

SHARP HEALTHCARE

ACCOUNT SPECIFICS

Platform:	eScription
Institution/Site Code:	sharp
Software Versions:	ESMT: Version 10.6 eMon: Version 10.6
Info/Resources:	ES SAMPLE SITE: <i>(add site here)</i> Log in with your EditScript login ID/PW
Customer Links:	http://www.sharp.com/index.cfm

Version/Change Record

Version	Date	Responsible Person	Description of Version/Change
1.0		Implementation Team	Customer Approved Final Version w/GoLive. Enter Name of Customer approving, date and time.
2.0	1.9.2013	TSM	Added Primary Physician and Provider instructions

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NOTE: Utilize the AHDJ Book of Style for any format information not contained in this document.

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ABBREVIATIONS/ACRONYMS

Transcribe all abbreviations and/or acronyms as dictated.

- Do not expand unless they are dictated in their expanded state.
- Do not abbreviate unless dictated as an abbreviation.

EXCEPTION: Expand all acronyms/abbreviations *related to the diagnosis* under **ANY** diagnosis, assessment, or impression heading, to include but not limited to, PREOPERATIVE DIAGNOSIS, POSTOPERATIVE DIAGNOSIS, DISCHARGE DIAGNOSIS, ADMISSION DIAGNOSIS, etc. Common lab and radiologic abbreviations do not need to be expanded.

Example under DIAGNOSIS heading:

Dictated: COPD. Awaiting results from CT lung, CBC.

Transcribed: Chronic obstructive pulmonary disease. Awaiting results from CT lung, CBC.

Example under IMPRESSION heading:

Dictated: EKG evidence of MI

Transcribed: EKG evidence of myocardial infarction.

Example under PLAN heading:

Dictated: Continue IV fluids

Transcribed: Continue IV fluids.

Clinicians often use abbreviations as complete words, such as “sat” for saturation, “vfib” for ventricular fibrillation, or “tox” for toxicity. Do not expand these short-hand indicators. Assume that, if the clinician wants you to expand any acronym or abbreviation, they will speak them in their expanded form.

OP NOTES: On operative notes, dictators will often want to have the PREOPERATIVE DIAGNOSIS text copied to the heading POSTOPERATIVE DIAGNOSIS by dictating: “Postoperative diagnosis, same.” **Do NOT transcribe the word "same"** Copy verbiage from PREOPERATIVE DIAGNOSIS and paste the entire contents after the POSTOPERATIVE section, adding anything additional after the word "same."

For all other Latin acronyms not listed above: When the speaker dictates “q.” separate “q.” from the rest of the phrase with a single space.

Correct	Incorrect
q. noon	q.noon
q. day	q.day or q.d.

Otherwise, write exactly what you hear the speaker say, even if there is an equivalent abbreviation.

Example: If speaker says q. 4 hours, this does not need to be shortened to q.4h.

Clinician Dictates	Correct	Incorrect
as needed	as needed	p.r.n.
twice a day by mouth	twice a day by mouth	b.i.d p.o

Standard Acronyms

Write acronyms, which are combinations of letters and numbers, in the usual manner:

- S1
- L4-5
- CA-125 (Write “cancer antigen 125” if clinician speaks it as such)
- FESO4
- 2D (Write “two dimensional” if clinician speaks it as such)

Transcribe vertebral spaces literally, using a hyphen: “L5-S1”, “S1-2”

- Use the ampersand (&) as part of an acronym.

Correct	Incorrect
CTA&P	CTA and P
H&H	H and H
H&P	H and P

JCAHO Prohibited Abbreviations

All of the JCAHO required AND optional do-not-use entries will be expanded. See list below.

U (unit)	Write "unit"
IU (International Unit)	Write "International Unit"
Q.D., QD q.d., qd (daily) Q.O.D., QOD, q.o.d., qod (every other day)	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* (see note below) Lack of leading zero (.X mg)	Write X mg Write 0.X mg
*Exception to above: A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.	
MS MSO ₄ and MgSO ₄	Write "morphine sulfate" Write "magnesium sulfate"
ug (for microgram)	Write "mcg"
h.s., H.S., Q.H.S., q.h.s.	Write out "half-strength" or "at bedtime"
T.I.W. (for three times a week)	Write "3 times weekly" or "three times weekly"
S.C. or S.Q. (for subcutaneous)	Write "Sub-Q", "subQ", or "subcutaneously"
D/C (for discharge or discontinue)	Write "discharge" or "discontinue"
cc (for cubic centimeter)	Write "mL" for milliliters
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears) O.S., O.D., O.U. (Latin abbreviation for left, right, or both eyes)	Write: "left ear", "right ear" or "both ears" Write: "left eyes", "right eyes" or "both eyes"

ALLERGY STATEMENTS

Uppercase for positive allergy statements; lowercase otherwise.

Example:

ALLERGIES:

No known drug allergies.

ALLERGIES:

PENICILLIN CAUSES A RASH.

CAPITALIZATION OF DEPARTMENT NAMES

Capitalize ALL department names.

CC vs. mL: See JCAHO abbrev list. If dictated as cc, transcribe as mL.

CONTRACTIONS

Transcriptionists should expand contractions when they are spoken unless in a direct quote.

Examples:

Dictated: He's a vegetarian.

Transcribed: He is a vegetarian.

OR

Dictated: The patient was murmuring, "I'm a diabetic."

Transcribe: The patient was murmuring, "I'm a diabetic."

DATES

For all WTs except Letter and Memos

When a full date is dictated, which would include Month, Day & Year, such as January 27, 2010 or "the 27th of January, 2010, dates should be transcribed with padded numerics, forcing 4-digit year, in format xx/xx/xxxx ex: 01/27/2010.

If only Month and year, i.e., January of 2010, transcribe as January 2010.

If only Month and Day, i.e., January 27th, transcribe as January 27th or "17th of January", transcribe as dictated, NOT forcing numerics as above.

Exception: Letter and Memo WTs

Spell out concisely.

Example: January 27, 2010

FORMATTING INSTRUCTIONS

AUTO-NUMBERING

No. Turn off auto-formatting feature.

FORBIDDEN CHARACTERS

Do NOT use the following characters. They are not accepted in the electronic interface: Pipe |, Caret ^, Backslash \, or Tilde ~

SPECIAL FORMATTING

Do NOT use bold, underline or italicize as requested by speaker. Do NOT change any of the special formatting that is part of a normal template you have pulled into your document.

TABS: Do not use TABS.

TIME FORMAT

Times may be spoken in many ways. It is important that they be formatted as uniformly as possible.

- Use the hour:minute format and use military hour time if the provider dictates as such. Note, there is no colon in military time, i.e., 1900, not 19:00.
- If dictated, add "a.m." and "p.m."
- Never include the word o'clock when talking about time. Use o'clock only if dictator is referring to anatomy, i.e., "...a lesion at the 8 o'clock position.)

Provider dictates:	Transcriptionist types:
I saw the patient at one fifteen.	I saw the patient at 1:15.
... quarter past one.	... 1:15.
... one fifteen p.m.	... 1:15 p.m.
... thirteen fifteen.	... 1315.
... thirteen hundred fifteen.	... 1315.
... around one o'clock.	... around 1:00.
... around thirteen hundred hours.	... around 1300.

VERBATIM VS. NON-VERBATIM

Verbatim. Small changes to grammar are expected, but keep to verbatim as much as possible. Any obvious discrepancies in dictation should be corrected or, if in doubt, should be flagged and pended to client for verification.

HEADINGS

Do NOT use "/" or "&" as any part of headings, i.e.,

CORRECT:

LABORATORY TESTS PROCEDURES AND RESULTS:

PAST FAMILY AND SOCIAL HISTORY:

INCORRECT:

LABORATORY TEST/PROCEDURES & RESULTS:

PAST FAMILY/SOCIAL HISTORY:

Heading followed by colon with text immediately underneath the heading.

SOCIAL HISTORY:

The patient denies history of alcohol use.

Double space between headings

MEDICATIONS:

None.

ALLERGIES:

No known drug allergies.

Subheadings: Drop-down format

Note: This example is for Exam AND Review of Systems.

PHYSICAL EXAMINATION:

HEENT: Unremarkable.

SKIN: Warm and dry.

HEART: Normal

Do **NOT** abbreviate headings, i.e.,

INCORRECT: GI:

CORRECT: GASTROINTESTINAL

Do not type any text that the clinician dictates which repeats the meaning of the heading.

Example:

DICTATED: Past medical history. The patient's past medical history is significant for asthma.

TRANSCRIBED: PAST MEDICAL HISTORY:
Significant for asthma.

EMPTY (UNUSED) SECTIONS/HEADINGS

Delete any section or heading for which the dictator does not dictate information.

VAGUE SECTION HEADINGS

If speaker dictates "HISTORY," expand to "HISTORY OF PRESENT ILLNESS" or PAST MEDICAL HISTORY", PAST SURGICAL HISTORY as appropriate.

HEADER AND FOOTER INFORMATION

Do not repeat information in text that already appears in the header such as DATE OF BIRTH.

LISTS

For all DIAGNOSIS and MEDICATION lists, **ALWAYS enumerate**, whether instructed by speaker or not.

For all other lists,

Do not enumerate lists of items unless dictator explicitly requests so.

Instead, enter the sequence into a comma-separated list, as you would when listing a series of words in a sentence.

Example:

PAST MEDICAL HISTORY: Diabetes mellitus, hypertension and hypercholesterolemia.

Listen for the following common phrases that a clinician uses to ask you to enumerate a list such as "Number two", "Number Next", "Next" or "Next item."

Enumerated lists will have the number, a period and 2 spaces. Do NOT use tabs.

PAST MEDICAL HISTORY:

1. Hypertension.
2. Diabetes mellitus.

NUMERICS

Quantities: Write all quantities as Arabic numerals with the following exceptions:

Examples:

The patient has had 2 mammograms within the past 3 years.

But

Two small cysts were removed.

And

There was another one on the left side.

I observed hundreds of particles.

Numeric Units: Separate the number from its unit with a space.

Example 5 mg

Numeric Ranges: Identify numeric ranges by using the word “to” between both numeric values

Example:

The patient will follow up in 3 to 4 months.

Frequencies or number of times: Indicate frequencies or number of times by placing the ‘x’ abutted to the number.

Example:

The patient was alert and oriented x3.

Dimensions: Indicate dimensions by using the ‘x’ with spaces, as follows, repeating each dimension,

Example:

CORRECT: The lipoma was 2 cm x 3 cm in size.

INCORRECT: The lipoma was 2x3 cm in size.

OB/GYN: When dictated as words, use commas to separate OB/GYN histories.

Example:

The patient is gravida 1, para 2.

When dictated as an abbreviation, leave a space.

Example:

The patient is G1 P2.

Roman Numerals vs. Arabic Numerals:

- Use Roman numerals for “grades” of conditions and diseases
Example “Grade II/VI systolic murmur”
- Use Roman numerals for “stages” of conditions and diseases
Example “Stage II cancer”
- Use Roman numerals for cranial nerve numbering
Example “CN II-XII”
- Use Arabic numerals for “types” of conditions or diseases
Example “diabetes mellitus type 2”

LABORATORY DATA AND VALUES

Platelets: Transcribe platelets as dictated, i.e., 236 or 236,000. No need to expand if not dictated.

Trailing zeros: Please see JCAHO Abbreviation List. Trailing zeros in laboratory values are acceptable to transcribe if dictated.

PATIENT NAME

If the clinician dictates the patient's actual name, type "the patient." Each occurrence of a patient's name in the document will be replaced with the phrase "the patient".

If a sentence begins with "patient" always insert the article "the". Do NOT begin sentence with "Patient..."

NOTE: Any other identifying information, such as family names, phone#s or room #s, is completely fine to transcribe as dictated.

PRIMARY CARE PHYSICIAN

Transcribe the heading PRIMARY CARE PHYSICIAN if dictated by speaker. If speaker says 'None,' transcribe the word 'None' after this heading, i.e.,

PRIMARY CARE PHYSICIAN: None.

Only transcribe this heading if specifically stated by speaker.

PROVIDER REFERENCE IN REPORT BODY

1) Always list the name UNDER the header.

Wrong

ASSISTANT: Gayle Barry

Correct

ASSISTANT:

Gayle Barry

2) Do not enumerate multiple *or* single names, but do list vertically (one under the other)

Wrong:

ASSISTANTS:

1. Gayle Barry

2. John Smith

ASSISTANTS: Gayle Barry, John Smith

ASSISTANTS:

Gayle Barry, John Smith

Correct:

ASSISTANTS:

Gayle Barry

John Smith

WORK TYPES

SCO -- CORONADO	SCV -- CHULA VISTA
WORK TYPE	WORK TYPE
CARDIAC CATHETERIZATION (6008)	CARDIAC CATHETERIZATION (6008)
CARDIAC GENERIC (6)	CARDIAC GENERIC (6)
CARDIAC PROCEDURE (6004)	CARDIAC PROCEDURE (6004)
CARDIAC STRESS TEST (6005)	CARDIAC STRESS TEST (6005)
CODE BLUE REPORT (18)	CODE BLUE REPORT (18)
CONFIDENTIAL QVR (45)	CONFIDENTIAL QVR (45)
CONSULTATION (4)	CONSULTATION (4)
DEATH SUMMARY (5001)	DEATH SUMMARY (5001)
DISCHARGE SUMMARY - KAISER (144)	DISCHARGE SUMMARY (5)
DISCHARGE SUMMARY (5)	ECHOCARDIOGRAM READING (6009)
ECHOCARDIOGRAM READING (6009)	ECHOCARDIOGRAM REPORT (6001)
ECHOCARDIOGRAM REPORT (6001)	ELECTROENCEPHALOGRAM REPORT (21)
ELECTROENCEPHALOGRAM REPORT (21)	EMERGENCY SERVICES ADMISSION (91)
EMERGENCY SERVICES ADMISSION (91)	EMERGENCY SERVICES REPORT - MID LEVEL PRACTITIONER (7)
EMERGENCY SERVICES REPORT - MID LEVEL PRACTITIONER (7)	EMERGENCY SERVICES REPORT (9)
EMERGENCY SERVICES REPORT (9)	HISTORY & PHYSICAL (2)
GI PROCEDURE (26)	HOSPITALIST DISCHARGE SUMMARY (19)
HISTORY & PHYSICAL - KAISER (142)	LETTER (97)
HISTORY & PHYSICAL (2)	MISCELLANEOUS (20)
HOSPITALIST DISCHARGE SUMMARY (19)	OPERATIVE REPORT (3)
LETTER (97)	PRE-OPERATIVE H&P (1)
MISCELLANEOUS (20)	PROGRESS NOTE (11)
OPERATIVE REPORT - KAISER (143)	PULMONARY FUNCTION TEST (6002)
OPERATIVE REPORT (3)	QRM LETTER (27)
PRE-OPERATIVE H&P (1)	QRM MEMO (29)
PROGRESS NOTE (11)	STRESS ECHOCARDIOGRAM (6003)
PULMONARY FUNCTION TEST (6002)	TRANSESOPHAGEAL ECHOCARDIOGRAM (6006)
QRM LETTER (27)	TRANSFER SUMMARY (8)
QRM MEMO (29)	TREADMILL TEST (6007)
STRESS ECHOCARDIOGRAM (6003)	
TRANSFER SUMMARY (8)	
TREADMILL TEST (6007)	

SGH -- GROSSMONT	SMB -- MARY BIRCH
WORK TYPE	WORK TYPE
CARDIAC GENERIC (6)	CARDIAC GENERIC (6)
CARDIAC CATHETERIZATION (6008)	CARDIAC PROCEDURE (6004)
CARDIAC PROCEDURE (6004)	CARDIAC STRESS TEST (6005)
CARDIAC STRESS TEST (6005)	CODE BLUE REPORT (18)
CODE BLUE REPORT (18)	CONFIDENTIAL QVR (45)
CONFIDENTIAL QVR (45)	CONSULTATION (4)
CONSULTATION (4)	DEATH SUMMARY (5001)
DEATH SUMMARY (5001)	DISCHARGE SUMMARY (5)
DISCHARGE SUMMARY (5)	ELECTROENCEPHALOGRAM REPORT (21)
ECHOCARDIOGRAM READING (6009)	HISTORY & PHYSICAL (2)
ECHOCARDIOGRAM REPORT (6001)	HOSPITALIST DISCHARGE SUMMARY (19)
ECT CONSULTATION (57)	LETTER (97)
ECT PROCEDURE REPORT (30)	MISCELLANEOUS (20)
ELECTROENCEPHALOGRAM REPORT (21)	NICU DISCHARGE SUMMARY (10)
EMERGENCY SERVICES ADMISSION (91)	OPERATIVE REPORT (3)
EMERGENCY SERVICES REPORT - MID LEVEL PRACTITIONER (7)	PRE-OPERATIVE H&P (1)
EMERGENCY SERVICES REPORT (9)	PROGRESS NOTE (11)
HISTORY & PHYSICAL (2)	QRM LETTER (27)
HISTORY & PHYSICAL / DISCHARGE SUMMARY (17)	QRM MEMO (29)
HOSPITALIST DISCHARGE SUMMARY (19)	TRANSFER SUMMARY (8)
HYPERBARIC MEDICINE CONSULTATION (25)	
LETTER (97)	SRS -- SHARP REES STEALY
MISCELLANEOUS (20)	WORK TYPE
MULTIPLE SLEEP LATENCY TEST (62)	CONSULTATION (4)
OPERATIVE REPORT (3)	ECHOCARDIOGRAM REPORT (6001)
POLYSOMNOGRAM CPAP TEST (61)	HISTORY & PHYSICAL (2)
POLYSOMNOGRAM REPORT (60)	LETTER (97)
PRE-OPERATIVE H&P (1)	MUGA SCAN (66)
PROGRESS NOTE (11)	OPERATIVE REPORT (3)
PSYCHIATRIC ADMISSION HISTORY (52)	PHYSICAL THERAPY (47)
PSYCHIATRIC CONSULTATION (54)	PRE-OPERATIVE H&P (1)
PSYCHIATRIC DISCHARGE SUMMARY (55)	PROGRESS NOTE (11)
PSYCHIATRIC PROGRESS NOTE (51)	QRM LETTER (27)
PULMONARY FUNCTION TEST (6002)	STRESS NUCLEAR STUDY (65)
QRM LETTER (27)	UPPER EXTREMITY EVAL (48)
QRM MEMO (29)	WEIGHT MANAGEMENT HP (50)
STRESS ECHOCARDIOGRAM (6003)	
TRANSFER SUMMARY (8)	
TREADMILL TEST (6007)	

SMH -- MEMORIAL	SMV -- MESA VISTA
WORK TYPE	WORK TYPE
CARDIAC GENERIC (6)	ECT CONSULTATION - KAISER (157)
CARDIAC CATHETERIZATION (6008)	ECT CONSULTATION (57)
CARDIAC PROCEDURE (6004)	ECT PROCEDURE NOTE - KAISER (130)
CARDIAC STRESS TEST (6005)	ECT PROCEDURE REPORT (30)
CODE BLUE REPORT (18)	LETTER (97)
CONFIDENTIAL QVR (45)	LETTERS AND MEMOS (197)
CONSULTATION (4)	PSYCHIATRIC ADMISSION HISTORY - KAISER (152)
CRITICAL CARE NOTE (36)	PSYCHIATRIC ADMISSION HISTORY (52)
DEATH SUMMARY (5001)	PSYCHIATRIC CONSULTATION - KAISER (154)
DISCHARGE SUMMARY (5)	PSYCHIATRIC CONSULTATION (54)
ECHOCARDIOGRAM READING (6009)	PSYCHIATRIC DISCHARGE SUMMARY - KAISER (155)
ECHOCARDIOGRAM REPORT (6001)	PSYCHIATRIC DISCHARGE SUMMARY (55)
ELECTROENCEPHALOGRAPH REPORT (21)	PSYCHIATRIC PEDIATRIC CONSULTATION - KAISER (156)
EMERGENCY SERVICES ADMISSION (91)	PSYCHIATRIC PEDIATRIC CONSULTATION (56)
EMERGENCY SERVICES REPORT (9)	PSYCHIATRIC PHYSICAL EXAMINATION - KAISER (158)
HISTORY & PHYSICAL (2)	PSYCHIATRIC PHYSICAL EXAMINATION (58)
HOSPITALIST DISCHARGE SUMMARY (19)	PSYCHIATRIC PHYSICAL STATEMENT - KAISER (153)
LETTER (97)	PSYCHIATRIC PHYSICAL STATEMENT (53)
MISCELLANEOUS (20)	PSYCHIATRIC PROGRESS NOTE - KAISER (151)
OPERATIVE REPORT (3)	PSYCHIATRIC PROGRESS NOTE (51)
OPHTHALMOLOGY OPERATIVE REPORT (13)	PSYCHOLOGICAL EVALUATION - KAISER (170)
PRE-OPERATIVE H&P (1)	PSYCHOLOGICAL EVALUATION (70)
PROGRESS NOTE (11)	TRANSESOPHAGEAL ECHOCARDIOGRAM (6006)
PULMONARY FUNCTION TEST (6002)	
QRM LETTER (27)	
QRM MEMO (29)	
STRESS ECHOCARDIOGRAM (6003)	
TRANSESOPHAGEAL ECHOCARDIOGRAM (6006)	
TRANSFER SUMMARY (8)	
TRAUMA CONSULTATION (34)	
TRAUMA DISCHARGE SUMMARY (35)	
TRAUMA HISTORY & PHYSICAL (32)	
TRAUMA OPERATIVE REPORT (33)	
TRAUMA PREOPERATIVE HISTORY & PHYSICAL (31)	
TREADMILL TEST (6007)	

PENDING RULES and UPLOAD PROTOCOL Non-DSP MT

NOTE: Please do not include personal notes or opinions in pend notes. Keep all comments direct, professional, and to the point.

Pend all notes to QC by choosing the pending reason below:

	#	Pending Reason
▶	1	NTS_NonDSP

ADDENDUMS

Transcribe **Addendum** as first line of text, then pend by choosing pending reason below

	#	Pending Reason
▶	1	NTS_NonDSP

BLANKS

Pend all notes to QC by choosing pending reasons below:

	#	Pending Reason
	1	NTS_NonDSP
✎		NTS_Inaudible Dictation

CARBON COPIES:

NEVER pend to customer to verify CC. See rules below.

- Select contacts from database only when both first and last name are given and there is only one listing for that name.
- Create new CC contacts only when first and last name are given and there are no listings for that name. Then pend to NTS_NonDSP. Do not pend to verify CC.

	#	Pending Reason
▶	1	NTS_NonDSP

Otherwise,

- For the below scenarios, ignore the CC request, do not create a new contact and do not pend to the customer.
 - First and last name are dictated and there are multiple listings for this name.
 - Only Last name is dictated
 - Only First name is dictated
 - Unable to understand any part of the CC requested.

INCOMPLETE DICTATIONS

If dictation is incomplete, transcribe "DICTATION ENDS HERE" as last line of text and pend by choosing pending reason below

#	Pending Reason
▶ 1	NTS_NonDSP

NO DICTATION

Pend by choosing pending reason below

#	Pending Reason
▶ 1	NTS_No Dictation/Cancelled

RISK MANAGEMENT (Discrepancy in dictation)

1. MT to pend to NTS for discrepancies that cannot be resolved with complete confidence/competence.
2. Type comments that are pertinent to the dictation.
Example:
"This is a re-dictation."
3. Omit comments that are NOT pertinent to the dictation.
Example:
"This is the third time I have dictated this chart! I won't dictate it a fourth time!"
If in doubt, pend to NTS.

SIGNING CLINICIAN

The Signing Field will always be populated with the Speaker's name.

- If the speaker says they are dictating for someone else, select that person's name in the Signing Field.
- If the speaker does not state they are dictating for someone, leave this field alone and pend as,

#	Pending Reason
▶ 1	NTS_NonDSP

Please always follow MT instructions regarding surrogate speakers if one exists for the dictation you have open!

MULTIPLE REPORTS ON 1 DICTATION

Transcribe/Speech Edit and Pend as:

#	Pending Reason
▶ 1	NTS_NonDSP

WRONG WORKTYPE

If job uploads with wrong work type, change to correct the worktype. Pend to:

#	Pending Reason
▶ 1	NTS_NonDSP



The information listed below in this document pertains to MTs/QCs who have been granted Direct Send Privilege status. If you are not yet DSP'd, please follow pending rules and upload protocol instructions that are outlined above.

PENDING RULES and UPLOAD PROTOCOL ALL DSP MTs & QCs

NOTE: Please do not include personal notes or opinions in pend notes. Keep all comments direct, professional, and to the point.

ADDENDUMS

Transcribe **Addendum** as first line of text and upload directly. Do NOT pend for addendums.

BLANKS

4 or less blanks may be uploaded directly to client without pending.

MTs: For more than 4 blanks pend to QC by choosing pending reason below.

	#	Pending Reason
	1	NTS_Inaudible Dictation

QCs: You may upload to client with 4 or less blanks. If more than 4 blanks, please pend to customer by choosing pending reason below:

	#	Pending Reason
	1	SHARP_Remaining Blanks

Stats with blanks: After QC review, change blanks to 4 underscores and upload directly. **A stat dictation will be a priority 2.** Please always check the priority of your dictation in your EditScript header.

CARBON COPIES:

NEVER pend to customer to verify CC. See rules below.

- Select contacts from database only when both first and last name are given and there is only one listing for that name.
- Create new CC contacts only when first and last name are given and there are no listings for that name. Then upload document. Do not pend to verify CC. Otherwise,
- For the below scenarios, ignore the CC request, do not create a new contact and do not pend to the customer.
 - First and last name are dictated and there are multiple listings for this name.
 - Only Last name is dictated
 - Only First name is dictated
 - Unable to understand any part of the CC requested.

INCOMPLETE DICTATIONS

If dictation is incomplete, transcribe "DICTATION ENDS HERE" as last line of text and upload directly. Do NOT pend only for reason of Incomplete Dictation.

NO DICTATION

Pend by choosing pending reason below.

	#	Pending Reason
	1	NTS_No Dictation/Cancelled

RISK MANAGEMENT (Discrepancy in dictation)

1. MT to pend to Sharp for discrepancies that cannot be resolved with complete confidence/competence.

2. Type comments that are pertinent to the dictation.

Example:

“This is a re-dictation.”

3. Omit comments that are NOT pertinent to the dictation.

Example:

“This is the third time I have dictated this chart! I won’t dictate it a fourth time!”

If in doubt, pend to customer.

SIGNING CLINICIAN

The Signing Field will always be populated with the Speaker’s name.

- If the speaker says they are dictating for someone else, select that person’s name in the Signing Field.
- If the speaker does not state they are dictating for someone, leave this field alone and upload.

Do NOT pend to the customer to confirm Signing Physician.

WRONG WORKTYPE

If job uploads with wrong work type:

Change worktype and upload directly. Do not pend.