CAPELLA HEALTHCARE
ACCOUNT SPECIFICS

Platform:	eScription
Institution/Site Code:	capella
Software Versions:	ESMT: Version 11.2 eMon: Version 11.2
Info/Resources:	ES SAMPLE SITE: https://capella.escriptionasp.com/Downloads/Labor/ Log in with your EditScript login ID/PW
Customer Links:	http://www.capellahealth.com/

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.

TABLE OF CONTENTS

All subjects are listed in alphabetical order and are hyperlinked. Simply click on a subject to find the information.

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

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
p.r.n.	p.r.n.	as needed
b.i.d. p.o.	b.i.d. p.o.	twice a day by mouth

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

Only JCAHO required abbreviations will be followed. Optional "do not use" list should be ignored. (i.e., transcribe cc or mL as dictated).

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

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 only Emergency Room or Emergency Department. Do NOT capitalize any other department names.

CC vs. mL: Transcribe cc or mL as dictated. Do NOT change cc to 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

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.

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 and 2 spaces with text immediately following on the same line as heading.

SOCIAL HISTORY: The patient denies history of alcohol use.

Double space between headings

MEDICATIONS: None.

ALLERGIES: No known drug allergies.

Subheadings: In-Paragraph Subheadings

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

Transcribe 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 any 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 placing a hyphen between both numeric values
Example:
The patient will return for followup in 3-4 months.

Frequencies or number of times: Indicate frequencies or number of times by placing the word "times"
Example:
The patient was alert and oriented times 3.

Dimensions: Indicate dimensions by using the ‘x’ with spaces, as follows.
Example:
CORRECT: The lipoma was 2 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.

WORK TYPES

WILLIAMETTE (WVMC)	
Behavioral Health (Psych) Letter (5082)	RAD ONC Consultation (5054)
Consultation (5018)	RAD ONC Follow Up Note (5055)
Death Summary (5019)	RAD ONC Letter (5056)
Delivery Note (Labor and Delivery) (5003)	RAD ONC Simulation CT Note (5057)
Discharge Summary (5021)	RAD ONC Simulation Note (5058)
Electroencephalogram (EEG) Report (5024)	RAD ONC Social Service Consult (5059)
Emergency Room Letter (5026)	RAD ONC Transfer Summary (5060)
Emergency Room Report (5027)	RAD US Echo (6001)
Event Monitor (5028)	SBH Social Work Assessment (5106)
Exercise Stress Test (5029)	Sleep CPAP Tritation Summary (5109)
Heart Cath/PTCA (5034)	Sleep Disorder Center Letter (5111)
History and Physical (5035)	Sleep Initial History and Physical (5110)
Holter Monitor (5037)	Sleep Multiple Sleep Latency Test (MSLT) (5046)
Letter/Correspondence (5042)	Sleep Office Progress Note (5053)
Nutritional Evaluation (5049)	Sleep Office Progress Note 1 (5112)
Occ Med Progress Note (5050)	Sleep Split Study CPAP/Polysomnography (5113)
Operative Report (5061)	Sleep Study Polysomnogram Report (5114)
Pain Contract (5066)	Transfer Summary (5129)
PreOperative History and Physical (5076)	Vascular Lab (5135)
Procedure Note (5077)	WCC Discharge Summary (5137)
Progress Note (5078)	WCC HBO Procedure Note (5038)
Psychiatric (SBH) Discharge Summary (5084)	WCC Initial Evaluation (5138)
Psychiatric (SBH) Evaluation (5103)	WCC Letter (5140)
Psychiatric (SBH) Progress Note (5104)	WCC Procedure Note (5141)
Pulmonary Function Test (5086)	WCC Progress Note (5142)
RAD Cardiology (6002)	

PENDING RULES and UPLOAD PROTOCOL
Non-DSP MLS

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 with note as follows:

Pending Reason
NTS_NonDSP

ADDENDUMS

Transcribe **Addendum** as first line of text. Pend to:

Pending Reason
NTS_NonDSP

BLANKS

Pend all notes to QC with note as follows:

Pending Reason
NTS_NonDSP

CARBON COPIES:

For contacts not available in the database, add new CC dictated by creating a new contact with all provided information and process as usual.

If only "Dr. Black" is dictated, please put "doctor" in the first name field and "Black" in the last name field.

If you are unsure of the spelling of a name, please spell the first and/or name phonetically.

Pend to:

Pending Reason
NTS_NonDSP

INCOMPLETE DICTATIONS

If dictation is incomplete, transcribe "DICTATION ENDS HERE" as last line of text and pend to

#	Pending Reason
1	NTS_NonDSP
2	Capella_Incomplete Dictation

NO DICTATION

Pend as below

#	Pending Reason
1	NTS_No Dictation/Cancelled

RISK MANAGEMENT (Discrepancy in dictation)

1. MLS 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

If the speaker is someone who requires a signing clinician for their dictations then the signing clinician field in the header will be blank. The MLS should fill this in based on who the speaker states they are dictating for. If the speaker does not dictate a signer or if the signer cannot be found then the MLS/QC should pend the document as below:

Pending Reason
NTS_NonDSP

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

MULTIPLE REPORTS ON 1 DICTATION

Transcribe/Speech Edit and Pend To:

#	Pending Reason
1	NTS_NonDSP
2	NTS_Split Dictation

WRONG WORKTYPE

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

Pending Reason
NTS_NonDSP

The information listed below in this document pertains to MLS/QC 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 MLS & QC

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

MLS: For more than 2 blanks pend to QC as below

#	Pending Reason
1	NTS_Blanks Remain

QC: You may upload to client with 2 or less blanks. If more than 2 blanks, pend to customer as:

#	Pending Reason
1	Capella_Blanks Remain

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:
For contacts not available in the database, add new CC dictated by creating a new contact with all provided information and process as usual.

If only "Dr. Black" is dictated, please put "doctor" in the first name field and "Black" in the last name field.

If you are unsure of the spelling of a name, please spell the first and/or name phonetically.

Do NOT pend to customer only for reason of new contact.

INCOMPLETE DICTATIONS
If dictation is incomplete, transcribe "DICTATION ENDS HERE" as last line of text and pend to client as

#	Pending Reason
1	Capella_Incomplete Dictation

NO DICTATION
Pend as below

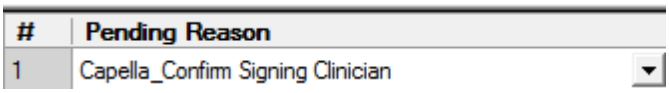
#	Pending Reason
1	NTS_No Dictation/Cancelled

RISK MANAGEMENT (Discrepancy in dictation)

1. MLS to pend to **<client acronym>** 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

If the speaker is someone who requires a signing clinician for their dictations then the signing clinician field in the header will be blank. The MLS should fill this in based on who the speaker states they are dictating for. If the speaker does not dictate a signer or if the signer cannot be found then the MLS/QC should pend the document as below.



WRONG WORKTYPE

If job uploads with wrong work type:

Change worktype and upload directly. Do not pend.