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.
1.1	2/11/2014	Anne Cevasco	Minor procedural changes
1.2	2/19/2014	Anne Cevasco	Use of patient's name is acceptable
1.3	2/21/2014	Anne Cevasco	Title Case instructions; radiology report instructions; numeric updates

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."

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 *(but if a range such as "L one to L five" it would be L1 to L5)*
- 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: Drop-down flush-left for Physical 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.

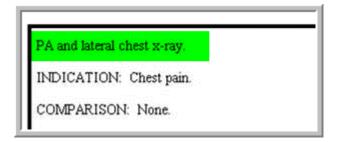**EMPTY (UNUSED) SECTIONS/HEADINGS**
Delete any section or heading for which the dictator does not dictate information.

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

TITLE CASE FOR HEADINGS OF REPORTS
The definition of title case is: The capitalization of text in which the **first letter of each major word is set in capital** (and, is, the, etc., are not Major words).

PA and lateral chest x-ray.

INDICATION: Chest pain.

COMPARISON: None.

Using title case this should be:

PA and Lateral Chest X-Ray

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.
> ***Except***: 2 to 3 out of 6 (and not 2-3/6)
> ***Except*** 10% to 15% (and not 10-15%)

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 <u>Roman</u> numerals for "grades" of conditions and diseases
  - Example   "Grade II/VI systolic murmur"
- Use <u>Roman</u> numerals for "stages" of conditions and diseases
  - Example   "Stage II cancer"
- Use <u>Roman</u> numerals for cranial nerve numbering
  - Example   "CN II-XII"
- Use <u>Arabic</u> 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
It is appropriate to use the patient's name if dictated as such by the speaker. Please do NOT change to "the patient". Please transcribe as dictated.

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.

RADIOLOGY REPORTS

When working in radiology reports (any worktype with a number in the 6000 range), you may need to choose more than 1 order at the request of the speaker.

When the report comes in, it will have a single order selected:

Verify this is the correct order that is first identified by the speaker. If it isn't, choose the correct order. The speaker may then request a second order. You are NOT going to split the job; you can select that 2nd order as well.

Once you are sure these are both the correct orders, click on confirm and both orders will be selected.

WORK TYPES

WILLIAMETTE (WVMC)	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)	SBH Social Work Assessment (5106)
Event Monitor (5028)	Sleep CPAP Tritation Summary (5109)
Exercise Stress Test (5029)	Sleep Disorder Center Letter (5111)
Heart Cath/PTCA (5034)	Sleep Initial History and Physical (5110)
History and Physical (5035)	Sleep Multiple Sleep Latency Test (MSLT) (5046)
Holter Monitor (5037)	Sleep Office Progress Note (5053)
Letter/Correspondence (5042)	Sleep Office Progress Note 1 (5112)
Nutritional Evaluation (5049)	Sleep Split Study CPAP/Polysomnography (5113)
Occ Med Progress Note (5050)	Sleep Study Polysomnogram Report (5114)
Operative Report (5061)	Transfer Summary (5129)
Pain Contract (5066)	Vascular Lab (5135)
PreOperative History and Physical (5076)	WCC Discharge Summary (5137)
Procedure Note (5077)	WCC HBO Procedure Note (5038)
Progress Note (5078)	WCC Initial Evaluation (5138)
Psychiatric (SBH) Discharge Summary (5084)	WCC Letter (5140)
Psychiatric (SBH) Evaluation (5103)	WCC Procedure Note (5141)
Psychiatric (SBH) Progress Note (5104)	WCC Progress Note (5142)
Pulmonary Function Test (5086)	
RAD Cardiology (6002)	
RAD Carotid (US Carotid) (6006)	
Rad Diagnostic Imaging (6000)	
RAD Echo (US Echo) (6001)	
RAD Heart Catheterization or Cardioversion (6004)	
RAD Mammography (6003)	

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

Please put timestamps in pend note only. 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 last name phonetically.

    Add cc's for any physician requested by the speaker even if found in the visit grid for that particular visit.

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.

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. Please put timestamps in pend note only.

   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.
   Add cc's for any physician requested by the speaker even if found in the visit grid for that particular visit.

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 upload.

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.

#	Pending Reason	
1	Capella_Confirm Signing Clinician	▼

WRONG WORKTYPE
If job uploads with wrong work type:
>   Change worktype and upload directly. Do not pend.