



Healthcare Account Specifics

[Click here to view the Tenet Facility Websites](#)

Platform: eScripton

Account Mnemonic or Institution Code: tenet

Font: Times New Roman 12 (TNR 11 is acceptable also)

Preface: All direction given in these account specifics is superceded by the MT instructions located within EditScript.

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FORMATTING INSTRUCTIONS

SPECIAL FORMATTING

Do not bold, underline, superscript, subscript. Do not use RTF formatting. Any BE exception will be mentioned in the MT instructions.

FONT

Times New Roman 12 pt (unless otherwise stated in the MT instructions). Font standardizes on upload.

QC/QA: Not a gradable issue.

AUTO-NUMBERING

Turn off auto-formatting feature.

TABS

Do not use TABS.

FORBIDDEN CHARACTERS

Do NOT use the following characters. They are not accepted in the electronic interface: Pipe |, Caret ^, Backslash \, Tilde ~. NOTE: The ampersand (&) is appropriate to use with an acronym only as dictated, i.e., H&H, C&S, D&C, etc. Do not use ampersand in headings.

ABBREVIATIONS/ACRONYMS

Dictated abbreviations and/or acronyms may be expanded or typed as abbreviations and/or acronyms. Always verify that the expansion is the correct term.

EXCEPTIONS:

Expand all acronyms/abbreviations ***in the actual diagnosis or procedure*** under **ANY** procedure, diagnosis, assessment, or impression heading, to include but not limited to, PREOPERATIVE DIAGNOSIS, POSTOPERATIVE DIAGNOSIS, DISCHARGE DIAGNOSIS, ADMISSION DIAGNOSIS or combination heading such as ASSESSMENT AND PLAN, IMPRESSION AND PLAN, etc.

Abbreviations/Acronyms would *not* need to be expanded if the meaning of the acronym is ambiguous (e.g. AML, CML) and isn't clearly defined in the dictation or if this is a well-document/widely acceptable, common laboratory or radiologic abbreviation, i.e., CT scan, CBC, EKG, IV.

NOTE: Clinicians often use abbreviations as complete words, such as "sat" for saturation, "vfib" for ventricular fibrillation, or "tox" for toxicity or subcu or subQ for subcutaneously. 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. If the draft comes in with it expanded, you may leave it expanded. Make sure it is the correct word.

EXCEPTION: 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 type the word "same" for postop diagnosis.**

When a clinician dictates "q." followed by a complete word, separate the 'q.' from the rest of the phrase with a single space.

Correct	Incorrect
q. noon	q.noon
q. day	q.day

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

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.

NOTE: Since this account has not stated a preference, both WBC and wbc are acceptable as stated in the Book of Style/3rd edition

- Use the ampersand (&) as part of an acronym if the rest of the acronym is simply spoken letters.

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.

Official "Do Not Use" List¹

Do Not Use	Potential Problem	Use Instead
U (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "l"	Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate" Write "magnesium sulfate"
MSO ₄ and MgSO ₄	Confused for one another	

¹ Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

***Exception:** 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.

JCAHO Optional List -- Follow this also

Ug (for microgram)	Mistaken for mg (milligrams) resulting in one thousand-fold dosing overdose.	Write "mcg"
H.S. (for half-strength or Latin abbreviation for bedtime)	Mistaken for either half-strength or hour of sleep (at bedtime). q.H.S. mistaken for every hour. All can result in a dosing error.	Write out "half-strength" or "at bedtime"
T.I.W. (for three times a week)	Mistaken for three times a day or twice weekly resulting in an overdose.	Write "3 times weekly" or "three times weekly"
S.C. or S.Q.	Mistaken as SL for sublingual, or	Write "Sub-Q", "subQ", or

(for subcutaneous)	"5 every".	"subcutaneously"
D/C (for discharge)	Interpreted as discontinue whatever medications follow (typically discharge meds).	Write "discharge"
CC (for cubic centimeter)	Mistaken for U (units) when poorly written.	Write "mL" for milliliters
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears)	Mistaken for OS, OD, and OU, etc.).	Write: "left ear," "right ear" or "both ears"

ADDENDUM

Upload directly. Do not pend (unless specified otherwise in MT Instruction). If speaker says it is an addendum but dictates a correction to a prior report, please follow Corrections to Prior Reports instructions above.

ALLERGY STATEMENTS

Uppercase for positive allergy statements (including environmental allergies and intolerances); lowercase otherwise.

Example:

ALLERGIES: No known drug allergies.

ALLERGIES: ALLERGIC TO PENICILLIN, TIMOTHY GRASS AND ANIMAL DANDER. CODEINE GIVES STOMACH UPSET.

ALPHA CODE

The 3-letters that identify the facility/hospital for which you are transcribing.

- Found in the demographic information

Example:

FRM=Frye Regional Medical Center

- Each alpha code must match
 - Speaker
 - Signer
 - CC (in street 1 address line)

BLANKS

Use 5 underscores to denote blanks. As a default, 2 blanks are allowed unless otherwise stated in MT instructions. More than allowable blanks, please pend to NTS (unless otherwise indicated by MT instruction).

NTS: DSP xxxx MULTIPLE BLANKS (xxxx is your EditScript login)

BLANK LINES–EXTRA SPACES–HARD RETURNS

Once you reach the end of your document and are beyond the last character, using <Ctrl> +<Shift>+<End> will highlight all of the blank lines from that point to the end of the document. Press the delete key.

CANCELED DICTATION OR NO DICTATION

Type what is dictated about cancel/disregard the dictation. If No Dictation, do not type anything in the body of the report. Change worktype to 'cancelled' and upload the job.

CCs/COPIES

If the correct name is not found in the database, you need to "create new entry." If you know both first and last name, fill them in, spelling phonetically if necessary, along with any other information dictated for the other fields. If only first name or last name is known, fill in the unknown field with a blank (5

underscores), the word unknown or Dr. if dictated as such. Place the alpha code in the street address 1 field. Add the street address if it is given. **THE ALPHA CODE MUST ALWAYS BE IN THE STREET 1 FIELD.**

The speaker automatically gets a copy. For any other copies requested, regardless of header information, make CC's as requested in the dictation.

NOTE: MT instructions will state exceptions to this process (type at bottom of document, type in pend note, etc).

CONTRACTIONS

Contractions are acceptable but may be spelled out.

COPY/PASTE

If a speaker requests a copy/paste from a prior report (not a template or normal), MT should type request as dictated in all caps and pend to the client as <ALPHA CODE>: Speaker requests copy/paste from prior report.

CORRECTIONS TO PRIOR REPORTS

If speaker is making corrections to a prior report, this is not an addendum. Type what is dictated and pend to the site. <ALPHA CODE>: CORRECTION TO PRIOR REPORT.

DATES

Dates should be concise numerics, 1/02 or 1/2 or 1/02/06 (as dictated) including if in a dictated heading (unless otherwise indicated by MT instruction).

Clinician Dictates	Transcriptionist Types
"I saw the patient on one twelve."	I saw the patient on 1/12.
"January twelfth"	1/12
"Oh one oh two oh nine"	01/02/09
"January second"	1/2
"the twelfth of January"	1/12
"one twelve two thousand nine"	1/12/2009
"last January"	last January

DATE OF SERVICE/PROCEDURE

Transcribe in body of text if dictated (unless otherwise indicated by MT instructions). Note that for a discharge summary, date of admission and date of discharge are considered to be the "date of service," so unless an MT instruction states otherwise, this should be transcribed in the body of the text if dictated.

DATE OF SERVICE/PROCEDURE "FIELD/WINDOW"

The Date of Service field in the header is used only with a few Business Entities on Tenet. Do not touch this field unless an MT instruction tells you to.

- **QC:** When auditing a document, your only check on this field will be to verify the MT has filled it in according to the MT instruction. See above.

DEPARTMENT NAMES-CAPITALIZATION

Capitalize Emergency Department or Emergency Room. Do not capitalize any other department or unit name unless it appears as a proper noun.

Examples:

"The patient came into the Emergency Department"

Tenet Emergency Department

Kaplan Cancer Center

cardiac cath lab

intensive care unit

HEADINGS

If a heading or subheading is not dictated, it may be added but is not required to be added. It is acceptable to drop down to the next paragraph (next line for a subheading) if the speaker is clearly dictating a new section of the report. If you are certain what the heading/subheading should be, you may add it. If the draft has a correct heading/subheading, you may leave it even if it was not dictated.

- Heading followed by colon and 2 spaces with text immediately afterward.
Ex: SOCIAL HISTORY: The patient denies history of alcohol use.
- Two returns (1 blank line) between main section headings.

Subheadings: Drop-down format

This refers to anytime you have a heading under a heading (subheading) such as found in physical examination, review of systems, mental status examination, etc.

PHYSICAL EXAMINATION:
GENERAL: Patient appears weak.
HEENT: Unremarkable.
SKIN: Warm and dry.
HEART: Normal.

Repetition of heading: Do not type any text immediately after a heading 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. Exceptions will be noted in MT Instructions.

Do not change free text into separate sections.

Example:

Correct PROCEDURE: The patient was placed in supine position. With the patient under satisfactory general anesthesia, an incision was made...

Incorrect ANESTHESIA: General

PROCEDURE: The patient was placed in a supine position. An incision was made...

HEADER AND FOOTER INFORMATION

Do not repeat the following information in the body of the report as headings unless directed otherwise by MT instructions. These already appear in the EditScript document header. PATIENT NAME, MRN, DATE OF BIRTH, WORKTYPE, PRIORITY. (*Note: Date of service should be transcribed within the body of text if it is dictated. Refer to Date of Service/Procedure heading above for a full explanation.*)

INAUDIBLE

If a job is over half inaudible, the job may be pend to the site as <Alpha Code>: INAUDIBLE, NOT EDITED OR TRANSCRIBED. Alert the supervisor so the site can be contacted to let the client know the job needs to be redictated.

INCOMPLETE DICTATION/ABRUPT-END DICTATION

Pend to client.

<ALPHA CODE>: INCOMPLETE DICTATION.

LABORATORY DATA AND VALUES

Platelets: Transcribe as dictated, do not use zeroes unless dictated.

Dictated: Platelets 236.

Transcribed: Platelets 236.

Dictated: Platelets 236,000.

Transcribed: Platelets 236,000.

Trailing zeros: Please see JCAHO Abbreviation List. Trailing zeros in laboratory values are acceptable to transcribe if dictated. Do not add trailing zeros when transcribing medications.

LISTS

For any lists such as medications, etc.

- **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:

MEDICATIONS: Lescol 2 mg at bedtime, DiaBeta 5 mg and ibuprofen.

- 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:

MEDICATIONS:

1. Lescol 2 mg at bedtime.
2. DiaBeta 5 mg.

NORMAL (template) NOT AVAILABLE

Pend to client.

<ALPHA CODE>: NORMAL <give name of normal requested> NOT AVAILABLE.

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.

OB/GYN: Always spell out: "gravida 1, para 1." (Although this is not verbatim, this is a client request)

Vertebral spaces: Fill in the missing type and use "-" for example when the second 'S' is not dictated: "S1-S2"

Roman Numerals vs. Arabic Numerals:

- Use Roman numerals for "grades" of conditions and diseases
Example "grade I/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"

Decimals: Use decimal form in metric measurements when dictated as a fraction:

Example:

2.5 cm (not 2-1/2 cm)

0.25% Marcaine (not ¼ percent or ¼%)

PATIENT NAME

Transcribe the patient's name as dictated.

PHYSICIAN NAMES IN REPORTS

- For stand-alone physician names after a heading, use **ALT + i** to insert the physician's full name and credentials. If name imports in all caps, correct to mixed case.
EXCEPTION: If you are unable to determine the correct physician by looking at his/her speciality, then transcribe as dictated. If no title is given, add "Dr."
Correct: ASSISTANT: Dr. Khan
Incorrect: ASSISTANT: Khan
- For physician names within the text of the report, transcribe as dictated. Any exceptions to physician names within the text of the report will be in the MT Instructions.

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 redictation, delete the prior incorrect report."
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 QA.

SIGNATURE LINE

Signature lines are auto-generated by EditScript. Do not type in any requested signature lines, unless otherwise indicated by MT instructions.

SIGNING CLINICIAN

Verify if speaker has signing rights by checking if their name is in the signing clinician drop down in the header. If the speaker's name is in the Signing Clinician drop down, the speaker has signing rights. *Do not* add a name to the signing clinician field *if the speaker has signing rights* and says he is dictating for someone else or mentions an attending. Type that dictated information in the body of the report, leaving the signing clinician field blank.

Exception: If there is an MT instruction stating otherwise, follow that instruction.

If no signing clinician is dictated but speaker does not have signing rights, pend to client. Watch MT instructions.

<ALPHA CODE>: NO SIGNING CLINICIAN PROVIDED.

SPLIT DICTATIONS/MULTIPLE DICTATIONS

All multiple dictation jobs are to be split by QC. Type/edit the entire file making note in all upper case of change of patient or worktype.

NTS: DSP xxxx Split dictation (xxxx is your EditScript login)

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., should be 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.
... one p.m.	... 1:00 p.m.
... thirteen fifteen.	... 1315.
... thirteen hundred fifteen.	... 1315.
... around one o'clock.	... around 1:00.

UNKNOWN PATIENT

Try entering the account number as the MRN

Try searching by dictated name (or partial name)

If there is no MT instruction, pend jobs where patient is not found as <ALPHA CODE>: Patient not found. Add any dictated patient name spelled phonetically. Leave patient in header as it comes in.

*****only use the below process on sites that have an MT instruction referring to this process.**

If patient not found after an exhaustive search follow the below:

1. Search for Unknown, Person MRN of 1111111<ALPHA CODE> (that is seven 1's)
2. Search for account number of 1111111<ALPHA CODE> (that is seven 1's)
3. Confirm.

Medical Record Number	Patient Account	First ...	Middle Initial	Last name	
1111111CCA	1111111CCA	PERSON		UNKNOWN	
1111111CGH	1111111CGH	PERSON		UNKNOWN	
1111111DEL	1111111DEL	PERSON		UNKNOWN	

Pend as <ALPHA CODE>: PATIENT NOT FOUND (GIVE PATIENT NAME AND ANY OTHER IDENTIFYING INFORMATION IF DICTATED)

QCs: Review the document. Perform the usual patient search to verify not available. Pend to the client as <ALPHA CODE>: PATIENT NOT FOUND—(GIVE PATIENT NAME AND ANY OTHER IDENTIFYING INFORMATION IF DICTATED)

VERBATIM VS NON-VERBATIM

Verbatim. We are not required to correct grammar, it is acceptable to type as dictated. See Abbreviations/Acronyms section.

WORK TYPE INCORRECT

Using the *work type lists at the end of this document*, find the correct region and then the correct Business Entity to see listing of valid work types for that business entity. Correct WT and upload job.

NOTE: If there is any doubt regarding worktype, pend to the site as <ALPHA CODE>: VERIFY WORK TYPE ex: BMC: VERIFY WORK TYPE

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.

NTS: NDSP xxxx FOR REVIEW (xxxx is your EditScript login)
(NTS-COLON-**SPACE-SPACE**-NDSP-**SPACE**-xxxx-FOR-REVIEW)

The above in parenthesis is done to emphasize to you the importance of the pending format. Do not deviate from the example of this format. This exact principle is followed for any pend note.

Note: The pend note would also include anything in the document you have a question about which you could not resolve. Failure to make mention of this in the pend note will denote your understand of everything in the document as submitted. If an error is found that was not identified in the pend note, you will be charged for it in the audit. For example:

NTS: NDSP xxxx FOR REVIEW. PATIENT NOT FOUND (FRED FLINTSTONE, MRN 123456)



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 MT and QCs

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

FOR THE DSP MT: Pend notes to QC for any discrepancy or header issues as follows:

NTS: DSP xxxx
(xxxx is your EditScript login)
Follow this with the issue, ex: BLANKS.

FOR THE QC: Pend to client for any unresolved issues or when MT instructions direct you to do so after your audit of the document. Note will be as follows:
<SITE ALPHA CODE>: SPECIFIC ISSUE, i.e., VISIT NOT FOUND, PATIENT NOT FOUND, DISCREPANCY, ETC.

GUIDELINES FOR ALL PEND NOTES

- Type pend notes in all caps.

- Format must be exactly as above, with the colon...no variations. Any variation of beginning format/verbiage disrupts sorting nature for administrator users.
- **NOTE:** Do not include personal notes or opinions in pend notes. Keep comments direct, professional, and to the point. All notes are visible to the client and staff.
- Always select the correct *owner* when pending to Tenet or NTS.
 - Choose "Focus" if you are pending to NTS for review by our QCs.
 - Choose "Tenet" if you are pending to the client.

STANDARD PENDING RULES FOR ALL TENET SITES ARE AS FOLLOWS:

<ALPHA CODE>: REASON

Ex: BMC: PATIENT NOT FOUND

or PMC: VISIT NOT FOUND.

CC contact created

QC: Job will autopen for new contact. *Unless you are otherwise directed by your Team Lead, you are not to address jobs showing an autopen note.*

APPENDIX A

Alpha Code, Business Entity, Location, Website

CALIFORNIA REGION			
Alpha Code	Business Entity	City, State	Facility Website
DES	Desert Regional Medical Center	Palm Springs, CA	http://www.desertmedctr.com
FVR	Fountain Valley Hospital	Fountain Valley, CA	http://www.fountainvalleyhospital.com/en-US/Pages/default.aspx
IND	JFK Memorial Hospital	Indio, CA	http://www.jfkmemorialhosp.com
LAK	Lakewood Regional Medical Center	Lakewood, CA	http://www.lakewoodregional.com/en-US/Pages/default.aspx
LOM	Los Alamitos Medical Center	Los Alamitos, CA	http://www.losalamitosmedctr.com
MOD	Doctors Medical Center of Modesto	Modesto, CA	http://www.dmc-modesto.com
PLA	Placentia-Linda Hospital	Placentia, CA	http://www.placentialinda.com
SJH	Creighton University Med Ctr-St Joseph Hosp	Omaha, NE	http://www.creightonhospital.com
SRM	San Ramon Regional Medical Center	San Ramon, CA	http://www.sanramonmedctr.com
SSC	Sedona Surgery Center	Indio, CA	http://www.sedonasurgerycenter.com
SVM	Sierra Vista Regional Medical Center	San Luis Obispo, CA	http://www.sierravistaregional.com/en-US/Pages/default.aspx
TWI	Twin Cities Community Hospital	Templeton, CA	http://www.twincitieshospital.com
PHILADELPHIA REGION			
Alpha Code	Business Entity	City, State	Facility Website
HAH	Hahnemann University Hospital	Philadelphia, PA	http://www.hahnemannhospital.com/en-US/Pages/default.aspx
SCH	St. Christopher's Hospital for Children	Philadelphia, PA	http://www.stchristophershospital.com/
CENTRAL REGION			
Alpha Code	Business Entity	City, State	Facility Website
BAR	St. Francis Hospital - Bartlett	Memphis, TN	http://www.saintfrancisbartlett.com
CYF	Cypress Fairbanks Medical Center	Houston, TX	http://www.cyfairhospital.com
DHF	Doctors Hospital at White Rock Lake	Dallas, TX	http://www.doctorshospitaldallas.com/en-US/Pages/default.aspx
DHW	Des Peres Hospital	Saint Louis, MO	http://www.despereshospital.com/en-US/Pages/default.aspx
FRH	Centennial Medical Center	Frisco, TX	http://www.centennialmedcenter.com
HNM	Houston Northwest Medical Center	Houston, TX	http://www.hnmc.com
LPX	Lake Pointe Medical Center	Rowlett, TX	http://www.lakepointemedical.com
NMC	Nacogdoches Medical Center	Nacogdoches, TX	http://www.nacmedicalcenter.com/en-US/Pages/default.aspx
PPH	Park Plaza Hospital	Houston, TX	http://www.parkplazahospital.com
PRV	Providence Memorial Hospital	El Paso, TX	http://www.sphn.com/en-US/Pages/default.aspx
PSH	Plaza Specialty Hospital	Houston, TX	http://www.plazaspecialtyhospital.com
SES	Sierra Providence East Medical Center	El Paso, TX	http://www.sphn.com/en-US/Pages/default.aspx
SFH	St. Francis Hospital - Memphis	Memphis, TN	http://www.saintfrancis hosp.com
SIE	Sierra Medical Center	El Paso, TX	http://www.sphn.com/en-US/Pages/default.aspx
SLU	St. Louis University Hospital	Saint Louis, MO	http://www.sluhospital.com/en-US/Pages/default.aspx
FLORIDA REGION			
Alpha Code	Business Entity	City, State	Facility Website
CGH	Coral Gables Hospital	Coral Gables, FL	http://www.coralgableshospital.com/en-US/Pages/default.aspx
DEL	Delray Medical Center	Delray Beach, FL	http://www.delraymedicalctr.com/en-US/Pages/default.aspx
FLO	Florida Medical Center	Lauderdale Lakes, FL	http://www.floridamedicalctr.com/en-US/Pages/default.aspx
GSM	Good Samaritan Medical Center	West Palm Beach, FL	http://www.goodsamaritanmc.com/en-US/Pages/default.aspx
HIA	Hiialeah Hospital	Hiialeah, FL	http://www.hialeahhosp.com/en-US/Pages/default.aspx
NOS	North Shore Medical Center	Miami, FL	http://www.northshoremedical.com/en-US/Pages/default.aspx
PBG	Palm Beach Gardens Medical Center	Palm Bch Gardens, FL	http://www.pbgmc.com/en-US/Pages/default.aspx
PGH	Palmetto General Hospital	Hiialeah, FL	http://www.palmettogeneral.com/en-US/Pages/default.aspx
SMH	St. Mary's Medical center	West Palm Beach, FL	http://www.stmarysmc.com/en-US/Pages/default.aspx
WBO	West Boca Medical Center	Boca Raton, FL	http://www.westbocamedctr.com/en-US/Pages/default.aspx
SOUTHERN REGION			
Alpha Code	Business Entity	City, State	Facility Website
BMC	Brookwood Medical Center	Birmingham, AL	http://www.bwmc.com/en-US/Pages/default.aspx
CCA	Central Carolina Hospital	Sanford, NC	http://www.centralcarolinahosp.com/en-US/Pages/default.aspx
CCD	Coastal Carolina Hospital	Hardeville, SC	http://www.ccmc-cares.com/en-US/Pages/default.aspx
ECH	East Cooper Medical Center	Mt. Pleasant, SC	http://www.eastcoopermedctr.com/en-US/Pages/default.aspx
FRM	Frye Regional Medical Center	Hickory, NC	http://www.fryemedctr.com/en-US/Pages/default.aspx
GBH	Atlanta Medical Center	Atlanta, GA	http://www.atlantamedcenter.com/en-US/Pages/default.aspx
HHH	Hilton Head Regional Medical Center	Hilton Head Isle, SC	http://www.hiltonheadregional.com/en-US/Pages/default.aspx
NFR	North Fulton Hospital	Roswell, GA	http://www.nfultonhospital.com/en-US/Pages/default.aspx
PMC	Piedmont Medical Center	Rock Hill, SC	http://www.piedmontmedicalcenter.com/en-US/Pages/default.aspx
SFM	South Fulton Medical Center	East Point, GA	http://www.southfultonmedicalcenter.com/en-US/Pages/default.aspx
SRE	Spalding Regional Medical Center	Griffin, GA	http://www.spaldingregional.com/en-US/Pages/default.aspx
SYL	Sylvan Grove Hospital	Jackson, GA	http://www.sylvangrovehospital.com/en-US/Pages/default.aspx

APPENDIX B

Valid Work Types by Region

CALIFORNIA REGION WORK TYPES	
	Desert Regional Medical Center (DES)
	DRMC
	Barium Swallow (234)
	Cardiac Cath (08)
	Cardiac Surgery Progress Note (69)
	Carotid Studies
	Code Blue (10)
	Consultation (03)
	Coronary Angiograms
	Critical Care Note (77)
	Delivery Note (78)
	Death Summary (12)
	Discharge Summary (04)
	Echocardiogram (15)
	Electroencephalogram (20)
	Electrophysiology Lab (83)
	Electrophysiology Studies
	Emergency Room Report (05)
	Endoscopy Report (85)
	Fiberoptic Bronchoscopy (89)
	History and Physical (01)
	Holter Monitor
	HP Discharge Summary (100)
	Hospice Med Dir Confirm Eligibility (98)
	Hospice Med Dir Recert Statement (99)
	Implant Devices
	Informed Consent Note (102)
	Intracardiac Echocardiography
	Neurosurgical Progress Note (119)
	Operative Report (02)
	Orthopedic Trauma Consultation (260)
	Orthopedic Trauma H&P (261)
	Orthopedic Trauma OP Report (262)
	Orthopedic Trauma Progress Note (263)
	Pain Clinic Procedure/Operative Report (188)
	Peripheral Arterial Studies
	Peripheral Cath Studies
	Pharmacologic Stress ECG
	Pre-Operative History and Physical (32)
	Procedure Note (36)
	Progress Note (37)
	PT Initial Eval (41)
	Radiology Interp (143)
	Rehab Service History and Physical (145)
	Short Stay Summary (47)
	Social Service Assessment (153)
	ST Initial Evaluation (182)
	Stress-Echo Imaging
	Thoracentesis Report (162)
	Transesophageal Echocardiogram (165)
	Transfer Summary (53)
	Transthoracic Echo
	Trauma Progress Note (166)
	Vascular Ultrasound (172)
	Wound Care Progress Note (177)
	DES-EI Mirador
	Consultation (03)
	Discharge Summary (04)
	History and Physical (01)
	Informed Consent Note (102)
	Operative Report (02)
	Pain Mgmt Cons (31)
	Pre-Operative History and Physical (32)
	Procedure Note (36)

	DES-ICON Neuro
	Consultation (03)
	Follow-Up Note (90)
	DES-Primary Care
	Consultation (03)
	Follow-Up Note (90)
	DES-ICON Ortho
	Consultation (03)
	Follow-Up Note (90)
	Radiology Interp (143)
	Fountain Valley Hospital (FVR)
	Cardiac Catheterization Report (08)
	Carotid Ultrasound (73)
	Code Blue (10)
	Consultation (03)
	Death Summary (12)
	Discharge Summary (04)
	Doppler (14)
	Echocardiogram (15)
	Echocardiogram/EKG (16)
	ED Expedited - Admit (17)
	ED Routine (19)
	EEG (20)
	Emergency Room Report (05)
	History and Physical (01)
	Holter (21)
	Letters (24)
	Note (26)
	Operative Report (02)
	OT Initial Evaluation (28)
	Pain Mgmt Cons (31)
	Podiatry Consultation (33)
	Podiatry History and Physical (34)
	Pre-Operative History and Physical (32)
	Procedure Note (36)
	Progress Note (37)
	PTCA (140)
	PT Initial Evaluation (41)
	Pulmonary Function Study (141)
	Social Service Assessment (153)
	Special Procedure (249)
	Stress Echo (159)
	Transfer Summary (53)
	Treadmill/Stress (54)
	Urgent Care (55)
	JFK Memorial Hospital (IND)
	Arthritis Clinic (63)
	Cardiology (09)
	Consultations (03)
	Delivery Note
	Discharge Summary
	Echocardiogram (15)
	ED Expedited-Admit (17)
	EEG (20)
	Emergency Room Report (05)
	History and Physical (01)
	Operative Reports (02)
	Pathology - Gross (131)
	Pathology - Micro (130)
	Pre-Operative History and Physical (32)
	Procedure Note (36)
	Progress Note (37)
	Transfer Summary (53)
	Lakewood Regional Medical Center (LAK)
	Arterial Study (257)
	Cardiac Catheterization Report (08)

	Code Blue (10)
	Consultation (03)
	Death Summary (12)
	Discharge Summary (04)
	EEG (20)
	Emergency Room Report (05)
	History & Physical - Post Admission Physician Eval (256)
	History & Physical (01)
	Holter (21)
	Operative Report (02)
	Other (56)
	Pre-Operative History and Physical (32)
	Procedure Note (36)
	Stress Test (226)
	Team Conference Physician Progress Notes (255)
	Transfer Summary (53)
	Los Alamitos Medical Center (LOM)
	Code Blue (10)
	Consultation (03)
	Discharge Summary (04)
	Echocardiogram (15)
	EEG (20)
	Emergency Room Report (05)
	History and Physical (01)
	Letters (24)
	Operative Report (02)
	Podiatry Cons (33)
	Podiatry Op (35)
	Preop H&P (32)
	Progress Note (37)
	Psychiatric Admission Note (139)
	Radiation Therapy (44)
	Social Service Assessment (153)
	Transfer Summary (53)
	Doctors Medical Center of Modesto (MOD)
	Cardiac Stress Test (313) (Treadmill Stress Test)
Some reports that fall	Cardiology (09) (Electrophysiology)
Under the worktype are in	Carotid Study (316) (Carotid Ultrasound, Carotid Doppler, Carotid Duplex Scan)
Parentheses.	Consultation (03) (Standby Note)
	Diagnostic Imaging (13) (Persantine Thallium Stress)
	Discharge Summary (04)
	Echocardiogram (15) (TEE)
	EEG (20)(Electroencephalogram)
	Emergency Room Report (05)(ED Note, ER Supervision Note, ED Addendum, ED Intubation, ED Procedure)
	Endoscopy Report (85) (GI Procedures)
	History and Physical (01)
	Letters (24)
	Note (26) (Peer Review, Quality and Risk Mngmnt Letter)
	Operative Report (02)
	Pathology Micro (131) inhouse only
	Pathology Gross (130) inhouse only
	Procedure Note (36) (Bronchoscopy, Cardioversion, Delivery Note, Electromyogram, Epidural Steroid Injection, Pulm Funct Test, Visual or Auditory Evoked Response)
	Progress Note (37) (Off Service Note, Soni-Critical Care)
	Psych History and Physical (40)
	Psych Progress Note (137)
	Vascular Study (314) (Angioplasty except cardiac)
	Placentia-Linda Hospital (PLA)
	Cardiology (09)
	Consultation (03)
	Critical Care Note (77)
	Discharge Summary (04)
	Doppler (14)
	Echo (15)
	Echocardiogram/EKG (16)
	Emergency Room Report (05)

	History and Physical (01)
	Operative Report (02)
	Preop H&P (32)
	Procedure Note (36)
	Treadmill/Stress (54)
	Creighton University Med Ctr-St Joseph Hosp (SJH)
	Consultations (03)
	Discharge Summary (04)
	EEG (20)
	Electromyogram (193)
	History and Physical (01)
	Letter (24)
	Operative Reports (02)
	OT Discharge (192)
	OT Initial Evaluation (28)
	OT Plan of Care (HCFA-700) (205)
	OT Updated Plan of Care (HCFA-701) (197)
	OT Progress Note (30)
	Pre-Operative History and Physical (32)
	PT Discharge (195)
	PT Initial Evaluation (41)
	PT Plan of Care (HCFA-701) (203)
	PT Progress Note (43)
	PT Update Plan of Care (HCFA-701) (198)
	Radiation Oncology Completion Note (201)
	Radiation Oncology Follow-up Note (202)
	Radiation Oncology Initial (199)
	Radiation Oncology Weekly Treatment Mang Note (200)
	Transfer Summary (53)
	San Ramon Regional Medical Center (SRM)
	Consultation (03)
	Discharge Summary (04)
	EEG (20)
	History and Physical (01)
	Operative Report (02)
	Pre-Operative History and Physical (32)
	Progress Note (37)
	Psych Eval (3)
	Psychiatric Consult (6)
	Transfer Summary (53)
	WellWorks Note (173)
	Sedona Surgery Center (SSC)
	History and Physical (01)
	Operative Report (02)
	Sierra Vista Regional Medical Center (SVM)
	Barium Swallow (234)
	Consultation (03)
	Death Summary (12)
	Delivery Note (78)
	Discharge Summary (04)
	Echocardiogram/EKG (16)
	EEG (20)
	Emergency Room Report (05)
	Endoscopy Report (85)
	Evoked Response Report (88)
	History and Physical (01)
	Letters (24)
	Letters to Administration / Medical Staff (105)
	Operative Report (02)
	Other (56)
	Pre-Operative History and Physical (32)
	Procedure Note (36)
	Transfer Summary (53)
	Twin Cities Community Hospital (TWI)
	Cardiovascular (72)
	Clinic Note (07)

	Code Blue (10)
	Consultations (03)
	Discharge Summary (04)
	Echocardiogram (15)
	EEG (20)
	Emergency Room Report (05)
	Endoscopy Report (85)
	History and Physical (01)
	Operative Report (02)
	Pre-Operative History and Physical (32)
	Procedure Note (36)
	Progress Note (37)
	Pulmonary Function Study (141)
	Transfer Summary (53)
	PHILIDELPHIA REGION WORK TYPES
	Hahnemann University Hospital (HAH)
	Admission Note (59)
	Consultation (03)
	Discharge Summary (04)
	Operative Report (02)
	St. Christopher's Hospital for Children (SCH)
	Discharge Summary (04)
	Operative Report (02)
	OT Initial Evaluation (28) - offshore only
	PT Initial Evaluation (41) - offshore only
	ST Initial Evaluation (182) - offshore only
	CENTRAL REGION WORK TYPES
	St. Francis Hospital - Bartlett (BAR)
	30 Day Event Monitor (58)
	Cardiac Cath (08)
	Consultations (03)
	Diagnostic Imaging (13)
	Discharge Summary (04)
	Doppler (14)
	Echocardiogram (15)
	History and Physical (01)
	Holter (21)
	Letters (24)
	Neurophysiology Studies (115)
	Operative Reports (02)
	Preoperative History and Physical (32)
	Procedure Note (36)
	Progress Note (37)
	Short Stay Summary (47)
	Speech Therapy (50)
	Stress Echo (159)
	Transesophageal Echo (165)
	Treadmill/Stress (54)
	Vascular Report (171)
	Cypress Fairbanks Medical Center (CYF)
	Consultations (03)
	Discharge Summary (04)
	Echocardiogram (15)
	EEG (20)
	Emergency Room Report (05)
	History and Physical (01)
	Operative Reports (02)
	Pre-Operative History and Physical (32)
	Progress Notes (37)
	Pulmonary Function Study (141)
	Doctors Hospital at White Rock Lake (DHF)
	Cardiac Cath (08)
	Consultation (03)
	Discharge Summary (04)
	Echocardiogram (15)

	EEG (20)
	History and Physical (01)
	Operative Report (02)
	Other (56)
	Pain Injection Note (231)
	Pain Mgmt Cons (31)
	Pre-Operative History and Physical (32)
	Procedure Note (36)
	Progress Note (37)
	Pulmonary Function Study (141)
	Radiology Report (45)
	Short Stay Summary (47)
	Sleep Center Consultation (48)
	Stroke Prevention Clinic Note
	Wound Care Progress Note (177)
	Des Peres Hospital (DHW)
	Addendum Operative Report (220)
	Cardiac Cath (08)
	Cardiopulmonary (71)
	Consultation (03)
	Discharge Summary (04)
	Emergency Room Report (05)
	Endoscopy Report (85)
	History and Physical (01)
	Letters (24)
	Neurophysiology Studies (115)
	Operative Report (02)
	Pre-Operative History and Physical (32)
	Progress Notes (37)
	Psych Evaluation (39)
	PT Discharge (195)
	PT Initial Evaluation (41)
	Radiology Report (45)
	Rehab Services History and Physical (145)
	Centennial Medical Center (FRH)
	Cardiology (09)
	Consultation (03)
	Discharge Summary (04)
	EEG (20)
	Emergency Room Report (05)
	History and Physical (01)
	Operative Report (02)
	Preop H&P (32)
	Progress Note (37)
	Short Stay Summary (47)
	Transfer Summary (53)
	Houston Northwest Medical Center (HNM)
	Cardiac Cath (08) CHANGE TO OPERATIVE REPORT (02)
	Consultations (03)
	Discharge Summary (04)
	Echo (15) CHANGE TO OPERATIVE REPORT (02)
	EEG (20)
	History and Physical (01)
	Holter (21)
	Operative Reports (02)
	Pre-Operative History and Physical (32)
	Progress Notes (37)
	Pulmonary Function Study (141)
	Tilt Table Test (163)
	Treadmill/Stress (54)
	Lake Pointe Medical Center (LPX)
	Consultation (03)
	Discharge Summary (04)
	EEG (20)
	History and Physical (01)
	Letters (24)
	Operative Report (02)

	Preop H&P (32)
	Progress Notes (37)
	Short Stay Summary (47)
	Sleep Center Consultation (48)
	Wound Care Progress Note (177)
	Nacogdoches Medical Center (NMC)
	Clinic Note (07)
	Consultation (03)
	Death Summary (12)
	Discharge Summary (04)
	Echocardiogram (15)
	Emergency Room Report (05)
	History and Physical (01)
	Invasive & Non-invasive Echo (104)
	Letters (24)
	Note (26)
	Operative Report (02)
	Polysomnogram (194)
	Pre-Operative History and Physical (32)
	Progress Note (37)
	Radiation Oncology Consultation (179)
	Radiation Oncology Initial (199)
	Radiation Oncology Operative Note (221)
	Radiation Oncology Procedure Note (233)
	Radiation Oncology Progress Note (232)
	Radiation Oncology Summary Letter (180)
	Radiation Oncology Treatment Summary (142)
	Short Stay Summary (47)
	Transfer Summary (53)
	Vascular Ultrasound (172)
	Park Plaza Hospital (PPH)
	Consultation (3)
	Discharge Summary (4)
	Echocardiogram (15)
	EEG (20)
	History and Physical (01)
	Oncology (27)
	Operative Reports (02)
	Pre-Operative History and Physical (32)
	Progress Notes (37)
	Psych Evaluation (39)
	Pulmonary Function Study (141)
	Transfer Summary (53)
	Providence Memorial Hospital (PRV)
	Border Children Clinic Note (67)
	Cardiac Cath (08)
	Cardiology (09)
	Consultation (03)
	Death Summary (12)
	Discharge Summary (04)
	Doppler (14)
	Echocardiogram (15)
	EEG (20)
	History and Physical (01)
	Neurology Report (114)
	Note (26)
	Nuclear Stress Test (225)
	Operative Report (02)
	Other (56) (for Holter Monitors)
	Pain Mgmt Cons (31)
	Pre-Operative History and Physical (32)
	Procedure Note (36) DO NOT USE
	Progress Note (37)
	Short Stay Summary (47)
	Surgery Center History and Physical (51)
	Surgery Center Operative Report (52)
	TNM Staging Report (164)
	Transfer Summary (53)

	Vascular Report (171)
	Wound Care Progress Note (177)
	Plaza Specialty Hospital (PSH)
	Consultation (3)
	Discharge Summary (4)
	Echocardiogram (15)
	EEG (20)
	History and Physical (01)
	Oncology (27)
	Operative Reports (02)
	Pre-Operative History and Physical (32)
	Progress Notes (37)
	Psych Evaluation (39)
	Transfer Summary (53)
	Sierra Providence East Medical Center (SES)
	Cardiac Cath (08)
	Cardiology (09)
	Consultation (03)
	Death Summary (12)
	Discharge Summary (04)
	Echocardiogram - Adult (240)
	Echocardiogram - Newborn (247)
	EEG (20)
	Electromyogram (193)
	History and Physical (01)
	Neurology Report (114)
	Note (26)
	Nuclear Cardiolite Stress Study (246)
	Nuclear Study (248)
	Operative Report (02)
	Other (56) (for Holter Monitors)
	Pre-Operative History and Physical (32)
	Procedure Note (36) DO NOT USE
	Progress Note (37)
	Short Stay Summary (47)
	TNM Staging Report (164)
	Transfer Summary (53)
	Venous Doppler - Bilateral Study (241)
	Venous Doppler Study - Bil Lower Ext. (244)
	Venous Study - Unilateral Left Lower Ext. (243)
	Venous Study - Unilateral Left Upper Ext. (242)
	Venous Study - Unilateral Right Lower Ext. (245)
	St. Francis Hospital - Memphis (SFH)
	30 Day Event Monitor (58)
	Cardiac Cath (08)
	Consultations (03)
	Diagnostic Imaging (13)
	Discharge Summary (04)
	Echocardiogram (15)
	Electrophysiology Lab (83)
	History and Physical (01)
	Holter (21)
	Letters (24)
	Neurophysiology Studies (115)
	Operative Reports (02)
	Progress Note (37)
	Psych Evaluation (39)
	Radiation Therapy (44)
	RadOnc Tx Summary (142)
	Short Stay Summary (47)
	Sleep Center Consultation (48)
	Stress Echo (159)
	Transesophageal Echo (165)
	Treadmill/Stress (54)
	Vascular Laboratory Report (170)
	Sierra Medical Center (SIE)
	Cardiac Cath (08)

	Cardiology (09)
	Consultation (03)
	Death Summary (12)
	Discharge Summary (04)
	Doppler (14)
	Echocardiogram (15)
	EEG (20)
	Electromyogram (193)
	History and Physical (01)
	Neurology Report (114)
	Note (26)
	Nuclear Cardiology (238)
	Operative Report (02)
	Other (56) (for Holter Monitors)
	Pre-Operative History and Physical (32)
	Procedure Note (36) DO NOT USE
	Progress Note (37)
	Short Stay Summary (47)
	TNM Staging Report (164)
	Transfer Summary (53)
	St. Louis University Hospital (SLU)
	30 Day Event Monitor (58)
	Cardiac Catheterization Report (08)
	Consultation (03)
	Death Summary (12)
	Discharge Summary (04)
	Electrophysiology Lab (83)
	History and Physical (01)
	Interventional Cardiology (230)
	Interventional Nephrology (103)
	Letters (24)
	Liver Transplant (106)
	Operative Report (02)
	Orthopedics Clinic Note (124)
	Primary Sports Medicine Clinic (228)
	Progress Notes (37)
	PTCA (140)
	Renal Transplant (146)
	Transesophageal Echocardiogram (165)
	Transfer Summary (53)
	Transplant Donor Assessment (229)
	Transplant Surgery Evaluation (219)
	Transplant Surgery Follow Up (218)
	Vascular Laboratory Report (170)
	FLORIDA REGION WORK TYPES
	Coral Gables Hospital (CGH)
	24 Hour Holter Monitor (17)
	Consultation (3)
	Death Summary (12)
	Discharge Summary (4)
	Dobutamine / Stress Test (15)
	Echo (15)
	Echocardiogram/EKG (16)
	EEG (20)
	History and Physical (1)
	Operative Report (2)
	Progress Notes (37)
	Pulmonary Function Test (141)
	Short Stay Summary (47)
	Stress Test / Echo (18)
	Thallium Stress Test (14)
	Treadmill Stress (54)
	Delray Medical Center (DEL)
	Cardiac Cath (8)
	Consultation (3)
	Death Summary (12)
	Discharge Summary (4)
	Echocardiogram (15)

	Echocardiogram/EKG (16)
	EEG (20)
	History and Physical (1)
	Holter (21)
	Neuropsychological Evaluation (116)
	Operative Report (2)
	Preoperative History and Physical (32)
	Procedure Note (36)
	Progress Note (37)
	Psych Discharge (38)
	Psych Evaluation (39)
	Psych History and Physical (40)
	Pulmonary Function Study (141)
	Short Stay Summary (47)
	Sleep Center Consultation (48)
	Surgical Center History and Physical (51)
	Wound Care Consultation (206)
	Wound Care History and Physical (174)
	Wound Care Progress Note (177)
	Florida Medical Center (FLO)
	Cardiac Cath (08)
	Computed Tomographic Angiogram (207)
	Consultations (03)
	Discharge Summary (04)
	EEG (20)
	History and Physical (01)
	Holter (21)
	Operative Reports (02)
	Pre-Operative History and Physical (32)
	Progress Notes (37)
	Pulmonary Function Study (141)
	Short-Stay Summary (47)
	Sleep Center Consultation (48)
	Stress Test (226)
	Transesophageal Echocardiogram (165)
	Wound Care Progress Note (177)
	Good Samaritan Medical Center (GSM)
	Cardiac Cath (08)
	Consultation (03)
	Death Summary (12)
	Discharge Summary (04)
	Echocardiogram (15)
	EEG (20)
	Electrophysiology Studies (421)
	History and Physical (01)
	Holter (21)
	Operative Reports (02)
	Pre-Operative History and Physical (32)
	Pulmonary Function Study (141)
	Stress Echo (159)
	Tilt Table Study (163)
	Transesophageal Echocardiogram (165)
	Hialeah Hospital (HIA)
	Admission Note (59)
	Consultation (03)
	Death Summary (12)
	Delivery Note (78)
	Discharge Summary (04)
	EEG (20)
	History and Physical (01)
	Neuropsychological Evaluation (116)
	Operative Report (02)
	Procedure Note (36)
	Progress Note (37)
	Pulmonary Function Test (141)
	North Shore Medical Center (NOS)
	Admission Note (59)
	Consultation (3)

	Death Summary (12)
	Discharge Summary (4)
	Echo (15)
	History and Physical (1)
	Holter (21)
	Neurology (114)
	Operative Report (2)
	Progress Note (37)
	Pulmonary Function Test (141)
	Radiation Oncology Consult Letter (Followup) (202)
	Radiation Oncology Summary Letter (180)
	Transesophageal Echo (16)
	Treadmill Stress (54)
	Palm Beach Gardens Medical Center (PBG)
	Cardiac Cath (08)
	Consultation (03)
	Discharge Summary (04)
	Echocardiogram (15)
	EEG (20)
	Evoked Response Report (88)
	History and Physical (01)
	Holter (21)
	Operative Report (02)
	OT Discharge (192)
	OT Initial Evaluation (28)
	OT Progress Note (30)
	Procedure Note (36)
	PT Discharge (195)
	PT Initial Evaluation (41)
	PT Progress Note (43)
	Pulmonary Function Study (141)
	Speech Therapy (50)
	ST Discharge Summary (184)
	ST Initial Evaluation (182)
	ST Progress Summary (183)
	Tilt Table Test (163)
	Transesophageal Echocardiogram (165)
	Treadmill/Stress (54) (not a stress echo!)
	Palmetto General Hospital (PGH)
	24 Hour Holter Monitor (254)
	Admission Note (59)
	Angiogram (258)
	Cardiac Catheterization Report (08)
	Consultation Report (03)
	Discharge Summary (04)
	EEG (20)
	Echocardiogram (15)
	Electromyography (270)
	Electromyography - Lower (210)
	Electromyography - Upper (211)
	Electrophysiology Lab (83)
	Evoked Response Report (88)
	History and Physical (01)
	Hyperbaric Progress Note (101)
	Neuropsychological Evaluation (116)
	Nerve Conduction Velocity (272)
	Nerve Conduction Velocity - Lower (208)
	Nerve Conduction Velocity - Upper (209)
	Oncology (27)
	Operative Report (02)
	Other (56)
	Polysomnogram (194)
	Progress Note (37)
	Psych Discharge (38)
	Psych Progress Note (137)
	Psychiatric Admission Note (139)
	Pulmonary Function Study (141)
	Sleep Followup Note (49)
	Transesophageal Echocardiogram (165)

	St. Mary's Medical Center (SMH)
	Cardiac Cath (8)
	Cardiology (17)
	Clinic Note (7)
	Consultation (3)
	Death Summary (12)
	Discharge Summary (4)
	Echocardiogram (15)
	EEG (20)
	History and Physical (1)
	Holter (21)
	Interdisciplinary Team Conference Report (273)
	Operative Report (2)
	Preop History and Physical (32)
	Progress Note (37)
	Psych Eval/Assessment (39)
	Pulmonary Function Test (141)
	Tilt Table (18)
	Transesophageal Echo (16)
	Treadmill Stress (54)
	Treatment Summary (167)
	West Boca Medical Center (WBO)
	Consultation (3)
	Death Summary (12)
	Discharge Summary (4)
	EEG (20)
	History and Physical (1)
	Operative Report (2)
	Preoperative History and Physical (32)
	Short Stay Summary (47)
	Sleep Center Consult (48)
	Treadmill Stress (54)
	Wound Care Procedure Note (176)
	SOUTHERN REGION WORK TYPES
	Brookwood Medical Center (BMC)
	Cardiac Cath (08)
	Cerebral Cath (74)
	Consultation (03)
	Diagnostic Imaging (13)
	Diagnostic Report (82)
	Discharge Summary (04)
	ED Expedited - Admit (17)
	ED Non-Expedited (18)
	History and Physical (01)
	Hyperbaric Consultation (181)
	Letters (24)
	Neuro-diagnostic Reports (305)
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	Death Summary (12)
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	ESWL Report (87)
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	Coastal Carolina Hospital (CCD)
	Consultation (03)
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	Discharge Summary (04)
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	History and Physical (01)
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	Stress Test (226)
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	Consultation (03)
	Discharge Summary (04)
	Echocardiogram (15)
	EEG (20)
	Emergency Room (5)
	History and Physical (01)
	Holter (21)
	Letter (24)
	Operative Report (02)
	Pre-operative History and Physical (32)
	Progress Note (37)
	Pulmonary Function Study (141)
	Stress Echo (159)
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	Treadmill/Stress (54)
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	Discharge Summary (04)
	EEG (20)
	History and Physical (01)
	Holter (21)
	Nuclear Stress Test (225)
	Operative Report (02)
	Pain Clinic Established Patient (186)
	Pain Clinic New Patient Evaluation (185)
	Pre-Operative History and Physical (32)
	Treadmill/Stress (54)
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	Discharge Summary (04)
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	EEG (20)
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	Pre-Operative History and Physical (32)
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	South Fulton Medical Center (SFM)
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	Preoperative History and Physical (32)
	Progress Note (37)
	Short-Stay Summary (47)
	Transfer Summary (53)
	Wound Care Progress Note (177)
	Sylvan Grove Hospital (SYL)
	Consultation (3)
	Discharge Summary (4)
	Emergency Room (5)
	History and Physical (1)
	Letter (24)
	Preoperative History and Physical (32)
	Progress Note (37)
	Short-Stay Summary (47)
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APPENDIX C

CA Region Modesto Valley Heart

If you work Modesto overflow on weekends, you may get a report with a patient name of Valley Heart or Signout Hosp. Leave the patient name and visit as they come in.

- Worktype must be Other
- Patient name in header will be left as Valley Heart or Signout Hosp.
- Multiple patients stay on one report as dictated –DO NOT SPLIT
- Spell patient names as best you can if not spelled by speaker.
- Type hospital information as dictated, ex: Memorial, Kaiser, etc
- Format as below

CALL LIST

First Last – DMC

This patient came with severe bilateral claudication for elective peripheral angiography and underwent angioplasty of the right SFA. No other active issues with him. If he does have any complications, he will be discharged home tomorrow.

MMC Patients

First Last
Room 335

Basically came with COPD exacerbation. She also has known coronary artery disease. The patient also had an episode of paroxysmal atrial fibrillation, but she is back in sinus. The plan for us basically is medical management, controlling her heart rate. She is also on Coumadin.

First Last
Room 210A

Basically came with altered level of consciousness. He had severe ischemic cardiomyopathy with ejection fraction of 15%. Also has a history of recurrent DVT. He has atrial fibrillation. The plan from our side is basically beta blockers, Coumadin anticoagulation, ACE inhibitors. ARBs cannot be used because of low blood pressure. The patient will require cardiac ischemic workup as an outpatient by Dr. Do.

First Last
Room 217

Gentleman with moderate to severe cardiomyopathy, ejection fraction of 30-35%. Came with CHF exacerbation, pneumonia. He also has atrial fibrillation history. Because of his tremors, I stopped his Amiodarone. He is on IV

Lasix, p.o. Aldactone for diuresis. He is doing a lot better from CHF perspective, but his pneumonia is still a ways from getting better. Plan on him is basically electrolyte follow-up as well as diuresis management.