

# HCA EAST FLORIDA

## ACCOUNT SPECIFICS

<b>Platform:</b>	eScription
<b>Institution/Site Code:</b>	hcaefl
<b>Software Versions:</b>	ESMT: Version 10.12 eMon: Version 10.12
<b>Info/Resources:</b>	ES SAMPLE SITE: <a href="https://hcaefl.escriptionasp.com/Downloads/Labor/">https://hcaefl.escriptionasp.com/Downloads/Labor/</a> Log in with your EditScript login ID/PW
<b>Customer Links:</b>	<a href="http://hcaeastflorida.com/">http://hcaeastflorida.com/</a>

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**NOTE:** Utilize the AHDl 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”

- Do NOT use the ampersand (&) as part of an acronym.

Correct	Incorrect
CTA and P	CTA&P
H and H	H&H
H and P	H&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
<b>*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.</b>	
MS MSO <sub>4</sub> and MgSO <sub>4</sub>	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 eye", "right eye" 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 department name when used as a noun. Example: Seen by Neurology. Seen by Dermatology

**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

When a full date is dictated, which would include Month, Day and 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.

If Date of Service is dictated in consults or operative reports is dictated please create a heading following the guidelines stated in the Heading section of this document.

Example:  
DATE OF SERVICE:  
02/25/2014

## 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: Percent %, Pipe |, Caret ^, Backslash \, Ampersand & or Tilde ~ **When percent is dictated, spell out. Example: Patient has ejection fraction of 60 percent.**

## 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.)

<b>Provider dictates:</b>	<b>Transcriptionist types:</b>
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 underneath on next line.

SOCIAL HISTORY:

The patient denies history of alcohol use.

Double space between headings

MEDICATIONS:

None.

ALLERGIES:

No known drug allergies.

## Subheadings:

Physical Exam: Drop-down format

Review of Systems: In-Paragraph subheadings.

### EXAMPLES:

PHYSICAL EXAMINATION:

HEENT: Unremarkable.

SKIN: Warm and dry.

HEART: Normal.

REVIEW OF SYSTEMS: HEENT: Denies any airway difficulty. HEART: No chest pain.

LUNGS: No shortness of breath.

Do **NOT** abbreviate headings or subheadings, 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

Lists should only be numbered if dictated in a numbered list. 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.

Example:

PAST MEDICAL HISTORY:

1. Diabetes mellitus.

2. Hypertension.

3. Hypercholesterolemia.

### 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 the word “to” between both numeric values

Example:

The patient will return for followup 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.

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, separate with a comma.

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" leave as is: "Patient..." or "The patient..." Do not automatically insert the article "the" if not dictated.

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



**WORK TYPES**  
**(to be updated)**

<b>WORKTYPE</b>
Cardiac Cath Report (8)
Code Blue Report (19)
Consultation Report (3)
Diagnostic Polysomnograph Report (60)
Discharge Summary (5)
Echocardiogram (7)
EEG (71)
Endovascular Services Note (20)
History and Physical (2)
Holter Monitor Report (72)
Operative Report (4)
Pediatric Echocardiogram (12)
Preoperative H&P (1)
Progress Note (15)
Pulmonary Function Test (64)
Stress Test Report (9)
Transesophageal Echo Report (11)
UHMC Pavilion Consultation (33)
UHMC Pavilion Discharge Summary (55)
UHMC Pavilion H&P (31)
UHMC Pavilion Initial Evaluation (32)
UHMC Pavilion Progress Note (30)
VITAS Admission Note (51)
Wound Care Consult (23)
Wound Care Follow Up (21)
Wound Care H&P (22)
Wound Care Operative Report (24)

## PENDING RULES and UPLOAD PROTOCOL

### Non-DSP MT

**MLS ARE NOT TO PEND TO HCA. PEND ONLY TO NTS.** 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:**

#### ADDENDUMS

MT: Type **ADDENDUM** as first line of text. Pend to QC:

#	Pending Reason
1	NTS_Training Review

QC: Upload directly. Do NOT pend for addendums.

**Exception:** If the addendum is instructional and/or requesting changes to a previous dictation, pend to NTS\_Second Listen and email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com). (Domestic QC/TL will then listen and if necessary pend to HCA.)

#### BLANKS

MT: Pend to QC:

#	Pending Reason
1	NTS_Training Review

MT: Pend to NTS\_Training Review.

QC 1st review: Can upload directly with up to 5 blanks. Change blanks to 3 underscores long (\_\_\_) and upload. If more than 5 blanks remain, pend to NTS\_Second Listen and email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com).

QC 2nd review/TL: If 6 or more blanks remain, be sure blanks are 3 underscores long (\_\_\_), upload directly and email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com) to notify client.

#### CANCELLED DICTATIONS

MT: Type the dictated text and pend exactly as below, after changing the worktype to Cancelled Dictation (992)

#	Pending Reason
1	NTS_Training Review

QC: Change the status in EMON to Unsigned, Save. Do not Save/Distribute. (QCs without access to EMON should email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com).)

#### CARBON COPIES

MT: Do not create a new contact, do not pend jobs with CC not in database. Upload directly. Do NOT pend to client only for the reason of CC not found.

## COMMENTS

Type comments that are pertinent to the dictation.

Example: "This is a re-dictation."

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!"

## INCOMPLETE DICTATIONS

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

#	Pending Reason
1	NTS_Training Review

QC: Verify the Incomplete Dictation and upload directly.

**Exception:** if the job is not incomplete but instead has no dictation (no text dictated), then type NO DICTATION and change to worktype to Cancelled Dictation (992). Change the status in EMON to Unsigned, Save. Do not Save/Distribute.

(QCs without access to EMON should email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com).)

## NO DICTATION

MT: Pend **exactly** as below

#	Pending Reason
1	NTS_Training Review

QC: Change worktype to Cancelled dictation (992). Change the status in EMON to Unsigned, Save. Do not Save/Distribute.

(QCs without access to EMON should email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com).)

## RISK MANAGEMENT (Discrepancy in dictation)

MT: Pend as below

#	Pending Reason
1	NTS_Training Review

QC: Resolve discrepancies or leave blanks. Pend to NTS\_Second Listen for more than 5 blanks.

(Domestic QC/TL will then either resolve or notify client if more than 5 blanks remain.)

## SIGNING CLINICIAN

If the speaker requires a signing clinician and the speaker does not dictate a signer, or if the signer cannot be found (Ex: Physician IDs should start with "V" for Aventura Hospital; see Site Codes below):

MT: Pend the document as below, with a comment that Signing/Speaker is not found.

#	Pending Reason
1	NTS_Training Review

QC: If Speaking/Signing clinician is not found, then pend to NTS\_Second Listen and email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com). (Domestic QC/TL will then listen and if necessary pend to HCA for client.) Use the following Site Codes:

Account Name	Code	Business Entity
HCA - Aventura Hospital and Medical Center	V	COCAT
HCA - Kendall Hospital	K	COCKN
HCA - Mercy Hospital	D	COCMHB
HCA - Northwest Medical Center	J	COCNW
HCA - Plantation General Hospital	Y	COCPY
HCA - Sister Emmanuel Hospital	S	COCSOA
HCA - University Hospital & Medical Center	H	COCUH
HCA - Westside Regional Medical Center	W	COCWS

**MULTIPLE REPORTS ON 1 DICTATION**

MT: Transcribe/edit and pend to:

#	Pending Reason
1	NTS_Training Review

QC: Follow Split Jobs instructions if necessary. Pend for further issues.

**WRONG WORKTYPE**

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

#	Pending Reason
1	NTS_Training Review



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

### DSP MTs and QCs

**MLS ARE NOT TO PEND TO HCA. PEND ONLY TO NTS.** Please do not include personal notes or opinions in pend notes. Keep all comments direct, professional, and to the point.

#### ADDENDUMS

MT: Type **ADDENDUM** as first line of text and upload directly. Do NOT pend for addendums.

QC: Upload directly. Do NOT pend for addendums.

**Exception:** If the addendum is instructional and/or requesting changes to a previous dictation, pend to NTS\_Addendum and email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com). (Domestic QC/TL will then listen and if necessary pend to HCA.)

#### BLANKS

MT: More than 3 blanks pend to

#	Pending Reason
1	NTS_Blanks

MT: Can upload with 3 blanks. Pend if 4 or more blanks.

QC 1st review: Can upload directly with up to 5 blanks. Change blanks to 3 underscores long (\_\_\_) and upload. If 6 or more blanks remain, pend to NTS\_Second Listen and email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com).

QC 2nd review/TL: If 6 or more blanks remain that cannot be resolved, be sure that the blanks are 3 underscores long (\_\_\_), upload directly and email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com) to notify client.

#### CANCELLED DICTATIONS

MT: Type the dictated text and pend to NTS\_Incomplete/No Dictation, after changing the worktype to "Cancelled Dictation (992)"

QC: Change the status in EMON to Unsigned, Save. Do not Save/Distribute. (QCs without access to EMON should email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com).)

#### CARBON COPIES

MT: Do not create a new contact, do not pend jobs with CC not in database. Upload directly.

[Updated 04/2014]

Do NOT pend to client only for the reason of CC not found.

## COMMENTS

Type comments that are pertinent to the dictation.

Example: "This is a re-dictation."

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!"

## INCOMPLETE DICTATIONS

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

#	Pending Reason
1	NTS_Incomplete/No Dictation

QC: Verify the Incomplete Dictation and upload directly.

Exception: Verify Incomplete status. If there is no dictation (no text dictated), type NO DICTATION then change to worktype to Cancelled Dictation (992). Change the status in EMON to Unsigned, Save. Do not Save/Distribute.

(QCs without access to EMON should email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com).)

## NO DICTATION

MT: Type NO DICTATION on the first line and pend **exactly** as below

#	Pending Reason
1	NTS_Incomplete/No Dictation

QC: Change worktype to Cancelled dictation (992). Change the status in EMON to Unsigned, Save. Do not Save/Distribute.

(QCs without access to EMON should email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com).)

## RISK MANAGEMENT (Discrepancy in dictation)

MT: Pend to NTS\_Contradiction/Discrepancy for discrepancies that cannot be resolved with complete confidence.

QC: Resolve discrepancies or leave blanks. Pend to NTS\_Second Listen for more than 5 blanks.

(Domestic QC/TL will then either resolve or notify client if more than 5 blanks remain.)

**SIGNING CLINICIAN**

If the speaker requires a signing clinician and the speaker does not dictate a signer, or if the signer cannot be found (Ex:- Physician IDs should start with "V" for Aventura Hospital; see Site Codes below)

MT: Pend to NTS\_Name/Unable to reference person/place.

QC: If Signing clinician is not found, then pend to NTS\_Second Listen and email [Brosmer\\_Team@trcr.com](mailto:Brosmer_Team@trcr.com). (Domestic QC/TL will then listen and if necessary pend to HCA for client.) Use the following Site Codes:

Account Name	Code	Business Entity
HCA - Aventura Hospital and Medical Center	V	COCAT
HCA - Kendall Hospital	K	COCKN
HCA - Mercy Hospital	D	COCMHB
HCA - Northwest Medical Center	J	COCNW
HCA - Plantation General Hospital	Y	COCPY
HCA - Sister Emmanuel Hospital	S	COCSOA
HCA - University Hospital and Medical Center	H	COCUH
HCA - Westside Regional Medical Center	W	COCWS

**WRONG WORKTYPE**

MT: If job uploads with wrong work type, Change worktype and upload directly. Do not pend.