

Healthcare Account Specifics

Click here to view the Tenet Facility Websites

Platform: eScription

Account Mnemonic or Institution Code: tenet

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

Preface: All direction given in these account specifics is superceded by the MT instructions located within EditScript.

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FORMATTING INSTRUCTIONS

SPECIAL FORMATTING

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

FONT

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

QC/QA: Not a gradable issue.

AUTO-NUMBERING

Turn off auto-formatting feature.

TABS

Do not use TABS.

FORBIDDEN CHARACTERS

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

ABBREVIATIONS/ACRONYMS

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

EXCEPTIONS:

We are only required to expand dictated acronyms/abbreviations when used in the <u>actual</u> <u>diagnosis or procedure itself.</u> We do not expand for entire paragraphs.

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

NOTE: Clinicians often use abbreviations as complete words, such as "sat" for saturation, "vfib" for ventricular fibrillation, or "tox" for toxicity or subcu or subQ for subcutaneously. Do not expand these short-hand indicators. Assume that, if the clinician wants you to expand any acronym or abbreviation, they will speak them in their expanded form. If the draft comes in with it expanded, you may leave it expanded. Make sure it is the correct word.

EXCEPTION: On operative notes, dictators will often want to have the PREOPERATIVE DIAGNOSIS text copied to the heading POSTOPERATIVE DIAGNOSIS by dictating: "Postoperative diagnosis, same." **Do not type the word "same" for postop diagnosis.**

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

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

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

Clinician Dictates	Correct	Incorrect
as needed	as needed	p.r.n.
twice a day by mouth	twice a day by mouth	b.i.d. p.o.

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

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

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

JCAHO PROHIBITED ABBREVIATIONS

All of the JCAHO required AND optional do-not-use entries will be expanded. See list below.

Do Not Use	Potential Problem	Use Instead
U (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate" Write "magnesium sulfate"
MSO₄ and MgSO₄	Confused for one another	

Official "Do Not Use" List¹

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

*Exception: A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

JCAHO Optional List -- Follow this also

Ug (for microgram)	Mistaken for mg (milligrams) resulting in one thousand-fold dosing overdose.	Write "mcg"
H.S. (for half-strength or Latin abbreviation for bedtime)	Mistaken for either half-strength or hour of sleep (at bedtime). q.H.S. mistaken for every hour. All can result in a dosing error.	Write out "half-strength" or "at bedtime"
T.I.W. (for three times a week)	Mistaken for three times a day or twice weekly resulting in an overdose.	Write "3 times weekly" or "three times weekly"
S.C. or S.Q. (for subcutaneous)	Mistaken as SL for sublingual, or "5 every".	Write "Sub-Q", "subQ", or "subcutaneously"
D/C	Interpreted as discontinue	Write "discharge"

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

ADDENDUM

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

ALLERGY STATEMENTS

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

Example:

ALLERGIES: No known drug allergies.

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

ALPHA CODE

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

- Found in the demographic information Example: FRM=Frye Regional Medical Center
- Each alpha code must match
 - o Speaker
 - o Signer
 - CC (in street 1 address line)

BLANKS

Use 5 underscores to denote blanks. As a default, 2 blanks are allowed to be uploaded by the MLS unless otherwise stated in MT instructions. Post Audit will charge for all blanks filled in by reviewer. If more than allowable blanks, please pend to NTS (unless otherwise indicated by MT instruction). NTS: DSP xxxx MULTIPLE BLANKS (xxxx is your EditScript login)

BLANK LINES-EXTRA SPACES-HARD RETURNS

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

CANCELED DICTATION OR NO DICTATION

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

CCs/COPIES

If the correct name is not found in the database, you need to "create new entry." If you know both first and last name, fill them in, spelling phonetically if necessary, along with any other information dictated for the other fields. If only first name or last name is known, fill in the unknown field with a blank (5 underscores), the word unknown or Dr. if dictated as such. Place the alpha code in the street address 1 field. Add the street address if it is given. **THE ALPHA CODE MUST ALWAYS BE IN THE STREET 1 FIELD.**

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

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

CONTRACTIONS

Contractions are acceptable but may be spelled out.

COPY/PASTE

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

CORRECTIONS TO PRIOR REPORTS

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

DATES

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

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

DATE OF SERVICE/PROCEDURE

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

DATE OF SERVICE/PROCEDURE "FIELD/WINDOW"

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

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

DEPARTMENT NAMES-CAPITALIZATION

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

Examples: "The patient came into the Emergency Department" Tenet Emergency Department Kaplan Cancer Center cardiac cath lab intensive care unit HEADINGS

If a heading or subheading is not dictated, it may be added but is not required to be added. It is acceptable to drop down to the next paragraph (next line for a subheading) if the speaker is clearly

dictating a new section of the report. If you are certain what the heading/subheading should be, you may add it. If the draft has a correct heading/subheading, you may leave it even if it was not dictated.

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

Subheadings: Drop-down format

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

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

Repetition of heading: Do not type any text immediately after a heading that the clinician dictates which repeats the meaning of the heading.

Example:

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

Empty (unused) Sections/Headings: Delete any section or heading for which the dictator does not dictate information. Exceptions will be noted in MT Instructions.

Do not change free text into separate sections.

Example:

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

Incorrect ANESTHESIA: General

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

HEADER AND FOOTER INFORMATION

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

INAUDIBLE

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

INCOMPLETE DICTATION/ABRUPT-END DICTATION

Pend to client. <*ALPHA CODE>:* INCOMPLETE DICTATION.

LABORATORY DATA AND VALUES

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

Dictated: Platelets 236.

Transcribed: Platelets 236.

Dictated: Platelets 236,000.

Transcribed: Platelets 236,000.

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

LISTS

For any lists;

- Do not enumerate lists of items unless dictator explicitly requests so. Instead, enter the sequence into a comma-separated list, as you would when listing a series of words in a sentence. Example:
 - MEDICATIONS: Lescol 2 mg at bedtime, DiaBeta 5 mg and ibuprofen.
- Listen for the following common phrases that a clinician uses to ask you to enumerate a list such as "Number two", "Number Next", "Next" or "Next item."
- Enumerated lists will have the number, a period and 2 spaces. Do NOT use tabs. Example:
 - MEDICATIONS:
 - 1. Lescol 2 mg at bedtime.
 - 2. DiaBeta 5 mg.

NORMAL (template) NOT AVAILABLE

Pend to client.

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

NUMERICS

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

Examples:

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

But

Two small cysts were removed.

And

There was another one on the left side.

I observed hundreds of particles.

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

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

Roman Numerals vs. Arabic Numerals:

- Use Roman numerals for "grades" of conditions and diseases Example "grade I/VI systolic murmur"
- Use Roman numerals for "stages" of conditions and diseases
 Example "stage II cancer"
- Use Roman numerals for cranial nerve numbering Example "CN II-XII"
- Use Arabic numerals for "types" of conditions or diseases Example "diabetes mellitus type 2"

Decimals: Use decimal form in metric measurements when dictated as a fraction: Example: 2.5 cm (not 2-1/2 cm) 0.25% Marcaine (not ¼ percent or ¼%)

PATIENT NAME

Transcribe the patient's name as dictated.

PHYSICIAN NAMES IN REPORTS

• For stand-alone physician names <u>after a heading</u>, use **ALT + i** to insert the physician's full name and credentials. If name imports in all caps, correct to mixed case.

EXCEPTION: If you are unable to determine the correct physician by looking at his/her speciality, then transcribe as dictated. If no title is given, add "Dr." Correct: ASSISTANT: Dr. Khan Incorrect: ASSISTANT: Khan

• For physician names within the text of the report, transcribe as dictated. Any exceptions to physician names within the text of the report will be in the MT Instructions.

RISK MANAGEMENT (Discrepancy in dictation)

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

2. Type comments that are pertinent to the dictation. Example: "This is a redictation, delete the prior incorrect report."

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

Example: "This is the third time I have dictated this chart! I won't dictate it a fourth time!" If in doubt, pend to QA.

SIGNATURE LINE

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

SIGNING CLINICIAN

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

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

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

<ALPHA CODE>: NO SIGNING CLINICIAN PROVIDED.

SPLIT DICTACTIONS/MULTIPLE DICTATIONS

If you have *not* been given permission to split dictations, type up the entire document and pend, NTS: DSP xxxx Split dictation (xxxx is your EditScript login).

(NTS_US MLS, do the split on any *edited* document. Standard typed jobs that need to be split may be pend to NTS.)

TIME FORMAT

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

- Use the hour:minute format and use military hour time if the provider dictates as such.
 NOTE: There is no colon in military time, i.e., should be 1900, not 19:00.
- If dictated, add "a.m." and "p.m."
- Never include the word <u>o'clock</u> when talking about time. Use <u>o'clock</u> only if dictator is referring to anatomy, i.e., "...a lesion at the 8 o'clock position.)

Provider dictates:	Transcriptionist types:
I saw the patient at one fifteen.	I saw the patient at 1:15.
quarter past one.	1:15.
one fifteen p.m.	1:15 p.m.
one p.m.	1:00 p.m.
thirteen fifteen.	1315.
thirteen hundred fifteen.	1315.
around one o'clock.	around 1:00.

UNKNOWN PATIENT

Try entering the account number as the MRN

Try searching by dictated name (or partial name)

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

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

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

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

♂ Patient Name: Last			First		
Medical Record Number Account Number Order Number	111111	Clear]		
Medical Record Number	Patient Account	First /	Middle Initial	Last name	R.
1111111CCA	1111111CCA	PERSON		UNKNOWN	1~
1111111CGH	1111111CGH	PERSON		UNKNOWN	T
1111111DEL	1111111DEL	PERSON		UNKNOWN	

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

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

VERBATIM VS NON-VERBATIM

Verbatim. We are not required to correct grammar; it is acceptable to type as dictated. Flagging of a report for a clear discrepancy or error is required.

See Abbreviations/Acronyms section.

WORK TYPE INCORRECT

Using the *work type lists at the end of this document,* find the correct region and then the correct Business Entity to see listing of valid work types for that business entity. Correct WT and upload job. **NOTE:** If there is any doubt regarding worktype, pend to the site as *<ALPHA CODE>:* VERIFY WORK TYPE ex: BMC: VERIFY WORK TYPE

PENDING RULES and UPLOAD PROTOCOL Non-DSP MT

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

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

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

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

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



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

PENDING RULES and UPLOAD PROTOCOL DSP MT and QCs

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

FOR THE DSP MT: Pend notes to QC for any discrepancy or header issues as follows: NTS: DSP xxxx (xxxx is your EditScript login) Follow this with the issue, ex: BLANKS.

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

GUIDELINES FOR ALL PEND NOTES

• Type pend notes in all caps.

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

STANDARD PENDING RULES FOR ALL TENET SITES ARE AS FOLLOWS:

<ALPHA CODE>: REASON Ex: BMC: PATIENT NOT FOUND or PMC: VISIT NOT FOUND.

APPENDIX A Alpha Code, Business Entity, Location, Website

CAL IF	ORNIA REGION		
	Code / Business Entity	City, State	Facility Website
DES	Desert Regional Medical Center	Palm Springs, CA	http://www.desertmedctr.com
FVR	Fountain Valley Hospital	Fountain Valley, CA	http://www.fountainvalleyhospital.com/en-US/Pages/default.aspx
IND	JFK Memorial Hospital	Indio, CA	http://www.ifkmemorialhosp.com
LAK	Lakewood Regional Medical Center	Lakewood, CA	http://www.lakewoodregional.com/en-US/Pages/default.aspx
LOM	Los Alamitos Medical Center	Los Alamitos, CA	http://www.losalamitosmedctr.com
MOD	Doctors Medical Center of Modesto	Modesto, CA	http://www.dmc-modesto.com
PLA	Placentia-Linda Hospital	Placentia, CA	http://www.placentialinda.com
SJH	Creighton University Med Ctr-St Joseph Hosp	Omaga, NE	http://www.creightonhospital.com
SRM	San Ramon Regional Medical Center	San Ramon, CA	http://www.sanramonmedctr.com
SSC	Sedona Surgery Center	Indio, CA	http://www.sedonasurgerycenter.com
SVM	Sierra Vista Regional Medical Center	San Luis Obispo, CA	http://www.sierravistaregional.com/en-US/Pages/default.aspx
TWI	Twin Cities Community Hospital	Templeton, CA	http://www.twincitieshospital.com
PHII II	DELPHIA REGION		
	Code / Business Entity	City, State	Facility Website
	Hahnemann University Hospital	Philadelphia, PA	http://www.hahnemannhospital.com/en-US/Pages/default.aspx
		Philadelphia, PA	http://www.stchristophershospital.com/
	RAL REGION	T filladelpfilla, T A	
	Code / Business Entity	City, State	Facility Website
BAR	St. Francis Hospital - Bartlett	Memphis, TN	http://www.saintfrancisbartlett.com
CYF	Cypress Fairbanks Medical Center	Houston, TX	http://www.cyfairhospital.com
DHF	Doctors Hospital at White Rock Lake	Dallas, TX	http://www.doctorshospitaldallas.com/en-US/Pages/default.aspx
DHF	Des Peres Hospital	Saint Louis, MO	http://www.doctorsnospitaldallas.com/en-US/Pages/default.aspx
FRH	Centennial Medical Center	Frisco. TX	http://www.desperesnospital.com/en-05/Pages/default.aspx http://www.centennialmedcenter.com
)	
HNM	Houston Northwest Medical Center Lake Pointe Medical Center	Houston, TX Rowlett, TX	http://www.hnmc.com
LPX			http://www.lakepointemedical.com http://www.nacmedicalcenter.com/en-US/Pages/default.aspx
NMC	Nacogdoches Medical Center	Nacogdoches, TX Houston, TX	
PPH	Park Plaza Hospital		http://www.parkplazahospital.com
PRV	Providence Memorial Hospital	El Paso, TX	http://www.sphn.com/en-US/Pages/default.aspx
PSH	Plaza Specialty Hospital	Houston, TX	http://www.plazaspecialtyhospital.com
SES	Sierra Providence East Medical Center	El Paso, TX	http://www.sphn.com/en-US/Pages/default.aspx
SFH	St. Francis Hospital - Memphis	Memphis, TN	http://www.saintfrancishosp.com http://www.sphn.com/en-US/Pages/default.aspx
SIE SLU	Sierra Medical Center	El Paso, TX Saint Louis, MO	
	St. Louis University Hospital	Saint Louis, MO	http://www.sluhospital.com/en-US/Pages/default.aspx
	IDA REGION	City Ctata	
	Code / Business Entity	City, State	Facility Website
		Coral Gables, FL	http://www.coralgableshospital.com/en-US/Pages/default.aspx
DEL	Delray Medical Center	Delray Beach, FL	http://www.delraymedicalctr.com/en-US/Pages/default.aspx
FLO	Florida Medical Center	Lauderdale Lakes, FL	http://www.floridamedicalctr.com/en-US/Pages/default.aspx
GSM	Good Samaritan Medical Center	West Palm Beach, FL	http://www.goodsamaritanmc.com/en-US/Pages/default.aspx
HIA	Hialeah Hospital	Hialeah, FL	http://www.hialeahhosp.com/en-US/Pages/default.aspx
NOS	North Shore Medical Center	Miami, FL	http://www.northshoremedical.com/en-US/Pages/default.aspx
PBG	Palm Beach Gardens Medical Center	Palm Bch Gardens, FL	http://www.pbgmc.com/en-US/Pages/default.aspx
PGH	Palmetto General Hospital	Hialeah, FL	http://www.palmettogeneral.com/en-US/Pages/default.aspx
	St. Mary's Medical center	West Palm Beach, FL	http://www.stmarysmc.com/en-US/Pages/default.aspx
WBO	West Boca Medical Center	Boca Raton, FL	http://www.westbocamedctr.com/en-US/Pages/default.aspx
	HERN REGION		_
	Code / Business Entity	City, State	Facility Website
BMC	Brookwood Medical Center	Birmingham, AL	http://www.bwmc.com/en-US/Pages/default.aspx
CCA	Central Carolina Hospital	Sanford, NC	http://www.centralcarolinahosp.com/en-US/Pages/default.aspx
CCD	Coastal Carolina Hospital	Hardeville, SC	http://www.ccmc-cares.com/en-US/Pages/default.aspx
		Mt. Pleasant, SC	http://www.eastcoopermedctr.com/en-US/Pages/default.aspx
ECH	East Cooper Medical Center		http://www.fryomodotr.com/on_US/Dogoo/dofoult.conv
ECH FRM	Frye Regional Medical Center	Hickory, NC	http://www.fryemedctr.com/en-US/Pages/default.aspx
ECH FRM GBH	Frye Regional Medical Center Atlanta Medical Center	Atlanta, GA	http://www.atlantamedcenter.com/en-US/Pages/default.aspx
ECH FRM GBH HHH	Frye Regional Medical Center Atlanta Medical Center Hilton Head Regional Medical Center	Atlanta, GA Hilton Head Isle, SC	http://www.atlantamedcenter.com/en-US/Pages/default.aspx http://www.hiltonheadregional.com/en-US/Pages/default.aspx
ECH FRM GBH HHH NFR	Frye Regional Medical Center Atlanta Medical Center Hilton Head Regional Medical Center North Fulton Hospital	Atlanta, GA Hilton Head Isle, SC Roswell, GA	http://www.atlantamedcenter.com/en-US/Pages/default.aspx http://www.hiltonheadregional.com/en-US/Pages/default.aspx http://www.nfultonhospital.com/en-US/Pages/default.aspx
ECH FRM GBH HHH NFR PMC	Frye Regional Medical Center Atlanta Medical Center Hilton Head Regional Medical Center	Atlanta, GA Hilton Head Isle, SC Roswell, GA Rock Hill, SC	http://www.atlantamedcenter.com/en-US/Pages/default.aspx http://www.hiltonheadregional.com/en-US/Pages/default.aspx http://www.nfultonhospital.com/en-US/Pages/default.aspx http://www.piedmontmedicalcenter.com/en-US/Pages/default.aspx
ECH FRM GBH HHH NFR PMC SFM	Frye Regional Medical Center Atlanta Medical Center Hilton Head Regional Medical Center North Fulton Hospital Piedmont Medical Center South Fulton Medical Center	Atlanta, GA Hilton Head Isle, SC Roswell, GA Rock Hill, SC East Point, GA	http://www.atlantamedcenter.com/en-US/Pages/default.aspx http://www.hiltonheadregional.com/en-US/Pages/default.aspx http://www.nfultonhospital.com/en-US/Pages/default.aspx http://www.piedmontmedicalcenter.com/en-US/Pages/default.aspx http://www.southfultonmedicalcenter.com/en-US/Pages/default.aspx
ECH FRM GBH HHH NFR PMC	Frye Regional Medical Center Atlanta Medical Center Hilton Head Regional Medical Center North Fulton Hospital Piedmont Medical Center	Atlanta, GA Hilton Head Isle, SC Roswell, GA Rock Hill, SC	http://www.atlantamedcenter.com/en-US/Pages/default.aspx http://www.hiltonheadregional.com/en-US/Pages/default.aspx http://www.nfultonhospital.com/en-US/Pages/default.aspx http://www.piedmontmedicalcenter.com/en-US/Pages/default.aspx

APPENDIX B Valid Work Types by Region

	CALIFORNIA REGION WORK TYPES
	Desert Regional Medical Center (DES)
	DRMC
	Barium Swallow (234)
	Cardiac Cath (08) Cardiac Surgery Progress Note (69)
	Carotial Studies
	Code Blue (10)
	Consultation (03)
	Coronary Angiograms
	Critical Care Note (77)
	Delivery Note (78)
	Death Summary (12)
	Discharge Summary (04)
	Echocardiogram (15)
	Electroencephalogram (20)
	Electrophysiology Lab (83) Electrophysiology Studies
	Energency Room Report (05)
<u> </u>	Endoscopy Report (85)
	Fiberoptic Bronchoscopy (89)
	History and Physical (01)
	Holter Monitor
	HP Discharge Summary (100)
	Hospice Med Dir Confirm Eligibility (98)
	Hospice Med Dir Recert Statement (99)
	Implant Devices
	Informed Consent Note (102) Intracardiac Echocardiography
	Letter
	Neurosurgical Progress Note (119)
	Operative Report (02)
	Orthopedic Trauma Consultation (260)
	Orthopedic Trauma H&P (261)
	Orthopedic Trauma OP Report (262)
	Orthopedic Trauma Progress Note (263)
	Pain Clinic Procedure/Operative Report (188)
	Peripheral Arterial Studies Peripheral Cath Studies
	Pharmacologic Stress ECG
	Pre-Operative History and Physical (32)
	Procedure Note (36)
	Progress Note (37)
	PT Initial Eval (41)
	Radiology Interp (143)
	Rehab Service History and Physical (145)
	Short Stay Summary (47)
	Social Service Assessment (153)
	ST Initial Evaluation (182)
	Stress-Echo Imaging Thoracentesis Report (162)
	Transesophageal Echocardiogram (165)
<u> </u>	Transfer Summary (53)
	Transthoracic Echo
	Trauma Progress Note (166)
	Vascular Ultrasound (172)
	Wound Care Progress Note (177)
	DES-El Mirador
	Consultation (03)
	Discharge Summary (04)
	History and Physical (01)
	Informed Consent Note (102) Operative Report (02)
	Pain Mgmt Cons (31)
	Pre-Operative History and Physical (32)
	Procedure Note (36)
	Revised 02-23-2016 clb

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

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Letter (24)
Operative Report (2)
Preoperative History and Physical (32)
Progress Note (37)
Short-Stay Summary (47)
Transfer Summary (53)
Wound Care Progress Note (177)
Sylvan Grove Hospital (SYL)
Consultation (3)
Discharge Summary (4)
Emergency Room (5)
History and Physical (1)
Letter (24)
Preoperative History and Physical (32)
Progress Note (37)
Short-Stay Summary (47)
Transfer Summary (53)

APPENDIX C CA Region Modesto Valley Heart

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

- \Box Worktype must be Other
- \Box Patient name in header will be left as Valley Heart or Signout Hosp.
- \Box Spell patient names as best you can if not spelled by speaker.
- \Box Format as below

CALL LIST First Last – DMC

This patient came with severe bilateral claudication for elective peripheral angiography and underwent angioplasty

of the right SFA. No other active issues with him. If he does have any complications, he will be discharged home

tomorrow.

MMC Patients

First Last Room 335

Basically came with COPD exacerbation. She also has known coronary artery disease. The patient also had an

episode of paroxysmal atrial fibrillation, but she is back in sinus. The plan for us basically is medical management, controlling her heart rate. She is also on Coumadin.

First Last Room 210A

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

patient will require cardiac ischemic workup as an outpatient by Dr. Do.

First Last Room 217

Gentleman with moderate to severe cardiomyopathy, ejection fraction of 30-35%. Came with CHF exacerbation,

pneumonia. He also has atrial fibrillation history. Because of his tremors, I stopped his Amiodarone. He is on IV

Lasix, p.o. Aldactone for diuresis. He is doing a lot better from CHF perspective, but his pneumonia is still a ways

from getting better. Plan on him is basically electrolyte follow-up as well as diuresis management.