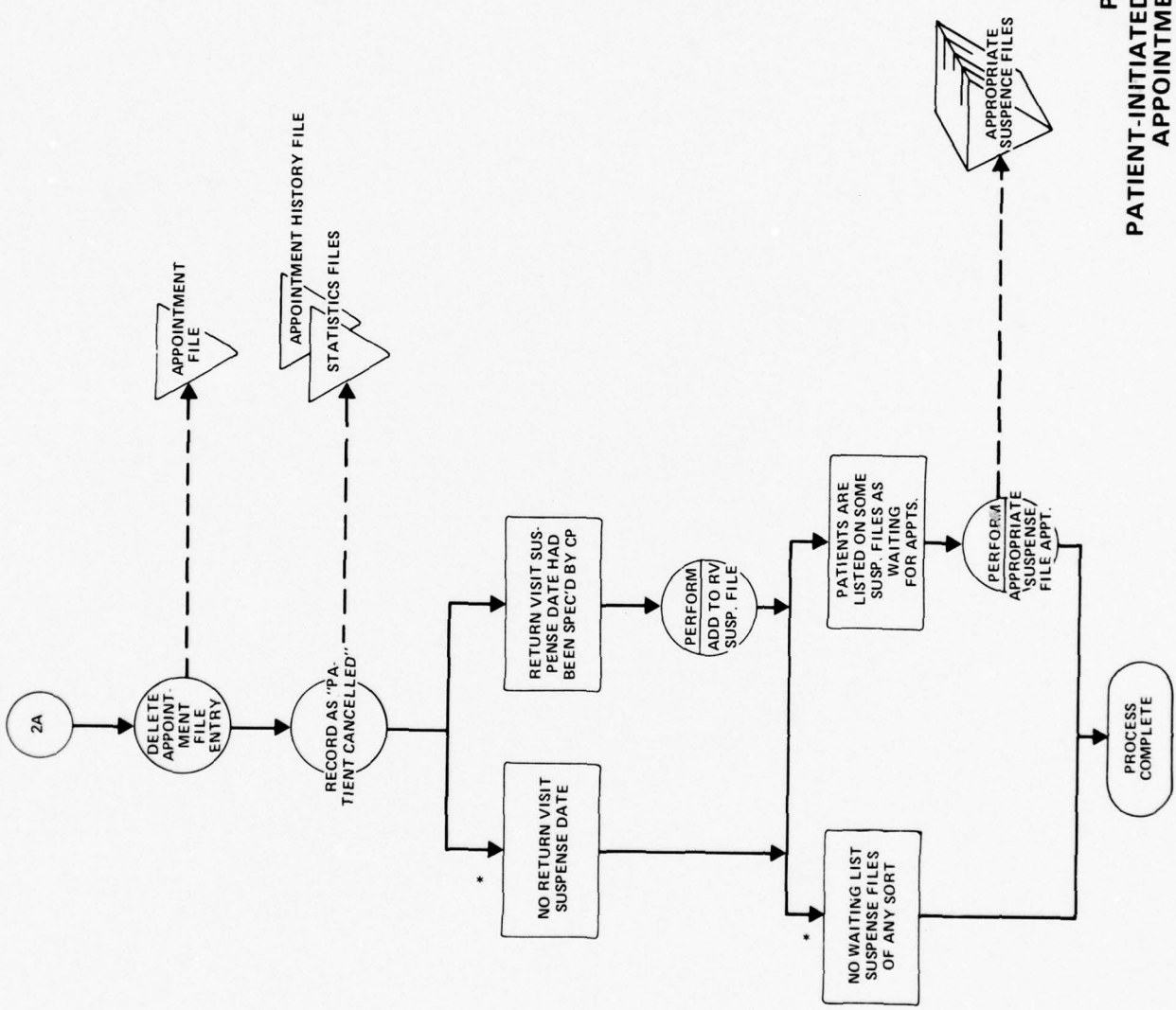
PENDING CP-SCHED. S.F. (B)

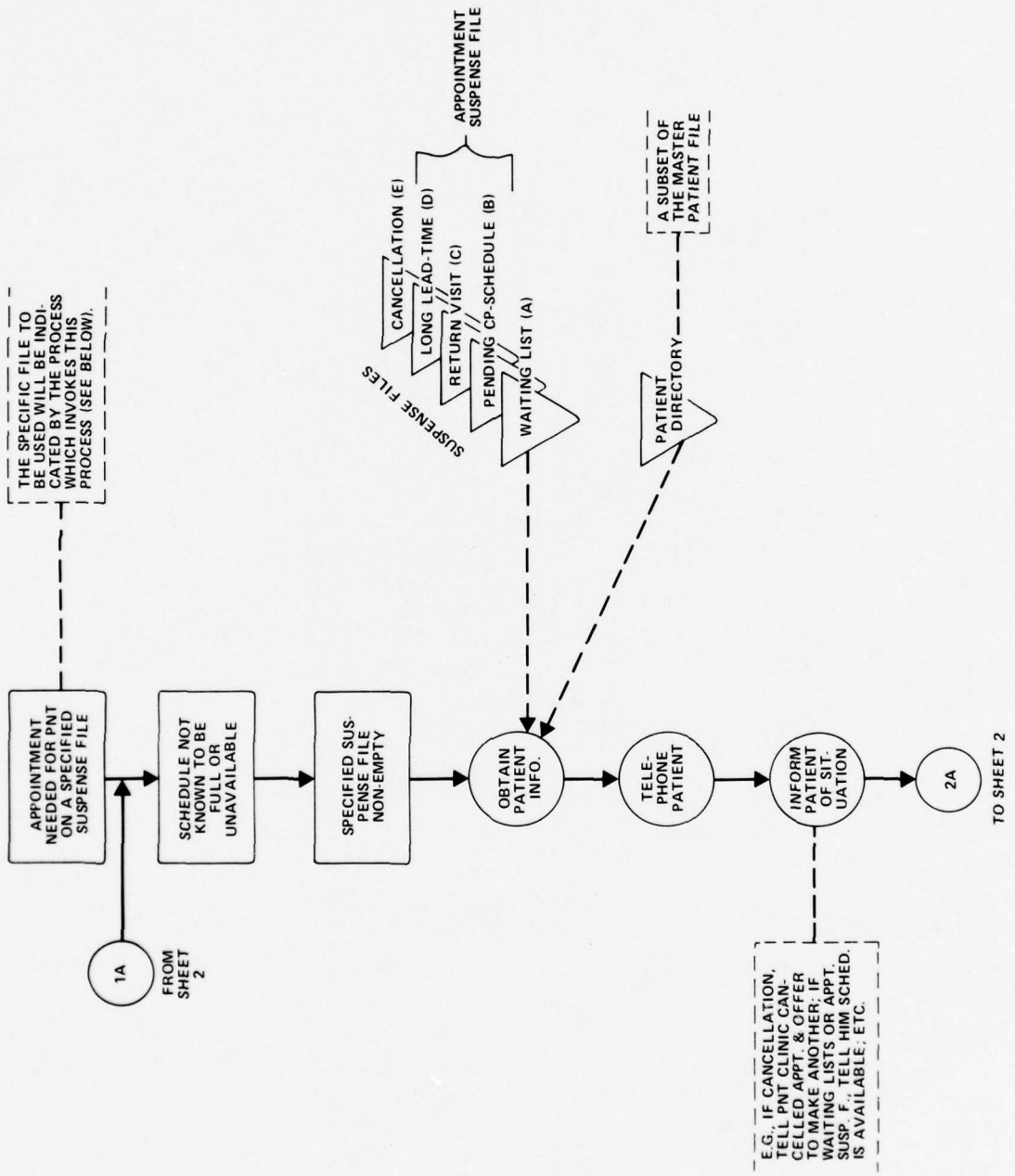


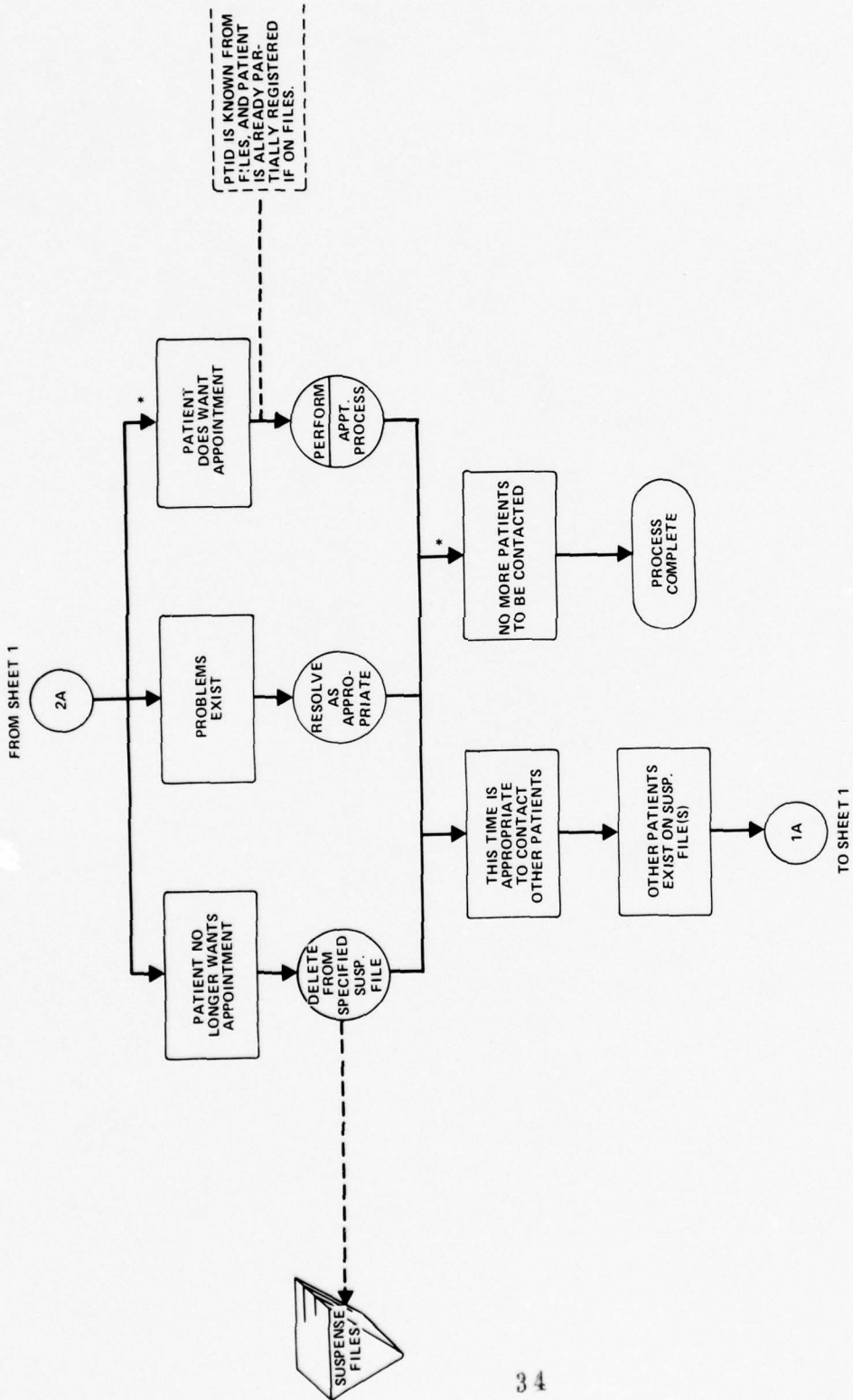


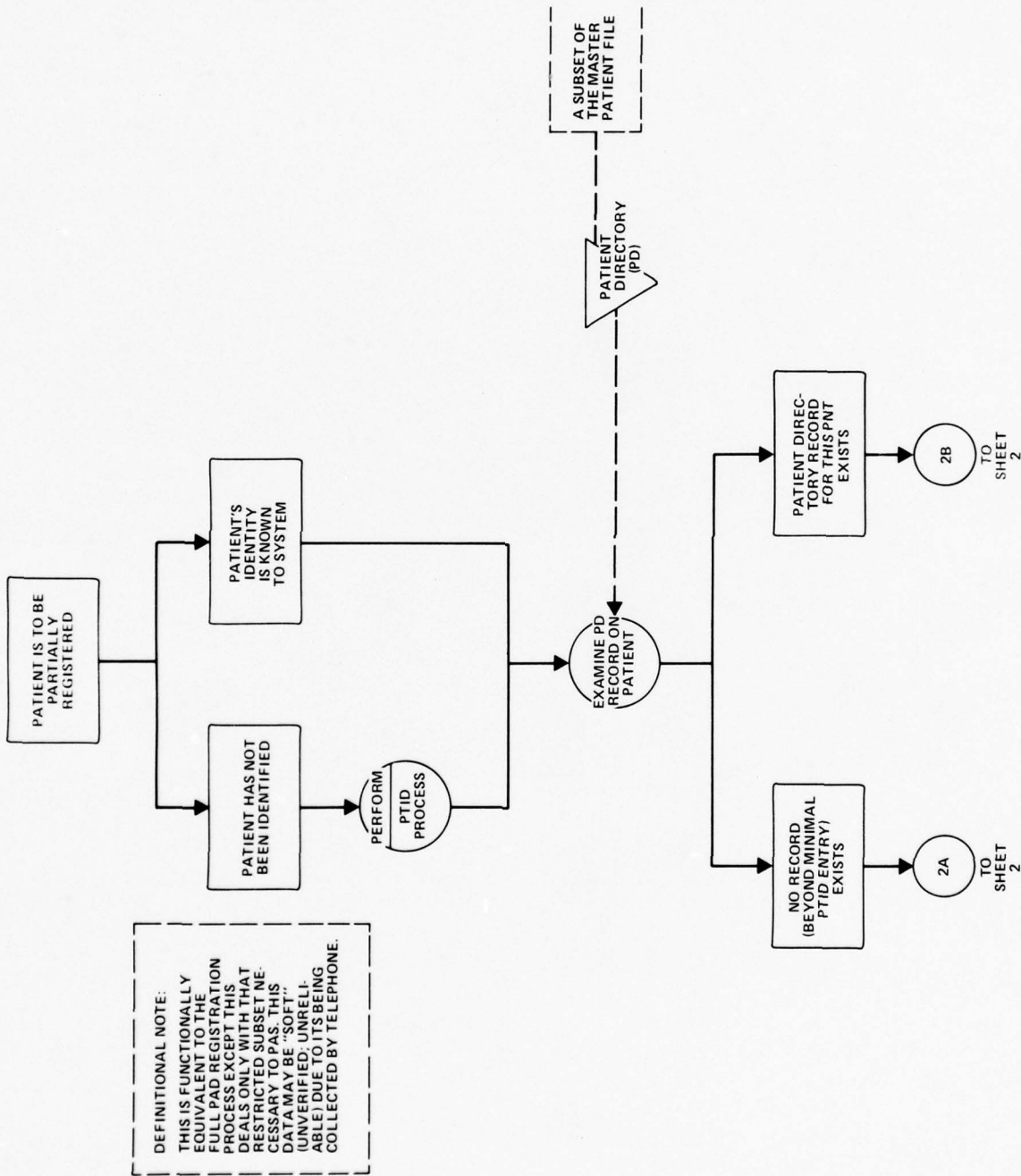
PAS
 PATIENT-INITIATED CANCELLATION OF
 APPOINTMENT PROCESS
 SHEET 1 OF 2 3 NOV 1975

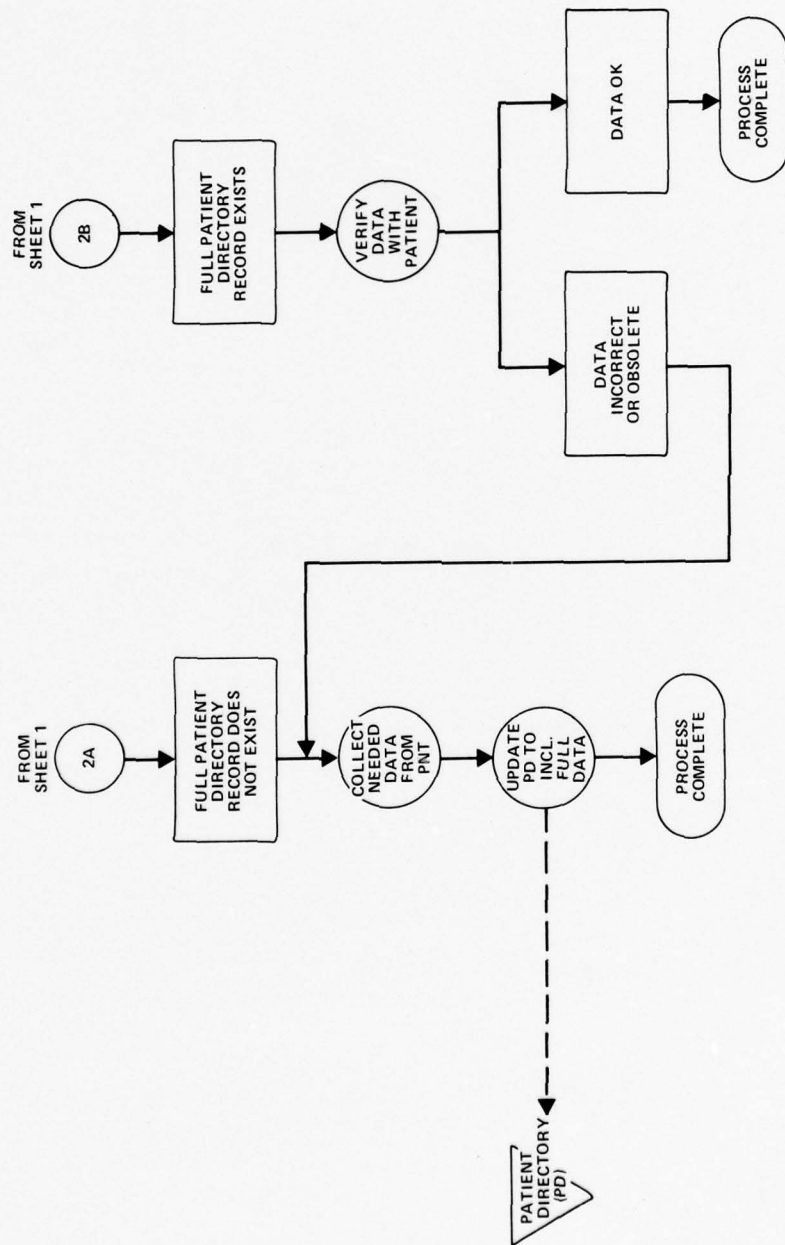
FROM SHEET 1



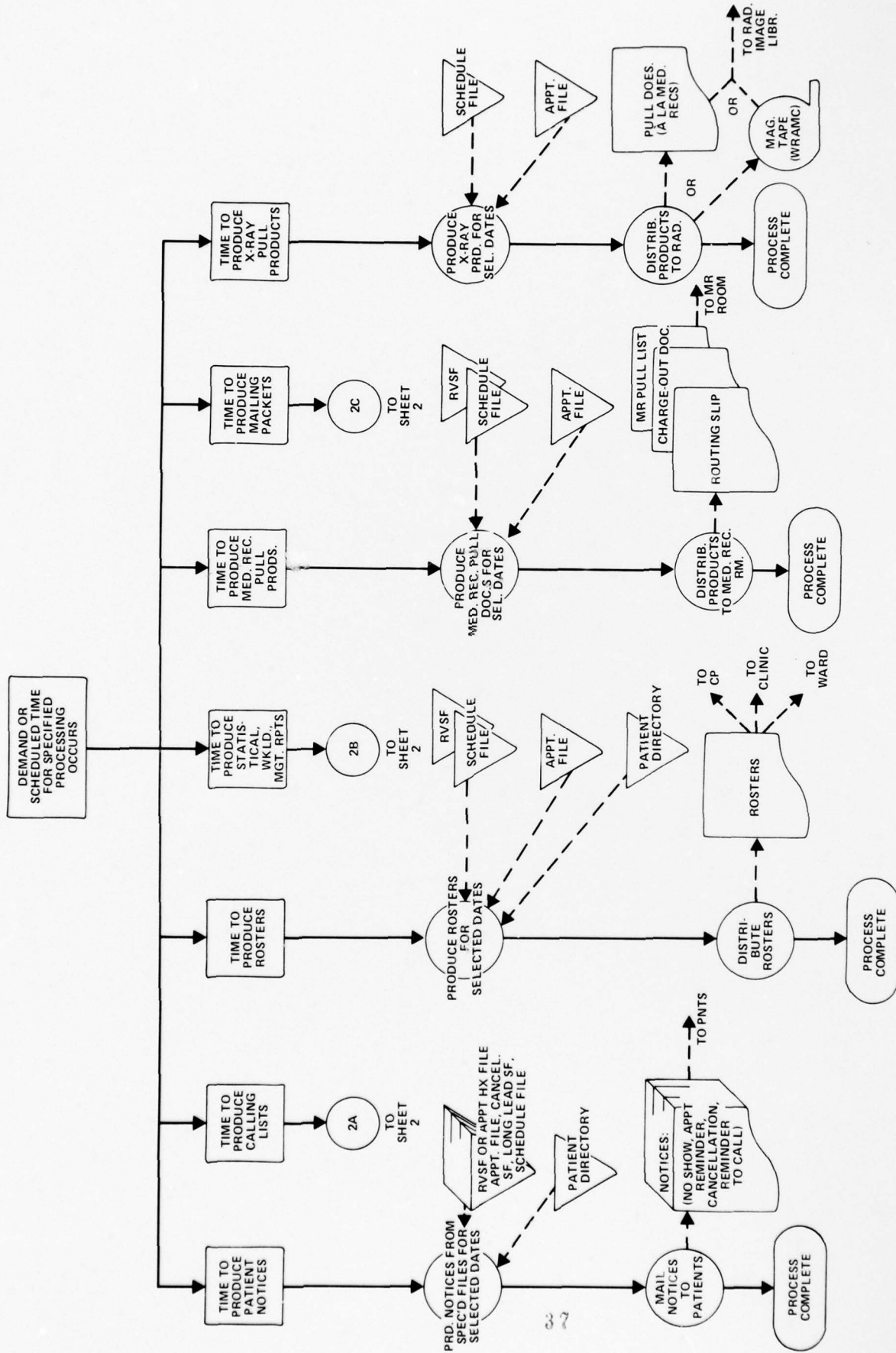


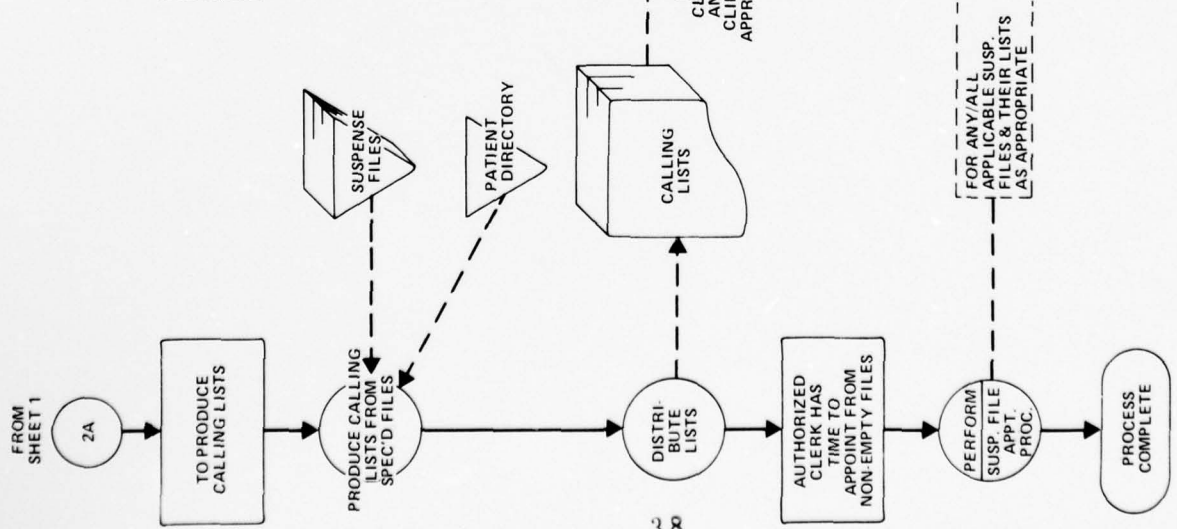
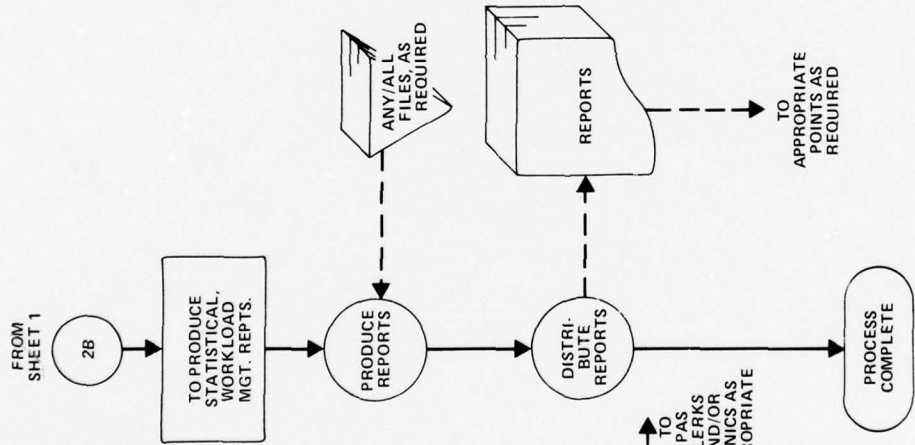
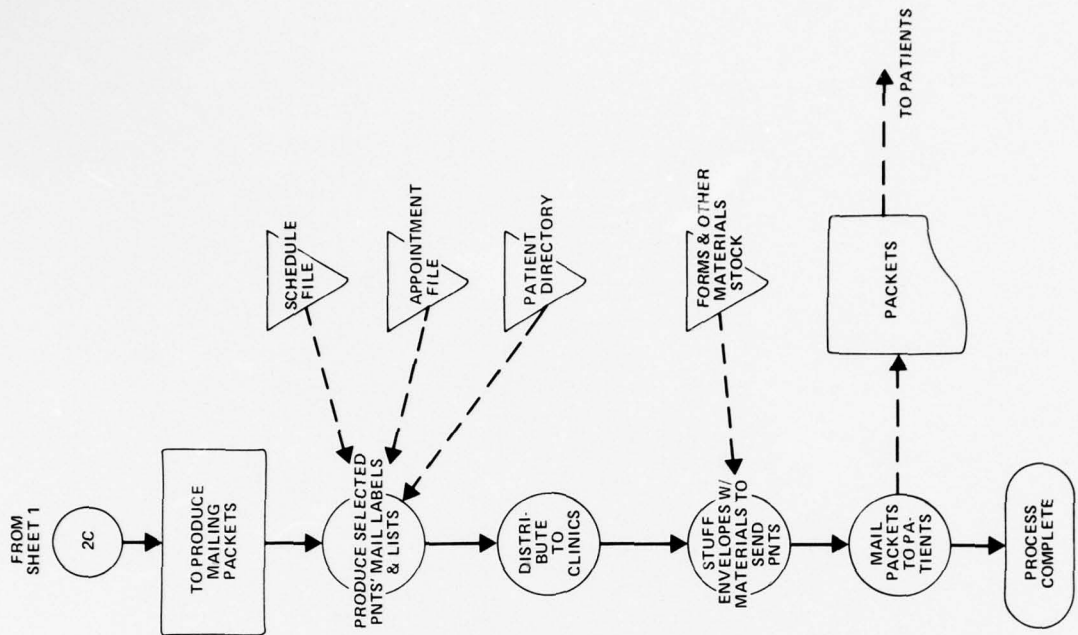


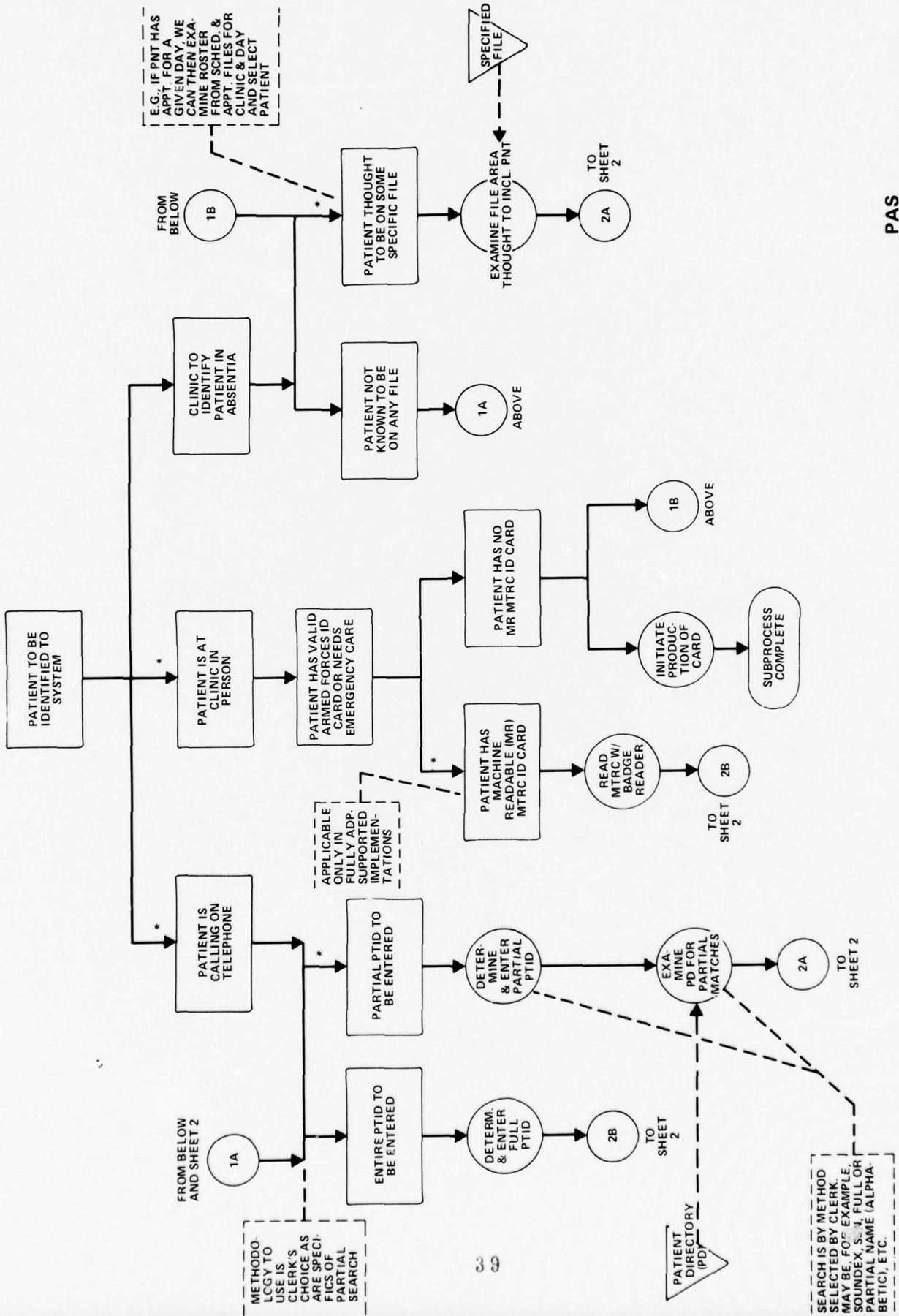




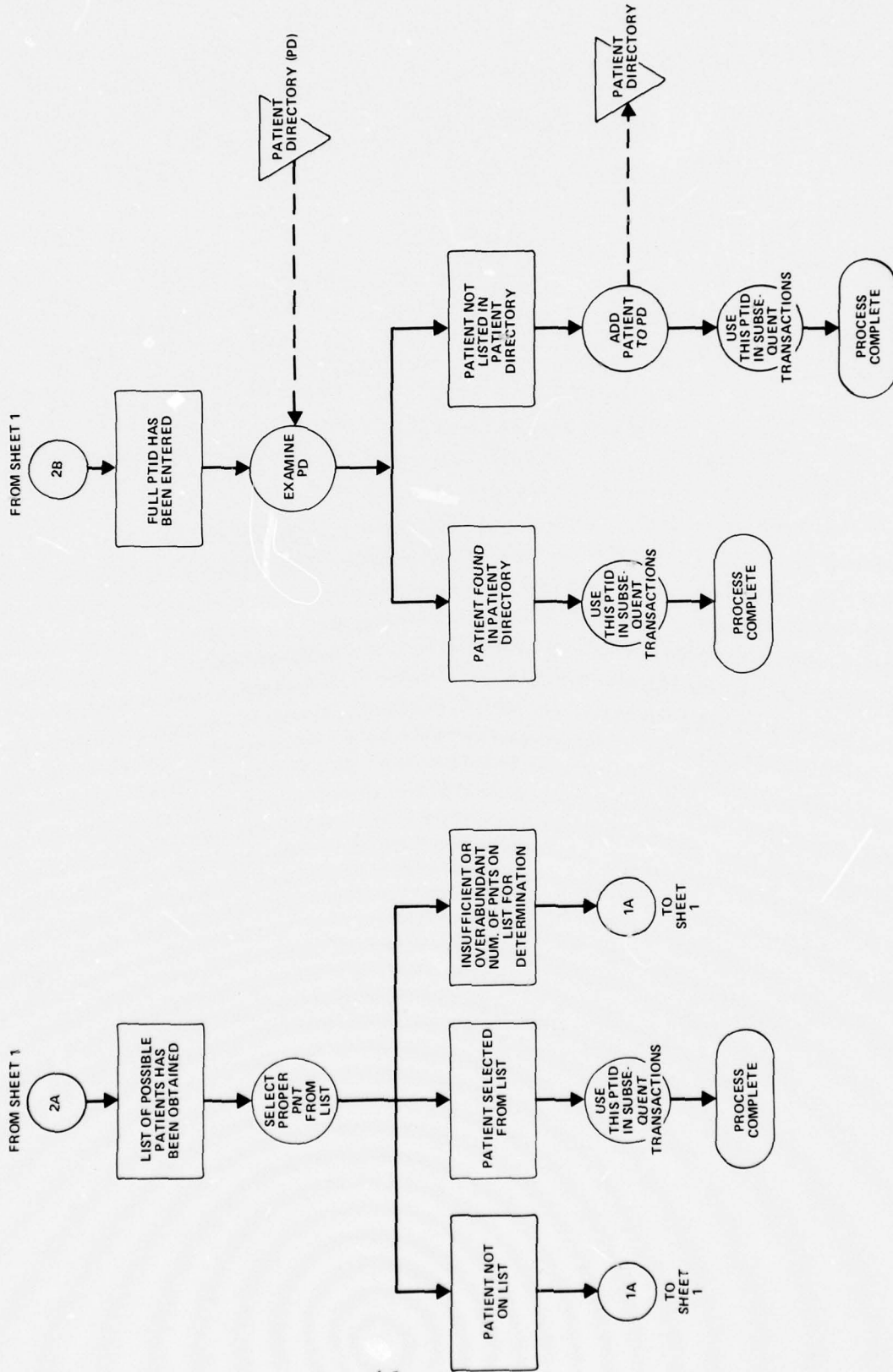
PAS
 PARTIAL REGISTRATION PROCESS
 SHEET 2 OF 2 31 OCT 1975

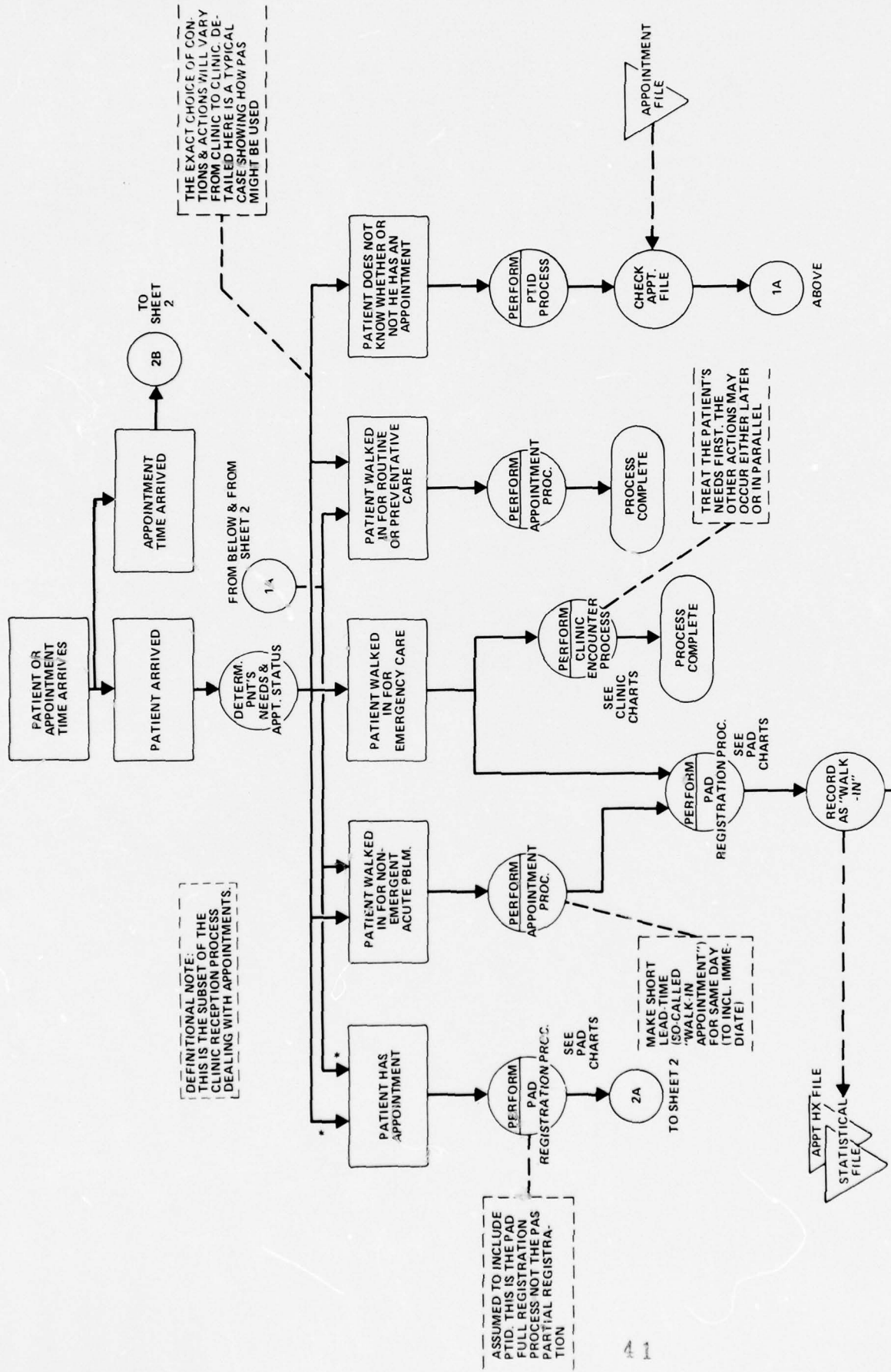






**PAS
PATIENT IDENTIFICATION (PTID) PROCESS
SHEET 1 OF 2 3 NOV 1975**





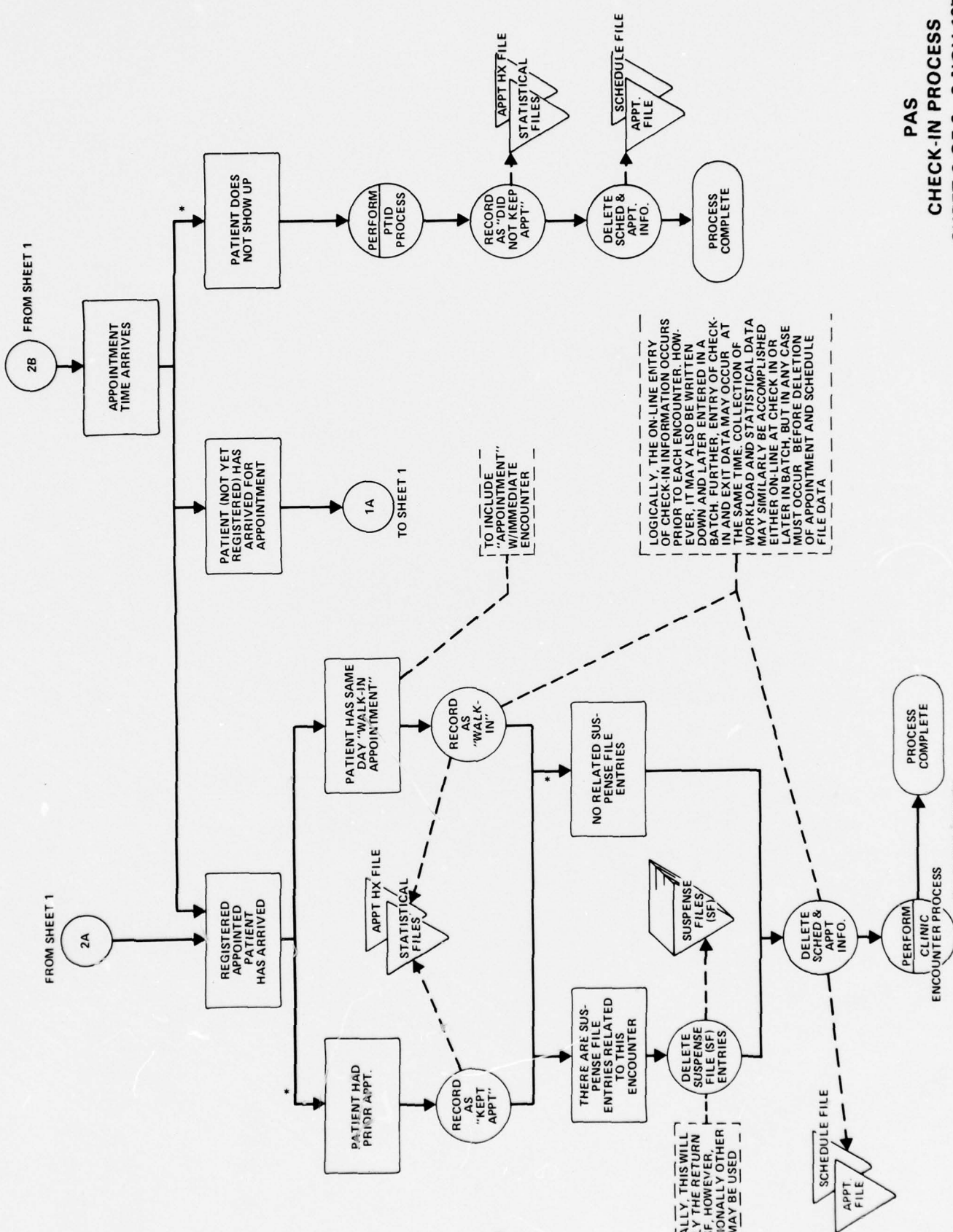
DEFINITIONAL NOTE:
 THIS IS THE SUBSET OF THE
 CLINIC RECEPTION PROCESS
 DEALING WITH APPOINTMENTS.

ASSUMED TO INCLUDE
 PTID. THIS IS THE PAD
 FULL REGISTRATION
 PROCESS NOT THE PAS
 PARTIAL REGISTRA-
 TION

MAKE SHORT
 LEAD-TIME
 (SO-CALLED
 "WALK-IN
 APPOINTMENT")
 FOR SAME DAY
 (TO INCL. IMME-
 DIATE)

TREAT THE PATIENT'S
 NEEDS FIRST. THE
 OTHER ACTIONS MAY
 OCCUR EITHER LATER
 OR IN PARALLEL

THE EXACT CHOICE OF CON-
 DITIONS & ACTIONS WILL VARY
 FROM CLINIC TO CLINIC. DE-
 TAILED HERE IS A TYPICAL
 CASE SHOWING HOW PAS
 MIGHT BE USED



FROM SHEET 1

2A

APPOINTMENT TIME ARRIVES

PATIENT (NOT YET REGISTERED) HAS ARRIVED FOR APPOINTMENT

PATIENT DOES NOT SHOW UP

PATIENT HAS SAME DAY "WALK-IN APPOINTMENT"

REGISTERED APPOINTED PATIENT HAS ARRIVED

PATIENT HAD PRIOR APPT.

RECORD AS "WALK-IN"

RECORD AS "KEPT APPT."

RECORD AS "DID NOT KEEP APPT."

PERFORM PTID PROCESS

APPT HX FILE STATISTICAL FILES

SUSPENSE FILE(S) (SF)

APPT. HX FILE STATISTICAL FILES

SCHEDULE FILE APPT. FILE

PROCESS COMPLETE

TO SHEET 1

TO INCLUDE "APPOINTMENT" W/IMMEDIATE ENCOUNTER

THERE ARE SUSPENSE FILE ENTRIES RELATED TO THIS ENCOUNTER

NO RELATED SUSPENSE FILE ENTRIES

DELETE SUSPENSE FILE(S) ENTRIES

DELETE STATISTICAL FILES

DELETE SCHED & APPT INFO.

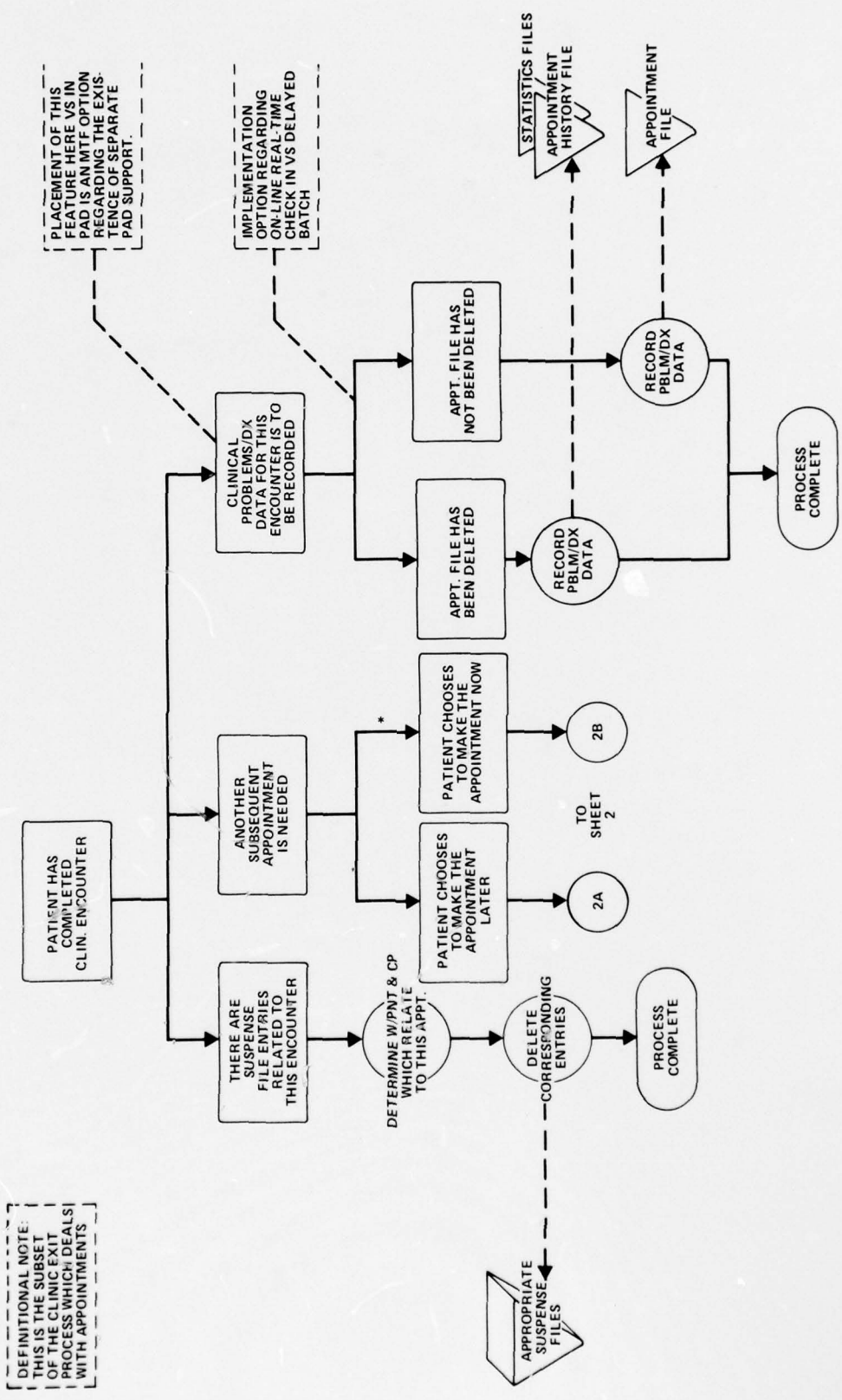
PERFORM CLINIC ENCOUNTER PROCESS

PROCESS COMPLETE

SEE CLINIC CHARTS

LOGICALLY, THE ON-LINE ENTRY OF CHECK-IN INFORMATION OCCURS PRIOR TO EACH ENCOUNTER. HOWEVER, IT MAY ALSO BE WRITTEN DOWN AND LATER ENTERED IN A BATCH. FURTHER, ENTRY OF CHECK-IN AND EXIT DATA MAY OCCUR AT THE SAME TIME. COLLECTION OF WORKLOAD AND STATISTICAL DATA MAY SIMILARLY BE ACCOMPLISHED EITHER ON-LINE AT CHECK IN OR LATER IN BATCH, BUT IN ANY CASE MUST OCCUR BEFORE DELETION OF APPOINTMENT AND SCHEDULE FILE DATA

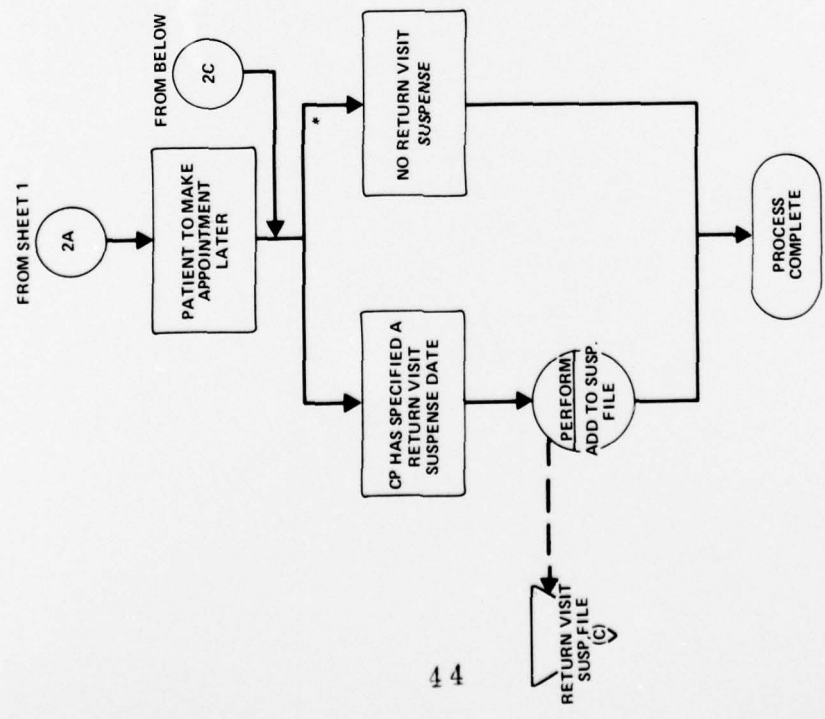
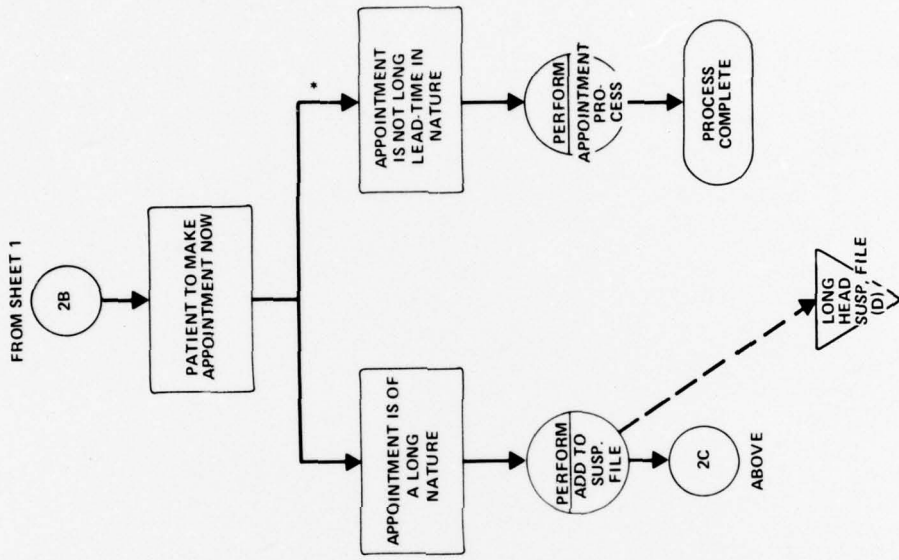
NORMALLY, THIS WILL BE ONLY THE RETURN VISIT SF. HOWEVER, OCCASIONALLY OTHER FILES MAY BE USED



DEFINITIONAL NOTE:
THIS IS THE SUBSET
OF THE CLINIC EXIT
PROCESS WHICH DEALS
WITH APPOINTMENTS

PLACEMENT OF THIS
FEATURE HERE VS IN
PAD IS AN MTF OPTION
REGARDING THE EXIS-
TENCE OF SEPARATE
PAD SUPPORT.

IMPLEMENTATION
OPTION REGARDING
ON-LINE REAL-TIME
CHECK IN VS DELAYED
BATCH

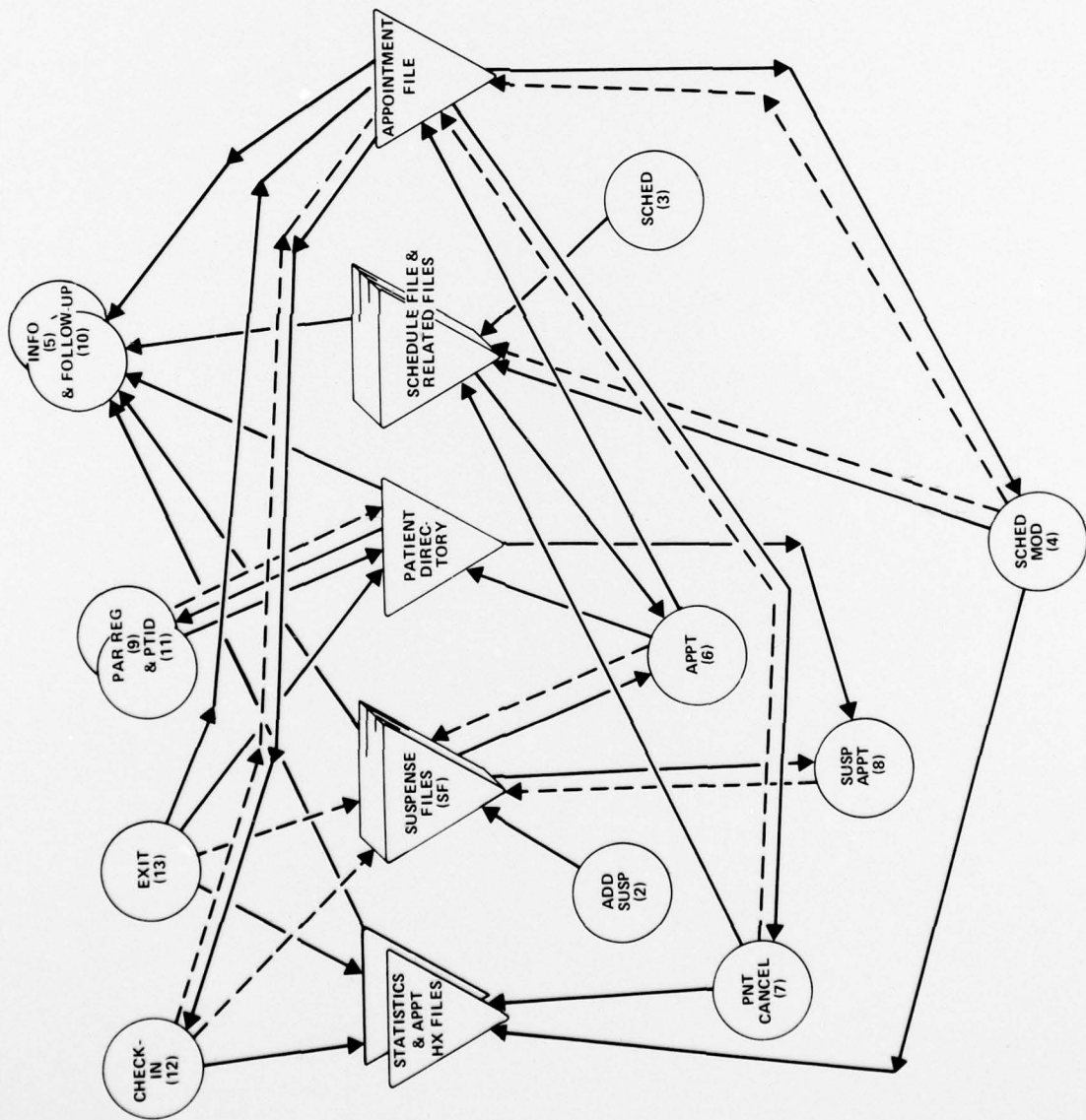


"FILE" DEPENDENCY SUMMARY






PROCESS	FILES									
	Waiting List SF*	Appt SF*				Master Pnt File				
	Pending CP Sched SF	Return Visit SF	Long Lead SF	Cancellation SF*	Schedule file & related files	Patient Directory	Appointment File	Appt History File	Statistical Files	
1. Contact										
2. Add Susp	A	A	A	A	A					
3. Sched						A				
4. Sched Mod						AUD	RD	A	A	
5. Info	R	R	R	R	R	R	R	R	R	R
6. Appt	RD	RUD	RD	RD	RD	R	U	RA		
7. Pnt Cancel				RD		U		RD	A	A
8. Susp Appt	RD	RD	RD	RD	RD		R			
9. Par Reg								AUR		
10. Follow-Up	R	R	R	R	R	R	R	R	R	R
11. PTID	(R)	(R)	(R)	(R)	(R)	(R)	RA	(R)		
12. Check-In	D	D	D	(D)	(D)	D		RD	A	A
13. Exit	D	D	D	(D)	(D)		U	U	A	A

LEGEND

- | | | | |
|-----|--|---|--|
| R | Process reads or examines data in file | A | Process appends or inserts records into file |
| D | Process deletes records from file | U | Process updates or modifies existing records in file |
| () | Infrequent occurrence | | |



LEGEND

- 
 PROCESS "a" UPDATES OR APPENDS TO FILE "b".
- 
 PROCESS "a" READS OR USES DATA FROM "b".
- 
 PROCESS "a" DELETES RECORDS FROM "b".
- 
 A PROCESS WITH MNEMONIC "NAME" & PAS SUBSYSTEM PROCESS NUMBER "n".
- 
 A FILE IDENTIFIED AS "NAME".

EXTERNAL INTERFACES SUMMARY

Process	INTERFACE									
	- Hard Copy to Pnt	- Hard Copy to Clin/CP	- Hard Copy to Rec Rm	- Hard Copy From Clin	- Soft Info From Pnt	- Soft Info to Pnt	- Soft Info From Clin/CP	- (Soft) Info to Clin	- PAD Registration Proc	- Clinic Encounter Proc
1. Contact					X		X			
2. Add Susp	X					X				
3. Sched				X				X		
4. Sched Mod				X			X	X		
5. Info	X	X			X	X	X	X		
6. Appt	X				X	X	X			
7. Pnt Cancel					X	X				
8. Susp Appt					X	X				
9. Par Reg					X	X				
10. Follow-Up	X	X	X							
11. PTID					X					
12. Check-In					X			X	X	
13. Exit					X		X			X

INDEX TO PAS CHARTS

<u>Process</u>	<u>Mnemonic*</u>	<u>Process No.</u>	<u>No. Sheets</u>	<u>Page</u>
Add to Suspense File	Add Susp	2	1	20
Appointment Making	Appt	6	5	26
Check-In (PAS Portion)	Check-in	12	2	41
Clinic/CP Scheduling	Sched	3	2	21
Clinic/CP Schedule Modification	Sched Mod	4	2	23
Clinic Exit (PAS Portion)	Exit	13	2	43
Follow-Up	Follow-up	10	2	37
Information	Info	5	1	25
Initial Contact	Contact	1	1	19
Partial Registration, PAS	Par Reg	9	2	35
Patient Identification	PTID	11	2	39
Patient-Initiated Cancellation of Appointment	Pnt Cancel	7	2	31
Suspense File Appointment	Susp Appt	8	2	33

*These are not intended for use as general identifiers, but are only for use with these charts for indexing and cross-referencing purposes.

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Integrated Health Care Delivery ADP System Functional Description,
4 October 1974. (The so-called "Yellow Book.") Particularly of
relevance to PAS are pages II-35 through II-36, III-8 through
III-9, IV-4, and IV-29 through IV-37.
2. TRIMIS Technical Workbook. (The so-called "Blue Book.")
Particularly of interest is Section 10, Patient Scheduling, dated
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("The majority of visits entail fewer than three health problems; seldom will a visit entail six problems. *** the average may be a little less than 1.5 problems per contact." A statistical parameter related to appointments.)

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