HCA-St. David's
Central Texas
ACCOUNT SPECIFICS

Platform: eScription
Institution/Site Code: hcasd

Software Versions: ESMT: Version 11.6
                                                          eMon: Version 11.6

Info/Resources:

ES SAMPLE SITE: https://hcasd.escriptionasp.com/Downloads/Labor/
Log in with your EditScript login ID/PW

Customer Links:

http://www.stdavids.com/home.aspx

Version/Change Record

Version	Date	Responsible Person	Description of Version/Change
1.0	12/17/13	Implementation/Operations Team	Full revision of Account Specifics due to NTS taking 100% of St. David's volume.
2.0	5/21/14	TL/NTS-PM	Update Pend Reasons/Upload Protocol to v11 specs.
2.1	7/2/14	Implementation	Added required headings for Op/PN Methodist
2.2	7/9/14	Implementation	Updates required to support Methodist volume
2.3	10/28/14	Operations	Update to No Dictation Process
2.4	10/30/14	Operations	Multiple Updates Per Client

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.

Short-hand Indicators:

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.

Exception: Expand dictated "PIT" that is in reference to a medication.

Correct	Incorrect
Write out complete drug name.	PIT

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 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

Otherwise, 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

Standard Acronyms

Write acronyms, which are combinations of letters and numbers, in the usual manner:
- S1
- L4-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 hyphens: "L5-S1", "S1-2"

- DO NOT USE the ampersand (&) as part of an acronym.

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

JCAHO Prohibited Abbreviations

Always expand the following abbreviations (following JCAHO recommendations) see below:

cc (cubic centimeter)	Write mL
U (unit)	Write "unit"
IU (International Unit)	Write "International Unit"
Q.D., QD q.d., qd (daily) Q.O.D., QOD, q.o.d., qod (every other day)	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* **(see note below)** Lack of leading zero (.X mg)	Write X mg Write 0.X mg
*Exception to above: A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.	
MS MSO_4 and $MgSO_4$	Write "morphine sulfate" Write "magnesium sulfate"
ug (for microgram)	Write "mcg"
h.s., H.S., Q.H.S., q.h.s.	Write out "half-strength" or "at bedtime"

T.I.W. (for three times a week)	Write "3 times weekly" or "three times weekly"
S.C. or S.Q. (for subcutaneous)	Write "Sub-Q", "subQ", or "subcutaneously"
D/C (for discharge or discontinue)	Write "discharge" or "discontinue"
cc (for cubic centimeter)	Write "mL" for milliliters
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears) O.S., O.D., O.U. (Latin abbreviation for left, right, or both eyes)	Write: "left ear", "right ear" or "both ears" Write: "left eyes", right eyes" or "both eyes"

ALLERGY STATEMENTS

Uppercase for positive allergy statements; lowercase otherwise.

Examples:
- ALLERGIES: No known drug allergies.
- ALLERGIES: PENICILLIN CAUSES HIVES.
- The patient had an ALLERGIC REACTION TO FLAGYL; therefore was treated with clindamycin. (Dictated within text.)

CAPITALIZATION OF DEPARTMENT NAMES

Capitalize Emergency Department or Emergency Room. Do not capitalize any other department names unless it appears as a proper noun, i.e., St. David's Psychiatric Unit.

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

Dates should be transcribed as dictated:

Dictated: "January second"   Transcribed: January 2nd
Dictated: "January 2, 2013"   Transcribed: January 2, 2013
Dictated: "January 2013"   Transcribed: January 2013
Dictated: "Seen on the fourteenth"   Transcribed: Seen on the 14th
Dictated: "oh one oh three thirteen"   Transcribed: 01/03/13
Dictated: "one three thirteen"   Transcribed: 1/3/13
Dictated: "oh one oh three twenty thirteen"   Transcribed: 01/03/2013
Dictated: "one three twenty thirteen"   Transcribed: 1/3/2013

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: Ampersand **&**, Pipe **|,** Caret **^,** Backslash **\,** Tilde **~**

NOTE: DO NOT USE the ampersand (&) and change to "and".

Example:
Dictated: I&D.
Transcribe: I and D.

SPECIAL FORMATTING
Do NOT 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 dictation 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 hours.

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 "I" or "/" as any part of headings, i.e.,

CORRECT:
LABORATORY TESTS PROCEDURES AND RESULTS:

PAST FAMILY AND SOCIAL HISTORY:

INCORRECT:
LABORATORY TEST/PROCEDURES & RESULTS:

PAST FAMILY/SOCIAL HISTORY:

Heading followed by colon with text directly beneath heading.

Example:
SOCIAL HISTORY:
The patient denies history of alcohol use.

Double space between headings.

Example:
MEDICATIONS:
None.

ALLERGIES:
No known drug allergies.

Diagnosis should be typed as DIAGNOSES if there is more than 1 whether or not there is a numbered list.

Example:
DIAGNOSES:
Pneumonia, congestive heart failure, volume depletion.

Or
DIAGNOSES:
1. Pneumonia.
2. Congestive heart failure.
3. Volume depletion.

Subheadings: Drop-down format
PHYSICAL EXAMINATION:
HEENT: Unremarkable.
SKIN: Warm and dry.
HEART: Normal

Do **NOT** abbreviate headings, i.e.,
INCORRECT: GI:
CORRECT: GASTROINTESTINAL

Do not type any text that the clinician dictates which repeats the meaning of the heading.
Example:
DICTATED: Past medical history. The patient's past medical history is significant for asthma.
TRANSCRIBED: PAST MEDICAL HISTORY: Significant for asthma.

Note to Chart: If a speaker dictates "NOTE TO CHART", transcribe this as a heading.

EMPTY (UNUSED) SECTIONS/HEADINGS

Delete any section or heading for which the dictator does not dictate information except for MHS Operative Reports and Procedure reports.

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, DATE OF SERVICE, etc.

LISTS

(information dictated as a list)

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: CVA, hypertension and asthma.

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 SURGICAL HISTORY:
> 1. Hysterectomy.
> 2. Bilateral cataract extraction.

MIDLEVEL DICTATORS

The names of some midlevel dictators who require a cosigner are marked by an asterisk following their names. Example: Thomas Russell*

If the dictation opens with the Signing Clinician field blank, or if the dictation opens with an asterisk after the midlevel dictator's name, listen carefully for a Signing Clinician to be dictated, and select that name in the Signing Clinician field.

NAME ALERT

- Baker, Dan/Dana: Name may be stated as Dan Baker, but is listed in the database as Dana R Baker (1592).
- Farrimond, Kenneth MD: He is an assistant often named in dictations by Warren Neely, Thomas Kingman, and Frank Fichtel. DO NOT confuse this for Kim Furman, Kim Warman, Ken Durman, Kin Termann, etc.
- Lewitton, Steven: If CC is requested to Dr. Lewitton, select entry in database with Street 1 field of "USE THIS ENTRY FOR FAX CCs."
- Lieberman/Liebermann: Thomas Liebermann is a gastroenterologist, and Allan Lieberman is a pediatric allergies/asthma specialist.
- Moore, Scott: Name may be stated as Scott Moore, but is listed in the database as Walter Scott Moore (4858).

- Willis, Greg: CC may be requested to Dr. Greg Willis, but is listed in the database as John G. Willis (33870).
- Wong, Sean: Name may be stated as Sean Wong, but is listed in the database as Lawrence S. Wong (7272).

Names mentioned in Operative Reports:
- Chavez, Anselmo: Assistant scrub nurse.
- Colunga, Sylvia O: Circulator.
- Dudich, Tim: EMG monitoring technician.
- Seekatz, Susie: Scrub nurse.

Other:
- HAVIT protocol: HAVIT stands for Heart and Vascular Institute of Texas.

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:
Type unit immediately following its number.
> **Example:**
> 5mg
> 3x5cm

Numeric Ranges:
Identify numeric ranges by placing a "hyphen" between both numeric values.
> **Example:**
> The patient will return for followup in 3-4 months.

Frequencies or number of times:
Indicate frequencies or number of times by placing the 'x' abutted to the number.
> **Example:**
> The patient was alert and oriented x3.

Dimensions:
Indicate dimensions by using the 'x' with no spaces, as follows.
> **Example:**
> CORRECT: The lipoma was 2x3cm in size.
> INCORRECT: The lipoma was 2 x 3 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>Arabic</u> numerals for "grades" of conditions and diseases
  Example   "Grade 2/6 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

If the clinician dictates the patient's actual name, type "the patient." Each occurrence of a patient's name in the document will be replaced with the phrase "the patient". If a sentence begins with "patient" always insert the article "the". Do NOT begin sentence with "Patient…"

NOTE: Any other identifying information, such as family names, phone #s, room #, is completely fine to transcribe as dictated.
Never transcribe SS#s in report. If dictated, omit the SS#.

METHODIST <u>ONLY</u>: OPERATIVE REPORT (14)
Required Headings

ALL HEADINGS BELOW MUST BE TRANSCRIBED IN REPORT IN THE FOLLOWING ORDER WHETHER OR NOT STATED BY SPEAKER
(ADD OTHER HEADINGS AS DICTATED)

TIME OF SURGERY:
> {Transcribe the time above as dictated by speaker. If nothing is dictated for this heading, transcribe (See anesthesia record.) after heading. Be sure to include the parentheses.}

PREOPERATIVE DIAGNOSIS:

POSTOPERATIVE DIAGNOSIS:

SURGICAL PROCEDURE(S) PERFORMED:

NAME OF SURGEON:

ASSISTANT(S):
> {Transcribe the Assistant's name above as dictated by speaker. If nothing is dictated for this heading, transcribe "None unless otherwise specified." after heading. Do NOT include quotes.}

TYPE OF ANESTHESIA ADMINISTERED:
> {Transcribe as dictated by speaker. If nothing is dictated for this heading, transcribe (See anesthesia record.) after heading. Be sure to include the parentheses}

SPECIMEN(S) REMOVED:

ESTIMATED BLOOD LOSS:

DESCRIPTION OF PROCEDURE:

METHODIST <u>ONLY</u>: PROCEDURE NOTE (24)
Required Headings

ALL HEADINGS BELOW MUST BE TRANSCRIBED IN REPORT IN THE FOLLOWING ORDER WHETHER OR NOT STATED BY SPEAKER
(ADD OTHER HEADINGS AS DICTATED)

PROCEDURE PERFORMED:

POSTOPERATIVE DIAGNOSIS, IMPRESSION, PLAN:

PROCEDURE PERFORMED BY:

ASSISTANT:
> {Transcribe the Assistant's name above as dictated by speaker. If nothing is dictated for this heading, transcribe "None unless otherwise specified." after heading. Do NOT include quotes.}

ANESTHESIA:
> {Transcribe as dictated by speaker. If nothing is dictated for this heading, transcribe (See anesthesia record.) after heading. Be sure to include the parentheses.}

SPECIMEN:
> {Transcribe as dictated by speaker. If nothing is dictated for this heading, transcribe "None unless otherwise specified." after heading. Do NOT include quotes.}

ESTIMATED BLOOD LOSS:
> {Transcribe as dictated by speaker. If nothing is dictated for this heading, transcribe "None unless otherwise specified." after heading. Do NOT include quotes.}

DESCRIPTION OF PROCEDURE:

ST. DAVID'S BUSINESS ENTITIES

The medical record number and account number for each patient visit will have the **Alpha Code prefix** to correspond to the entity where the patient received services.

If the entity shown in the "Business Entity" header field does not correspond to the letter prefix/Alpha Code that corresponds to the entity where the patient received services, use the drop-down in the "Business Entity" field to select the correct entity.

EXAMPLE:
Patient seen at SDGH – MR # would be similar to **V**123456, and account number would be **V**78910111

Entity	Facility	Alpha Code (prefix for MR/acct #)
HHOA	Heart Hospital of Austin	Y
NAMC	North Austin Medical Center	H
RRMC	Round Rock Medical Center	D
SAH	South Austin Medical Center	K
SDGH	St. David's Georgetown Hospital	V
SDMC	St. David's Medical Center	L
SDR	St. David's Rehabilitation	*see below

*St David's Rehab is no longer a separate entity. If report is coded for Business Entity SDR, search for patient under SDMC.

METHODIST BUSINESS ENTITIES

The medical record number and account number for each patient visit will have the **Alpha Code prefix** to correspond to the entity where the patient received services.

If the entity shown in the "Business Entity" header field does not correspond to the letter prefix/Alpha Code that corresponds to the entity where the patient received services, use the drop-down in the "Business Entity" field to select the correct entity.

EXAMPLE:
Patient seen at MH – MR# would be similar to **MW**123456 and account number would be similar to **MW**78910111

Entity	Facility	Alpha Code (prefix for MR/acct #)
MASH	Methodist Ambulatory Surgery Hospital	MX
METRO	Metropolitan Methodist Hospital	MM
MH	Methodist Hospital	MW
MSOH	Methodist Stone Oak Hospital	MK
MSTH	Methodist Specialty and Transplant Hospital	MN
NEMH	Northeast Methodist Hospital	MV
TEXSAN	Methodist Texsan Hospital	MJ

ST. DAVID'S WORK TYPES

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METHODIST WORK TYPES

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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
1	NTS_NonDSP

ADDENDUM

Leave work type as is and type ADDENDUM as first line of text in body of report. Pend as:

#	Pending Reason
1	NTS_NonDSP
2	HCASD_Addendum

Add any additional dictated information regarding addendum in the Comment.

BLANKS

Pend as:

#	Pending Reason
1	NTS_NonDSP
2	NTS_Blanks Remain

Add appropriate Comment if needed.

CARBON COPIES

Pend as:

#	Pending Reason
1	NTS_NonDSP

- Do NOT copy the speaker or the signing clinician, even if requested.

- If CC contact is not found, is mentioned by last name only **OR** there is more than one provider with the same first and last name:
    - Create new contact with dictated information, placing an asterisk (*) immediately following the first name.
    - Select Printer from the list of Printer, fax, or email.
    - Select the printer named CCs NOT IN DATABASE.

- If speaker requests CC to "no PCP" or states anywhere in report that patient has no PCP, family physician, regular doctor, etc., add CC of "NO PRIMARY OR FAMILY PHYSICIAN" from database (search for last name of "no primary").

- If CC contact cannot be understood or is inaudible, add timestamp in Comment.

- Ignore copies to generic locations within facility (i.e., medical records, floor, or department).

DATE OF SERVICE – ST. DAVID'S SITES

ALWAYS follow MT Instructions for dates of service. If no MT Instruction, then do the following:

Procedure Date field when dictation opens	Date of service is dictated	Date of service NOT dictated
Prefilled	If different than prefilled date, change to dictated date in Procedure Date field.	Leave prefilled date in place.
Blank	If matches encounter, enter dictated date in Procedure Date field. If does NOT match encounter, pend as | #	Pending Reason
1	NTS_NonDSP
2	HCASD_Date of Service		If admit and <u>discharge</u> date are identical, enter that date in Procedure Date field. If discharge date is blank, and admit and <u>dictation</u> dates are <u>identical</u>, enter that date in Procedure Date field. If discharge date is blank, and admit and <u>dictation</u> dates are <u>different</u>, pend as | #	Pending Reason
1	NTS_NonDSP
2	HCASD_Date of Service	

DATE OF SERVICE – METHODIST SITES

ALWAYS follow MT Instructions for dates of service. If no MT Instruction, then do the following:

Procedure Date field when dictation opens	Date of service is dictated	Date of service NOT dictated
Prefilled	If different than prefilled date, change to dictated date in Procedure Date field.	Leave prefilled date in place.
Blank	If matches encounter, enter dictated date in Procedure Date field. If does NOT match encounter, leave date blank and upload.	If admit and <u>discharge</u> date are identical, enter that date in Procedure Date field. If discharge date is blank, and admit and <u>dictation</u> dates are <u>identical</u>, enter that date in Procedure Date field. If discharge date is blank, and admit and <u>dictation</u> dates are <u>different</u>, leave date blank and upload.

INCOMPLETE DICTATIONS

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

#	Pending Reason
1	NTS_NonDSP
2	HCASD_Incomplete Dictation

NORMALS (TEMPLATES)

If speaker requests the use of a normal (template) that cannot be found or the dictation be used to create a new normal, pend as:

#	Pending Reason
1	NTS_NonDSP
2	HCASD_New Normal

<mark>NO DICTATION/CANCELLED DICTATION – DO NOT CHANGE WORK TYPE TO CANCELLED DICTATION</mark>

<mark>Pend as:</mark>

#	Pending Reason
1	NTS_No Dictation/Cancelled

<mark>QC: QC: Verify no audio, AND PEND TO HCASD FOR VERIFICATION OF NO DICTATION.</mark>
- <mark>DO NOT CHANGE THE WORK TYPE.</mark>

RISK MANAGEMENT (Discrepancy in dictation)

1. Pend 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!"
    (continued next page)

If in doubt, pend as:

#	Pending Reason
1	NTS_NonDSP
2	NTS_Contradiction/Inconsistency in dictation

Add any additional information in the Comment.

SIGNING CLINICIAN

When a PA, NP, etc. ("mid-level" clinician) is dictating for a physician, list the **mid-level** speaker in the **SPEAKER field** and list the responsible physician for the dictation in the **SIGNING CLINICIAN field.** Midlevel clinicians may have an asterisk beside their name in the system.

EXAMPLE: If Nels C. Arntson, APRN, is dictating a report for Mammen Malakkial, MD, then Nels Arntson would go in the Speaker field in the header with Mammen Malakkial, MD, going in the Signing Clinician field in the header.

If the speaker does not dictate a signer or if the signer cannot be found, pend as:

#	Pending Reason
1	NTS_NonDSP
2	HCASD_Confirm Signing Clinician

When a Nursing Student dictates for a physician, the student will say who they are dictating for. Select this responsible physician in both the Speaker and Signing Clinician fields, insert the Non-Physician_Signature Line normal at the end of the report, and upload.

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

MULTIPLE REPORTS ON 1 DICTATION
Transcribe/Speech Edit and pend as:

#	Pending Reason
1	NTS_NonDSP
2	NTS_Split Dictation

WRONG WORK TYPE
If job downloads with wrong work type, change to correct the work type and pend as:

#	Pending Reason
1	NTS_NonDSP

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

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

ADDENDUM
Leave work type as is and type ADDENDUM as first line of text in body of report. Pend as:

#	Pending Reason
1	HCASD_Addendum

Add any additional dictated information regarding addendum in the Comment.

BUSINESS ENTITY QUESTIONS
Do not change business entity for a patient visit from what physician entered without first verifying that patient was not seen at business entity entered by physician and without verifying that the Date of Service for that particular report belongs to another Business Entity. Do not assume that because patient was found at a different Business Entity for a visit 6 months ago, that the report belongs to that visit if nothing more current is found. Pend to facility for identification.

#	Pending Reason
1	HCASD_Verify Patient Demographics

BLANKS
Only 1 blank may be uploaded directly to client without pending.

- **MLS:** For more than 1 blank, pend as:

#	Pending Reason
1	NTS_Blanks Remain

- **QC:** Do NOT pend for 2nd level QC. For more than 1 blank after QC review, pend as:

#	Pending Reason
1	HCASD_Blanks Remain

Do NOT pend STATS (priority 1 or 2), preop H&Ps, H&Ps, or transfer summaries. If blanks are the only issue after QC review, change blanks to 4 underscores and upload. Notify supervisor to contact HCASD Transcription Dept via email that report has been uploaded with more than 3 blanks.
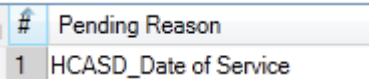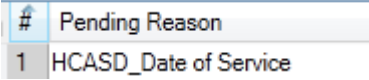
CARBON COPIES
- Do NOT copy the speaker or the signing clinician, even if requested.

- If CC contact is not found, is mentioned by last name only **OR** there is more than one provider with the same first and last name:
  - Create new contact with dictated information, placing an asterisk (*) immediately following the first name.
  - Select Printer from the list of Printer, fax, or email.
  - Select the printer named CCs NOT IN DATABASE.

- If speaker requests CC to "no PCP" or states anywhere in report that patient has no PCP, family physician, regular doctor, etc., add CC of "NO PRIMARY OR FAMILY PHYSICIAN" from database (search for last name of "no primary").

- If CC contact name is undecipherable:
    - Create new contact with name of "Dr. Unknown*" and any other dictated information.
    - Select Printer from the list of Printer, fax, or email.
    - Select the printer named CCs NOT IN DATABASE.

- Ignore copies to generic locations within facility (i.e., medical records, floor, or department).

- If an MD requests a CC for Medication Reconciliation, please pull the CC from the database under name "Reconciliation, Medication" and place in the Copies To area of the report.

DATE OF SERVICE– ST. DAVID'S SITES

ALWAYS follow MT Instructions for dates of service. If no MT Instruction, then do the following:

Procedure Date field when dictation opens	Date of service is dictated	Date of service NOT dictated
Prefilled	If different than prefilled date, change to dictated date in Procedure Date field.	Leave prefilled date in place.
Blank	If matches encounter, enter dictated date in Procedure Date field. If does NOT match encounter, pend as: | #	Pending Reason
1	HCASD_Date of Service		If admit and discharge date are identical, enter that date in Procedure Date field. If discharge date is blank, and admit and dictation dates are identical, enter that date in Procedure Date field. If discharge date is blank, and admit and dictation dates are different, pend as: | #	Pending Reason
1	HCASD_Date of Service	

DATE OF SERVICE – METHODIST SITES

ALWAYS follow MT Instructions for dates of service. If no MT Instruction, then do the following:

Procedure Date field when dictation opens	Date of service is dictated	Date of service NOT dictated
Prefilled	If different than prefilled date, change to dictated date in Procedure Date field.	Leave prefilled date in place.
Blank	If matches encounter, enter dictated date in Procedure Date field. If does NOT match encounter, leave date blank and upload.	If admit and discharge date are identical, enter that date in Procedure Date field. If discharge date is blank, and admit and dictation dates are

		identical, enter that date in Procedure Date field. If discharge date is blank, and admit and dictation dates are different, leave date blank and upload.

INCOMPLETE DICTATIONS

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

#	Pending Reason
1	HCASD_Incomplete Dictation

MISSING NORMALS (TEMPLATE)

If speaker requests the use of a normal (template) that cannot be found or the dictation be used to create a new normal, pend as:

#	Pending Reason
1	HCASD_New Normal

Add any additional information regarding requested normal in the Comment.

NO DICTATION/CANCELLED DICTATION – DO NOT CHANGE THE WORK TYPE TO CANCELLED DICTATION.

Pend as:

#	Pending Reason
1	NTS_No Dictation/Cancelled

QC: Verify no audio, AND PEND TO HCASD FOR VERIFICATION OF NO DICTATION.
- **DO NOT CHANGE THE WORK TYPE.**

PATIENT NOT FOUND IN ADT

If there is no identifying patient information entered at the time of dictation, and you are unable to locate the patient by diligent search efforts, select the account with the T-visit ID and enter phonetic spelling of the patient's name and all other available information in the Comment.

All T-account visits (temporary visit ID) **must be pended**.

#	Pending Reason
1	HCASD_Verify Patient Demographics

NOTE: If unable to phonetically spell the patient name, select Unknown Patient (NAMC H9999, RRMC D9999, SDR N9999, SDMC L9999, SAH K9999, SDGH V9999, HHOA Y9999), include dictated patient information and/or birth, surgery, or other dates in the pend Comment, and pend as:

#	Pending Reason
1	HCASD_Verify Patient Demographics

Do NOT leave the wrong patient's name in the header fields. If a patient is not found in the search database, the report MUST be pended either to NTS or to the client.

RISK MANAGEMENT (Discrepancy in dictation)
1. Pend 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 as:

#	Pending Reason
1	HCASD_Contradiction/Inconsistency

     Add any additional information in the Comment

SIGNING CLINICIAN
When a PA, NP, etc. **("mid-level" clinician)** is dictating for a physician, list the **mid-level** speaker in the **SPEAKER field** and list the responsible physician for the dictation in the **SIGNING CLINICIAN field.** Mid-level clinicians may have an asterisk beside their name in the system.

     EXAMPLE: If Nels C. Arntson, APRN, is dictating a report for Mammen Malakkial, MD, then Nels Arntson would go in the Speaker field in the header with Mammen Malakkial, MD, going in the Signing Clinician field in the header.

If the speaker does not dictate a signer or if the signer cannot be found or is undecipherable, pend as:

#	Pending Reason
1	HCASD_Confirm Signing Clinician

When a Nursing Student is dictating for a physician, the student will say who they are dictating for. Select this responsible physician in both the Speaker and Signing Clinician fields, insert the Non-Physician_Signature Line normal at the end of the report, and upload normally.

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

WRONG WORK TYPE:
If job opens with wrong work type, change work type and upload directly. Do NOT pend.