

Department of
Veterans Affairs

Memorandum

Date: SEP 28 2015

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

Subj: PACT Clinical Process for Unscheduled Patient "Walk-ins"

To: Network Directors (10N1-23)

Thru: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC)



1. The Veterans Health Administration (VHA) continues to work to improve how we care for our Nation's Veterans. To ensure a seamless Veteran experience throughout VHA, the following processes will be implemented to support a Veteran patient who presents to any VA Clinic requesting care but without a scheduled appointment.
2. If an unscheduled patient presents to a Patient-Aligned Care Team (PACT) Clinic:
 - a) All Patient-Aligned Care Team (PACT) members can participate in the management of walk-in patients; depending on the patient need; the PACT Administrative Associate (clerk) plays a significant role. Teams should strive to achieve "first source resolution" so that patients do not need to be routed to multiple individuals.
 - b) When a patient presents to a clinic without an appointment, PACT staff will greet the Veteran and any accompanying support persons in a friendly, concerned, professional manner, and will ask the reason for the visit. This greeting and interview will determine whether the need is administrative or clinical (e.g., filling out a form vs. illness).
 - c) In all cases, patients with a clinical concern will be further evaluated by a clinical member of the PACT. **No patient with a clinical concern or need may be turned away without evaluation by a clinical member of the team, regardless of clinic hours, resource availability, or eligibility/enrollment status.**
 - d) Walk-in patients requiring a Primary Care Provider (PCP)-level of interaction should be seen by their assigned PCPs, even if overbooking is necessary. If the assigned PCP is not available, then the patient should be seen by another provider.

PACT Clinical Process for Unscheduled Patient "Walk-ins"

3. If an unscheduled patient presents to any other clinic:
 - a) Each clinic should have a solid plan to meet the care needs for walk-in patients.
 - b) Clinic staff should have clearly-delineated roles and tasks regarding workflow for managing administrative vs. clinical needs for common issues (e.g., forms, medication refills, medication renewals, acute needs, social services, medication issues, etc.) Most clinical concerns can initially be triaged by nursing staff.
 - c) Accommodations should ensure timely and appropriate care for any unscheduled patient, including patients who are not currently assigned to a PACT, or those whose needs relate to emergent or specialty care.
4. For questions or additional information concerning this memorandum, please contact Richard Stark, MD, Executive Director, Primary Care Operations, Richard.stark@va.gov or Joanne Shear, Clinical Program Manager, Primary Care Operations and Services, joanne.shear@va.gov



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