**Keypad Prompts**

**End Single Dictation**
9 end report - end dictation, receive confirmation # and log out of system

**End/Start Multiple Dictations**
71 new dictation different facility
78 new dictation same work type
6 new dictation same facility
8 new dictation same patient

**NEED HELP?**
- Call DST Hotline: 1-844-944-3099
  To request your speaker code, for eSig access/help/password resets, to report access/system issues, or to request a STAT report
  - To request a copy of a report or to sign up for eSig– see site Health Information Management Department
  - Go to [http://goo.gl/ioIfpE](http://goo.gl/ioIfpE) online reference repository for DST and eSignature.

**Health Information Management**
**Dictation Number**
1-855-648-3117

**Edmonton Zone Rural Sites**
**DICTATING PROVIDER**
Name: ______________________
Facility Code: ______________________
Speaker Code: ______________________
February 19, 2015

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Name: ______________________
Facility Code: ______________________
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February 19, 2015
**Covenant**

Facility Codes

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>410</td>
<td>Devon General Hospital</td>
</tr>
<tr>
<td>408</td>
<td>Fort Saskatchewan Health</td>
</tr>
<tr>
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<td>Glenrose Rehab Hospital</td>
</tr>
<tr>
<td>415</td>
<td>Strathcona Community Hospital</td>
</tr>
<tr>
<td>403</td>
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</tr>
<tr>
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</tbody>
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**Dictation Access**

1. dial 1-855-648-3117 to access the system
2. enter your speaker code, then press #
3. enter the facility code, then press #
4. enter the work type, then press #
5. enter the medical record number (MRN), then press #
6. press 2 to begin dictating
7. press 0 for your confirmation ID number

**Dictating the Report**

After prompt, please clearly state:
1. your first and last name
2. first and last name of the attending, if you are not the attending
3. the facility name
4. the type of report (work type)
5. patient's first and last name (please spell)
6. patient date of birth
7. patient MRN and PHN/UJ
8. applicable service dates
   - admission date
   - discharge date
   - date of service
   - date of surgery/procedure
9. copy recipient(s) - please state first name, last name, and pertinent location/specialty information
10. begin dictation of report

**Work Types**

10 Inpatient Consultation
11 Outpatient Consultation
20 Discharge Summary
21 Transfer Summary
40 History and Physical
60 Inpatient Operative/Procedure Report
61 Outpatient Operative/Procedure Report
71 Cardiac Diagnostic
72 Neurological Diagnostic
73 Urological Diagnostic
74 Pulmonary Diagnostic

**Dictation Guidelines**

- enter your own speaker code for all dictation - even if you are dictating on behalf of someone else
- state your first and last name at the beginning of each dictation
- state and spell the first and last name of the patient, attending physician, and recipients for copy distribution
- for best quality audio, use a corded landline - the use of hands free or wireless devices is discouraged as voice quality is degraded depending on signal strength
- avoid areas with external noise
- dictate all headings for each section
- verbalize punctuation
- state "number one" or "next number" for numbered lists
- spell all medications and state entire diagnoses - do not use slang, abbreviations or short forms
- "batched" dictation cannot be accommodated - if more than one report is entered, the first report will be completed, any others will be lost

**Covenant**

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