# HCA ATL
# HCA ATLANTA
## ACCOUNT SPECIFICS

| | |
|---|---|
| **Platform:** | eScription |
| **Institution/Site Code:** | hcaatl |
| **Software Versions:** | ESMT: Version 10.6 |
| | eMon:  Version 10.6 |

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

https://hcaatl.escriptionasp.com/Downloads/Labor/
*(*Log in with your EditScript login ID/PW)

**Customer Links:**    http://hcahealthcare.com/

Cartersville Medical Center, Cartersville, GA
http://cartersvillemedical.com/

Eastside Medical Center, Snellville, GA
http://eastsidemedical.com/

Redmond Regional Medical Center, Rome, GA
http://redmondregional.com/

Colleton Medical Center, Walterboro, SC
http://colletonmedical.com/

Fairview Park Hospital, Dublin, GA
http://fairviewparkhospital.com/

Trident Medical Center, Charleston, SC
http://tridenthealthsystem.com/

Grand Strand Regional Medical Center,
Myrtle Beach, SC
http://grandstrandmed.com/

Doctors Hospital of Augusta, Augusta, GA
http://doctors-hospital.net/

Joseph M. Still Burn Centers, Augusta GA
http://www.jmsburncenters.com/

Coliseum Medical Center, Macon GA
http://coliseumhealthsystem.com/

**Version/Change Record**

| Version | Date | Responsible Person | Description of Version/Change |
|---------|------|--------------------|-------------------------------|
| 1.0 | | Implementation Team | Customer Approved Final Version w/GoLive.  Jamie Moncato, 11/05/2012. |
| 1.1 | 12/19/12 | L. Del Toro | Clarification of Spacing Between Headings; Capitalization of ER; Formatting of PE,  pg. 6-9 |
| 1.2 | 12/27/12 | Operations | ROS and PE format<br>CC recipients not found in ALT+C |
| 1.3 | 1/16/13 | Operations | DSP Rules for Blanks |
| 1.4 | 4/1/13 | Operations | Updated Work types |
| 1.5 | 5/6/13 | Operations | Addition of Signing Clinicians |
| 1.6 | 5/6/13 | Operations | Updated Worktype Lists with Site Mnemonics |
| 1.7 | 5/7/13 | Operations | Revised DSP Rules for Blanks |
| 1.8 | 5/10/13 | Operations | Updated with Appendix A - Burn Center Specifics |
| 1.9 | 5/29/13 | Operations | Updated Appendix A<br>Updated Work Type Grids<br>Added Prefix/Suffix letter guide |
| 2.0 | 6/26/13 | Operations | Updated Appendix A with Transcription Style Notes |
| 2.1 | 7/30/13 | Operations | Updated Worktype List<br>Updated Appendix A – Burn Speakers |
| 2.2 | 3/11/14 | Operations | Updated Appendix A – Burn Speakers |
| 2.3 | 8/13/14 | Operations | Updated QC-Blank Rules and Appendix A – Burn Speaker Signing Clinician ID |
| 2.4 | 9/14/15 | Operations | Updated Adding New Contacts Instructions & Updated Burn Speakers |

# 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 along with operative procedures listed under "Procedures Performed" heading in operative notes 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."

**CC vs. mL:**  See JCAHO abbrev list.  If dictated as cc, transcribe as mL.

**Latin acronyms:**  ALWAYS place periods between each letter in Latin-based abbreviations phrases for the frequencies of medications.

| Correct | Incorrect |
|---|---|
| n.p.o. | npo |
| p.o. | po |
| p.r.n. | prn |
| q.a.m. | qam |
| q.p.m. | qpm |
| q.i.d. | qid |
| t.i.d. | tid |
| b.i.d. | bid |

**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. Of note, "q. day" means the same as "daily" and vice versa. Do not type "q. daily," as this translates to "every daily."

| 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. |

Always expand the following abbreviations (following JCAHO recommendations),

| Correct | Incorrect |
|---------|-----------|
| Daily | q.d. -or- QD -or- Q.D. -or- qd |
| every other day | q.o.d. -or- QOD -or- Q.O.D. -or- qod |
| Unit | U |
| International Unit | IU |
| morphine sulfate | MSO4 |
| magnesium sulfate | MgSO4 |

**Standard Acronyms:**

Write acronyms, which are combinations of letters and numbers, in the usual manner:
- S1
- L4-L5 or L4-5 (Transcribe vertebral spaces **as dictated** using a hyphen)
- CA-125 (Expand to "cancer antigen 125" if clinician speaks it as such)
- FESO4
- 2D (Expand to "two dimensional" if clinician speaks it as such)

Pluralize acronyms and spoken abbreviations by adding a lowercase "s" to the end of the abbreviation or acronym.

| Singular | Plural |
|----------|--------|
| ADL | ADLs |
| DTR | DTRs |
| PVC | PVCs |

Use the ampersand (&) as part of an acronym.

| Correct | Incorrect |
|---------|-----------|
| CTA&P | CTA and P |
| H&H | H and H |
| H&P | H and P |

## JCAHO Prohibited Abbreviations

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)<br>Q.O.D., QOD, q.o.d., qod (every other day) | Write "daily"<br>Write "every other day" |
| Trailing zero (X.0 mg)* **(see note below)**<br>Lack of leading zero (.X mg) | Write X mg<br>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<br>$MSO_4$ and $MgSO_4$ | Write "morphine sulfate"<br>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)<br>O.S., O.D., O.U. (Latin abbreviation for left, right, or both eyes) | <br><br>Write: "left ear," "right ear" or "both ears"<br>Write: "left eye," right eye" or "both eyes" |

## ALLERGY STATEMENTS

Uppercase for positive allergy statements; lowercase otherwise.

> Example:
> ALLERGIES:
> No known drug allergies.
>
> ALLERGIES:
> PENICILLIN CAUSES A RASH.

## CAPITALIZATION OF DEPARTMENT NAMES

Department names are not capitalized, with the exception of "Emergency Department."   This would also include reference to "Emergency Room."
> **Examples:**
> **-** The patient will be sent to the radiology department for further imaging.
> - The patient was admitted through the Emergency Room.

*Of note, specialties which are referred to as an entity would be capitalized.*

**-** The patient has been referred to *Orthopedics* for further evaluation.
- Upon arrival to the Emergency Room, the on-call physician from the orthopedic department was consulted and suggested the patient be cleared by *Cardiology* prior to surgery.

## 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

Use concise numerics as dictated.

| Clinician Dictates…… | Transcriptionist Types…. |
|---|---|
| "I saw the patient on one twelve" | I saw the patient on 1/12 |
| "January twelfth" | 1/12 |
| "January oh two" | 1/02 |
| "Oh one oh two twenty twelve" | 01/02/2012 |
| "January second" | 1/2 |
| "Last December" | "last December" |

## FORMATTING INSTRUCTIONS

Of note, samples of old reports are provided for referencing content only.  Always follow the instructions below for formatting within the documents.

### AUTO-NUMBERING

No.  Turn off auto-formatting feature.

### FORBIDDEN CHARACTERS

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

### HYPHENATION

Limit the amount of hyphenation that you insert.  Always hyphenate a patient's age in the following manner:

| | |
|---|---|
| **Correct** | This is a 42-year-old male |
| **Incorrect** | This is a 42 year old male |
| | |
| **Correct** | The patient is a 2-1/2-month old infant |
| **Incorrect** | The patient is a 2 and 1/2 month old infant |
| | |
| **Correct** | The wound was reapproximated |
| **Incorrect** | The wound was re-approximated |
| | |
| **Correct** | A 5 cm lesion was debrided |
| **Incorrect** | A 5 cm lesion was deb-brided |
| | |
| **Correct** | He is taking nonsteroidal anti-inflammatories |
| **Incorrect** | He is taking non-steroidal antiinflammatories |

## 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:

Section headings are followed by colon with text immediately underneath the heading.  Do not double space between the section heading and the content.

SOCIAL HISTORY:
The patient denies history of alcohol use.

 MEDICATIONS:
 None.

ALLERGIES:
No known drug allergies.

## REVIEW OF SYSTEMS AND PHYSICAL EXAMINATION

Use drop-down (stacked left) format with subheadings capitalized.  Sometimes providers dictate the subheading followed by linking verbs "is" or "are" followed by the positives or negatives for that body system.  Omit the linking verb and replace with a colon.

Sometimes providers dictate limited ROS or limited exams in which they dictate only a few short sentences or the dictate numerous body systems in a comma separate listed.  In these cases, subheadings are not able to be extracted and the dictation should be transcribed as dictated in paragraph format.  This will happen more frequently with the review of systems.

**Example of correct format when subheadings are dictated or able to be extracted from the dictation:**

REVIEW OF SYSTEMS:
CONSTITUTIONAL:
RESPIRATORY:
GASTROINTESTINAL:
GENITOURINARY:
ENDOCRINE:
HEMATOLOGIC:

PHYSICAL EXAMINATION:
VITAL SIGNS:
HEENT:
NECK:
LUNGS:
HEART:
ABDOMEN:
EXTREMITIES:
NEUROLOGIC:

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

Do not type any text that the clinician dictates which repeats the meaning of the heading.

Example:
DICTATED:  Past medical history.  The patient's past medical history is significant for asthma.
TRANSCRIBED:  PAST MEDICAL HISTORY:  Significant for asthma.

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

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

## HEADER AND FOOTER INFORMATION
Do not repeat information in text that already appears in the header such as DATE OF BIRTH.

DO type pertinent information not listed in the header when dictated such as Requesting Physician, Referring Physician, Admitting Physician, Primary Care Physician, etc.

## 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.

When only one item is dictated, do not number.  If there is no #2, then remove the #1.

PAST MEDICAL HISTORY:
1.  Hypertension.
2.  Diabetes mellitus.

## NUMERICS

Quantities:     Write all quantities as Arabic numerals (0-9).  Apply this rule equally to both large and small numbers, with the following exceptions:

> Example:
> "Two small cysts were removed."
> "There was another one on the left side."
> "I observed hundreds of particles."

Numeric Units:  Separate the number from its unit with a space.
> Example    5 mg

Numeric Ranges:  Identify numeric ranges by placing the word "to" between both numeric values

> Example:
> The patient will return for followup in 3 to 4 months.

Frequencies or number of times:  Indicate frequencies or number of times by placing the 'x' abutted to the number.

> Example:
> The patient was alert and oriented x3.

Dimensions: Indicate dimensions by using the 'x' with spaces, as follows.

> Example:
> CORRECT: The lipoma was 2 x 3 cm in size.
> INCORRECT:  The lipoma was 2x3 cm in size.

OB/GYN:     When dictated as words, use commas to separate OB/GYN histories.
> Example:
> The patient is gravida 1, para 2.

When dictated as an abbreviation, leave a space.

Example:
The patient is G1 P2.

Roman Numerals vs. Arabic Numerals:
- Use <u>Arabic</u> 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"
    - **Of note, use <u>Arabic</u> numerals for SLEEP stages.**
- 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"

Vertebral Spaces:  Transcribe vertebral spaces literally, using hyphens:  "L5-S1," "S1-2."

## 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, transcribe as dictated.  Do NOT change to "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.

## SIGNING CLINICIAN
Every report should have a Speaker and a Signing Clinician.  If the Speaker can sign his/her own reports the Speaker and Signing Clinician fields will populate as the same person.  If the Speaker and Signing Clinician fields do not populate as the same the Speaker should state the name of their attending or who they are dictating for and this name should be selected from the dropdown menu.  If the Speaker does not identify a signer, then first attempt to locate the Speaker's name from the dropdown options, as he/she may have signing rights and can be entered as the Signing Clinician. If the Speaker's name cannot be located on the dropdown menu, then they cannot sign their own reports and the report must be pended if no Signing Clinician is given or located.

# WORK TYPES

*Sometimes it is necessary to change the work type on a report. Only change to a work type that is valid for that business entity by referring to the lists below.*

***DO NOT SELECT A WORK TYPE THAT IS NOT LISTED FOR THAT BUSINESS ENTITY EVEN IF THE SPEAKER SAYS THE EXACT NAME. Always pend if you have doubts for the correct work type.***

## (V) CARTERSVILLE (COCCA)

| |
|---|
| Cardiac Cath Report |
| Consultation |
| Discharge Summary |
| Echocardiogram |
| Electroencephalogram |
| General Cardiology Op Note |
| History and Physical |
| Holter Monitor Report |
| Hospitalist History and Physical |
| Letter |
| Operative Report |
| Preoperative History and Physical |
| Progress Note |
| Radiation Oncology Brachy Therapy Note |
| Radiation Oncology Consultation |
| Radiation Oncology Followup Note |
| Radiation Oncology Letter / Telephone Call |
| Radiation Oncology Simulation Note |
| Radiation Oncology Treatment Summary |
| Short Stay Summary |
| Sleep Study |
| Stress Test Report |
| Transesophageal Echo |

## (E) EASTSIDE (COCES)

| |
|---|
| Brainstem Evoked Response |
| Cardiac Cath Report |
| Consultation |
| Discharge Summary |
| Echocardiogram |
| Electroencephalogram |
| Electromyelogram |
| Emergency Room Report |
| History and Physical |
| Holter Monitor Report |
| Hospitalist History and Physical |
| Operative Report |
| Pain Center |
| Preoperative History and Physical |
| Progress Note |
| Pulmonary Function |
| Rehab Consultation |
| Rehab Discharge Summary |
| Rehab History and Physical |
| Rehab Procedure Note |
| Rehab Progress Note |
| Rehab Short Stay Summary |
| Senior Consultation |
| Senior Discharge Summary |
| Senior History and Physical |
| Senior Psychiatric Evaluation |
| Senior Psych Short Stay Summary |
| Short Stay Summary |
| Sleep Study |
| Somatosensory Evoked Potential |
| Visual Evoked Response |
| Wound Center |

## (M) REDMOND (COCRM)

| |
|---|
| AICD Report |
| Cardiac Cath Report |
| Consultation |
| Discharge Summary |
| Echocardiogram |
| Electroencephalogram |
| Emergency Room Report |
| EP Procedure Note |
| General Cardiology Op Note |
| History and Physical |
| Hospitalist History and Physical |
| Letter |
| Operative Report |
| Pacemaker Procedures |
| Preoperative History and Physical |
| Progress Note |
| Pulmonary Function |

## (FV) FAIRVIEW (COCFV)

| |
|---|
| Cardiac Cath Report |
| Consultation |
| Discharge Summary |
| Electroencephalogram |
| Electromyelogram |
| Endoscopy Report |
| Event Monitor |
| Exercise Stress Test |
| History and Physical |
| Holter Monitor Report |
| Hospitalist History and Physical |
| Lexiscan Protocol |
| Lower Extremity Arterial Scan |
| MUGA Study |
| Operative Report |
| Pain Clinic Progress Note |
| Preoperative History and Physical |

| |
|---|
| Rehab Plan of Care |
| Short Stay Summary |
| Surgery Center History and Physical |
| Surgery Center Operative Report |
| Tilt Table Study |
| Transesophageal Echo |

| |
|---|
| Progress Note |
| Pulmonary Function |
| Short Stay Summary |
| Tilt Table Study |
| Transesophageal Echo |

## (CM) COLLETON (COCDAB)

| |
|---|
| Consultation |
| Discharge Summary |
| Echocardiogram |
| Electroencephalogram |
| Emergency Room Report |
| History and Physical |
| Holter Monitor Report |
| Operative Report |
| Progress Note |
| Pulmonary Function |
| Stress Test Report |
| |
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## (D) TRIDENT MED CENTER (COCTR)

| |
|---|
| Cancer Center Completion Summary |
| Cancer Center Established Patient Visit |
| Cancer Center New Patient Visit |
| Cardiac Cath Report |
| Carotid Ultrasound Study |
| Coronary CTA |
| Consultation |
| Death Summary |
| Discharge Summary |
| Electrical Cardioversion |
| Electroencephalogram |
| Electrophysiology Report |
| **History and Physical -- See NOTE →** |
| Lower Extremity Arterial Scan |
| Lower Extremity Venous ultrasound |
| Operative Report |
| Pacemaker Procedures |
| Progress Note |
| Stress Test Report |
| Tilt Table Study |
| Wound Center |

## (D) TRIDENT SUMMERVILLE (COCSUM)

| |
|---|
| Carotid Ultrasound Study |
| Consultation |
| Death Summary |
| Discharge Summary |
| Electroencephalogram |
| **History and Physical -- See NOTE ↓** |
| Lower Extremity Arterial Scan |
| Operative Report |
| Progress Note |
| |
| |
| |
| **NOTE**<br>**Trident does not use PreOp HP work type.**<br>**If dictator says "Preop HP"**<br>**use History and Physical** |
| |
| |

## (F) GRAND STRAND (COCQV)

| |
|---|
| Angioplasty Report |
| Cardiac Cath Report |
| Coastal Kidney Center Consult |
| Consultation |
| Discharge Summary |
| Echocardiogram |
| Electroencephalogram |
| Electrophysiology Report |
| Exercise Stress Test |
| Grand Strand ED Report |
| History and Physical |
| Hospitalist History and Physical |
| Operative Report |
| Preoperative History and Physical |
| Progress Note |
| South Strand ED Report |
| Transfer Summary |
| Trauma History and Physical |

## (G) DOCTORS of AUGUSTA (COCAG)

| |
|---|
| Audio Evoked Response |
| Cardiac Cath Report |
| Complex Cardiopulmonary Function Exercise Test |
| Consultation |

## (L) COLISEUM MED (COCCO)

| |
|---|
| Ablation Procedure |
| Cardiac Cath Report |
| |
| Consultation |
| Defibrillator Implant |

| | |
|---|---|
| Discharge Summary | Discharge Summary |
| Echocardiogram | Electrical Cardioversion |
| Electrical Cardioversion | Electroencephalogram |
| Electroencephalogram | Electrophysiology Report |
| Electromyelogram | Event Monitor |
| Event Monitor | History and Physical |
| History and Physical | Holter Monitor Report |
| Holter Monitor Report | Loop Recorder |
| Initial Consult | Methacholine Challenge |
| MUGA Study | Operative Report |
| Operative Report | Pacemaker Procedure |
| Pre-Operative History and Physical | Persantine Sestamibi Stress Test |
| Pulmonary Function | Pre-Operative History and Physical |
| Radiation Oncology History and Physical | Progress Note |
| Radiation Oncology Procedure Note | Pulmonary Function |
| Radiation Oncology Progress Note | Short Stay Summary |
| Simulation Note | Stress Test  Report |
| Sleep Study | Tilt Table Study |
| Stress Echo | Tissue Doppler |
| Stress Test Report | Transesophageal Echo |
| Summary | Visual Evoked Response |
| Tilt Table Study | |
| Transesophageal Echo | |
| Treatment Planning Note | |
| Wound Center | |

| (L) COLISEUM PSYCH (COCCO) | (L) COLISEUM NORTH (COCCO) |
|---|---|
| Psych Admission History and Physical | Consultation |
| Psych Consultation | Discharge Summary |
| Psych Discharge Summary | Electroencephalogram |
| Psych Medical History and Physical | History and Physical |
| Psych Progress Note | Holter Monitor |
| | Operative Report |
| | Pre-Operative History and Physical |
| | Progress Note |
| | Pulmonary Function |
| | Short Stay Summary |
| | Stress Test Report |
| | Tilt Table Study |
| | Transesophageal Echo |
| | Wound Center |

# MRN & ACCT PREFIXES / SPEAKER SUFFIXES

| Facility Common Name | Business Entity in eS Header | MRN # Prefix | Acct # Prefix | Speaker/Signer Suffix | Speaker/Signer Prefix (Burn Unit) |
|---|---|---|---|---|---|
| Fairview | (FV) FAIRVIEW (COCFV) | FV | FV | FV | |
| Doctors Hospital | (G) DOCTORS HOSP (COCAG) | G | G | G | A |
| Coliseum Medical Center | (L) COLIS MED (COCCO) | L | L | L | |
| Coliseum North | (L) COLIS NORTH (COCCO) | L | L | L | |
| Coliseum Psych | (L) COLIS PSYCH (COCCO) | L | L | L | |
| Colleton | (CM) COLLETON (COCDAB) | CM | CM | CM | |
| Grand Strand | (F) GRAND STRAND (COCOV) | F | F | F | |
| Trident Summerville | (D) SUMMER MED (COCSUM) | D | D | D | A |
| Trident Medical Center | (D) TRIDENT MED (COCTR) | D | D | D | A |
| Eastside | (E) EASTSIDE (COCES) | E | E | E | |
| Redmond | (M) REDMOND (COCRM) | M | M | M | |
| Cartersville | (V) CARTERSVILLE (COCCA) | V | V | V | |

Providers sometimes key in their ID incorrectly and the MLS must find the correct provider from the drop down menu for Speaker and Signer, or providers do not provide the correct patient information and the MLS must find the correct patient in the database.

The letter associated with the facility must be the same for the Business Entity, the Speaker code suffix, the Signer code suffix and the Patient MRN and Acct #.  For example, a dictation for Fairview must have a Fairview speaker and signer such as Nelson, Donald M.D. (58**FV**).

Please note for Doctors Hospital and Trident Med Ctr and Trident Summerville, the Burn Unit providers might be using a handheld to dictate.  In these cases, their speaker and signer codes will also be prefixed by the letter A.  For example, Ryan, Leigh PA-C (**A**6495G).  The suffix of G must still match as above.

***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 by choosing the pending reason below:**

| | # | Pending Reason |
|---|---|---|
| ▶ | 1 | NTS_NonDSP ▾ |

### ADDENDUMS
Transcribe **Addendum** as first line of text. Pend by choosing both pending reasons below:

| | # | Pending Reason |
|---|---|---|
| | 1 | NTS_NonDSP ▾ |

### BLANKS
Pend all notes to QC by choosing pending reason below:

| | # | Pending Reason |
|---|---|---|
| ▶ | 1 | NTS_NonDSP ▾ |

### CARBON COPIES:
Add CC dictated by creating a new contact with all provided information. Choose pending reason below:

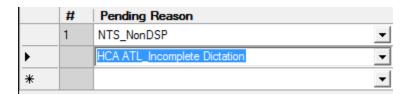| | # | Pending Reason |
|---|---|---|
| ▶ | 1 | NTS_NonDSP ▾ |

- Do NOT copy the speaker or the signing clinician, even if requested. They automatically will receive a copy. Of note, any physician names in the "visit grid" do not automatically receive a copy and should be CC'd when requested.
- If the provider to receive the CC is referenced only by last name and there is more than one provider with the same last name, create a new contact with the dictated information, entering "Dr." as the first name. The MLS cannot assume the recipient in the database is correct. Sending a copy to the wrong provider is a HIPAA violation.
- If the CC recipient name cannot be verified but can be spelled phonetically, then create a New Contact and spell phonetically. Use "Dr." as the first name if only a last name is dictated.
- If the CC recipient cannot be deciphered at all, do not add a new contact.
- For NEW CONTACTs - Do not use Prefix field. Type the Business Entity (Eastside, Trident, Coliseum, etc) in the First Name Field. Type CC recipient's entire name in the Last Name field.

### INCOMPLETE DICTATIONS
If dictation is incomplete, transcribe "DICTATION ENDS HERE" as last line of text and choose both pending reasons below:

| # | Pending Reason |
|---|---|
| 1 | NTS_NonDSP ▾ |
| ▶ | HCA ATL_Incomplete Dictation ▾ |
| ✳ | ▾ |

## NO DICTATION
MLS/QC:  Choose pending reason below**:**

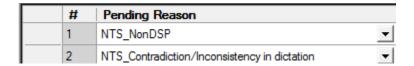| # | Pending Reason |
|---|---|
| 1 | NTS_No Dictation/Cancelled ▾ |

## RISK MANAGEMENT (Discrepancy in dictation)
1.  MLS to pend to NTS for discrepancies that cannot be resolved with complete confidence/competence.
2.  Type comments that are pertinent to the dictation.
      Example:  "This is a re-dictation."
3.  Omit comments that are NOT pertinent to the dictation.
      Example:   "This is the third time I have dictated this chart!  I won't dictate it a fourth time!"
      If in doubt, pend to NTS.

| # | Pending Reason |
|---|---|
| 1 | NTS_NonDSP ▾ |
| 2 | NTS_Contradiction/Inconsistency in dictation ▾ |

## SIGNING CLINICIAN
If the speaker is someone who requires signing clinician for their dictations, then the speaker will state the name of the clinician they are dictating for and the MLS should fill in the signing clinician field in the header with that dictated clinician's name.  If the speaker does not dictate a signer or if the signer cannot be found then the MLS/QC should choose the pending reason below:

| # | Pending Reason |
|---|---|
| 1 | NTS_NonDSP ▾ |
| 2 | NTS_Signing Clinician Unknown ▾ |

Please always follow MLS instructions regarding surrogate speakers if one exists for the dictation you have open!

## MULTIPLE REPORTS ON 1 DICTATION
Transcribe/Speech Edit and pend by choosing pending reason below
:

| # | Pending Reason |
|---|---|
| ▶ 1 | NTS_NonDSP ▾ |

## WRONG WORKTYPE
If job uploads with wrong work type, change to correct the worktype and pend by choosing pending reason below:

| # | Pending Reason |
|---|---|
| ▶ 1 | NTS_NonDSP ▾ |

*The information listed below in this document pertains to MLS/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.*

<div style="background:yellow">

<span style="color:red">**PENDING RULES and UPLOAD PROTOCOL**</span>
# ALL DSP MLS & QCs

</div>

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

**ADDENDUMS**
Transcribe **Addendum** as first line of text and upload. Do not pend.

**BLANKS**
**ALL** blanks from MLS level should be pended to NTS.

**MLS:** For **ALL** blanks pend to QC by choosing pending reason below:

| | # | Pending Reason |
|---|---|---|
| ▶ | 1 | NTS_Blanks ▼ |

**QCs** (2nd level)**:** TWO blanks remaining after 2nd level can be uploaded to the client. THREE or more blanks should be pended to **Sr. QC Review** as below.

| | # | Pending Reason |
|---|---|---|
| ▶ | 1 | NTS_Sr QC Review ▼ |

**QCs** (2nd level) continued: **STAT** <span style="color:red">**(priority 1 or 2)**</span> reports should be handled according to remaining TAT. If a **STAT** has 3 or more remaining blanks after QC review, then only pend to Sr. QC review if time allows. If time does not allow for Sr. QC review then change blanks to 4 underscores and UPLOAD to client – do **NOT pend STATs** to client or to NTS for remaining blanks when TAT is at risk.

**QC Sr. Reviewers** (3rd level): Two blanks can be uploaded to the client without pending by changing to 4 underscores. More than 2 remaining blanks which can be heard but the term cannot be verified should be pended to another Sr. QC or supervisor for review. Blanks which cannot be heard should be changed to 4 underscores and **uploaded to the client without pending**.

Follow same instructions as for QC for **STAT** reports and only pend internally for additional assistance with blanks if time allows.

**CARBON COPIES:**
<span style="color:red">**Do not pend to client for verification of CC.**</span>
- Do not copy the speaker or the signing clinician, even if requested. They automatically will receive a copy. Of note, any physician names in the "visit grid" do not automatically receive a copy and should be CC'd when requested.
- If the provider to receive the CC is referenced only by last name and there is more than one provider with the same last name, create a new contact with the

dictated information, entering "Dr." as the first name.  The MLS cannot assume the recipient in the database is correct.  Sending a copy to the wrong provider is a HIPAA violation.

- If the CC recipient name cannot be verified but can be spelled phonetically, then create a New Contact and spell phonetically.  Use "Dr." as the first name if only a last name is dictated.
- If the CC recipient cannot be deciphered at all, do not add a new contact.
- For NEW CONTACTs - Do not use Prefix field.  Type the Business Entity (Eastside, Trident, Coliseum, etc) in the First Name Field.  Type CC recipient's entire name in the Last Name field.

## INCOMPLETE DICTATIONS

If dictation is incomplete, transcribe "DICTATION ENDS HERE" as last line of text and pend to client by choosing pending reason below:

| | # | Pending Reason |
|---|---|---|
| ✎ | 1 | HCA ATL_Incomplete Dictation ▼ |

## NO DICTATION

MLS/QC:  Change work type to Cancelled Dictation (992) and upload.  Do not pend.

## RISK MANAGEMENT (Discrepancy in dictation)

- MLS to pend to client for discrepancies that cannot be resolved with complete confidence/competence.
- Type comments that are pertinent to the dictation.
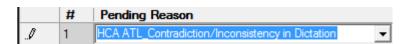    - Example:
    - "This is a re-dictation."
- Omit comments that are NOT pertinent to the dictation.
    - Example:
    - "This is the third time I have dictated this chart!  I won't dictate it a fourth time!"
- If in doubt, pend to customer.

| | # | Pending Reason |
|---|---|---|
| ✎ | 1 | HCA ATL_Contradiction/Inconsistency in Dictation ▼ |

## SIGNING CLINICIAN

If the speaker is someone who requires a signing clinician for their dictations then the signing clinician field in the header will be blank. The MLS should fill this in based on who the speaker states they are dictating for. If the speaker does not dictate a signer or if the signer cannot be found then the MLS/QC should pend to client by choosing pending reason below:

| | # | Pending Reason |
|---|---|---|
| ✎ | 1 | HCA ATL_Confirm Signing Clinician ▼ |

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

## STATS PENDED TO CLIENT

If it becomes necessary for an MLS or QC to pend a STAT report (priority 1, 2, 3) **to the client** due to missing demographics, unknown signing clinician, or other legitimate reasons listed above, please be sure to use the STAT pending reason, as this will enable the client to process these priority reports in a timely fashion.

| # | Pending Reason |
|---|---|
| | HCA ATL_STAT 911 |

## WRONG WORKTYPE

If job uploads with wrong work type:

Change worktype and upload directly. Do not pend.

# HCA ATL
## ACCOUNT SPECIFICS SUPPLEMENT
## APPENDIX A

# DOCTORS HOSPITAL AUGUSTA/ JOSEPH M. STILL BURN CENTER

**Site Link:**        http://doctors-hospital.net/our-services/burn-care/josephmstillburncenter/

**Prerequisites:**  HCA-Atlanta Burn Center Training Module

## ACCURACY
Close attention to detail is required and the highest standard of quality is expected to be maintained at all times.  It is extremely critical that all wound measurements be accurate, as these measurements play a vital role in assessing the healing process and providing documentation necessary for the billing department.  Verify all terms relating to procedures, medications, dosages, dressings, etc.

**All reports are reviewed by the medical records management staff at Joseph M. Still Burn Center, with specific attention paid to wound size measurements, procedure names, medications, and complete names and credentials of all medical professionals named in reports.**

## ATTENDING vs. PHYSICIAN'S ASSISTANTS
<u>Signing Clinician</u>:  When the speaker is a PA, he/she should state **their** attending or supervising physician.  This will be the signing clinician.  This isn't always the same as the attending listed in the visit grid.  Therefore, do not assume the attending in the visit grid will be the signing clinician.  If unable to determine the signing clinician based on information given by speaker the report should be pended for signing clinician.

<u>Attending Statement</u>:  Sometimes the PAs dictate operative reports for procedures they have performed.  These will require a signing clinician plus a special notation on the report indicating the person who performed the procedure along with the attending's name.  Type as shown below:

ATTENDING SURGEON:   (signing MD's Name)

PERFORMED BY:   (PA's Name)

## BLANKS
Pend ALL blanks.

## CREDENTIALS
Always type the full credentials for all medical professionals within the body of the report, i.e., Warren Marc Pitts, Jr., DO.  Do not misspell the names.  **Use Alt+I to select the names from a list.**  If unable to verify correct spelling, the report should be pended.

## DATE OF SERVICE
All Wound Care notes need a Date of Service.  If not dictated, leave blank and pend to NTS.

## DISCHARGES
Patients being discharged to rehab are most often discharged to a "Select."  Rehab facility.

## OPERATIVE NOTES
- ANESTHESIA will be dictated but the anesthesiologist will not be dictated.

- Refer to "Attending Statement" instruction above.

## SPEAKERS (D=Trident ID; G=Doctors ID; **Do not use "A" IDs for CCs**, as these are IDs used only for dictation with handheld units)**:**

- Brandigi, Claus MD (1279G)
- Brandigi, Claus MD (1479D)
- Brandigi, Claus MD (A1279G)
- Brandigi, Claus MD (A1479D)
- Buchanan Enter, Alison MD (1807G)
- Campbell, Lisa NP (1839G)
- Campbell, Lisa NP (A1839G)
- Carpenter, Francine M. FNP (A5731G)
- Carter, Callie PA-C (1621G)
- Carter, Callie PA-C (A1621G)
- Cartie, Richard R. MD (1390G)
- Cartie, Richard R. MD (A1390G)
- Coffman, Paul L. PA-C (2297G)
- Collins, James B. MD (1890G)
- Collins, James B. MD (A1890G)
- Colon Santini, Juan L. MD (690G)
- Colon Santini, Juan L. MD (A690G)
- Cota, Erin PA-C (1911G)
- Cota, Erin PA-C (A1911G)
- Cox, Laura NP (1860G)
- Cox, Laura NP (A1860G)

- Craft-Coffman, Beretta PA-C (968G)
- Craft-Coffman, Beretta PA-C (A968G)
- Dykes, Angela NP (1772G)
- Dykes, Angela NP (A1772G)
- Fagan, Shawn MD (1853G)
- Fagan, Shawn MD (4662D)
- Fagan, Shawn MD (A1853G)
- Fagan, Shawn MD (A4662D)
- Farner, Kelley J. NP (1577G)
- Farner, Kelley J. NP (A1577G)
- Garrison, Alton F. MD (163G)
- Gross, David L. PA-C (1978D)
- Gross, David L. PA-C (3294G)
- Gross, David L. PA-C (A1978D)
- Gross, David L. PA-C (A3294G)
- Haid, Jeanne ARNP (9879G)
- Hammond, Dena PA-C (6688G)
- Hammond, Dena PA-C (A6688G)
- Hardy, Jennifer NP (1876G)
- Hardy, Jennifer NP (A1876G)
- Hassan, Hossan MD (2124D)
- Hassan, Sm Abu Zaheed MD (1142G)
- Hassan, Sm Abu Zaheed MD (A1142G)
- Hills Beasley, Jocelyn NP (1703D)
- Hills Beasley, Jocelyn NP (9936G)
- Hills Beasley, Jocelyn NP (A1703D)
- Hills Beasley, Jocelyn NP (A9936G)
- Hogan, Christopher MD (1786G)
- Hogan, Christopher MD (A1786G)
- Homsombath, Bounthavy MD (331G)
- Homsombath, Bounthavy MD (3741D)
- Homsombath, Bounthavy MD (A331G)
- Homsombath, Bounthavy MD (A3741D)
- Johnson, Shauntae M. PA-C (9157G)
- Johnson, Shauntae M. PA-C (A9157G)
- Kastello, Andrew MD (1855G)
- Lack, Kevin C. PA-C (2985D)
- Lack, Kevin C. PA-C (9070G)
- Lack, Kevin C. PA-C (A2985D)
- Lack, Kevin C. PA-C (A9070G)
- Leventhal, Walter D. MD (237D)
- Lineaweaver, William C. MD (1564G)
- Lineaweaver, William C. MD (A1564G)
- Linehan-Burack, Jeanine PA-C (1864D)
- Linehan-Burack, Jeanine PA-C (1864G)
- Linehan-Burack, Jeanine PA-C (A1864D)
- Linehan-Burack, Jeanine PA-C (A1864G)
- Linticum, Kimberly M. NP (2022G)
- Linticum, Kimberly M. NP (A2022G)
- Lutz, Shellie PA-C (4709D)
- Lutz, Shellie PA-C (A4709D)

- Lutz, Shellie V. PA-C (A1497G)
- Lutz, Shellie V. PAC (1497G)
- Miller, Janice M. PA-C (1478G)
- Miller, Janice M. PA-C (A1478G)
- Mir, Haaris A1785G (A1785G)
- Mir, Haaris MD (1785G)
- Mullins, Robert F. MD (1176G)
- Mullins, Robert F. MD (6817D)
- Mullins, Robert F. MD (A1176G)
- Mullins, Robert F. MD (A6817D)
- Myers, Trisha A. NP (1665G)
- Myers, Trisha A. NP (A1665G)
- Myers, Trisha NP (1665D)
- Myers, Trisha NP (A1665D)
- Newman, Eric E. PA-C (1544G)
- Newman, Eric E. PA-C (3004D)
- Newman, Eric E. PA-C (A1544G)
- Newman, Eric E. PA-C (A3004D)
- Orlet, Hermann K. MD (491G)
- Orlet, Hermann K. MD (A491G)
- Oswald, Tanya M. MD (1666G)
- Oswald, Tanya M. MD (A1666G)
- RESIDENT, BURN UNIT (1715G)
- RESIDENT, HOSPITAL (1717G)
- Riordan, Elizabeth D. NP (A1487G)
- Riordan, Elizabeth NP (1487G)
- Ruffin, Johnna W. PA-C (9210G)
- Ruffin, Johnna W. PA-C (A9210G)
- Ryan, Leigh PA-C (6495D)
- Ryan, Leigh PA-C (6495G)
- Ryan, Leigh PA-C (A6495D)
- Ryan, Leigh PA-C (A6495G)
- Schwartz, Heather NP (1427G)
- Schwartz, Heather NP (A1427G)
- Shirley, Brian NP (6998G)
- Shuff, Jesse PA-C (1754G)
- Shuff, Jesse PA-C (4082D)
- Shuff, Jesse PA-C (A1754G)
- Shuff, Jesse PA-C (A4082D)
- Switzer, Erin DO (2835D)
- Switzer, Erin DO (A2835D)
- Switzer, Erin F. DO (1543G)
- Switzer, Erin F. DO (A1543G)
- Velasquez, Melania PA-C (1778G)
- Velasquez, Melania PA-C (A1778G)
- Velazquez, Melania PA-C (4061D)
- Velcu, Laura MD (1827G)
- Velcu, Laura MD (A1827G)
- White, Shay A. PA-C (1597G)
- White, Shay A. PA-C (3176D)
- White, Shay A. PA-C (A1597G)

- White, Shay A. PA-C (A3176D)
- Yon, Sarah M. NP (4026D)
- Yon, Sarah NP (1763G)
- Yon, Sarah NP (A1763G)
- Yon, Sarah NP (A4026D)

**SPECIAL NOTES ON SPEAKERS:**
**- Burn Unit speakers may also dictate at Trident.  Note the speaker's ID numbers have letters which correspond to the facilities.  D=Trident, G=Doctors Augusta and A=speakers using handheld units for dictation.  Always make sure the speaker ID letter matches the business entity letter for your dictation.  NEVER send carbon copies to the IDs containing the letter "A."**

**- Speakers who use the handheld units typically upload several dictation jobs per session.**

**- Handheld dictations will often come in without patient information.  The speakers *should* dictate complete patient name.  If unable to find the patient, select the T visit and pend to NTS_Verify Visit/Encounter.**

**-When reference is made to Burn Center staff member, "Coffman," it should be noted that both BERETTA CRAFT-COFFMAN, PA-C and her husband, PAUL COFFMAN, PA-C, both work for the burn unit at Doctors Hospital Augusta.**
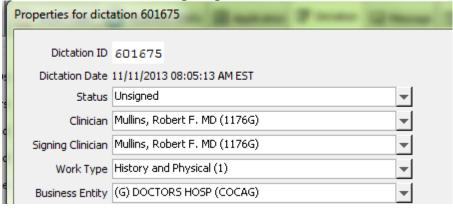
## - RESIDENT, BURN:
Reports with RESIDENT, BURN as the Clinician (speaker) must be changed to another physician or midlevel provider and cannot be sent through as RESIDENT, BURN as the speaker or the report will auto pend.  In these reports, the speaker should tell you who they are dictating on behalf of, which is usually another mid-level provider but can also be an attending.  Regardless, the name they give you goes in the header as the Clinician/Speaker.  The attending's name will then go in the Signing Clinician field.

For example, if Burn Resident, Jason McCartt is dictating a report on behalf of Eric Newman, PA-C with Dr. Mullins as the attending you would place Eric Newman's name in the Clinician/Speaker field and Robert Mullins, MD in the Signing Clinician field.  Then, you type what they state on the report, i.e., "This is Jason McCartt (or whoever they state they are) dictating on behalf of Eric Newman, PA-C, for attending, Robert F. Mullins, MD.

If the header of report populates with Clinician/Speaker of Resident, Burn and the speaker states they are dictating on behalf of the attending and does not give another mid-level provider as the clinician, then first be sure to search the dropdown for the actual speaker's name.  If the speaker's name cannot be found, then place the attending's name in both the Clinician/Speaker field and the Signing Clinician field.  Do not leave RESIDENT, BURN as the clinician in the header.

Below is an example of a report dictated by Jason McCartt who stated he was dictating on behalf of Dr. Mullins. He did not mention a mid-level provider, so both the clinician and signing clinician fields were filled with Dr. Mullins.



First line of report reads as:
This is Jason McCartt dictating on behalf of Robert Mullins, MD.

Additionally, when a midlevel provider states he/she is dictating for the attending (same physician listed in the visit grid as attending) BUT within the report the speaker states another attending's name as the physician who performed or oversaw the exam, then the SIGNING CLINICIAN should be changed to the attending's name which performed or oversaw the exam. This is due to the rotation of attendings at the Burn Unit. Often a burn patient may begin his/her treatment with Dr. Hassan as the attending but if they return to the clinic on a day when Dr. Mullins is the supervising attending in the clinic, then Dr. Mullins will be the attending for the report on that date of service.
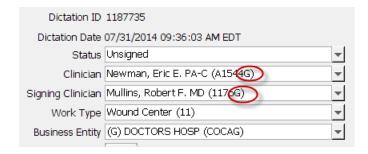
Of note, when handheld dictation IDs (A) are used by the **speaker** it does not matter whether or not the **Signing Clinician** field contains an ID with an "A." Just make sure the letter signifying the site matches.



**OR**

## Physician Finder:

http://doctors-hospital.net/physicians/index.dot?specialty=burnCare

## ADDITIONAL TRANSCRIPTION STYLE NOTES SPECIFIC TO BURN CENTER DOCUMENTS:

- In Burn Center reports, it is acceptable to begin a sentence with a number when the speaker is referencing the total percentage of burn area.
Example:  12% total body surface area partial thickness burn.

- The term "ten thousandth of an inch" should be typed as in the example below.
Example:  After adequate hemostasis with pinpoint cautery and epinephrine-soaked laps, a split-thickness skin graft was harvested from the left lateral thigh using a Zimmer dermatome at 10/1000 of an inch.

-Pay close attention to wound measurements.  When the speaker dictates "5 centimeters squared," it is acceptable to leave it as "5 cm2" in speech documents.
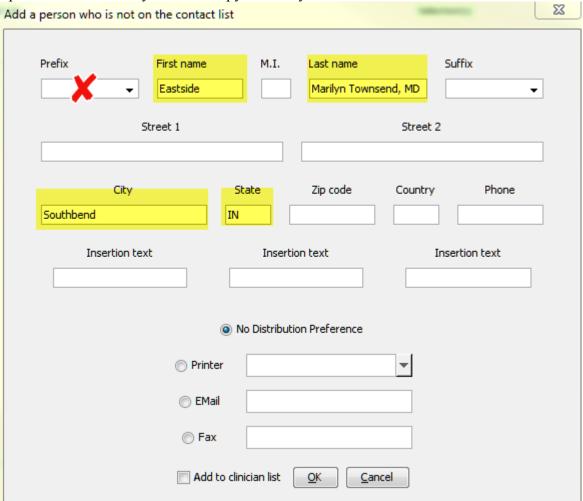
# APPENDIX B

## EXAMPLES FOR DETAILED INSTRUCTIONS

EXAMPLE #1:  **ADDING NEW CONTACTS**

When adding new contacts, do NOT use the Prefix field.  DO use the BUSINESS ENTITY as the FIRST NAME field and type the ENTIRE name of the contact as the LAST NAME.  These new contacts should NEVER be PENDED to HCA.  If correct spelling is not available, then spell phonetically.
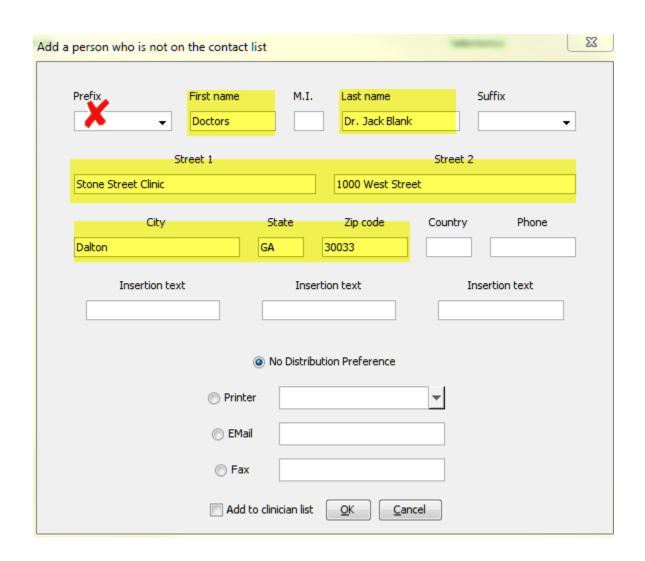
Examples:

Speaker at Eastside says "send a copy to Marilyn Townsend M.D. in Southbend Indiana"



Speaker at Doctors says "copy to Dr. Jack Blank, Stone Street Clinic, 1000 West Street, Dalton GA, 30333"

## Add a person who is not on the contact list

| Prefix | First name | M.I. | Last name | Suffix |
|--------|-----------|------|-----------|--------|
| ✗ | Doctors | | Dr. Jack Blank | |

| Street 1 | Street 2 |
|----------|----------|
| Stone Street Clinic | 1000 West Street |

| City | State | Zip code | Country | Phone |
|------|-------|----------|---------|-------|
| Dalton | GA | 30033 | | |

| Insertion text | Insertion text | Insertion text |
|----------------|----------------|----------------|
| | | |

◉ No Distribution Preference

○ Printer

○ EMail

○ Fax

☐ Add to clinician list    OK    Cancel