

Dictation Best Practices Model Policies and Procedures

Produced by
**The American Association for Medical
Transcription**

Sponsored by

MedQuist™



**Dictation Best Practices
Model Policies and Procedures**

Links to Contents

[Orientation Policy](#)

[Compliance](#)

[Confirmation of Compliance](#)

[Feedback Policy](#)

[Feedback Form](#)

[Termination Policy](#)

ABC GENERAL HOSPITAL HEALTHCARE DOCUMENTATION POLICIES

Orientation Policy

POLICY: Individuals who are provided dictation privileges must undergo a formal orientation process at the time privileges are initially granted and at regular intervals as needed to ensure an appropriate understanding of the dictation system and the procedures related to its use.

Orientation goals related to Healthcare Documentation Policies:

- Improve patient care documentation and the effectiveness of communication among caregivers
- Promote patient safety initiatives
- Ensure appropriate hospital reimbursement for services rendered
- Promote compliance with security and privacy regulations
- Ensure accurate matching of dictated report to correct patient's chart
- Reduce turnaround time from the completion of dictation to the availability of the transcribed report on the patient's chart
- Ensure uncompromised dictated reports as legal documents

All items in the AAMT Dictation Best Practices Toolkit will be provided to each author and they will be reviewed at the time of orientation. In addition, an overview of the documentation process, the dictation system, and the proper use of its associated equipment will be covered within this orientation process. These include:

1. **Document type and author identification procedure.** Each author will be provided a unique identifier, and this shall not be shared with others. Correctly key in appropriate numbers for patient identification and report type in order to allow for dictation tracking and report retrieval.
2. **Good dictation habits.** Always dictate at a conversational speed and volume for an optimal dictated message. Avoid side conversations and background distractions (i.e. voices, telephones ringing, music, etc.) that may obscure the dictation. Inaudible or incomprehensible dictation is not consistent with this institution's goals for patient safety.
3. **Proper identification of patient demographics.** At the beginning of each dictation, state dictating author name and number, patient name and number, report type, appropriate dates, and any other pertinent identifying information. It is important to note that all dictated reports are required a minimum of 2 identifiers to ensure identification of the correct patient.

4. **Report content and format requirements.** These are to be consistent with those approved by the Medical Record Committee as document content reflects the high standard of care provided to our patients. Accuracy and completeness of the document are the responsibility of the author.
5. **Identification of risk management issues when dictating.**
6. **Use of unacceptable abbreviations.** Avoid the use of unacceptable abbreviations (JCAHO's *Do Not Use* list of abbreviations), overuse of acronyms, use of coined phrases, jargon, profanity, and slang. If any of these are used, the author will be required to clarify the entry before authentication of the document can occur.
7. **Turnaround-time requirements.** Understand the appropriate turnaround-time requirements by report type and the acceptable use of a priority designation.
8. **Content direction and instructions.** Dictate any special instructions and spell any new or unusual terms used in the dictation.
9. **Carbon copies and courtesy copies.** When available to the author, dictate the complete name and address for the recipient of any courtesy copy.
10. **Terminating dictation.** Indicate the end of dictation when completed.
11. **Separating dictation.** Know how to separate dictations when dictating multiple reports in one session so that they are not all lumped together in one voice file and can be identified uniquely and located quickly.
12. **Amendments.** Be familiar with how to dictate an amendment report. Note that records previously authenticated require an amendment report for corrections or additions to the record.
13. **Dictation system mechanics.** Know how to use the pause mechanism, review mode, and insertion mode.
14. **Security and confidentiality.** Use designated dictation locations to ensure compliance with security regulations and consistent with principles of confidentiality. Dictation shall be done in a quiet and secure area to avoid distractions, interruptions, and background noises.
15. **Type of phones to be used for dictation.** Avoid using speaker phones, portable phones, and cell phones.

16. **Microphone settings.** Use proper microphone settings to avoid clipped words and phrases, and proper distance of microphone from the mouth.
17. **Author feedback.** Be aware of the mechanism for feedback to the author to identify any problems that would preclude clear, accurate documentation or impede timely turnaround of the dictated reports.
18. **Troubleshooting and technical problems.** How to recognize technical problems (i.e., static lines, poor connection quality, etc.) and notification of designated personnel. Do not use equipment that is not working properly at the risk of losing that dictated message. Who to notify if a problem is discovered.
19. **Missing text in a transcribed document.** Know how to resolve blanks in a transcribed document. Transcribed documents with missing text may compromise quality patient care and communication among caregivers.
20. **Courtesy habits.** Always avoid eating, gum chewing, yawning, smoking, etc., while dictating, as it will compromise the quality of the dictated message.
21. **Dictation system downtime.** Know the appropriate procedures to follow during any dictation system downtime. Who to contact if assistance is needed.

This orientation will be repeated when new dictation equipment has been installed or when problem authors have been reported through the Healthcare Documentation Feedback System that warrants re-orientation to assure appropriate understanding of the dictation process.

At the completion of the orientation process each author will sign a statement that they understand and will comply with the policies provided to them.*

**This policy is consistent with ASTM E2344: Standard Guide for Data Capture through the Dictation Process, and ASTM E1902: Specification for Management of the Confidentiality and Security of Dictation, Transcription, and Transcribed Health Records. ASTM International is a worldwide standards-development organization that conforms to processes accredited by the American National Standards Institute.*

ABC GENERAL HOSPITAL HEALTHCARE DOCUMENTATION POLICIES

Compliance

POLICY: Individuals must remain compliant with institutional Healthcare Documentation Policies in order to retain their right to utilize dictation services.

All authors must adhere to the following principles in order to ensure appropriate use of the dictation system and the procedures related to its use.

1. Dictation shall not be done in an environment in which persons other than the patient or the patient's legal representative may overhear confidential information.
 - a. Dictation shall not be done using public telephones or on cellular phones or other recording equipment that is located where confidential information is likely to be overheard by others.
 - b. Dictation shall be done in a quiet and secure area to avoid background noises, distractions, interruptions, and confidentiality issues.
 - c. Playback of dictation shall be done in a secure environment to protect the information from being overheard by unauthorized persons.
2. Correctly key in appropriate numbers which are essential to author and patient identification for dictation tracking and report retrieval.
3. At the beginning of each dictation, state dictating author name and number, patient name and number, type/title of report, appropriate dates, and any other pertinent information.
 - a. Provide complete names, addresses, and courtesy copy information.
 - b. Provide correct spelling of new or unusual terminology and all names.
 - c. Use institutional format headings or templates (or both).
 - d. Provide any special instructions at the beginning of dictation.
4. Dictate at conversational speed and volume for optimal dictation message.
 - a. Avoid eating, gum chewing, yawning, smoking, etc., while dictating.
 - b. Avoid side conversations and background distractions such as voices, telephone ringing, and/or music that may obscure the dictation.
 - c. Indicate the end of dictation.
 - d. Be aware of connection quality and refrain from using static lines for optimal sound quality.
5. Reports with blanks should be filled in or corrected as directed by the dictating author.

6. The Healthcare Documentation Feedback System will be used in accordance with the healthcare documentation policies.*

**This policy is consistent with ASTM E2344: Standard Guide for Data Capture through the Dictation Process, and ASTM E1902: Specification for Management of the Confidentiality and Security of Dictation, Transcription, and Transcribed Health Records. ASTM International is a worldwide standards-development organization that conforms to processes accredited by the American National Standards Institute.*

**ABC GENERAL HOSPITAL
HEALTHCARE DOCUMENTATION POLICIES**

Confirmation of Compliance

I, _____, hereby acknowledge that I have reviewed the materials provided to me during my orientation on _____. I understand that if I do not comply with these policies that I may be required to attend re-orientation classes in the future or may forfeit my dictation privileges.

My signature confirms my commitment to comply with the Healthcare Documentation Policies of ABC General Hospital.

Author's Signature

Date

ABC GENERAL HOSPITAL HEALTHCARE DOCUMENTATION POLICIES

Feedback Policy

POLICY: Individuals who have documentation privileges will be held accountable for compliance with the Healthcare Documentation Policies through the Healthcare Documentation Feedback System.

The purpose of the feedback system is to ensure that the author is aware of any problems that may preclude clear, accurate documentation or impede timely turnaround of reports.

1. Documentation practices included in this feedback system include handwriting, dictation, verbal orders, and any input device used for the input of data for the purpose of healthcare documentation.
2. Feedback can be submitted by any member of the healthcare team (i.e., nurses, coders, transcriptionists, etc.).
3. Feedback should be specific to the problem encountered.
4. Feedback must be submitted in a timely manner on the appropriate feedback form so information related to an author can be compiled and tracked.
5. Authors who have had 5 feedback reports submitted within a 30-day period will be reviewed for 3 days following notification that sufficient feedback was received to establish a review process.
 - a. If the reported problem does not resolve after that initial 3-day period, a warning will be sent to the author and a final review will take place for 3 more days.
 - b. If after the second 3-day period the reported problem has still not been resolved, the author will be required to undergo a re-orientation process or forfeit privileges.
 - c. At any time the reported problem becomes resolved, the reviews will be discontinued.
6. Authors will be given 2 days to respond to any feedback reported. The Medical Records Committee will resolve any disputes related to the Healthcare Documentation Feedback System.*

**This policy is consistent with ASTM E2344: Standard Guide for Data Capture through the Dictation Process. ASTM International is a worldwide standards-development organization that conforms to processes accredited by the American National Standards Institute.*

ABC GENERAL HOSPITAL HEALTHCARE DOCUMENTATION POLICIES

Feedback Form

This form is to be used to improve the healthcare documentation process. The purpose of this feedback system is to provide a mechanism to hold authors accountable for their documentation and/or dictation procedures. After 5 feedback reports within a 30-day period have been submitted per author, re-orientation will be required. This feedback report and resultant followup are confidential and should be handled in a manner that will secure the privacy of the patient, the author, and the individual filing the feedback form.

Date of Feedback: _____

Name of Author: _____ ID#: _____

Date of Report: _____ Type of Report: _____

Patient: _____ MR#: _____

Describe the cause for this feedback report:

Reported by: _____ Position: _____

Your contact information: _____

Submit this form and any substantiating items to the Medical Records Committee at _____.

ABC GENERAL HOSPITAL HEALTHCARE DOCUMENTATION POLICIES

Termination Policy

POLICY: Individuals who have their dictating privileges terminated must be removed from the dictation system within 3 days.

This termination procedure should ensure that those not authorized to access the dictation system are disabled from accessing it.

1. As soon as notification that dictation privileges have been suspended, access to the system for dictation and/or review should be denied. This process should be completed within 3 days.
2. User identifiers serve as a permanent record and shall not be reassigned to another individual.
3. Any equipment (i.e., dictation or security devices) provided to the author will be returned immediately upon the termination of privileges.*

**This policy is consistent with ASTM E2344: Standard Guide for Data Capture through the Dictation Process, and ASTM E1902: Specification for Management of the Confidentiality and Security of Dictation, Transcription, and Transcribed Health Records. ASTM International is a worldwide standards-development organization that conforms to processes accredited by the American National Standards Institute.*