# Dictation System - LHSC and St. Joseph's

You must have your own personal and confidential dictating User ID number. To have your personal dictating user ID number arranged, please contact Transcription Services at:

- London Health Sciences Centre - 519-685-8500 extension 35131
- St. Joseph's Health Care London - 519-646-6000 extension 65584

These numbers must remain confidential and never shared with others. You can use your dictating number at all sites across the city. The dictation system is provided to you for the clinical documentation of the patient record required for each hospital visit. Follow-up letters i.e. to the Ministry of Transport, to whom it may concern, evaluations, referral requests, etc. are administrative correspondence and consequently are outside of Health Records responsibility for processing.

All of your dictated notes will come back to you for review and authenticating signature via Message Centre in the electronic health record (PowerChart).

## Approved Standards for Transcription Turn Around Times

- **<2 hours:** Admission Note, H&P, Trauma Notes
- **<4 hours:** Pre-Admission Notes, STAT Notes
- **<24 hours:** Operative Notes, General Medical Clinic Note, Geriatric Mental Health, Urgent Neurology Clinic Note, TIA Clinic Note, Thoracic Surgery Clinic Note
- **<48 hours:** Consultation Notes, Delivery Reports, Discharge Summaries
- **<72 hours:** All other notes

## Dictation Instructions

**1**. Dial extension 66080 or 519-646-6080 from outside the hospital
**2**. Enter your 5 digit User ID number
**3**. OPTIONALLY you may be prompted for a Profile ID followed by #key:
1 if dictating at RMH
2 For all other sites
**4**. Enter the hospital site code followed by # key. (It is important to select the correct site code to ensure that your note posts correctly in PowerChart.)

| | | | |
|---|---|---|---|
| 1 University Hospital<br>2 Victoria Hospital | 3 St. Joseph's Hospital | 5 LRCP<br>6 RMHC - London | 7 RMHC - St. Thomas |

**5.** Enter the worktype followed by # key. (It is important to select the correct site code to ensure that your note posts correctly in PowerChart.)
**6**. OPTIONALLY you may be prompted for a RMH Unit (if you entered 1 for the Profile ID in step 3) followed by #key:

| | | | |
|---|---|---|---|
| 1 Assessment-L<br>2 Assessment-S<br>3 Mood&Anx-L | 4 Mood&Anx-S<br>5 Psychosis-L<br>6 Psychosis-S | 7 Geriatric-L<br>8 Adolescent-L<br>9 DDP-L | 10 Concurrent Dis-L<br>11 Forensics-S |

## City-Wide Worktypes

**Note:** It is important to select the correct worktype to ensure that your note posts correctly in PowerChart. There are both City-wide and hospital site specific worktypes.

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| 30 Preadmission Clinic Note<br>31 History and Physical<br>32 Operative Report<br>33 Discharge Summary<br>34 Consultation<br>35 Emergency Room Report<br>36 Delivery Report | 37 Progress Note<br>38 Admission Note<br>39 Procedure Report (performed in clinic)<br>40 Death Summary<br>41 Telephone Correspondence Note |

## Site Specific Worktypes

**University Hospital / Victoria Hospital**

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| 80 Clinic Report<br>81 Adult Psychiatry Note<br>82 Child/Adolescent Psychiatry<br>83 Women's Health Clinic Note<br>84 Trauma Resuscitation Note<br>85 Trauma Clinic Note<br>86 Speech Language Pathology Note<br>87 Urgent Neurology Clinic Report | 88 John H. Kreeft Headache Clinic<br>89 General Medicine Clinic Note<br>90 Geriatric Mental Health<br>91 TIA Clinic Note<br>92 Thoracic Surgery Clinic Note<br>93 In-hospital Transfer Note<br>94 EMG/Neuro Conduction Studies |

**St. Joseph's Hospital**

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| 42 SJH Clinic Note<br>43 HULC Clinic Note | 44 OB/GYN Clinic Note |

**Parkwood Hospital**

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| 50 Parkwood Clinic Note<br>51 Day Hospital Note | 52 Psychology Note |

**London Regional Cancer Program (LRCP)**

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| 70 Radiation Treatment<br>71 Letter<br>72 Social Work | 73 GYN Snap Shot<br>74 Ovarian Progress<br>75 LRCP Clinic Note |

**Regional Mental Health Care (RMHC) - London and St. Thomas**

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| 60 Assessment Report<br>61 Review Board Summary<br>62 Miscellaneous Note | 63 RMHC Clinic Note<br>64 Letters (does not post to PowerChart) |

**7**. Enter the PIN (Medical Record Number) followed by # key.

**8**. Enter 2 to begin dictation: Dictate and spell patient's name, state PIN (Medical Record Number), date of visit, your name, name of attending physician (consultant) and required copies (indicate address for out-of-town providers).

Keypad Functions:

**2** To begin or resume dictating
**3** To replay dictation
**4** Continuous forward
**44** Fast forward to end of report
**5** To end last report and dictation session
**6** STAT dictation (use only for dictation that requires immediate transcription eg. follow-up within 24-48 hours, patient being transferred to another facility, etc.)
**7** Continuous rewind

**77** Go to beginning of dictation
**8** Go to next report
**0** To open/interrupt report that cannot be finished during the current dictation session. When beginning a new session and after entering the site code, you will hear “you have an open report”. To retrieve it, enter 1 and continue to dictate. To ignore it, enter 2.

**Guidelines for Dictating:**

1. Speak clearly, concisely and spell difficult or unusual words or medications.
2. State patient’s name (spell surname) and date seen.
3. State your name and title (spell surname) and that of the attending physician.
4. State copies to relevant physicians (spell surname, state address if out of town).

**Discharge Summary**

1. Dates of Admission and Discharge
2. Discharge Diagnoses (Most Responsible, Pre and Post Comorbidities)
3. Operations/Procedures
4. Brief history of Current Illness
5. Course in Hospital (brief summary of the management of the patient while in hospital including any pertinent investigations, treatment and outcomes)
6. Discharge Plan and Condition on Discharge
7. Discharge Medications (name, dosage and frequency)
8. Follow-up Plans (discharge Instructions, further investigations and tests)

**Operative Report**

1. Date of Operation
2. Doctors in attendance
3. Anaesthetist in attendance
4. Pre-Operative diagnosis
5. Post-Operative diagnosis
6. Name of Operation(s) performed
7. Description of operative procedure/findings

**Clinic Notes**

1. Date of clinic visit
2. Clinic visit details and findings
3. Diagnosis

**Consultation Note**

1. Date of consultation
2. Patient ID and reason for referral
3. History of presenting illness
4. Relevant past medical history
5. Current medications & medication allergies
6. Family and social history
7. Physical examination
8. Investigations to date
9. Impression and plan/recommendations
10. Prescriptions & follow-up