**BASSETT MEDICAL CENTER**

**ACCOUNT SPECIFICS**

Platform: eScription

Institution/Site Code: bassett

**Software Versions:** ESMT: Version 11.10

 eMon: Version 11.10

**Info/Resources:** ES SAMPLE SITE:

<https://bassett.escriptionasp.com/Downloads/Labor/>

 Log in with your EditScript login ID/PW

Customer Links: [www.bassett.org](http://www.bassett.org)

**Version/Change Record**

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date | Responsible Person | Description of Version/Change |
| 1.0 |  | Implementation Team | Customer Approved Final Version w/GoLive. Enter Name of Customer approving, date and time. |
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# 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](#a)

#  [JCAHO PROHIBITED ABBREVIATIONS](#jcaho)

 [LATIN-BASED ABBREVIATIONS](#latinbased)

[ALLERGY STATEMENTS](#allergy)

[BUSiNESS ENTITIES](#busent)

[CAPITALIZATION OF DEPARTMENT NAMES](#capitalization)

### [CC VS. mL](#cc)

[CONTRACTIONS](#contractions)

[DATES](#dates)

[FORMATTING INSTRUCTIONS](#Formatting)

 [AUTO-NUMBERING](#auto)

 [FORBIDDEN CHARACTERS](#forbidden)

 [SPECIAL FORMATTING](#specialformating)

 [TABS](#tabs)

 [TIME FORMAT](#time)

 [VERBATIM VS. NON-VERBATIM](#verbatim)

[HEADER AND FOOTER INFORMATION](#headerfooter)

[HEADINGS](#headings)

 [EMPTY (UNUSED) SECTIONS/HEADINGS](#empty)

 [VAGUE SECTION HEADINGS](#vaguesectionheadings)

[LISTS](#lists)

[NUMERICS](#numerics)

 [LABORATORY DATA AND VALUES](#lab)

[PATIENT NAME](#patientname)

[RECURRING ENCOUNTERS](#recenc)

PENDING RULES

[NON-DSP MLS/QC](#nonDSP)

 [DSP MLS/QC](#DSP)

RISK MANAGEMENT (Discrepancy in dictation)

[NON-DSP MLS/QC](#riskN)

 [DSP MLS/QC](#riskD)

UPLOAD PROTOCOL

[NON-DSP MLS/QC](#nonDSP)

 [DSP MLS/QC](#DSP)

[WORK TYPES AND TAT](#worktypesandtat)

Appendix I: Special Instructions

**ABBREVIATIONS/ACRONYMS**

Transcribe all abbreviations and/or acronyms as dictated.

* Use the associated abbreviation for common units and name suffixes and salutations when there is no ambiguity and the shorter form is easier to type and read than the spelled-out form.

**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-L5. Fill in the missing type: (i.e. L3-4: L3- L4)

### 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 between the vertebral spaces: “L5-S1”, “S1-S2”.

* 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)Q.I.D., QID, q.i.d., qid (4 times a day) | Write "daily"Write "every other day"Write “4 times a day” |
| Trailing zero (X.0 mg)**\* (see note below)**Lack of leading zero (.X mg) | Write X mgWrite 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.** |
| MSMSO4 and MgSO4 | 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 ALL allergy statements (positive or negative) and drug intolerances.

Example:

ALLERGIES: NO KNOWN DRUG ALLERGIES.

ALLERGIES: PENICILLIN CAUSES A RASH.

**BUSINESS ENTITIES**

|  |  |
| --- | --- |
| **If Business Entity is:**  | **Facility code in visit should be:**  |
| Cobleskill | CHS |
| Cooperstown | MIB |
| Little Falls | LFH |
| O’Connor | OCO |
| Tri-Town | TRH |

**CAPITALIZATION OF DEPARTMENT NAMES**

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

### 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 Concise Numerics formatting as dictated.

Examples: 1/02, 1/2, 1/02/15, etc.

# FORMATTING INSTRUCTIONS

**AUTO-NUMBERING**

No. Turn off auto-formatting feature.

**FORBIDDEN CHARACTERS**

Do NOT use the following characters. They are not accepted in the electronic interface: Pipe**|,** Caret **^,** Backslash  **\, Ampersand & or** Tilde  **~**

**SPECIAL FORMATTING**

Do NOT use bold, underline or italicize as requested by speaker. Do NOT change any of the special formatting that is part of a normal template you have pulled into your document.

**TABS:** Do not use TABS.

**TIME FORMAT**

Times may be spoken in many ways. It is important that they be formatted as uniformly as possible.

* + Use the hour:minute format and use military hour time if the provider dictates as such. Note, there is no colon in military time, i.e., 1900, not 19:00.
	+ If dictated, add “a.m.” and “p.m.”
	+ Never include the word o'clock when talking about time. Use o'clock only if dictator is referring to anatomy, i.e., "...a lesion at the 8 o'clock position.)

|  |  |
| --- | --- |
| **Provider dictates:** | **Transcriptionist types:** |
| I saw the patient at one fifteen. | I saw the patient at 1:15. |
| … quarter past one. | … 1:15. |
| … one fifteen p.m. | … 1:15 p.m. |
| … thirteen fifteen. | … 1315. |
| … thirteen hundred fifteen. | … 1315. |
| … around one o’clock. | … around 1:00. |
| … around thirteen hundred hours. | … around 1300. |

**VERBATIM VS. NON-VERBATIM**

Verbatim.  Small changes to grammar are expected, but keep to verbatim as much as

possible.  Any obvious discrepancies in dictation should be corrected or, if in

doubt, should be flagged and pended to client for verification.

**HEADINGS**

Do NOT use **"/" or "&**" as any part of headings, i.e.,

 **CORRECT**:

 LABORATORY TESTS PROCEDURES AND RESULTS:

 PAST FAMILY AND SOCIAL HISTORY:

 **INCORRECT**:

 LABORATORY TEST/PROCEDURES & RESULTS:

 PAST FAMILY/SOCIAL HISTORY:

Heading followed by colon and 2 spaces with text immediately following on the same line as heading.

 SOCIAL HISTORY: The patient denies history of alcohol use.

Double space between headings

 MEDICATIONS: None.

 ALLERGIES: No known drug allergies.

**Subheadings: Drop-down format**

 **Note: This example is for Exam AND Review of Systems.**

PHYSICAL EXAMINATION:

 HEENT: Unremarkable.

 SKIN: Warm and dry.

 HEART: Normal

Do **NOT** abbreviate headings, i.e.,

**INCORRECT**: GI:

**CORRECT**: GASTROINTESTINAL

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.

**REPORT TITLES:** Transcribe report titles as dictated as the first paragraph

 Example:

 D: “This is a hematology consultation for patient John Doe”

 T: Hematology Consultation

**HEADER AND FOOTER INFORMATION**

Do not repeat information in text that already appears in the header such as DATE OF BIRTH.

**LISTS**

For any lists

**Do not enumerate lists of items unless dictator explicitly requests so**.

Instead, enter the sequence into a comma-separated list, as you would when listing a series of words in a sentence.

Example:

PAST MEDICAL HISTORY: Diabetes mellitus, hypertension and hypercholesterolemia.

Listen for the following common phrases that a clinician uses to ask you to enumerate a list such as "Number two", "Number Next", "Next" or "Next item."

Enumerated lists will have the number, a period and 2 spaces. Do NOT use tabs.

PAST MEDICAL HISTORY:

1. Hypertension.

2. Diabetes mellitus.

**NUMERICS**

Quantities: Write all quantities as Arabic numerals with the following exceptions:

 Examples:

 The patient has had 2 mammograms within the past 3 years.

 But

 Two small cysts were removed.

 And

 There was another one on the left side.

 I observed hundreds of particles.

Numeric Units: Separate the number from its unit with a space.

 Example 5 mg

Numeric Ranges: Identify numeric ranges by placing a hyphen between numeric values and do not space around the hyphen.

 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 spaces, as follows.

 Example:

 CORRECT: The lipoma was 2 x 3 cm in size.

 INCORRECT: The lipoma was 2x3 cm in size.

OB/GYN: When dictated as words, use commas to separate OB/GYN histories.

 Example:

 The patient is gravida 1, para 2.

 When dictated as an abbreviation, leave a space.

 Example:

 The patient is G1 P2.

Roman Numerals vs. Arabic Numerals:

* Use Roman numerals for “grades” of conditions and diseases

 Example “Grade II/VI systolic murmur”

* Use Roman numerals for “stages” of conditions and diseases

 Example “Stage II cancer”

* Use Roman numerals for cranial nerve numbering

 Example “CN II-XII”

* Use Arabic numerals for “types” of conditions or diseases

 Example “diabetes mellitus type 2”

**LABORATORY DATA AND VALUES**

Platelets: Transcribe platelets as dictated, i.e., 236 or 236,000. No need to expand if not dictated.

Trailing zeros: Please see JCAHO Abbreviation List. Trailing zeros in laboratory values are acceptable to transcribe if dictated.

**PATIENT NAME**

If the clinician dictates the patient’s actual name, type “the patient.” Each occurrence of a patient’s name in the document will be replaced with the phrase “the patient”.

If a sentence begins with "patient" always insert the article "the". Do NOT begin sentence with "Patient…"

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

**RECURRING ENCOUNTERS:**

The following Entities use Recurring Visits/Encounters. Please select the encounter that best best matches the Date of Visit.

* Rehabilitative Services (Physical and Occupational Therapy)
* Radiation Oncology (monthly registration or once per treatment dependent on patient condition)
* Cancer Treatment Center (chemotherapy)
* Dialysis
* Obstetrics

**REFERENCE/PHYSICIAN SPECIFICS:**

Johns, Celeste A: She’ll refer to Dr. (Susan) Huffman as primary care in her dictation (NOT Hoffman)

Dr Cory/Corey versus Dr. Calore/Kore : There is NO Dr. Corey or “Cory” at Bassett.

Michael Kore (s/l Cory) is a pediatrician

Briana Calore (s/l Kah-LOH-ree) is an orthopedic surgeon.

Cobleskill – Please note the correct spelling. Common misspellings of this are “Cobleskil” and “Cobbleskll”**WORK TYPES**

|  |
| --- |
| **WORKTYPE** |
| Angiography (54) |
| Ankle Brachial Index (89) |
| Cancelled Dictation (992) |
| Cardiac Catheterization (16) |
| Cobleskill Sleep Clinic (67) |
| Discharge Summary (4) |
| Echocardiogram (27) |
| EEG (18) |
| Emergency Services Progress Note (25) |
| History & Physical (7) |
| Holter Monitor (88) |
| Inpatient Consultation (21) |
| Inpatient Progress Note (68) |
| Inpatient Psychiatry Progress Note (69) |
| Interim Note (53) |
| Next of Kin Letter (31) |
| Operative Report (9) |
| Outpatient Consultation (6) |
| Outpatient Progress Note (1) |
| Outpatient Psychiatry Comprehensive (59) |
| Outpatient Psychiatry Consultation (41) |
| Outpatient Psychiatry Progress Note (42) |
| Patient Letter (2) |
| Psychiatry Admission Note (65) |
| Psychiatry Discharge Summary (63) |
| Psychiatry Phone Note (66) |
| Referral Letter (3) |
| Sleep Clinic Progress Note (51) |
| Stress Test (60 |
| Telephone Note (50) |

**PENDING RULES and UPLOAD PROTOCOL**

**Non-DSP MLS**

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

**Pend all notes to QC with note as follows:**



**ADDENDUMS**

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



**BLANKS**

Pend all notes to QC with note as follows:



**CARBON COPIES:**

For contacts not available in the database, add new CC dictated by creating a new contact with all provided information. Pend to:



**INCOMPLETE DICTATIONS**

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



**NO DICTATION**

Transcribe NO DICTATION in the body of the dictation

Pend directly to facility as shown below:



**RISK MANAGEMENT (Discrepancy in dictation)**

1. MLS to pend to NTS for discrepancies that cannot be resolved with complete confidence/competence.

2. Type comments that are pertinent to the dictation.

Example:

“This is a re-dictation.”

3. Omit comments that are NOT pertinent to the dictation.

Example:

“This is the third time I have dictated this chart! I won’t dictate it a fourth time!”

If in doubt, pend to NTS.

**SIGNING CLINICIAN**

If the speaker is someone who requires a signing clinician for their dictations then the signing clinician field in the header will be blank. Select the Signing Clinician as dictated. If speaker does not dictate a signer, do NOT pend. If the signer cannot be found pend as below:



**MULTIPLE REPORTS ON 1 DICTATION**

Transcribe/Speech Edit and Pend To:



WRONG WORKTYPE

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



 

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

**PENDING RULES and UPLOAD PROTOCOL**

**ALL DSP MLS & QC**

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

**STAT DICTATIONS:**

* **Do NOT pend STAT dictations for any reason other than patient demographics missing. This includes but is not limited to blanks (always use 4 underscores for STAT blanks), incomplete dictations and addendums.**
* **For text discrepancies, change text to a blank and upload.**
* **A STAT dictation will be a priority 1 or 2. - Always check the priority of the dictation in the EditScript header.**

**ADDENDUMS**

Transcribe **Addendum** as first line of text and pend to facility with the following pend note:



**BLANKS**

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

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

 

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



 Stats with blanks: After QC review, change blanks to 4 underscores and upload directly.  **A stat dictation will be a priority 2.**  Please always check the priority of

 your dictation in your EditScript header.

**CARBON COPIES:**

For contacts not available in the database, add new CC dictated by creating a new contact with all provided information and process as usual. Do NOT pend to customer only for reason of new contact.

**INCOMPLETE DICTATIONS**

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



**NO DICTATION**

Transcribe NO DICTATION in the body of the dictation

Pend directly to facility as shown below:



**RISK MANAGEMENT (Discrepancy in dictation)**

1. MLS to pend to **BHC:** for discrepancies that cannot be resolved with complete confidence/competence.

2. Type comments that are pertinent to the dictation.

Example:

“This is a re-dictation.”

3. Omit comments that are NOT pertinent to the dictation.

Example:

“This is the third time I have dictated this chart! I won’t dictate it a fourth time!”

If in doubt, pend to customer.

**SIGNING CLINICIAN**

If the speaker is someone who requires a signing clinician for their dictations then the signing clinician field in the header will be blank. Select the Signing Clinician as dictated. If speaker does not dictate a signer, do NOT pend. If the signer cannot be found pend as below:



WRONG WORKTYPE

If job uploads with wrong work type:

Change worktype and upload directly. Do not pend.