



Beverly Hospital
A member of Lahey Health

85 Herrick Street
Beverly, MA 01915

978.922.3000 P
beverlyhospital.org

Beverly Hospital
Beverly Hospital at Danvers
Addison Gilbert Hospital
BayRidge Hospital

Health Information Management

Medical Records

NEW PROVIDER INFORMATION

Health Information Management Contact Information

HIM/Medical Records Department, all sites	Director: Susan Wilkens swilkens@nhs-healthlink.org	(978) 922-3000 x2331
Coding and Documentation, all sites	Manager: Edie Fortado	x2343
Addison Gilbert Hospital 298 Washington Street, Gloucester Monday – Friday: 7:00 am – 4:30 pm	Manager: Karen Stevens, x232	(978) 283-4001 ext 229 Dictation extension: 224 Emergency Department Dictation: 1-877-227-0794 location ID 1005
BayRidge Hospital 60 Granite Street, Lynn Monday – Friday: 8:00 am – 4:00 pm	Manager: Karen Stevens x6838	(781) 599-9200 ext 6839 Dictation number: 1-877-227-0794 site ID 1008
Beverly Hospital 85 Herrick Street, Beverly and 133 Brimbal Avenue Monday - Friday: 7:00 a.m. - 9:00 p.m. Saturday/Sunday/Holidays: 8:00 a.m. – 4:30 p.m.	Manager: Laurie-Jean Damon x1481 or 2346	(978) 922-3000 x 2351 (978) 712-1475 Brimbal Dictation extension: 3500 Emergency Department Dictation: 1-877-227-0794 site id 1005 Transcription Processing/ Distribution: x2383 or x2333
NHC Help Desk in Information Systems:		x2600

Beverly Hospital
Beverly Hospital at Danvers
Addison Gilbert Hospital
BayRidge Hospital

HEALTH INFORMATION MANAGEMENT

POLICY: 3rd Shift Stat Dictation for emergent patient transfer or emergency surgery
DATE EFFECTIVE: 1/10
DATE REVISED: 10/2010 (new phone #). 3/13 (new stat email address)
CHAPTER: Transcription

I. Purpose:

To provide transcription of a stat report for a patient transfer or an emergency surgery during 11:00 p.m. – 7:00 a.m. (third shift) when the NHC Transcription Department is not staffed.

II. Procedure:

In the event a report is needed stat and the NHC transcription department is closed*, providers should follow these instructions:

- 1) Dial **1-877-227-0794** (This is the Focus/Nuance vendor who provides outside transcription services for Northeast Hospital Corporation.)
- 2) Enter location **1005**
- 3) Enter **id**, then press pound key (#). Any trouble, use default id 1111
- 4) Enter patient's **seven digit medical record number**, press pound (#)
- 5) Enter work type **01** then press pound (#)
- 6) Begin dictating after the **tone**
- 7) **At the end of the dictation, press 1, you will hear that the report has been marked as a priority.**

If you have any problems or want to emphasize the urgency of the report,

a) You can call our vendor's STAT LINE **877-313-8569 Ext: 227** (24 hrs/day)

b) Or, you can send an Email a message to: **[encrypt] stats.e3@nuance-nps.com**

Include the patient's medical record number, dictating physician name/mnemonic and the type of report. This will send a message securely and safely to the vendor and will alert them that they have a job dictated into their system that needs an immediate response and turnaround.

c) Or, you can have the Director of Health Information Management paged, through the switchboard page operator x 3369.

**Often transcriptionists work later than 11pm and arrive earlier than 7am. Always call x 1495 or x 2333 first.*

[L:\Echo](#) Process Improvements_Projects\Online Orientation\Medical Records\3rd shift STAT dictation and transcription_1.doc

Clinical Documentation Improvement

From time to time, you may see a “query” in your patient’s record asking for more specificity for a diagnosis, or a clarification with your documentation. Some sample queries follow this page.

Your assistance to this process is essential. Inconsistency exists between language used for clinical terminology, documentation and coding. These queries assist us in having a record that documents the entire treatment process of your patients and improves both the coding and the accuracy of severity of illness indicators.

We appreciate your timely responses to these queries.

Discharge Summary Format
(in the following order)

1. Specialists' names and their specialty area. Specialists to be cc'd on the discharge summary
2. History of Present Illness (brief)
3. Hospital course by active problems; (complications, presentation on admission)
4. Discharge diagnoses
(For conditions such as pressure ulcers, catheter related infections, UTI, DVT/PE etc add 'present on admission' qualifier if the condition was not acquired during hospital course)
5. Discharge medications
6. Discharge instructions (diet, activity, follow-up)
7. Follow up recommendations for PCP
(Out patient tests to schedule, appointments to schedule, pending issues needing follow up, ie: labs, blood cultures etc)
8. Disposition (SNF, home care services)
9. Condition at discharge
10. Code status

Discharge Summary Format

It is very important to follow this format when dictating discharge summaries.

Most of our primary care physicians receive the summary electronically and have requested we follow this format.

DICTATE, in the following order:

1. Discharge diagnoses

(For conditions such as pressure ulcers, catheter related infections, UTI, DVT/PE, etc., please add “present on admission” qualifier if the condition is present at the time of admission and was not acquired during hospital course)

2. Discharge medications under following subheadings

- a. Medications at time of discharge
- b. Medication changes from admission and why

3. Specialists’ names and their specialty area.

The specialists who are to be cc’d on the discharge summary

4. History of Present Illness (brief)

5. Hospital course by active problems

Remember to include complications and problems present on admission

6. Discharge instructions

- a. Diet
- b. Activity
- c. Follow up appointments

7. Disposition Plan

8. Condition at discharge

9. Code status

10. Follow up recommendations for PCP

- a. Outpatient tests to be scheduled
- b. Appointments to be scheduled
- c. Pending issues needing follow up (labs, blood cultures, etc)

DO NOT USE ABBREVIATIONS		
<i>Abbreviation</i>	<i>Potential Problem</i>	<i>Preferred Term</i>
U (for unit)	Mistaken as zero, four or cc.	Write " unit "
IU (for international unit)	Mistaken as IV (intravenous) or 10 (ten)	Write " international unit "
Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)	Mistaken for each other. The period after the Q can be mistaken for an "I" and the "O" can be mistaken for "1"	Write " daily " and " every other day "
Trailing zero (X.0 mg), Lack of leading zero (.X mg)	Decimal point is missed	Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)
MS MSO ₄ MgSO ₄	Confused for one another Can mean morphine sulfate or magnesium sulfate	Write " morphine sulfate " or " magnesium sulfate "

TO REVIEW A REPORT:

Enter your 4 digit user ID

Press #1

Enter id again as password

Enter 2 to review by medical record #

Enter 7 digit medical record #

Telephone Keypad Short Cuts		
1	2	3
Play, Short Forward	Edit	Short Rewind
4	5	6
Pause	Next Job	End of report
7	8	9#1
Fast Forward	Beginning of report	Disconnect

Contact Information:

Transcription x2333 or x1495

Health Information Mgmt: x2336 or x 1 480

IS Help Desk: x2600

ID # _____

TO DICTATE A REPORT:

Step 1

USING A DICTATE PHONE

PICK UP HANDSET

Hold down D to dictate

Press R to rewind

Press L to listen

USING A TELEPHONE DIAL

(978) 922-3000 ext 3500 or

(978) 283-4001 ext 224

Step 2

ENTER YOUR 4 DIGIT ID

Step 3

#1	Review Report (enter id again as password)
01	Emergency Department Report
03	Outpatient Clinic or Outpt Consult Note
04	<i>Hospitalist H&P or Transfer Summary</i>
06	History and Physical
07	Inpatient Consult
08	Outpatient Operative/Procedure Rpt
09	Discharge Summary
14	<i>Hospitalist Discharge Summary</i>
50	Pre-Op H&P or Transfer Summary
80	Inpatient Operative Report

Step 4

ENTER 7 DIGIT MEDICAL RECORD #

Step 5

PRESS 9 then 1 to disconnect and to listen to the job # of your report.

Beverly Hospital
Beverly Hospital at Danvers Addison Gilbert Hospital
BayRidge Hospital

REQUEST FOR ONLINE CLINICAL DATA ACCESS AND ELECTRONIC IDENTIFIER (PIN #)

Name: _____ **Title:** _____

Dictating #: _____ **Department/Service:** _____

Phone #: _____ **Pager #:** _____

By completing and signing this form, I am requesting on-line clinical data access with an electronic identifier to enable me to sign/edit all my available reports and my patient orders electronically.

As a condition to receiving such an electronic personal identification number (PIN #), I certify that I will be the only one with knowledge of this number and identifier. I further certify that I am not allowed and will not delegate the use of the PIN # to another individual or otherwise allow another individual to use my identifier. I understand that a violation of this certification may result in the loss of electronic signing privileges and imposition of discipline against me, including without limitation, termination of my appointment/employment at Northeast Hospital Corporation.

State and federal law, as well as professional ethics, requires the protection of patient privacy and the strict maintenance of confidentiality of patient information. HIPAA and hospital policy prohibits the access of any patient information by anyone who does not have a clinical or professional need to know the particular information sought. Hospital policy prohibits the printing of computerized patient information, except as necessary and mandates proper destruction and disposal of all patient information.

I have read the above statements. I understand the legal and ethical requirements and agree to comply with Hospital policy.

Signature: _____ Date: _____ Time _____

Note: You will need to be set up as a Meditech user by Information Systems prior to being able to esign reports and orders on line. Call the HIM/Medical Records Department (x1481) with questions regarding your reports. All questions regarding POM/order entry should be directed to Information Systems. (x2600)

Entered on: _____ **By:** _____

White – Medical Staff Office Yellow – HIM/Medical Records Pink Copy – Information Systems

Incomplete Records - FAQs

Frequently Asked Questions about your incomplete records. Health Information Management (H.I.M.)

1. How do I find out my Meditech password?
Call the Information Systems Help Desk at x2600
2. How can I look up my incomplete records?
In PCI, look under heading "from YOUR INCOMPLETE RECORDS".
No access to PCI? Call H.I.M.* We can inform you of the status of your incomplete records.
3. How do I get remote access so I can electronically sign from my home or office?
Call the Medical Staff Office at x3102
4. I am in the hospital, but can't leave to get to H.I.M. - can the records be brought to me?
Yes! We routinely bring records to the Hospitalists' office, Radiology and Labor and Delivery.
As long as there aren't too many records, we will do our best to accommodate you.
5. I want to complete my records, but H.I.M. is closed. Now what?
Call us* for the keyless entry code or call Security to unlock the door. We will have your incomplete records pulled and ready for you.
6. I am at one site, but my incomplete records are at another. Can't they all be in one place?
Yes! Just call us* and we will arrange a courier to transport your incomplete records. If this is your preference, we will make sure they are always in your preferred location.
7. What do I do when I am going on vacation and I have incomplete records?
Arrange to complete your records *before* you leave. If that is impossible, let us know* that you will be away. We will update our automated "vacation log" with the dates you are unavailable.
8. I was just in Medical Records and completed everything. Two days later I have delinquent records. What's up with that!?
If a record was not provided to you when you were in, our procedure is to re-start the clock. We do the same when orders and reports are re-assigned since the "incomplete days" count from the discharge date. Occasionally, this step is missed. Hundreds of electronic and hardcopy records are processed every day across multiple sites, by multiple users. We do our best, but if there is ever a question, call us* and we will make necessary corrections. (Note: there are times records with dictations are provided, but not completed. We will not restart the clock on these cases.)
9. I want credit for going to Medical Records to complete my charts. Is there a log sheet I can sign?
Every time you visit the H.I.M., your name, the date, and a comment is entered in an automated log in Meditech. We do not enter names/dates when records are completed electronically outside the department.
10. Can I have my manual signatures faxed to my office?
Absolutely! Just call us* and we will fax what you need to sign and will update the record when the deficiency is completed and returned to us.
11. I know I dictated a report, but I don't see it queuing for my signature, now what?
Call us* and we will investigate. The report may have been tied to the wrong visit or has yet to be transcribed.
12. How do I esign??
 - o Sign on to PCI in HCIS Meditech
 - o Click on "Sign"
 - o Double click on signing orders or reports if presented with this choice
 - o Click on green check all **vAll** on the side tool bar
 - o Click on "Sign Order" or "Sign" (for reports) at the top of the screen
 - o For orders, you will be prompted for your PIN. For reports, click **v** on side tool bar, then "Sign and Continue". Reports will appear until all have been reviewed. You will then be

prompted to “Sign and Exit” and will be able to enter your PIN.
o Click on green check to end session or exit

13. What is my PIN #?

Your pin # is the same as your dictating number.

14. What do I do if there are orders that don't belong to me? Reject the order in POM. Admin Associates or H.I.M. will re-assign it.

15. What do I do if there are reports that don't belong to me? Call H.I.M.* We will investigate and make the necessary corrections.

16. What is the timing of notification of incomplete/delinquent records?

- o First Monday of the month – Emails to Department and Section Chiefs listing all providers with delinquent medical records
- o Second Tuesday of the month – Letters on bright paper all providers with records >15 days incomplete listing each record and the deficiency.
- o Third Monday of the month – Emails to providers with records >30 days incomplete, warning them of pending suspension
- o Last Wednesday of the month – notification of suspension

16. I don't read GroupWise and I don't see the letters - can't I be notified by a phone call, text, fax or other email address?

Of course! Just call us* and we will set up your preferred method of notification. We have physicians who prefer to get their list of records the first week of the month, others who want the list faxed to the office. We will customize your preferences so we can meet your needs. Please understand we cannot send patient information without encrypting it, so texting anything other than reminders and summary information is out. We also love having a contact name in the office to work with.

17. How can I help with the process?

- o When dictating, state your name, patient's name, medical record number, and date of service.
- o E-sign whenever you are logged on to Meditech and have a few spare minutes.
- o Check your email.
- o Call us* for help and with questions.

*** Addison Gilbert Hospital x234**

BayRidge Hospital x6839

Beverly Hospital: x2351

To email us: swilkens@nhs-healthlink.org

HOW TO ESIGN REPORTS

1. Sign on to PCI in HCIS Meditech
2. Click on "Sign"
3. If you are presented with the choice to sign orders or reports, click on reports
4. Click on green check all **| all** on the side tool bar
5. Click on "Sign" at the top of the screen
The first report will display for review, click green check **|**
6. Click "Sign and Continue"
7. Next report appears, repeat Steps 6,7
8. After your last report, click "Sign and Exit"
9. Enter your PIN # (dictation ID) <Enter>
10. A "Y" will be placed in the column to the left of each report to indicate the report is signed
11. Click on green check to end session

HOW TO EDIT A REPORT

1. From within the report, press <down arrow> key to the body of the report. Then press <right arrow> key into edit mode.
2. Select "Edit Section" and press the <right arrow> key
3. Using arrow keys, delete key, backspace etc, make your corrections. (Holding shift and pressing F6 will join a broken line.)
4. Press green check **|**
5. Return to step #6 above.

HOW TO ESIGN ORDERS

1. Sign on to PCI in HCIS
2. Click on "Sign"
3. If you are presented with the choice to sign orders or reports, click on orders
4. Click on the green check all **| all** on the side tool bar
5. Using your arrow keys, review the orders to be signed.
6. Click on "Sign Order" at the top of the screen.
7. Enter your four digit pin #
8. A "Y" will be placed in the column to the left of each order to indicate that you've signed them.



News Flash - Physician Quality Reporting Initiative (PQRI) - The Centers for Medicare & Medicaid Services (CMS) will begin testing eleven new quality measures for possible adoption in the PQRI program in future years. To learn more about how you can help CMS test these measures, visit <http://www.cms.hhs.gov/pqri> on the CMS website and select the "Measures/Codes" link on the left side of the page. And as a reminder, all educational resources about the 2008 PQRI are available on the dedicated PQRI webpage on the CMS website. To access this web page, visit <http://www.cms.hhs.gov/pqri> on the CMS website.

MLN Matters Number: SE0829
Related CR Release Date: N/A
Related CR Transmittal #: N/A

Related Change Request (CR) #: 5971
Effective Date: N/A
Implementation Date: N/A

CR 5971 Clarification - Signature Requirements

Provider Types Affected

Physicians and other providers who bill Medicare Contractors (Carriers, Fiscal Intermediaries, Regional Home Health Intermediaries, Part A/B Medicare Administrative Contractors, including Durable Medical Equipment Medicare Administrative Contractors) for care provided to Medicare beneficiaries.

What You Need to Know

The purpose of this notice is to provide guidance to providers/suppliers and Medicare contractors on the use of stamped signatures. **Note that stamped signatures are not acceptable on any medical record.**

Background

The Centers for Medicare & Medicaid Services (CMS) has taken this step to ensure accurate application of Medicare's program requirements throughout the nation. CMS has identified problems of noncompliance with existing statutes, regulations, rules, and other systematic problems relating to standards of practice for a valid physician's signature on medical orders and related medical documents.

CR 5971 (Transmittal #248) was issued to prohibit the use of stamped signatures. These requirements are intended to apply all providers/suppliers. *Stamped signatures are not acceptable on any medical record.* Medicare will accept hand written, electronic signatures or facsimiles of original written or electronic signatures.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2007 American Medical Association.

MLN Matters Number: SE0829

Related Change Request Number: 5971

In addition, the Medicare Conditions of Participation (CoP) are requirements for ensuring health and safety. The CoPs define specific quality standards that providers must meet to participate in the Medicare program. A provider's compliance with the CoPs is ultimately determined by the CMS regional office based on the State survey agency recommendation (per the Medicare Program Integrity Manual, Publication 100-8, Chapter 3, Section 3.4.2.1, which is available at <http://www.cms.hhs.gov/manuals/downloads/pim83c03.pdf> on the CMS website). Compliance with the CoPs and any related policies does not necessarily ensure that certain requirements for payment are being met.

Additional Information

The official instruction, CR 5971, issued to your carrier, FI, A/B MAC, and DME MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R248PI.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI, A/B MAC, or DME MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2007 American Medical Association.