TechScript Inc.

Universal Health Information Management Solutions
1412 17th Street, Suite 554 • Bakersfield, CA 93301 • 661-324-1565

Dictation Instructions for
MEE MEMORIAL HOSPITAL

In Hospital Dial ##200

Outside Hospital Dial 1-877-921-8037

Enter Site ID 20#

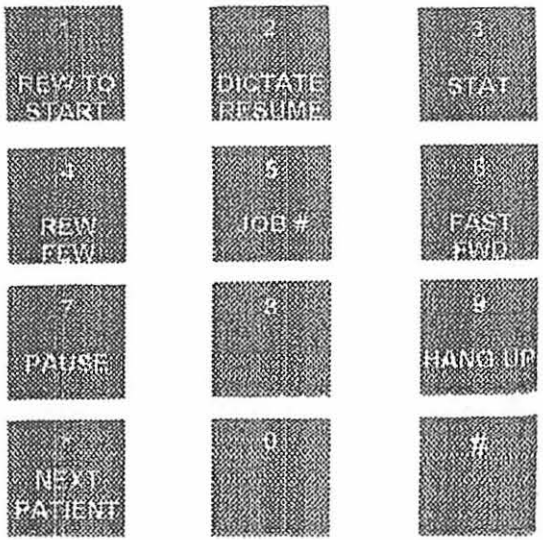
Enter Doctor ID & #

Enter Location ID & #

Report Type

Enter 6-digit Medical Record (if unknown, 111111)

Dictate at the beep



Locations

4 Greenfield Clinic
5 Physical Therapy
6 Mee Memorial
7 Women's Center
8 Specialty Clinic
9 King City Clinic

Report Types

0 ER Report
1 Pre-Op H&P
2 Admission H&P
3 Operative Report
4 Discharge Summary
5 Progress Note
6 Worker's Comp
7 Referral Letter
8 Consultation
9 Other Reports
10 PT Evaluation
11 HCFA 700 Form

To Overwrite: Press 1, reach the point of overwriting, and then Press 2 to record over.

TECHSCRIPT SUPPORT PROTOCOL

1-888-763-2112

Monday through Friday
7:00am - 8:00pm (Bakersfield office) N Call 661-324-1565
From 8:00pm - 5:00am - 661-319-9610 (Madan cell phone, Monday-Fri night)
From 5:00 am N 7:00 am (Wisconsin Office) N Call 262-573-6911 (ask for VK or Sonia)

Saturday and Sunday
7:00 am N 7:00 pm (Bakersfield office) N Call 661-324-1565 (If you get voicemail, call 661-319-9610).

7:00 pm N 7:00 am (Saturday night and Sunday night) - (Wisconsin Office) N Call 262-573-6911 (ask for VK or Sonia)

Fax # 661.324.0023

TECHSCRIPT WEB LINK

https://appserver.vianeta.net/

TURN-AROUND TIMES (TAT)

- Discharge (DS/TS) - ~~72~~ 48 hours
- History & Physical (H&P) - 12 hours
- Pre-Admission History & Physical (Pre H&P) - 24 hours
- Operative Report (OR) - 12 hours
- Consultation N 12 hours
- Progress Note (PN) - 24 hours
- Emergency Record (ER) - 24 hours
- Referral (REF) - 48 hours
- Worker's Compensation (WC) - 72 hours
- Physical Therapy Evaluation (PT Eval.) - 48 hours
- CMS 700 Form (CMS700) - 48 hours
- Other Report (OTH) - 48 hours

1.0First-Time Procedures

Startup Settings

URL	URL or IP address
Desktop Shortcut	After opening this page, right-click and select **Create Shortcut**. Click **OK** to -A shortcut to the current page will be placed on your desktop."
Home Page	Set **Home Page** to **Chart Locator** under **Preferences** on Home Page. Logout and login.

2.0Day-to-Day Procedures

Search for Transcribed Reports

1. Click **Charts > Chart Locator** from the Nav Bar.
2. Click **Option 7: View Reports by Approval Status, Reports - Transcribed**. You may apply one or more of the Approval Status search criteria - eSigned, Rejected, Delivered, Reviewed & Locked, eSigned & Delivered.
   You may apply one or more of the main search criteria - Patient, Patient Name, Job Number, Dictation Date, Transcribed Date, Work Type, Physician Name.
   Dates must be in the format **MM/DD/YYYY**.
3. Click **Done**.

Search for Dictated Jobs

1. Click **Dictations > View Specific Dictations** from the Nav Bar.
2. Click **Option 7: View Dictations by Approval Status, Dictations - Pending Transcription**. You may also apply the **Dictations - Already Transcribed** Approval Status.
   You may apply one or more of the main search criteria - Patient ID, Patient Name, Job Number, Dictation Date, Transcribed Date, Work Type, Physician Name.
   Dates must be in the format **MM/DD/YYYY**.
3. Click **Done**.

Print Reports

To print the reports you have found via **Chart Locator**:

1. Click the **check boxes** to the left of one or more reports. Click the **check box** above the **Date (PST)** column heading to select all reports.
2. Click the dropdown list to the left of the **Print** icon and select VUE (default format), or Word to print in one of these formats. 

3. Click the **Print** icon. Select a printer from the **Print** dialog box and click the **Print** button.

Change Passwords

1. Login as the user who needs a password change.
2. Click **My Profile** from the Nav Bar.
3. Click the **Change My Password** link.
4. Type the old/new passwords in the user's **Old Password**, **New Password**, and **Confirm the New Password** fields. Click **Done**.

Set Internet Explorer 6.0 Options

1. Select the menu item **Tools > Internet Options...**.
2. Click **Temporary Internet Files > Settings**.
3. Make sure **Every visit to the page** is checked on. Click **OK**.
4. Select **Privacy > Advanced**.
5. Make sure **Override automatic cookie handling** and **Always allow session cookies** are checked on. Click **OK**.
6. Select **Security > Custom Level**.
7. Scroll down to the **Miscellaneous** section. Make sure **Display Mixed Content** is set to **Enable**. Click **OK**.
8. Under **Select a Web content zone ...**, click the **Trusted Sites** button. Click the **Sites** button.
9. In the **Add this Web site to the zone:** field, type
   Add IP address. Click **Add**.
10. In the **Add this Web site to the zone:** field, type
    Enter IP address or URL. Click **Add**. Click **OK**.
11. Click **OK** to close **Internet Options**.

Customize Your Display

1. Click **Dictations > Customize** from the Nav Bar.
2. Set **3. Number of Dictations** to display on one page - 10, 20, 30, 40, or 50.
3. You can also set **1. Show New Dictations** to sort by First or Last, and **2. Mark Urgent Dictations** with a different color.
4. Click **Done**.
5. Click **Charts > Customize** from the Nav Bar.
6. Set **3. Number of Reports** to display on one page - 10, 20, 30, 40, or 50.

You can also set **1. Show New Reports** to sort by First or Last, and **2. Mark Urgent Reports** with a different color.

MEE MEMORIAL HOSPITAL
300 Canal Street, King City CA 93930

DISCHARGE SUMMARY

Name:	
Account No.:	Medical Record No.:
Admission Date:	Discharge Date:
Consultation Date:	

FINAL DIAGNOSIS:

OPERATION AND PROCEDURE:

CONSULTATIONS:

HISTORY of PRESENT ILLNESS:

LABORATORY DATA at DISCHARGE

HOSPITAL COURSE:

DISCHARGE MEDICATIONS:

FOLLOWUP:

DISCHARGE DIET:

DISCHARGE INSTRUCTIONS:

_____, MD

MEE MEMORIAL HOSPITAL
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HISTORY AND PHYSICAL

Name:	
Account No.:	**Medical Record No.:**
Admission Date:	**Discharge Date:**

CHIEF COMPLAINT (Reason for Admission):

HISTORY of PRESENT ILLNESS

HISTORY of PAST MEDICAL ILLNESS

PAST SURGICAL HISTORY

FAMILY HISTORY

SOCIAL HISTORY

REVIEW OF SYSTEMS

MEDICATIONS:

ALLERGIES:

EVALUATION of DEVELOPMENTAL AGE (For Children and Adolescents)

IMMUNIZATION STATUS

PHYSICAL EXAMINATION:
General Appearance:
Vital signs:
Skin:
HEENT:
Lymph Glands:
Neck:
Breasts:
Heart:
Lungs:
Abdomen:
Musculoskeletal:
Genitourinary:
Skin:
Neurological:
Rectal:
Vaginal:

LABORATORIES

IMPRESSION:

COURSE of ACTION PLANNED:

_____, MD

MEE MEMORIAL HOSPITAL
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Ambulatory Surgery/Short Stay History & Physical Exam

Name:	
Account No.:	**Medical Record No.:**
Admission Date:	**Discharge Date:**

Surgeon:
Assistant: @@

Preoperative Diagnosis: @@

History of Present Illness: @@

Surgical History: @@

Medical History: @@

Obstetrical History: @@

Medications: @@

Family History: @@

Social History: @@

Substance Use (tobacco, etoh, caffeine, others): @@

Allergies: @@

Physical Exam
Temp: @@. Pulse: @@. Resp: @@. BP: @@. Ht: @@. Wt. @@.
HEENT: @@
Neck: @@
Chest: @@
Breasts: @@
Heart: @@
Lungs: @@
GI/Rectal: @@
GU/Pelvic: @@
Extremities: @@
Neurologic: @@
Skin: @@

Assessment of Problem/Surgical Risk: @@

Plan: @@

History & Physical reviewed and unchanged: @@ Date:

_____
John W. Smith, MD

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CONSULTATION

Name:	
Account No.:	**Medical Record No.:**
Admission Date:	**Discharge Date:**
Consultation Date:	

REASON for CONSULTATION:

HISTORY of PRESENT ILLNESS

HISTORY of PAST MEDICAL ILLNESS

PAST SURGICAL HISTORY

FAMILY HISTORY

SOCIAL HISTORY

MEDICATIONS:

ALLERGIES:

REVIEW OF SYSTEMS:

PHYSICAL EXAMINATION:
General Appearance:
Vital signs:
Skin:
HEENT:
Lymph Glands:
Neck:
Breasts:
Heart:
Lungs:
Abdomen:
Musculoskeletal:
Genitourinary:
Skin:
Neurological:
Rectal:
Vaginal:

LABORATORY DATA:

IMPRESSION:

COURSE of ACTION PLANNED:

_____, MD

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OPERATIVE REPORT

Name:	
Account No.:	**Medical Record No.:**
Admission Date:	**Discharge Date:**

SURGERY DATE:
SURGEON: _____, M.D
ASSISTANT:
ANESTHETIC:

PREOPERATIVE DIAGNOSIS

POSTOPERATIVE DIAGNOSIS

OPERATION

COMPLICATIONS

DRAINS:

ESTIMATED BLOOD LOSS:

PACKS:

DESCRIPTION OF OPERATION

_____, M.D DATE: _____