NETMED STANDARD PRACTICES

General Technical Support
Before calling or emailing for technical support please do the following:

1. Restart your computer and see if that fixes the problem.
2. Make sure you have internet access by going to a web site you do not normally go to.
   If both of these steps are taken and you are still having problems please call or email support for help.

After-hours and weekend technical support
These calls should be placed only if it is a critical issue.

Critical Issues

- If you cannot use the transcription client and your internet IS working.
- To verify your internet IS working, open Internet Explorer and go to an internet site you do not normally go to (www.nfl.com). If you are able to get to the site then your internet is fine.

Non-Critical Issues

- If email is down, this is not a critical issue. It can be addressed during normal hours.
- If you cannot use the transcription client and your internet IS NOT working, this is something for which we cannot provide assistance. You will need to call your internet provider if this happens.
- To verify if your internet IS NOT working, open Internet Explorer and go to an internet site you do not normally go to (www.nfl.com). If you are NOT able to get to the site then your internet is NOT working.
When you have determined that you do need assistance on the weekend or after hours, your first call should be to Aaron Hosner or John Engels. Their contact numbers are on the roster.

**QA**

There are four types of QA that will be explained in detail in this document.

1. Quarterly QA
2. New transcriptionist QA
3. Help QA
4. Pre QA

**Quarterly QA**

A QA evaluation will be completed quarterly on every transcriptionist. NetMed’s goal is to have all transcriptionists above the 98th percentile. The transcriptionist will be informed of the results by the QA reviewer upon completion of the evaluation.

**New Transcriptionist QA**

All new transcriptionists working with NetMed will be on 100% Pre-QA until QA recommends otherwise. This status is usually limited to two to four weeks.

**Help QA**

Help QA is designed to help NetMed transcriptionists if they cannot understand the dictator or if they cannot figure out the spelling of a word that is dictated. NetMed transcriptionists must listen and re-listen many times to the word in question. The transcriptionists also need to do their own research if they do not know how to spell a word. Only after all of this can the transcriptionist send a report requesting help to NetMed QA.

When we get a new client, we understand that it takes some time to get accustomed to their voices; therefore, we do understand if there are more reports sent to Help QA during the beginning stages of a new client coming on-board.

**Pre QA**

Pre QA will be used when the QA department/authorized office personnel find it necessary to QA an existing NetMed transcriptionist’s work before it goes to the client. Transcriptionists will be placed in Pre QA for various reasons:

- Customer complaint
- QA department recommendation

**Communication with client**

NetMed encourages communication from the transcriptionist directly with the client. If you do not feel comfortable speaking directly with the client, then NetMed will do this
for you. The contact name and phone number for each client can be found on the “online client instructions.”

**How to put a blank in a report**
If at any time you cannot understand something in a report you are typing and you need to put a blank in, NetMed has a standard method. A simple five-score underline with the voice file time stamp next to the blank, as shown here, _____ (1:30). This method should be used unless specific client instructions state otherwise.

**When to use a Clinic Note**
A “Clinic Note” should be used anytime you want to communicate something to the client about that specific report. Examples are:

- if a blank is in the report
- if you did not understand something the dictator said
- If you do not have an address or fax number of a cc physician
- Any other situations where you would like to communicate

Be very specific when using a Clinic Note. Please do not put just “cc physician” when you do not have the correct address. You need to be more specific so the client knows what you are trying to communicate.

**Empty voice files**
Adhere to the following instructions when you receive a report with an empty voice in it. Please note this does not apply to Munson Medical Center (refer to Munson Medical Center account instructions) or when client has specific instructions regarding empty files.

1. Please select “Empty file” from your patient database in place of the patient name.
2. Please remove all text from body of report.
3. Send the empty report to QA to be deleted.

**Duplicate reports**
If you have the situation where the doctor has dictated a duplicate report follow the procedures listed below.

1. Select “Duplicate File” from the patient database in place of the patient name.
2. Make sure the body of the document is empty and remove template.
3. It is very important to make sure this is a duplicate report before following this procedure.
4. Send the file to QA with a message to delete.
**Finder’s fee for new clients and typists**
NetMed offers a finder’s fee for anyone that gives a lead to us for either a new client or typist. Currently, we give $100 for a lead on a typist that we bring on-board. If a lead is given for a new client and NetMed signs them up you will receive $250 and if the client is still with NetMed after six months you get another $250.

**Communicating with office on availability**
It is very important to have good communication between transcriptionists and the NetMed office. If you are going to be out of your routine and not working or unavailable make sure and send an email to “NetMed Office.” This is especially critical when directing STAT requests.

**Vacation (Applicable to employees only)**
Vacations should be requested at the beginning of each year. If you do not know your vacation schedule at that time please notify your supervisor as far in advance as possible to request vacation time. Vacations must have prior approval of the supervisor, and be scheduled to assure sufficient staffing at all times.

In the case of too many people asking for the same time off, which leaves accounts understaffed or uncovered, the decision as to who will be granted the time off will be based on a “first-come, first-served” basis.

When taking time off, it is very important to remember that another transcriptionist will be covering for you. The following items must be followed:

**Person taking time off**

1. Review the “online client instructions” for the clients you type for and make sure they are accurate. Please make any changes necessary so the person covering your account(s) has the most up-to-date information.
2. All of your work should be caught up before you take time off. Please do not leave the fill-in transcriptionists a backlog of work to do.

**People covering**

1. Review the “online client instructions” for the clients you will be covering for.
2. All of the work should be caught up before the primary transcriptionist returns. Do not leave the primary transcriptionist a backlog of work.

**Personal Days (Applicable to employees only)**
Personal days are to be taken as needed, and the amount of time should be kept reasonable and necessary. Determination of “reasonable and necessary amount of
time” will be made at the sole discretion of management. Personal days must be approved through the scheduling department or your supervisor, and this time is not compensated. Medical treatment must be scheduled so as to minimize loss of work time.

**24-hour turnaround**

24-hour turnaround is defined as the time the report is received into our system (uploaded) to the time the transcriptionist signs off on the report during a 5-day work week. Weekends do not count unless there are account specific instructions that instruct differently. There is no other calculation. Even if the client tells the transcriptionist it is all right if the report takes longer than 24 hours to be returned to them, this is not NetMed’s policy. The only situation where NetMed makes any deviation from the 24-hour turnaround is if the dictator is sending more than one day’s worth of work at a time. This does not mean all multiple day sends can automatically go over 24 hours. Multiple day sends can go over 24 hours if:

- You have transcribed at least 1000 lines that day.
- You must also transcribe one day’s worth of the multiple day send within the 24 hour turnaround and more if possible.

If you are having trouble meeting the 24-hour turnaround, call the office for help. It is unacceptable to not communicate in advance when you are in this situation. This also includes when you send a report to QA. You must send it to QA with enough time for them to look at it and sign off on it.

**Requesting Help**

If you need help with your work for whatever reason, you must request help as far in advance as possible so we can still meet the 24-hour deadline. It is unacceptable to request for help near or after the turnaround time.

**Schedules**

If you receive schedules for the clients you transcribe for, you must follow the schedule and not what the doctor dictates unless there has been a specific instruction otherwise. It is very important to confirm what you have transcribed with the schedules you receive.

If the patient is not on the schedule, make sure and put a “Clinic Note” in the report informing the client of this. Also, if the doctor does not dictate on one of the patients on the schedule, it would be a good idea to contact the client to let them know. There are some clients that require this. The schedules for each client are different so make sure and utilize the online client instructions for specific details for the clients you transcribe for.
There is also the situation in which you have not received the schedule, but you are finished transcribing the reports. As a rule you must first get the schedules and verify the pertinent information before signing off on the reports unless otherwise instructed. If you have been specifically instructed to sign off the reports before you get the schedules, make sure and put a “Clinic Note” in the reports.
NetMed MT Web Site

When you receive your computer from NetMed your internet home page will be set to www.netmedtranscription.com/mt. This web site includes the following items

1. A link to your email.
2. A link to the online client instructions.
3. Remote support.
4. The transcription manual.
5. The standard practice manual.
6. There are a lot of good links for research on this page.

Template changes

Template changes are made by the IT department. If you would like to make a change, email the change to the IT department at support@netmedtranscription.com with very detailed instructions. Try to combine your changes into 1 request. This makes it easier to make the update.
Transcription Style Guidelines

Exceptions: The following are NetMed standard practices for transcription. However, specific client instructions will prevail over any guideline listed below.

1. Remove the “cc:, Copy, Copy to, etc” at the bottom of the report when there is no CC Physician for that report.
2. Remove headings that are not used in template unless otherwise instructed by client.
3. Try to fit reports on one page if possible. Each client has its own criteria for doing this, i.e., changing font size.
4. Do not leave an empty last page on the report.
5. If you only have the signature block on the last page of a report, make the necessary changes to either fit the signature block on the previous page or move some of the body of the report to the last page. Make sure and follow client specific criteria.
6. Don’t rely on spell check to catch everything. You need to proof your report before signing it off.
7. Make sure your templates are exactly how you want them and free of any errors. If you would like to make any changes to your template, please e-mail NetMed Support.
8. When adding another page to the end of your document for whatever reason use “returns” not a “page break.” The “page break” does not work properly in our system.
9. Always use a clinic note if you have any questions about the report you have typed unless otherwise directed by the client. This allows you to communicate with the client.
Guidelines from QA

The objective of this document is to provide clear transcription guidelines. It is meant to serve only as a guide and is not all-inclusive. Always refer to individual client instructions for exceptions.

NetMed Transcription Services, LLC transcribes all of its work verbatim unless otherwise instructed by the client.

ABBREVIATIONS: A reliable source for expanding abbreviations is the *Stedman’s Abbreviations, Acronyms & Symbols, Fourth Edition*. Acronyms and abbreviations should be transcribed as dictated, except in the following instances:

1. Expand dictated abbreviations/acronyms if indicated in account-specific instructions.
2. Your client has a “do not use” abbreviation list.
3. Can be easily misinterpreted. Always expand DC, D/C, DC’d (unless client instructions state otherwise).

```
Correct: The patient will be discharged.
Incorrect: The patient will be DC’d.

Correct: Coumadin will be discontinued.
Incorrect: Coumadin will be DC’d.
```

Abbreviations should only be expanded when the meaning of the abbreviation is clear. When in doubt, transcribe abbreviation as dictated.

Rules & Exceptions

1. **When and Why** - Transcribe abbreviations if they are commonly used and widely recognized. Clarity is the goal in making these transcription decisions. Remember the following rules and exceptions:

   A. **Terms dictated in full.** Do not use an abbreviation when a term is dictated in full.

   **Exception:** Units of measure (millimeters, centimeters, etc.).

   B. **Diagnosis and operative titles.** Write out an abbreviation in full if it is used in the admission, discharge, preoperative, or postoperative diagnosis; consultative conclusion; or operative title.

   **Exceptions:** 1. Non-disease entity abbreviations (laboratory tests, units of measure, etc.). When these accompany diagnostic and procedure statements, they may be used if dictated.
C. **Multiple or uncertain meanings.** When an abbreviated diagnosis, conclusion, or operative title is dictated and the abbreviation used is not familiar or has multiple meanings, the meaning may be discerned if the dictator uses the extended term elsewhere in the dictation or if the content of the report somehow makes the meaning obvious. If the extended form cannot be determined, the abbreviated form should be transcribed. The report should be flagged and sent to QA.

D. **Dangerous abbreviations.** These are abbreviations that can be easily misinterpreted.

ACRONYMS: An acronym, usually formed from the initial letters of a title or phrase, is an abbreviation that forms a pronounceable word. Acronyms should be written in all capitals, without punctuation.

Examples: AIDS, CABG, PERRLA, SOAP, TURP, SMAC

Use a lowercase “s” without an apostrophe to form the plural of a capitalized abbreviation, acronym, or brief form.

Examples: EKGs, CABGs, labs

Use ‘s to form the plural of single-letter abbreviations.

Example: Flipped T’s

AGE: Arabic numerals are preferred for transcribing ages, except at the beginning of a sentence.

Examples: The patient is a 22-year-old male.
           Twelve-year-old Michael...
           The patient is a 7-year 2-month-old female.

BLOOD COUNTS/CORES: Use uppercase letters when referring to blood counts, lowercase letters when referring to blood cells.

When referring to a urinalysis or CSF spinal fluid analysis, for example, you would use wbc’s and/or rbc’s (white blood cells and/or red blood cells).

When referring to the CBC, the reference is to WBC (white blood count).

Examples: Urinalysis revealed 1-3 rbc’s.
           CSF analysis showed elevated wbc’s.
CBC was done and revealed WBC to be 3.7.
CBC included MCV, RBC, and MCH.

BLOOD TYPES: Write out B negative and B positive rather than B- or B+ because the minus or plus sign is easily overlooked.

BRIEF FORMS: Dictated brief forms/slang should be transcribed in full.

Examples: Lap chole should be transcribed as laparoscopic cholecystectomy.
Lytes should be transcribed as electrolytes.
Appy should be transcribed as appendectomy.
A-Fib should be transcribed as atrial fibrillation.

Commonly used short forms of laboratory terms may be transcribed as dictated, except in headings, diagnoses, or operative titles, unless account specific instructions require verbatim transcription:

Examples: alk phos for alkaline phosphatase.
chem profile for chemistry profile
lymphs for lymphocytes
Pap smear for Papanicolaou smear
Sed rate for sedimentation rate

CANCER CLASSIFICATIONS:
Stage and grade – Do not capitalize except at the beginning of a sentence.
Roman numerals are used to express cancer stages.
Arabic numerals are to be used to express cancer grades.
TNM classifications are expressed as T1a, N0, MX.

CAPITALIZATION: Refer to specific account instructions for exceptions to the general rule. The general rule is that department names are not capitalized. Names of divisions or specific locations within departments are not capitalized (the emergency room, the operating room, etc.)

Exceptions: DO capitalize a department name when it is mentioned as an entity. DO capitalize a department name when preceded by a proper noun. See examples below.

Examples: The patient was referred to Neurology.
The patient was monitored by Anesthesia.
The patient was transferred to Munson Medical Center Emergency Department.

For medications, generic names are not capitalized. Trade names are capitalized.
CARDIOLOGY: Either ECG or EKG is acceptable for electrocardiogram. Transcribe as dictated. When transcribing electrocardiographic data, roman numerals are used to designate bipolar leads (I, III, III). Limb leads are expressed as aVR, aVL, and aVF, etc. Precordial leads are expressed as V3, V4, etc. Arabic numerals are used to designate heart murmurs. When describing heart murmurs, a virgule (slash) is used to separate the grade from the scale. Example: Dictated “two over six murmur” should be transcribed as “2/6 murmur.”

COLONS: A colon is used to call attention to information that follows. Some uses of colons include introducing a list or series, expressing a ratio, and following the salutation in a business letter:

Examples: Heart: Regular rate and rhythm.
epinephrine 1:100,000
Dear Mr. Hughes:

COMMAS: A comma is used in the following instances:
To separate items in a series.

Examples: She was given Lasix 20 mg b.i.d., Coumadin, and Zetia 10 mg.
Lungs reveal no wheezing, rales, or rhonchi.

Note: A comma should be used after EACH element in a series. Do not omit the comma that separates the final two items.

To set off the day of the month from the year.
Example: The patient was discharged on Friday, September 12, 2007.

To set off a parenthetical expression.

Example: The patient had an ovarian cyst, not a ruptured appendix, which was documented on ultrasound.

To separate a compound sentence.

Example: The patient was given oxygen, but he remained dyspneic.

When using a Latin phrase such as “The patient will follow up in the office in 3 days, i.e., on Tuesday.”

DATES: Refer to account instructions for date format. Keep date format consistent throughout report.
When only month and year are dictated, no comma is necessary, and month is to be spelled out.

Correct: March 2010
Incorrect: 3/2010

A comma should be used after the year when the sentence continues after the date.

Example: Dr. Jones saw the patient on March 19, 2010, in his office.

Always use a four-digit year when transcribing dates.

Example: 3/19/2010 not 3/19/10

Ordinals: Do not use ordinals in dates.

Example: Dictated—He was seen on the 19th of March.
Transcribe—He was seen on March 19, 2010, or 3/19/2010, depending on account instructions.

DIABETES: The American Diabetes Association recommends the use of Arabic numerals to identify types of diabetes (type 1 and type 2).

DR. OR DOCTOR: Use Dr. not Doctor in salutations unless the salutation is directed to more than one doctor. Do not use Drs. as a plural form in salutations; write out Doctors instead.

Example: Dear Dr. Smith:
Dear Doctors Smith and Jones:

Do not use Dr. or Doctor when credentials are given.

Example: Alan Smith, MD
not Dr. Alan Smith, MD

DRUG TERMINOLOGY: Use lowercase abbreviations with periods for Latin abbreviations that are related to doses and dosages.

Example: b.i.d., t.i.d., n.p.o., p.o.

EPONYMS: Eponyms should not be used in possessive form when preceding a noun. Only use possessive form in an awkward construction.

Correct: The patient has Parkinson disease.
Incorrect:    The patient has Parkinson's disease.
Correct:     The patient has Parkinson’s.
Incorrect:   The patient has Parkinson.

GENUS AND SPECIES:  Genus names and their short forms should be capitalized when followed by a species name.

Examples:    Staphylococcus aureus or Staph aureus.

Genus names do not need to be capitalized if not accompanied by a species name:

Examples:    “a staph infection” or “group B streptococcus.”

HYPHENS:  Hyphens are used when a phrasal adjective precedes the noun it modifies. When the phrasal adjective follows the modified noun, no hyphen is used.

Examples:   The medication list is current with up-to-date information.
            The patient will take over-the-counter Motrin.

            The medication list information is up to date.
            The patient will take Motrin over the counter.

Other examples of correct use of hyphens include the following:
            Side-to-side anastomosis.
            Figure-of-eight suture.
            The patient had a 5-cm laceration.
            Finger-to-nose test is normal.

A misplaced comma or hyphen will usually not affect patient care, but please refer to an English dictionary or MT reference books if in question. There are also many reputable websites for correct grammar and punctuation usage.

LABORATORY DATA:  Do not use a comma to separate a lab value from the name of the test.

Example:    Hemoglobin 13.2.

Separate related labs with commas and unrelated data with periods.

Example:    Hemoglobin 13.2, hematocrit 41.6, platelets 210,000.
In a urinalysis, specific gravity is always transcribed as a single number followed by a period and three more numbers.

Example: Dictated “ten thirty” is to be transcribed “1.030.”

Always expand platelet counts to thousands.

Example: Dictated “platelet count 110” is to be transcribed “platelet count 110,000.”

LEADING ZERO: Always use a leading zero when medication dosages are less than a whole unit.

Correct: The patient is prescribed 0.5 mg of Valium.
Incorrect: The patient is prescribed .5 mg of Valium.

MEASUREMENTS: For clarity, spell out standard (non-metric) units of measure: Feet, inches, pounds, ounces, yards, grain, etc., unless otherwise specified by client.

Abbreviate all metric units of measure when used with a numeral: Micrograms, milliliters, etc. Do not abbreviate if no number is dictated.

Examples: The patient was administered 500 mL of normal saline.
The laceration was less than a millimeter.

NUMBERS: Use Arabic numerals instead of spelling out numbers unless account specifies otherwise.

Exceptions: Spell out numbers when beginning a sentence.
Spell out numbers when adjacent to another Arabic numeral.
Always spell out a zero when standing alone.

Examples: Forty-five minutes were spent with the patient.
The patient was given Tylenol 650 one dose.
Troponin level taken at zero and 90 minutes.

Spell out and hyphenate fractions of a whole when they are without a numeral.

Example: He received therapy for one-half hour.

Use numerals to express mixed fractions. It is acceptable to use a hyphen or not, i.e., 1 1/2 or 1-1/2.
Example: The patient has had intermittent nausea for 1 1/2 years.

Use decimals to express metric measurements.

Example: The patient had a laceration that measured 1.5 cm, not 1 1/2 cm.

Cranial Nerves: Arabic numbers are preferred, unless client specifies otherwise.

Example: Cranial nerves 2-12 not cranial nerves II-XII.

ORDINALS: Ordinal numbers are used to indicate order or position in a series rather than quantity.

Examples: She is in her 9th month of pregnancy.
She just completed the 5th grade.
The fracture is located at the 3rd metatarsal.
The patient is here for his 2nd visit.

PUNCTUATION SPACING:
Periods: Two spaces always follow a period at the end of a sentence.
Colons: Two spaces follow a colon.
Commas: Single space follows a comma.
Semicolon: Single space follows a semicolon.
Question mark: Two spaces follow a question mark.

RATIOS: Use a colon to separate values. Do not use a slash.

Example: Dictated one to fifty thousand is to be transcribed 1:50,000.

SEMICOLONS: A semicolon indicates a pause in text, stronger than a comma, but not a complete sentence as indicated by a period.

Use a semicolon to separate two independent clauses when a conjunction such as “and” or “but” is NOT used.

Example: Two units of blood were ordered; one was given.

Use a semicolon to separate a series that contains internal commas:

Example: Her history includes a C-section, though remotely; hypertension.

Use a semicolon before a transitional expression that joins two clauses:
Example: The patient presented to the emergency room earlier; however, he left before being treated.

SUBHEADINGS: Within the PE section of a report that is in a paragraph format, it is acceptable to use a combination of sentences and subheadings. Subheadings in this instance are to be initial caps followed by a colon.

Example: Heart is regular rate and rhythm. Abdomen: No tenderness or rigidity.

TIME: Preferred format is a.m. and p.m.

When “o’clock” is dictated, it should only be transcribed to reflect an anatomical position.

Correct: The mass is located at the 3 o’clock position.
Incorrect: The patient will follow up on Tuesday at 4 o’clock.

When military time is dictated, do not use a colon.

Correct: Anesthesia time 1545.
Incorrect: Anesthesia time 15:45.

TRAILING ZERO: Do not use a trailing zero for medication dosages dictated in whole units.

Correct: The patient was prescribed Coumadin 1 mg.
Incorrect: The patient was prescribed Coumadin 1.0 mg.

Use a trailing zero if dictated in testing/laboratory results.

Examples: Temperature is 98.0. Potassium level is 4.0.

UNITS OF MEASURE: Spell out common non-metric units of measure.

Examples: The baby weighed 7 pounds 6 ounces. She gave the patient 2 tablespoons of Robitussin.

VERB TENSE: The same tense is to be used when transcribing a physical examination paragraph or an operative report, unless client specifies otherwise (e.g., is/was, are/were).
This has been adapted from the AAMT Book of Style and referring to other medical transcription sources online.

SOUND-ALIKE TERMINOLOGY

ascitic – pertaining to ascites
acidic – characteristic of acid
acetic – pertaining to ascetic acid or vinegar

abduction – moving away from
adduction – drawing toward

accept – to receive
except – to exclude

aid – to help
aide – a person who helps

advice – noun, recommendation
advise – verb, to recommend

affect – verb, to influence or change; noun, tendency or expression of outward appearance compared to inner mood.

   Example:  “Rheumatic fever can affect the heart.”
             “The young man had a flat affect.”

effect – verb, to bring about; noun, a result or impression.

   Example:  “The drug had an immediate effect on the pain.”

aphagia – inability to swallow
aphasia – inability to speak

BNP – brain natriuretic peptide
BMP – basic metabolic panel

bolus – a single amount of medication given at one time
bullous – relating to bullae

callous – like a callus
callus – thickened skin

cirrhosis – disease of the liver
xerosis – skin dryness

coarse – rough
course – natural progression

discrete – separate or distinct.
discreet – showing good judgment

dysphagia – difficulty swallowing
dysphasia – difficulty talking

followup – noun
follow up - verb

elicit – to bring about
illicit – illegal

eyelet – small hole
islet – cluster of cells

H&P – history and physical
HNP – herniated nucleus pulposus

ileum – part of the colon
ilium – part of the hip

it’s – contraction for “it is”
its – possessive pronoun for ownership

loop – a circle
loupe – a magnifier

lose – misplace
loose – not tight

miotic – causing pupil to contract
myopic – nearsighted

mucous – pertaining to mucus
mucus – secretions

nitrate – coronary dilators
nitrite – nitrates converted to nitrites in urine
osteal – bony
ostial – pertaining to an opening

perfusion – passage of a fluid through a barrier
profusion – abundance

peroneal – pertaining to leg
perineal – pertaining to genital/anal area.
peritoneal – pertaining to peritoneum

pleuritis – pleural inflammation
pruritus – itch

prosthetic – artificial
prostatic – relating to prostate

radical – extreme, drastic
radicle – small branches of a vessel or nerve

shoddy – of poor workmanship
shotty – resembling buckshot, “shotty lymphadenopathy.”

sight – vision
site – location
cite – to quote

vesical – pertaining to bladder
vesicle – fluid-filled sac

who’s – contract of “who is”
whose – possessive pronoun for ownership

your – belong to you
you’re – contraction of “you are”