

St. Francis Medical Center

DIGITAL DICTATION SYSTEM PHYSICIAN DICTATION INSTRUCTIONS

1. **DIAL** (866) 424-5053, Internal Extension 6123
2. **WAIT FOR SYSTEM GREETING.** You may interrupt and override system prompts at any time.
3. **ENTER** your **DICTATION ID NUMBER** followed by the # key.
4. **ENTER** the dictation **Work Type** listed below followed by the # key.
5. **ENTER** the **Medical Record Number** followed by the # key.
6. **PRESS 2 to BEGIN DICTATING.** **DICTATE** (and spell) **PATIENT NAME; DATE OF BIRTH; MEDICAL RECORD NUMBER** and **DATES OF SERVICE.** You must also dictate any data pertinent to the report format.
7. If dictating multiple reports **PRESS 8** at the end of each report and return to step 4 (**Do Not Press #**).
8. **PRESS 5** to complete dictation session. You will automatically receive a **JOB CONFIRMATION NUMBER** at the end of each report.

DICTATION SYSTEM TOUCH TONE CONTROLS

after using any of these controls **PRESS 2** to resume dictating.

1 - HOLD	2 - RECORD / PAUSE	3 - SHORT REVIEW
4 - FAST FORWARD	5 - DISCONNECT	7 - REWIND - PRESS 3 TO PLAYBACK
44 - MOVE TO END	8 - END JOB	77 - MOVE TO BEGINNING
	00 - DISCARD JOB	

Press the ***** key anytime while dictating, to prioritize at STAT dication

DICTATION WORK TYPES

1-Operative Report	9-History & Physical	20-Clinic Report	41-Wound Care Procedure Note
2-Consultation Report	11-Procedure Note	21-Wound Care Consultation	42-Psychiatric Consultation
3-Discharge Summary	12-Cardiac Catheterization	22-Neonatology Discharge Summary	43-Psychiatric Progress Note
4-Pre-Op H&P	13-Wound Care Progress Note	23-Neonatology Comprehensive Summary	50-Visually Evoked Response Study
5-Industrial Report	14-Hospitalist Discharge Summary	24-Neonatology Interim Summary	51-Brainstem Auditory Evoked Potential Study
6-Letter	15-Progress Note	25-Pediatric Cardiology Consult	56-Electromyogram
7-Transfer Summary	16-Psychiatric Evaluation	26-Neonatology Transfer Summary	60-Nerve Conduction Velocity
8-Emergency Dept. Report	17-Trauma Report	27-Neonatology Death Summary	63-Electroencephalogram
		28-Neonatology Consultation	1000-MD Feedback / Comment Letter

FOR DICTATION ASSISTANCE CALL 800-743-6433 OR SFMC HIS DEPT. 310-900-8642 / 8640

MedQuist™



ST. FRANCIS
MEDICAL CENTER
our mission is life

Dictation and Documentation Requirements

All Reports Must Include:

- Patient name
- Medical record number
- Date of admission, discharge, consult, operation
- List of physicians to receive copies
- Report type

History and Physical

- Chief complaint, admitting diagnosis
- Present illness
- Past history (include allergies, surgeries, current medications, conditions)
- Review of systems
- Physical exam (must include pelvic, breast and rectal exams)
- Impression
- Plan of care

For preoperative history and physicals, include the informed consent: a statement regarding the risks, benefits, alternatives and potential complications of the procedure must be included.

Discharge Summary

- Principle diagnosis
- Additional diagnosis (conditions that required additional resources or extended the length of stay). Also include co-morbid conditions (COPD, CHF, diabetes, etc.) and complications
- Admitting diagnosis and history
- Significant findings

- Hospital course (including procedures, surgeries performed and treatment)
- Discharge instructions (including activity, diet, medications)
- Condition on discharge
- Plan for follow-up care

Operative Report:

- Pre and post operative diagnosis
- Operations performed (DO NOT abbreviate)
- Indications for surgery
- Surgeon, assistant, anesthesiologist
- Type of anesthesia
- Findings
- Description of procedure
- Specimens removed
- Estimated blood loss
- Complications (describe, if any)
- Condition at conclusion of procedure
- Dictated immediately after surgery

Consultation:

- Findings
 - a). Review of patient history and medical record
 - b). Physical exam
- Impression
- Recommendations

Progress Notes:

Daily, Legible, Signed, Dated and Timed

S	-	Subjective
O	-	Objective
A	-	Assessment
P	-	Plan

All medical record entries must be signed, dated and timed.



Member of Daughters of Charity Health System

Revised 03/27/07