



eScript One Structured Templates Manual

for use with ASR and EHR setups

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Audience

This document is intended for the MTSOs and support personnel. It assumes the audience has a general knowledge in the main functions of the platform and focuses on the setup and creation of Structured Templates. These templates are often used with ShadowScribe ASR but can also be used without ASR as in the case of a structured EHR interface.

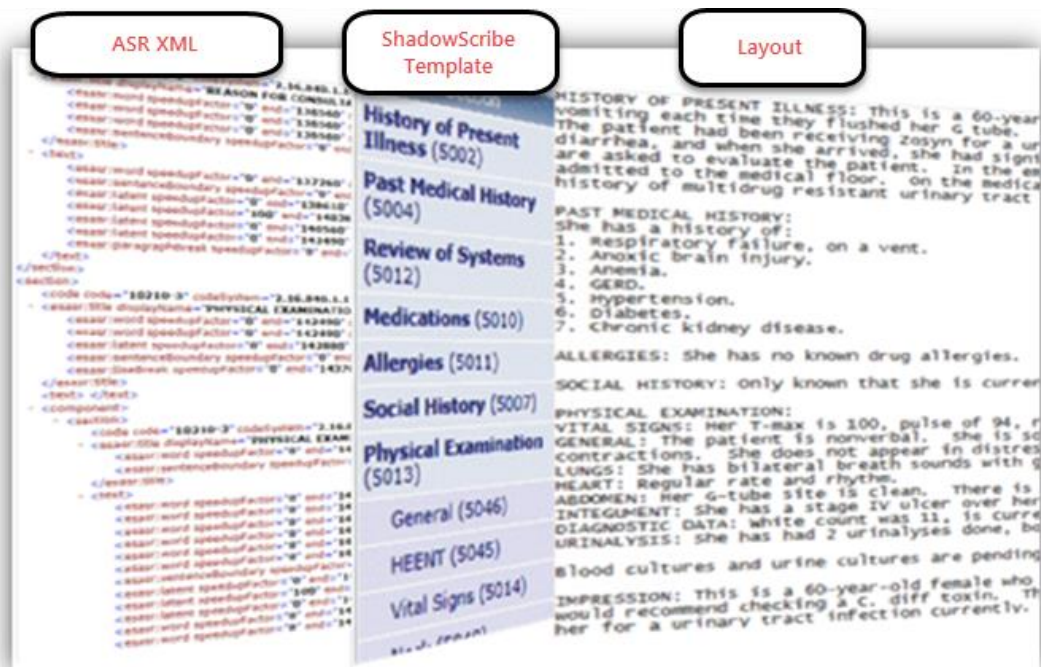
The Point of Creating Structured Templates

There are a couple reasons we create Structured Templates. First, ASR drafts are created in an XML format, which is unusable by the MLS. Structured Templates convert drafts into a format that an MLS can work with. Second, Structured Templates have features to help improve MLS productivity such as: automated document layout formatting, content placement, and number list formatting.

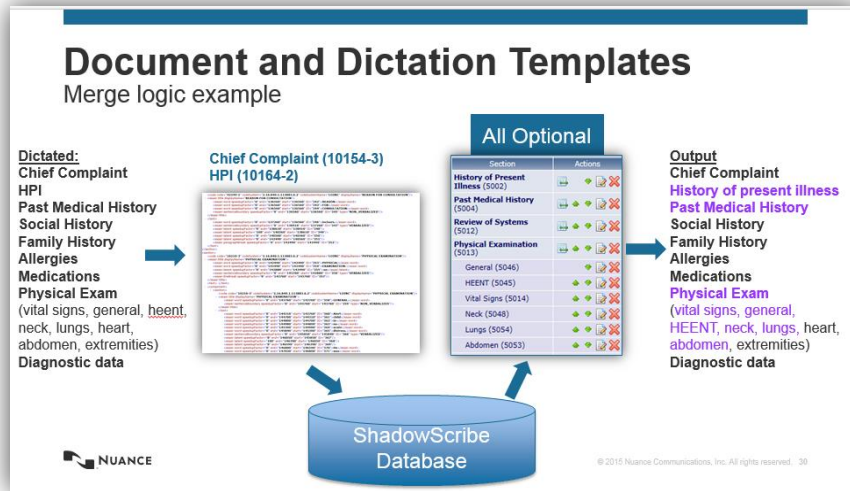
These features and automation shift much of the formatting responsibility to the system freeing the MLS to concentrate more on the content of the document. It is imperative templates are setup correctly, to ensure maximum MLS productivity potential. **Incorrect setup can significantly decrease this potential.**

How Structured Templates work

ASR creates a draft in an XML format. The XML draft is merged with the Structured Template which creates the document layout and contains formatting specifications like title styling (e.g. bolding, casing), subsection spacing, number formatting, and content placement.



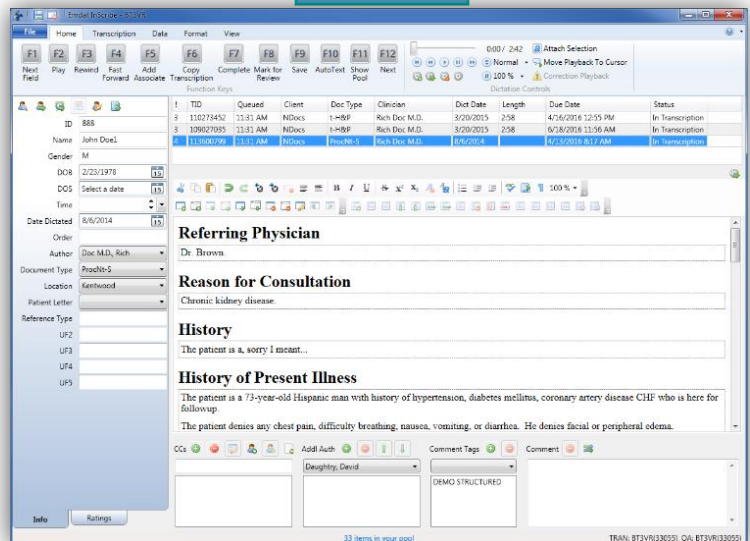
In the example below, the provider speaks titles, and ASR creates an XML version of the draft. The draft is merged with the Structured template and transformed into the version the MLS can work with. In the “Output” column, purple titles are merged with the template, black titles were not merged because they weren’t part of the template. All titles and content become the layout appearing in the order dictated.



The layout is converted into the preferred transcription format (PTF). The PTF determines how the MLS sees the document in InScribe.

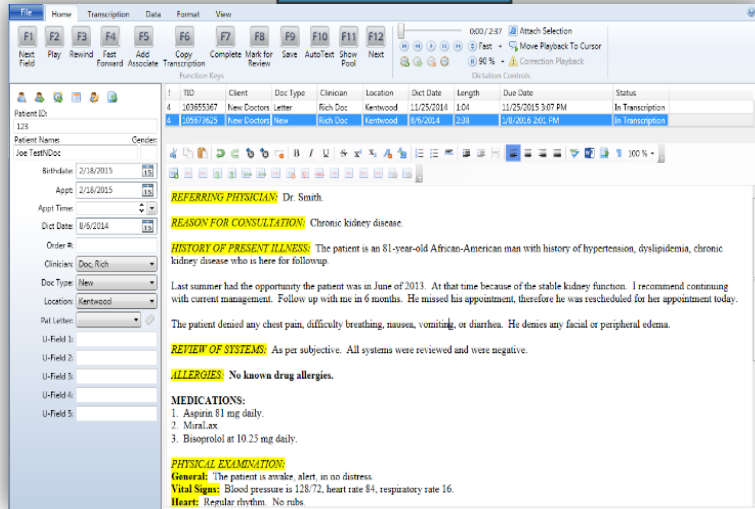
Structured documents have a generic look without any formatting applied. The MLS types or makes corrections in these documents, transforming them into the final version. Upon delivery or if the MLS uses the InScribe “Preview Transcription” option, the formatting will be applied.

Structured



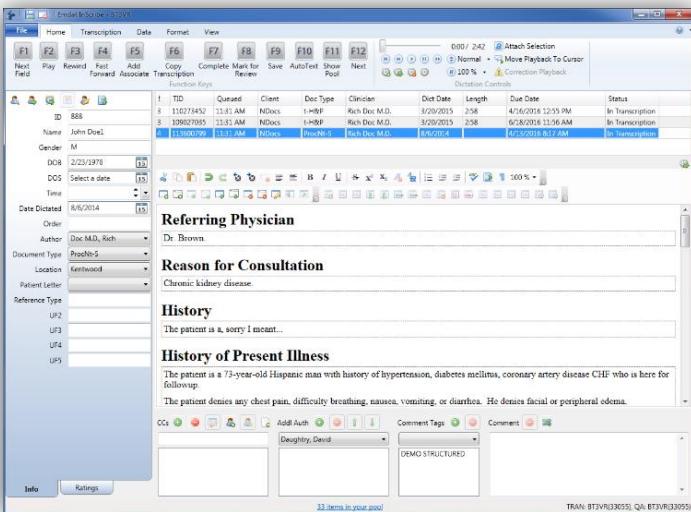
Unstructured documents have a traditional look with more free flowing text. For typed jobs, MLS's will type the transcription free form or from a document template. For drafts, formatting is applied immediately and then the draft is presented to the MLS to make corrections.

Unstructured



At the time of delivery, the Structured Template applies the formatting specifications and converts the generic document into the client version. This layout formatting is configured during the template setup.

Customer Version



Patient Name:	John Doe1	Date of Service:	
Patient ID:	888	Date of Birth:	February 23, 1978
Clinician:	Rich Doc M.D.		

REFERRING PHYSICIAN: Dr. Brown.

REASON FOR CONSULTATION: Chronic kidney disease.

HISTORY: The patient is a, sorry I meant...

HISTORY OF PRESENT ILLNESS: The patient is a 73-year-old Hispanic man with history of hypertension, diabetes mellitus, coronary artery disease CHF who is here for followup. The patient denies any chest pain, difficulty breathing, nausea, vomiting, or diarrhea. He denies facial or peripheral edema.

REVIEW OF SYSTEMS: As per SUBJECTIVE. All systems were reviewed and were negative.

ALLERGIES: No known drug allergies.

MEDICATIONS: Aspirin 81 mg per day. Core 3.125 mg twice per day, Lipitor 20 mg every day, claradol 500 mg twice per day, glimepiride 2 mg every morning. Benicar HTC 1 tablet every other day.

PHYSICAL EXAMINATION: **General:** Patient is awake, alert and in no acute distress. **Vital Signs:** Append recognition to this text.

Prequalification

Before Structured Templates are built, the client's document types are analyzed to determine their layout, formatting specifications, and content formatting. The MTSO will work with the client to understand how the document types and/or dictation templates (normals) are constructed, used, and formatted. The client should provide document samples, and if possible, audio samples. The steps below detail this process.

STEP 1: Qualify documents for ASR

The MTSO team reviews document samples specifically looking at both layout and workflow attributes to determine ASR eligibility and MLS productivity potential. The following is a description of those attributes.

– Layout Attributes

- **Required Titles** – Used when titles must appear in the document even when not dictated.
- **Canned text** – Predefined text the provider uses as additional information to the narrative. This text is usually not dictated and may be comprised of simple sentences, paragraphs of text, and parts of a document such as a Physical Exam section. This text may also contain some fill-in blanks.
 - **Document Uses**
 - Section title canned text – Text that is not spoken but appears in the document within sections (in section context boxes). Section titles must be required on the template for the canned text to appear.
 - Dictation template (normal) canned text – Text commonly used with the narrative, which adds additional information to the document.
 - In some cases, canned text may be the structure of an entire document.
 - This text should be reviewed with the provider/client to determine exactly how it's used and modified accordingly for optimal use with ASR.
 - **Document Limits**
 - It is recommended to disqualify documents having more than 70% canned text.
- **Title Order** – The document's logical order. Does the client want to see the titles in a different order vs. how they were dictated?
- **Tables** – Used to organize information in a manner that makes it easier for finding it in a document.

– Workflow Attributes

- **Section level EMR capable** – Each section of the final MLS document populates a section within the EMR. **Note: The PTF must be set to structured for this to work.**
- **Copy Paste from Prior transcriptions** – Provider asks MLS to copy a portion of text from a prior transcription and insert it into a transcription then may or may not dictate changes.
- **Split Jobs** - Dictations where the provider dictates more than one patient in an audio file.

- **“Catch all”** document types or no document types - Dictations where the provider speaks multiple document types in one audio file, or the provider doesn't select a document type at all.
- **ID Sharing** - Each provider must have their own unique dictation ID.

The table below describes some disqualifying layout and workflow attributes for ASR. There may be exceptions that override disqualification such as specific customized formatting or other elements that benefit the client or provider. Careful consideration should be given if adding one or more of these in favor the client as this will negatively impact MLS productivity.

Note: The element or behavior in red below is not supported and should automatically disqualify the document.

Document Element or Behavior	Criteria
Required Titles	More than 6 titles
Canned text – Document Template *	More than 6 titles
Canned text – Dictation Template (normal)	More than 70% of document
Canned text – Dictation Template (normal)	Appears as an entire document template that MLS inserts
Tables	Tables used for hanging indents and other complex formatting or workflow
Split Jobs	Provider dictates more than one patient or Work Type in an audio file
Copy paste from priors	Text copied from prior transcriptions into document, usually a section from another template
Catch all or no selected document type	Provider dictates different document types in one audio file or does not select a document type
ID Sharing	Multiple providers share same ID

* Canned text in a document template automatically makes sections required.

STEP 2: Pick a StyleGuide that closely matches the client's account specs

The StyleGuide is a list of rules for formatting specific pieces of content, which ASR follows during draft generation. The MLS team is given a copy of the StyleGuide to follow when typing and editing documents as well. This ensures the team is consistently formatting the content for ASR, which will learn the correct formatting, saving the MLS team keystrokes on future drafts and improve productivity.

The StyleGuide will also be used to enable a client for ASR on the platform. There are currently eight StyleGuides: eS-One (I), eS-One (II), eS-One (III), eS-One (IV), eS-One (V), eS-One (VI), eS-One (VII), and eS-One (VIII).

Work with the client to review the document samples that qualified for ASR, looking at StyleGuide specific pieces of content such as dates, abbreviations, quantities, ranges, and more*. Use this information to determine formatting standards which are then matched to a corresponding StyleGuide. **Note: It is unlikely the StyleGuide selected will fit the client's formatting requirements exactly, you should work with the client to find the closest match.**

If the client is unavailable or unwilling to work with the MTSO, then the MTSO will need to make a best guess from the document type samples analyzed.

* For a full list of formatted content see the eScripton One Institution StyleGuide Selection spreadsheet.

STEP 3: Acquire list of common section and subsection titles

Each qualified document type will be reviewed to determine a listing of the most common section and subsection titles. These titles should be recorded somewhere for reference as they will be needed for during the setup, see [STEP 1: Create/add to library of coded titles based on list of common section/subsection titles](#) for more information.

Patient Name:	John Doe1	Date of Service:	
Patient ID:	888	Date of Birth:	February 23, 1978
Clinician:	Rich Doc M.D.		

REFERRING PHYSICIAN: Dr. Brown.

REASON FOR CONSULTATION: Chronic kidney disease.

HISTORY OF PRESENT ILLNESS: The patient is a 73-year-old Hispanic man with history of hypertension, diabetes mellitus, coronary artery disease CHF who is here for followup.

The patient denies any chest pain, difficulty breathing, nausea, vomiting, or diarrhea. He denies facial or peripheral edema.

REVIEW OF SYSTEMS: As per subjective. All systems were reviewed and were negative.

ALLERGIES: No known drug allergies.

MEDICATIONS:

1. Aspirin 81 mg per day.
2. Coreg 3.125 mg twice per day.
3. Lipitor 20 mg every day.
4. Claradol 500 mg twice per day
5. Glimepiride 2 mg every morning.
6. Benicar HTC 1 tablet every other day.

PHYSICAL EXAMINATION:

General: Patient is awake, alert and in no acute distress.

Vital Signs: Blood pressure when he arrived with 174/82, heart rate 71, respiratory rate 16. Repeated blood pressure at 1150/88. Weight is 160 pounds.

HEENT: Prepend recognition to this text

Lungs: Normal breath sounds.

Heart: Regular rhythm. No rubs.

Abdomen: Soft, bowel sounds present.

The titles are used during the setup to construct the Structured document template. It is recommended to keep titles standard for the entire document type for ease of MLS team editing and template management, however Structured document templates can be built to a specific provider's list of titles if needed.

If the PTF is set to structured, titles added to a Structured template will become available in a drop-down list, which the MLS can use to: quickly add titles via auto-completion, transform text into titles, and convert titles into text. The MLS also has shortcuts for efficiently removing titles as well.

Referring Physician
Dr. Brown.

Reason for Consultation
Chronic kidney disease.

History of Present Illness
The patient is a 73-year-old Hispanic male with a history of coronary artery disease, CHF who is here for followup. The patient denies any chest pain, difficulty breathing, or facial or peripheral edema.

Review of Systems
As per subjective, all systems were reviewed.

Allergies
No known drug allergies.

Add Section
 Filter based on current section
Title: Medications Code: 5010
Allergies
Family History
History of Present Illness
Medications
Past Medical History
Reason for Consultation
Referring Physician
Review of Systems
Cancel

If the PTF is unstructured, no drop-down list is available. When typing, the MLS will type as normal either free form text or from a document template. When editing drafts, the Structured template will be used to format any recognized titles per the client's layout requirements.

REASON FOR CONSULTATION: Uncontrolled type 2 diabetes mellitus.

HISTORY: The patient is a 40-year-old man who came to the hospital emergency room on 07/01/2014 with complaints of polyuria, polydipsia and worsening back pain. He has had diabetes mellitus for 2 years. Hypothyroidism for a number of years and bipolar affective disorder. He had multiple ER and hospital admissions to.

PAST MEDICAL HISTORY: Uncontrolled diabetes, hypertension and depression.

REVIEW OF SYSTEMS:
CONSTITUTIONAL: level is fair. He is tired at times he no headache, dizziness or blurred vision.
RESPIRATORY: No cough or shortness of breath.
CARDIOVASCULAR: No chest pain or palpitations.
GI: No nausea, vomiting, diarrhea, constipation or abdominal pain. **GU:** He has polyuria and dyspnea. He does drink water.

PHYSICAL EXAMINATION:
General: Slender well developed man in no acute distress.
Vital Signs: Blood pressure 119/80, temperature 97.7 degrees, pulse 100, respiratory rate 18 he is 6 feet tall and weighs 118 pounds.

STEP 4: Determine layout and style-specific formatting

The MTSO will review qualified documents, looking at style and layout elements.

Patient Name:	John Doe1	Date of Service:	
Patient ID:	888	Date of Birth:	February 23, 1978
Clinician:	Rich Doc M.D.		

REFERRING PHYSICIAN: Dr. Brown.

REASON FOR CONSULTATION: Chronic kidney disease.

HISTORY OF PRESENT ILLNESS: The patient is a 73-year-old Hispanic man with history of hypertension, diabetes mellitus, coronary artery disease CHF who is here for followup.

The patient denies any chest pain, difficulty breathing, nausea, vomiting, or diarrhea. He denies facial or peripheral edema.

REVIEW OF SYSTEMS: As per subjective. All systems were reviewed and were negative.

ALLERGIES: No known drug allergies.

MEDICATIONS:

1. Aspirin 81 mg per day.
2. Coreg 3.125 mg twice per day.
3. Lipitor 20 mg every day.
4. Claradol 500 mg twice per day.
5. Glimpiride 2 mg every morning.
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PHYSICAL EXAMINATION:

General: Patient is awake, alert and in no acute distress.

Vital Signs: Blood pressure when he arrived with 174/82, heart rate 71, respiratory rate 16. Repeated blood pressure at 1150/88. Weight is 160 pounds.

HEENT: Prepend recognition to this text

Lungs: Normal breath sounds.

Heart: Regular rhythm. No rubs.

Abdomen: Soft, bowel sounds present.

The MTSO will look for attributes such as:

- Section title style
 - What do the titles look like? Are they bolded, Upper Case, Title Case, have other formatting?
 - What is the spacing between titles? Single space, double space?
- Subsection title style
 - What do the titles look like? Are they bolded, Upper Case, Title Case, have other formatting?
 - What is the spacing between titles? Single space, double space, in paragraph format?
- Content placement
 - Where does the content of the title appear? To the right of the title, below the title?
- Numbered lists
 - How should numbered lists appear? Flush left or Indented?

Usually the style determined applies to the entire document but can be specific to the individual provider. The best practice is to keep the style uniform for all providers when possible. This makes it easier to manage the Structured Templates.

Setup

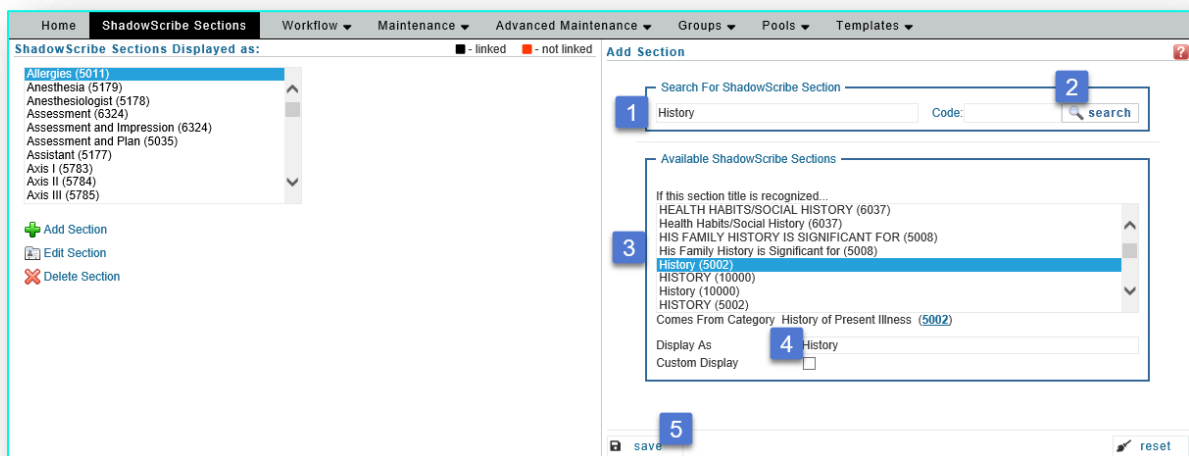
Once the MTSO has qualified the document types and gathered specific requirements, they can now setup the client templates.

STEP 1: Create/add to library of coded titles based on list of common section/subsection titles

Go to Client Maintenance > Advanced Maintenance > ShadowScribe Sections to get to the ShadowScribe Sections screen.

Use the list of titles from the recoded list from step 3 in the PREQUALIFICATION section of this document to determine if any new titles need to be added to the library.

Note: If this is your first client setup, you will not have any existing titles in your library.



To add a title:

1. Type the title you need to add from your recorded list into the search box.
2. Click search.

A list will appear showing all the titles that contain the name that was searched.

3. Locate the title you need and double click on it.
4. The name will appear in the "Display As" text box.

- Click save. Saved titles appear to the left of the screen in the “ShadowScribe Sections Displayed as” list. The titles in this list are SHARED across the entire MTSO. Any new clients would have access to these titles when building Structured templates.

If you can't find the exact title, try to find the closest match and then rename the title.

To rename the title:

Add Section

Search For ShadowScribe Section

Brain Code: search

Available ShadowScribe Sections

If this section title is recognized...

- Brain Parenchyma (7284)
- MRA Brain (7213)
- MRI Brain (7219)**

Comes From Category MRI Brain (7219)

Display As 2

Custom Display 1

- Click the Custom Display box.
- Edit the title in the “Display As” box.

Important Notes on adding section titles:

- ALWAYS add section titles in grammatical title case even if you know the customer wants it in upper case. For titles that have prepositions like “of”, “for”, or conjunctions like “and”, put the prepositions and conjunctions in lower case and the rest in title case. For titles that have acronyms put the acronyms in upper case.

E.g. “History of Present Illness”

Incorrect: HISTORY OF PRESENT ILLNESS or History Of Present Illness

Correct: “History of Present Illness”

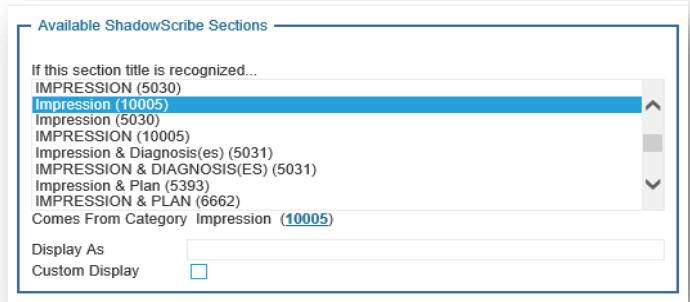
E.g. “MRI of the Brain”

Incorrect: Mri Of The Brain or Mri of the Brain

Correct: MRI of the Brain

2. About searched titles, titles that appear in the “Available ShadowScribe Sections” list:

- a) Some titles are duplicated
- b) Some titles appear in Uppercase and Title case
- c) Some titles appear with different codes
- d) Adding a COMPOUND TITLE – that uses any special chars like &, /, etc. ALWAYS use the word “and”. Special characters are technically not supported by ASR and may not be learned or learned incorrectly.

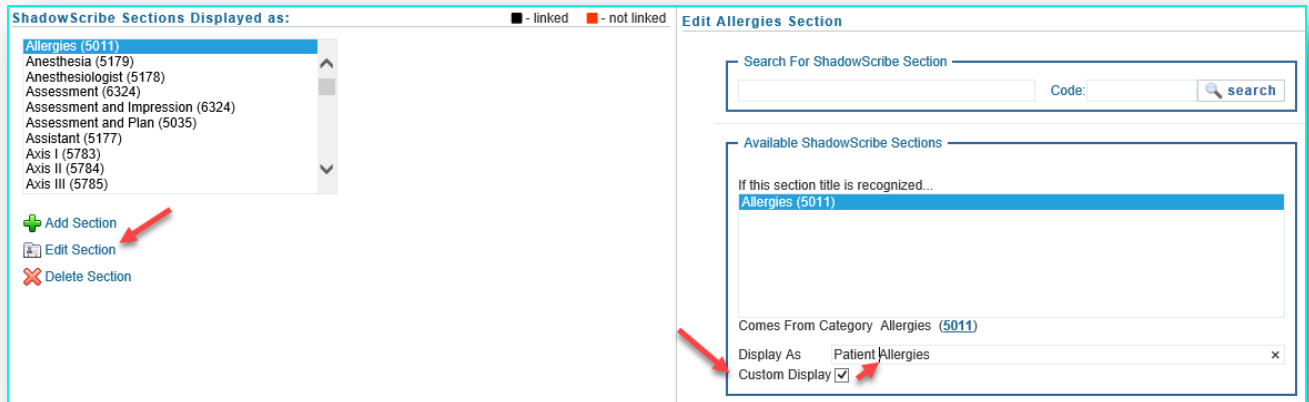


Items a – c are known issues and will be addressed in a future version of the software.

Note: When selecting a title with duplicate names and codes, or titles with the same name and code, ALWAYS select the title with the higher code.

Editing and deleting section titles

To edit a section title, select the title from the “ShadowScribe Sections Displayed as” list and click “Edit Section”.

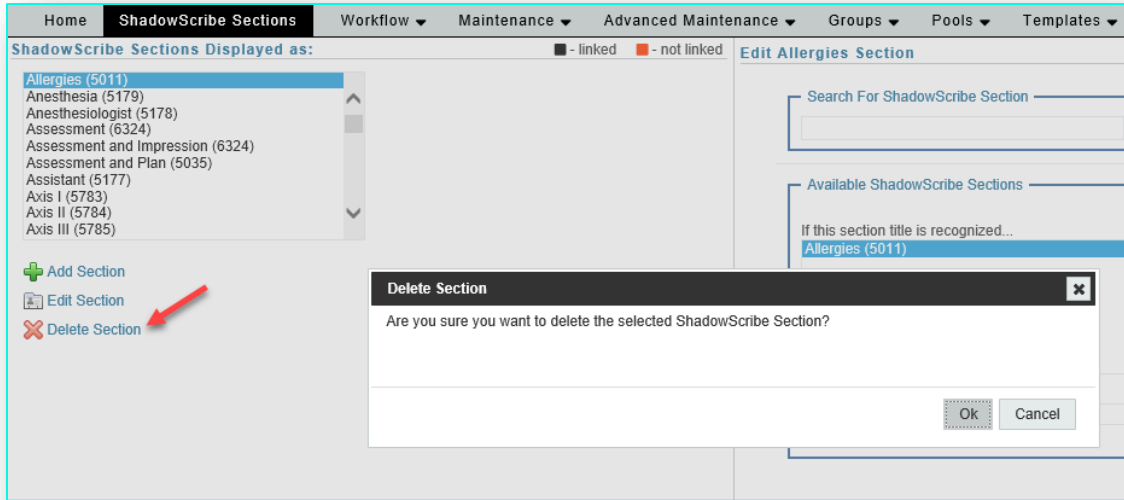


This will open the Edit Screen to the right, check the “Custom Display” box to edit the existing title. When finished hit save.

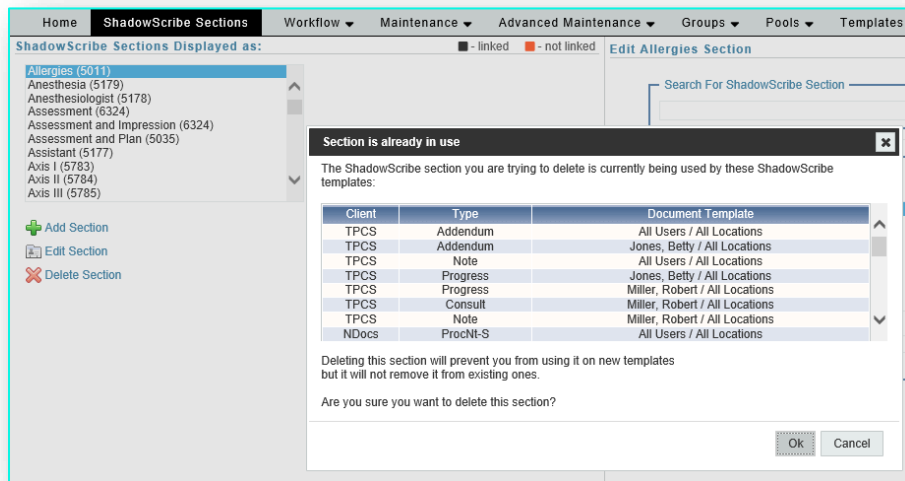
IMPORTANT: Use EXTREME CAUTION when editing existing section titles. Section titles are shared across all clients within the MTSO. If you edit an existing title in use by another client, you will affect any Structured Templates that use the same title, instantly changing their existing title to the new one.

Deleting Section Titles

When deleting section titles, the system will first ask if you want to delete the title.



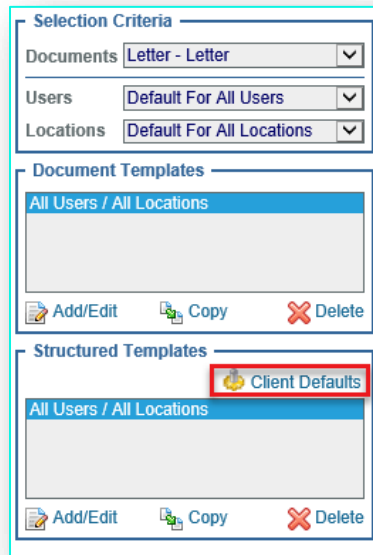
When selecting OK, the system will check existing clients to determine if the title to delete is in use, and if so, will prompt with a list of clients using the title and which templates are exactly using them.



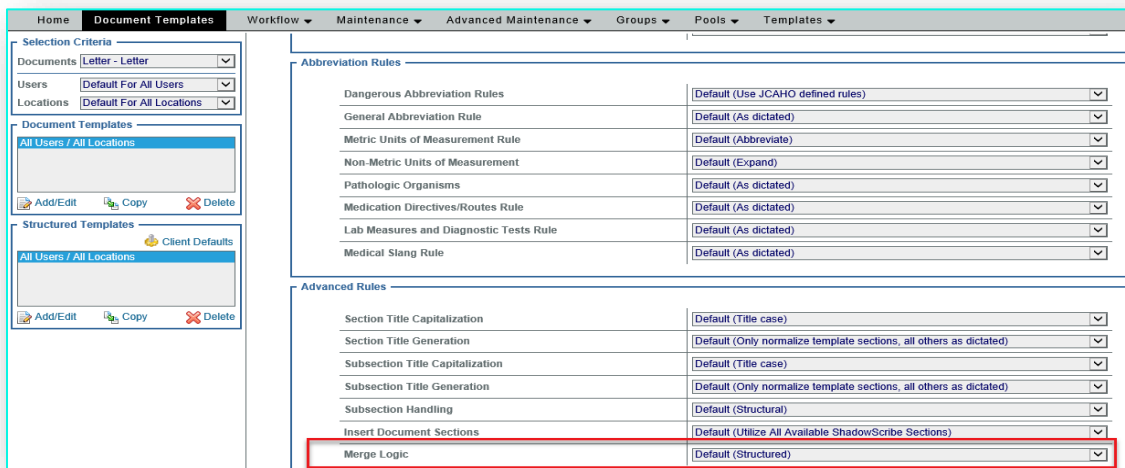
Note: If you delete a section, it will not be removed from existing clients, but future clients will not be able to use the section.

STEP 2 Setup STRUCTURED Template defaults

Go to Templates> Document Templates > and click on the “Client Defaults” link under the Structured Templates section.



3. Set the Client Default Draft Rules and Format Rules. Click the “Client Defaults link”, expand the Draft Rules tab, scroll to the “Advanced Rules” section and set the merge logic to “Structured” if you’re doing an advanced setup or “Dictated” if you’re doing a basic setup.



Note: While scrolling down you will notice the “General Rules” and “Abbreviation Rules” sections. These rules have been replaced by the StyleGuide and should be ignored. The exception to this is the AHDI Spacing Rules which determines the number of spaces after a period in a sentence. The default is set to “double space”. This can be switched to single space if required by the client.

How to know if your setup is advanced or basic. A basic setup is typically used when the client dictating style is all verbatim without any canned text or required sections. This means section titles appear in the order dictated. An advanced setup is used when one or more of the following are true:

- The client wishes to transform spoken title variations into standardized titles
 - The document has one or more sections containing canned text
 - The document has one or more sections that are required to appear in the final report whether dictated or not
 - The client wishes to see the titles in a different order than dictated
 - The client is setup with a section level interface
4. Set Format Rules. These are the layout and formatting specifications of titles and content at the client level. Here you set things like title style (bold, casing, title punctuation), spacing between content and titles, spacing between titles, numbered list formatting and more. Any settings made here will affect all document templates unless overridden at the document or user level.

The screenshot shows the 'Edit Client Defaults Structured Template' interface. The 'Format Rules' section is expanded, displaying a table of settings for various formatting rules. A red arrow points to the 'preview' button at the bottom of the interface.

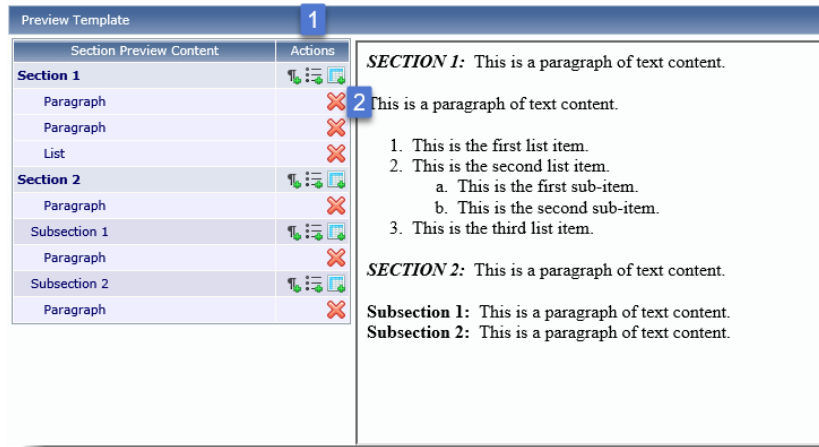
Section Rules	
Section Visibility	Section should display if there is no content
Title Visibility	Default (Display Section Titles)
Title Case	Default (Upper Case)
Bold Title	On
Italicize Title	On
Underline Title	Default (Off)
Title Punctuation	Default (Use colon after section title)
Spacing Between Title and Paragraph	Inline
Spacing Between Title and Inline Content	Default (Two Spaces)
Spacing Between Title and List	Single Space
Spacing Between Title and Table	Default (Double Space)
Spacing Between Title and Subsection	Single Space
Spacing Between Paragraphs	Default (Double Space)
Spacing Between Paragraph and List	Default (Double Space)
Spacing Between Paragraph and Table	Default (Double Space)
Spacing Between Paragraph and Subsection	Default (Double Space)

At the bottom of the interface, there are buttons for 'save' and 'preview'. A red arrow points to the 'preview' button. The status bar at the bottom right shows 'last modified by' and '18 3:07:41 PM'.

Use the “preview” button to check the formatting. Preview is a tool used to get a general sense of the formatting. It uses very simple text to produce a basic layout of how the document will format.

To use the Preview tool:

1. Use the Action icons to add different types of generic text such as paragraphs and lists.
2. Remove generic types of text with the red X.

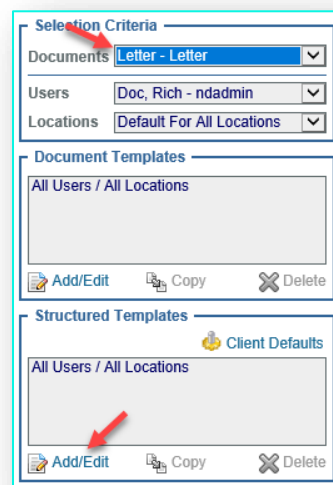


You may have to remove paragraphs of generic text to create a specific formatting scenario. For example, in the screenshot above, to see how numbered lists appear under a section title, you would need to remove the paragraph under SECTION 1.

STEP 3: Build the structured document template

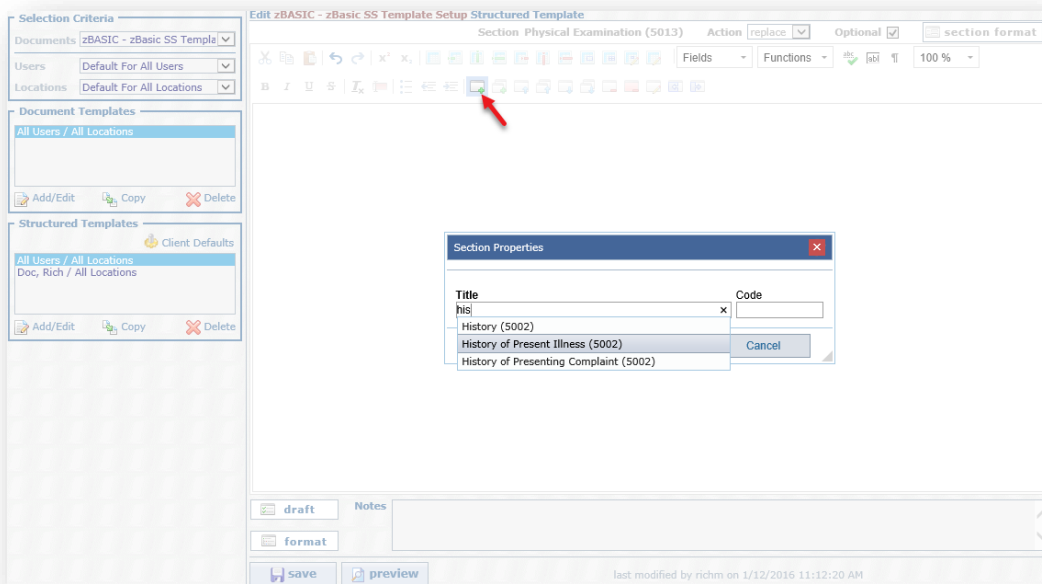
Adding sections

Select a document type from the “Documents” drop-down and click on “Add/Edit” under the Structured Templates section.

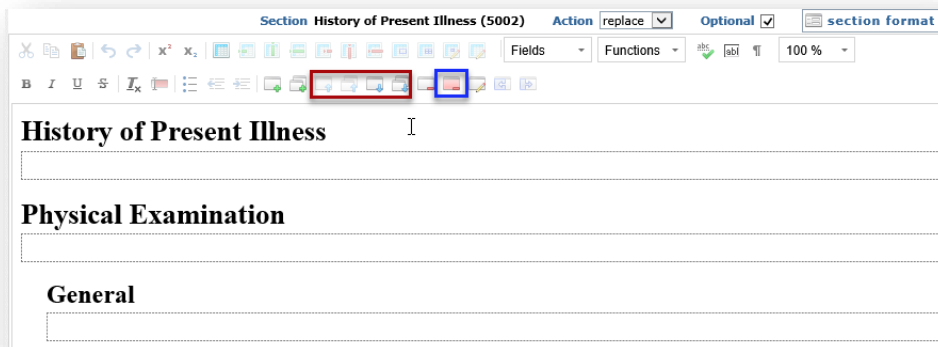


Add section and subsection titles in logical order from the document analysis as mentioned in the Prequalification_section of this document. Ideally, the Structured template section titles should reflect the order of the samples, which should be the order dictated or close to the order dictated. In some scenarios, sections added may be variations of the spoken title. For example, the provider may speak “HPI”, but the medical facility requires the title to appear as “History of Present Illness” on their documents.

Add a section by clicking on the green plus icon. This brings up the Section properties window where you can type to find the title to insert into the template.

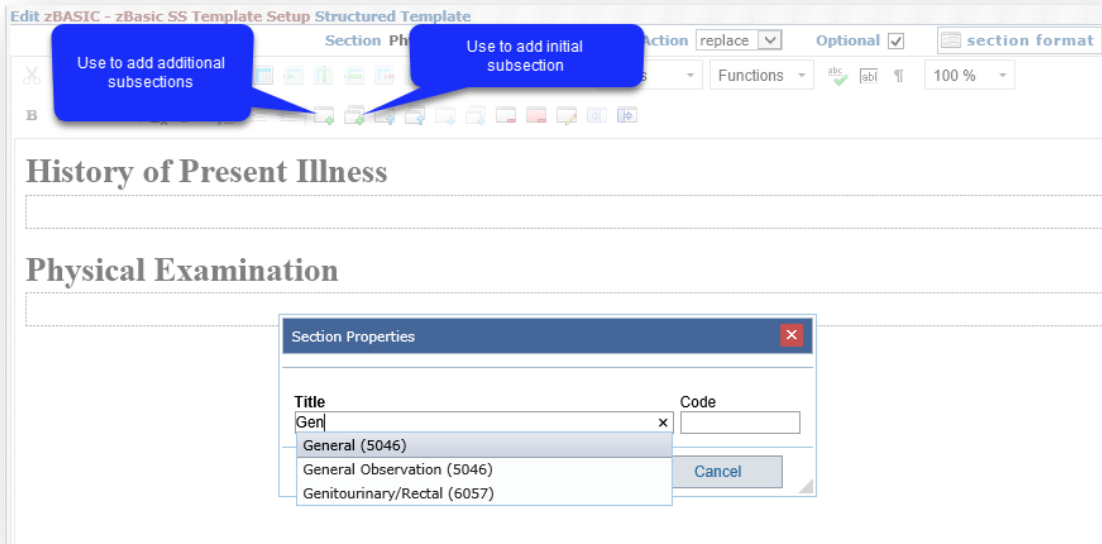


Use the icons in the red box to move sections around. Use the icon in the blue box to remove sections. For more details on removing sections see [Removing sections](#).

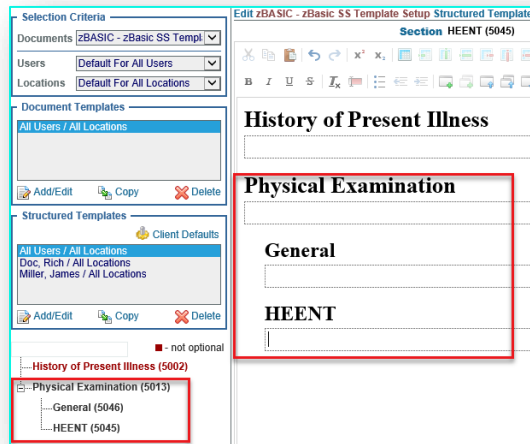


If subsections are part of the document, add them using the “Add Subsection” icon. In the “Section Properties” window, search for and select the subsection title you want to add and click save.

Note: The subsection icon is only used to add the first subsection. Subsequent subsections are added using the “Add Section” icon.



Notice when adding subsections, they appear indented under the main title. The indent is used to easily identify the subsections within the template.

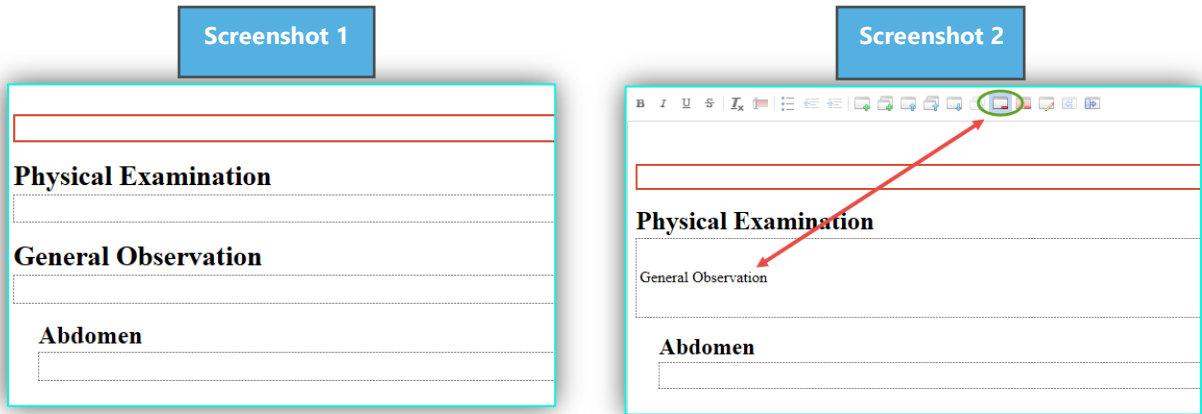


In the screenshot above, “General” and “HEENT” are subsections of the Physical Examination and appear indented.

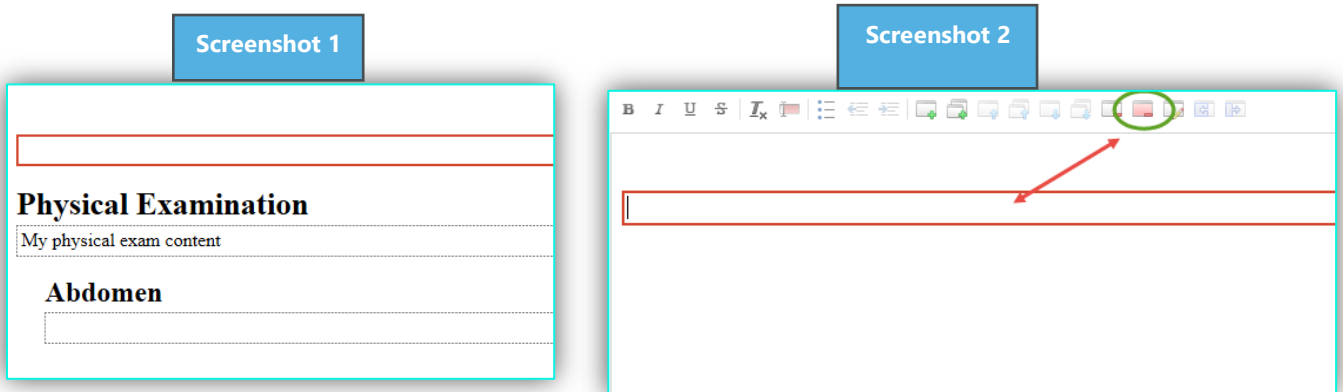
Removing sections

To remove a section or subsection, place the edit cursor in the section to be removed and use either the “Remove Section” or the “Remove Section and Contents”.

Remove Section: converts the section title into plain text, where it can be deleted. Notice the “General Observation” in screenshot 1 is transformed into text in screenshot 2. The text can then be edited or deleted.



Remove Section and Contents: removes the entire section and any content in that section. Also, if there are any subsections attached to the main section those will be removed as well. In this case screenshot 1, Physical Examination had the subsection “Abdomen” which was removed as shown in screenshot 2.



Working with canned text

It's always ideal for the MLS to work on documents without canned text. For cases where canned text is required:

1. Place the edit cursor into the section of the editor you wish to add your canned text and type the text.
2. Uncheck the “optional” box to make the section required. This makes the section title and canned text appear to the MLS. **Note: Canned text cannot be added to the template without a section title.**

Canned text best practices for document templates

When adding canned text follow these best practices to help optimize MLS productivity potential:

Inserting Canned Text

Adding new content (creating canned text):

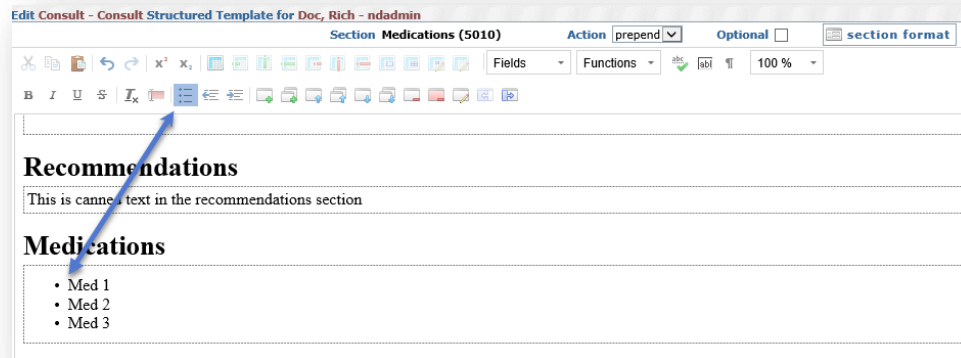
- Type the content directly into the section or subsection box.

Copying existing canned text:

- When copying existing text from another source such as the unstructured editor or a word document ALWAYS PASTE into NOTEPAD FIRST, clean-up any formatting, and then paste it into the section or subsection of the template. This will prevent any formatting issues that can arise from direct copy and paste from the original source.

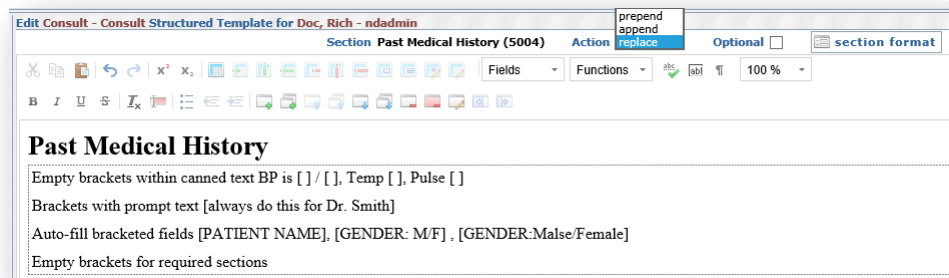
Adding numbered lists:

- When adding numbered lists, do not add the numbers, convert the numbers into bullets using the bullet option from the tool bar. The bullets will be converted into numbers by the format rules and will appear to the MLS as numbers when the PTF is unstructured. When the PTF is structured, the bullets will appear to the MLS but will be converted to numbers on delivery.



Using Brackets [] within canned text

- Use empty bracketed fields [] within canned text when:
 - Canned text has blanks to fill in, usually within sentences
 - Additional instructions in a certain section needs to be conveyed to the MLS, such as [as dictated], or [type here]
- Use auto-complete bracketed “Fields” when:
- Certain common demographic information is part of the section canned text. E.g, for patient name and gender use [PATIENT NAME] and [GENDER:M/F] or [GENDER: Male/Female]



When working with empty brackets and auto-complete bracketed fields of a particular section, set the “Action” drop-down to “append”, to have the recognized text appear after the brackets, or “prepend” to have recognized text appear before the brackets.

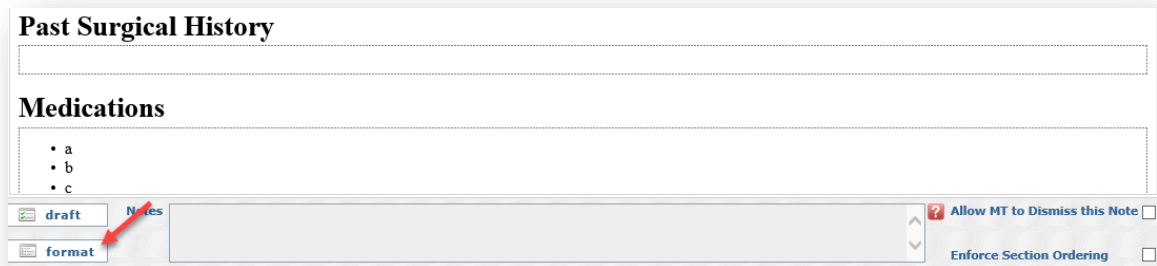
- Use bracketed fields in sections when:
 - o A section is required but has no canned text. This can make it easier for the MLS to navigate through the sections when typing from scratch. When editing drafts, the brackets can be overwritten by the recognized text.
 - o When using bracketed fields in this fashion, leave the "Action" drop-down to "replace".

Apply document type or user specific format rules

If Client Default format rules need to be overridden for a specific document type or user, follow these best practices:

1. Override formatting at Document Type Level:

If you need to have different formatting for an individual document vs. the entire client, edit the document type and click on the "format" button located below the editor and set any rules that need to specifically override the client default.



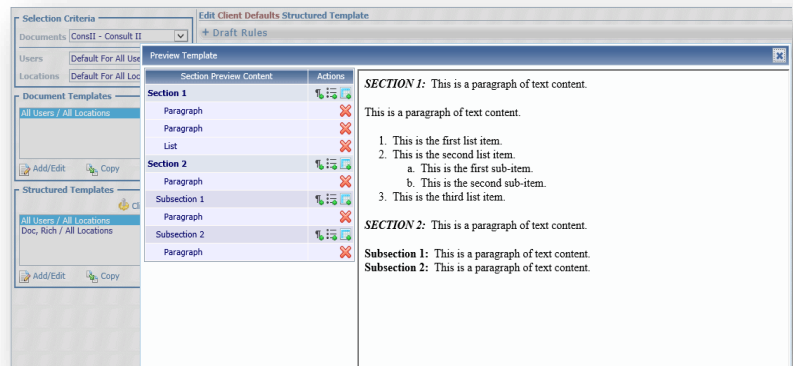
In the example below, the “Client Defaults” screen shot, the section titles are set to bold and italics. This means every document type for every user will have bold and italicized titles. However, the “Consult II” Document Type needs to have no bold and italics main section titles.

Client Defaults



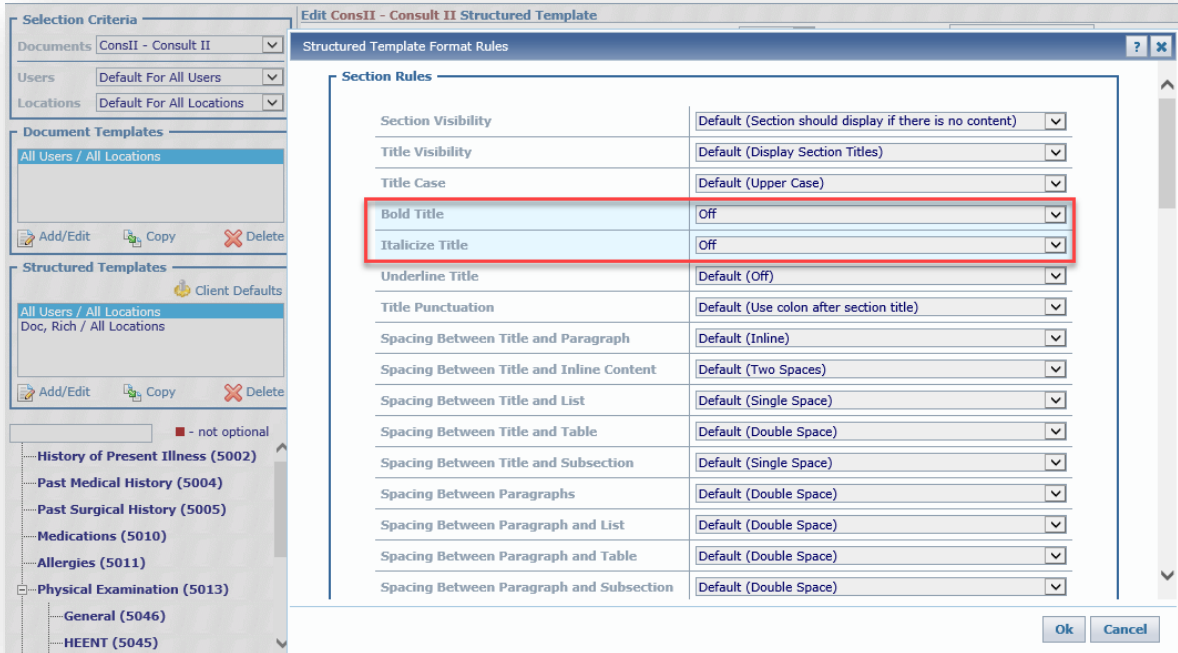
Client Defaults Preview

The “Client Defaults Preview” to the right, shows a generic sample of the current formatting.



In the “Document Type” screenshot below, for the “Consult II” document, both bold and italics have been set to “off”. This means every “Consult II” document type for every user will not have bolded or italicized titles.

Document Type



The Document Type Preview below, shows a generic sample of this new formatting. **Note:** This formatting only applies to main section titles. To apply this formatting to subsections, the “Subsection Rules” would need to be changed. In this case, in the Structured Template format rules window, above, you would scroll to the Subsection Rules.

Document Type Preview

The screenshot shows the 'Edit ConsII - Consult II Structured Template' window. The 'Preview Template' pane displays the following content:

Section Preview Content	Actions
History of Present Illness (5002) Paragraph	[Icons]
Past Surgical History (5005) Paragraph	[Icons]
Medications (5010) Paragraph	[Icons]
Allergies (5011) Paragraph	[Icons]
Physical Examination (5013) General (5046) HEENT (5045) Paragraph Vital Signs (5014) Paragraph Heart (5049) Paragraph Lungs (5054) Paragraph	[Icons]
Laboratory Data (5018) Paragraph	[Icons]

The preview content on the right side of the window is as follows:

HISTORY OF PRESENT ILLNESS: This is a paragraph of text content.

PAST SURGICAL HISTORY: This is a paragraph of text content.

MEDICATIONS:
This is a paragraph of text content.

ALLERGIES: This is a paragraph of text content.

PHYSICAL EXAMINATION:
General: This is a paragraph of text content.
HEENT: This is a paragraph of text content.
Vital Signs: This is a paragraph of text content.
Heart: This is a paragraph of text content.
Lungs: This is a paragraph of text content.

LABORATORY DATA: This is a paragraph of text content.

IMPRESSION: This is a paragraph of text content.

RECOMMENDATIONS:
This is a paragraph of text content.

PLAN: This is a paragraph of text content.

2. Override formatting at User Level:

If you have individual users requiring specific formatting other than the default, you can set format rules at the user level.

In the example below “Miller, James” has his own template and requires his titles to be italics and “As is”, which means as they appear in the system, not upper case.

Miller, James

Section Rules	Value
Section Visibility	Default (Section should display if there is no content)
Title Visibility	Default (Display Section Titles)
Title Case	As Is
Bold Title	Default (On)
Italicize Title	Default (On)
Underline Title	Default (Off)
Title Punctuation	Default (Use colon after section title)
Spacing Between Title and Paragraph	Default (Inline)
Spacing Between Title and Inline Content	Default (Two Spaces)
Spacing Between Title and List	Default (Single Space)
Spacing Between Title and Table	Default (Double Space)
Spacing Between Title and Subsection	Default (Single Space)
Spacing Between Paragraphs	Default (Double Space)
Spacing Between Paragraph and List	Default (Double Space)

The screenshot below, using the “preview” button, shows the titles with the updated formatting.

Preview

Section Preview Content	Actions
Referring Physician (5274) Paragraph	🔍 🔄 🗑️
Reason for Consultation (6038) Paragraph	🔍 🔄 🗑️
History of Present Illness (5002) Paragraph	🔍 🔄 🗑️

Referring Physician: This is a paragraph of text content.
Reason for Consultation: This is a paragraph of text content.
History of Present Illness: This is a paragraph of text content.

save preview

3. Override formatting at Section Level:

If you have individual sections needing specific formatting vs. other sections of the document, then you can adjust the format rules at the section level.

In the example below, the section called “Title” needs to remain hidden when the job is delivered to the client. To do this at the section level:

- A. Place the edit cursor into the section, in this case the “Title” section
- B. Click on the “section format” button
- C. Set “Title Visibility” to “Hide Section Titles”

The screenshot illustrates the steps to override formatting at the section level. The main window shows a document template with sections: Title, Referring Physician, Reason for Consultation, and History of Present Illness. A 'section format' button is highlighted with a blue 'B'. A 'Format Rules For Title (6050) Section' dialog box is open, showing 'Section Rules' where 'Title Visibility' is set to 'Hide Section Titles', highlighted with a blue 'C'. A 'Selection Criteria' panel on the left shows document, user, and location filters. A table at the bottom left lists sections with their IDs and optional status.

Section Name	Section ID	Optional
Title	(6050)	not optional
Referring Physician	(5274)	
Reason for Consultation	(6038)	
History of Present Illness	(5002)	

Note: If using the document template with required sections, always set “Section Visibility” on the individual section to “Section should display if there is no content”. This guarantees the section will remain visible in the document even if the provider doesn’t dictate it.

Common format rule setup scenarios

Most format rule setups will follow a standard. This section of the manual describes the settings for the most common configuration.

STANDARD SETUP:

The screenshot shows the 'Structured Template Format Rules' dialog box with the 'Section Rules' tab selected. The following settings are highlighted with red boxes:

Setting	Value
Section Visibility	Default (Section should display if there is no content)
Title Visibility	Default (Display Section Titles)
Title Case	Default (Upper Case)
Bold Title	Default (On)
Italicize Title	Default (On)
Underline Title	Default (Off)
Title Punctuation	Default (Use colon after section title)
Spacing Between Title and Paragraph	Default (Inline)
Spacing Between Title and Inline Content	Default (Two Spaces)
Spacing Between Title and List	Default (Single Space)
Spacing Between Title and Table	Default (Double Space)
Spacing Between Title and Subsection	Default (Single Space)
Spacing Between Paragraphs	Default (Double Space)
Spacing Between Paragraph and List	Default (Double Space)
Spacing Between Paragraph and Table	Default (Double Space)
Spacing Between Paragraph and Subsection	Default (Double Space)
Spacing Between List and Paragraph	Default (Double Space)

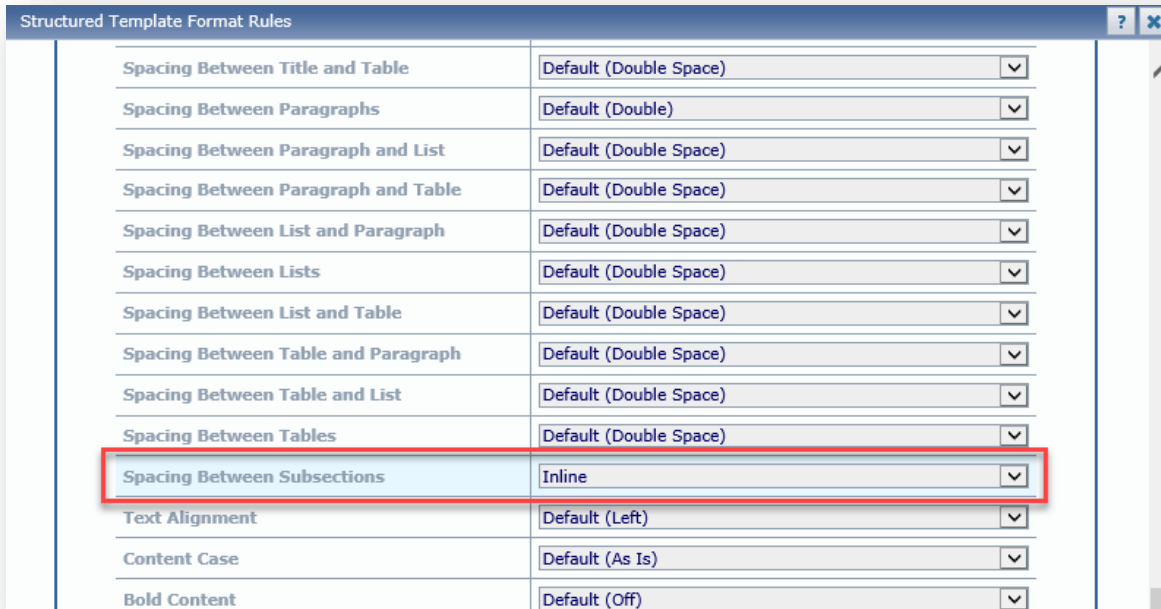
This produces these formatting results:

- Bolded Title set to “On” - bolds the titles.
- Spacing Between Title and Paragraph set to “Inline” - places the content to the right of the section title.
- Spacing Between Title and Subsection set to “Single Space” - ensures there is no space between the main section title and first subsection.

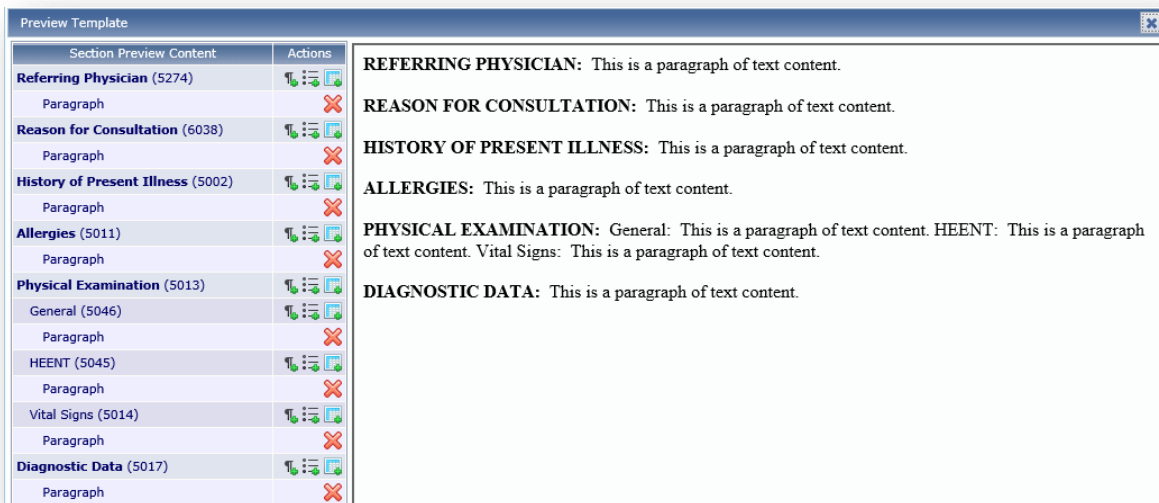
Note: This example, above, shows the setup at the document type level, but this could also have been applied at the Client Defaults level, if this formatting was to apply to all document types.

STANDARD SEUTP FOR SUBSECTION TO FORMAT AS PARAGRAPHS

In this scenario, the customer wants subsections in paragraph format. To accomplish this, set the Subsection Rules option “Spacing Between Subsections” to “Inline”.

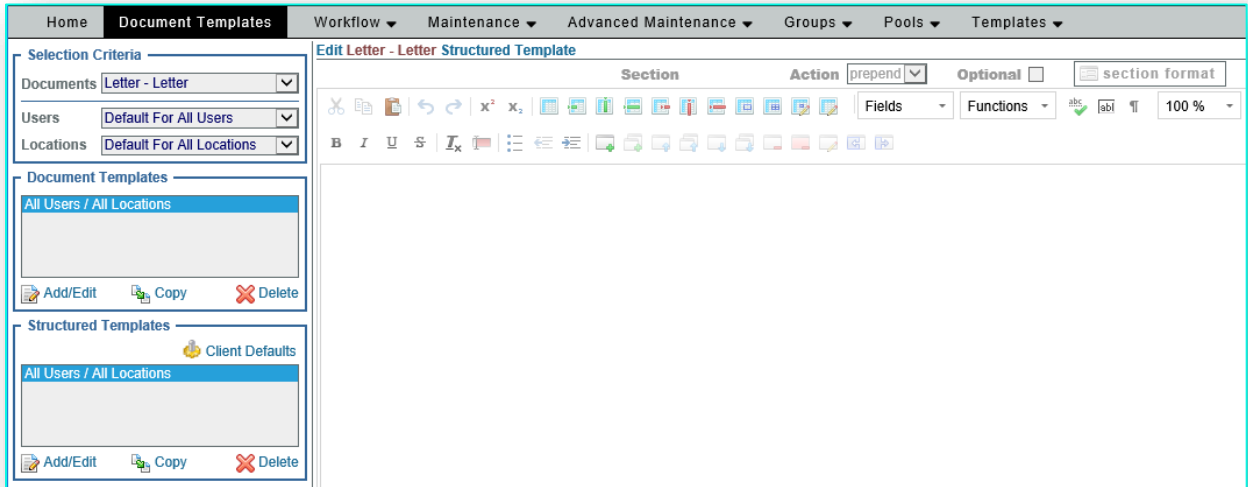


The preview below shows a generic sample of what the formatting change looks like, showing the content of the physical examination in paragraph format.



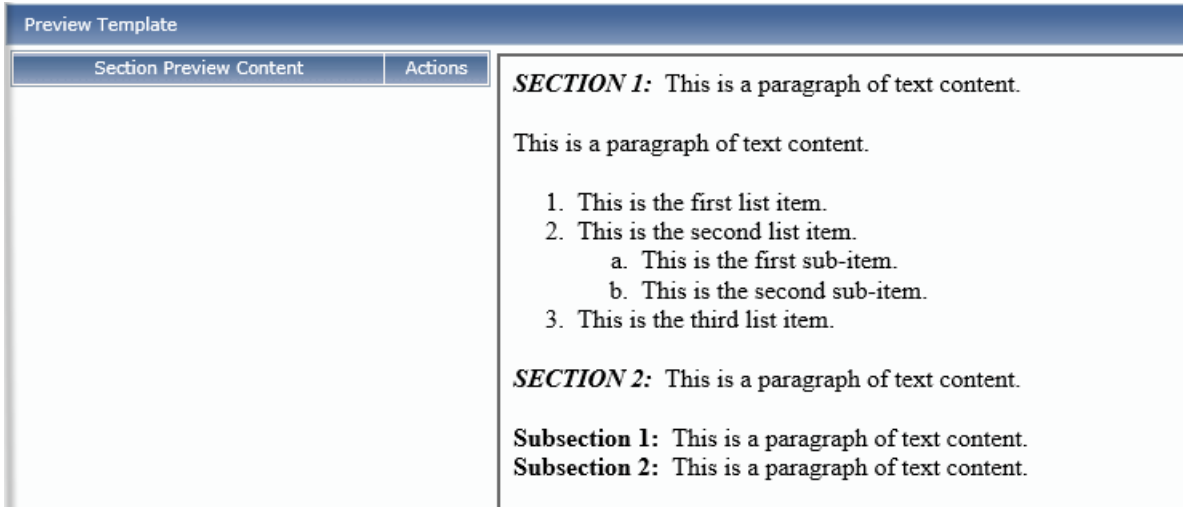
STANDARD SETUP FOR NO SECTION TITLES

This configuration is used when a template does not require section titles such as when setting up a letter. Notice, for this setup, the template is blank.



Also, since a letter usually contains paragraphs of text with no special formatting, no format rules need to change.

Looking at the preview can be a little misleading because the generic sample displays sections, paragraphs, numbered lists, and subsections. Remember, the preview tool always displays sample text by default. If these were dictated on the letter, then the preview shows how it would format. However, since titles are not typically dictated the preview can be ignored.



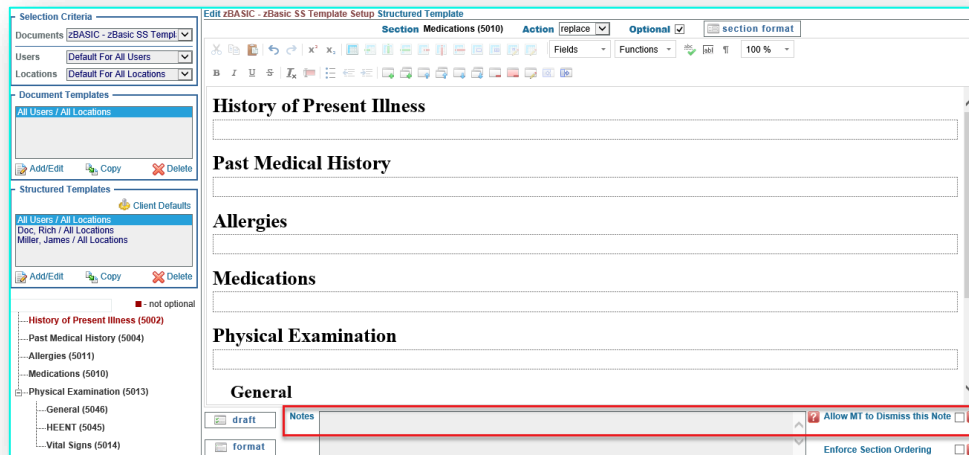
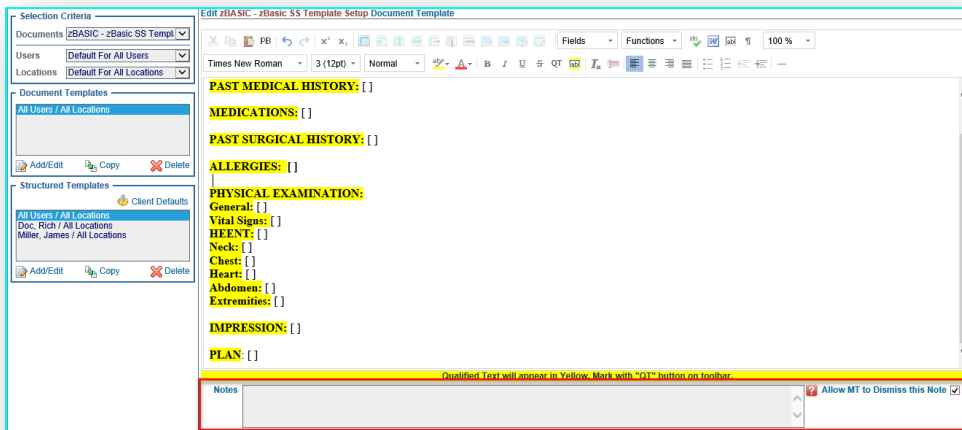
Letter type documents for Structured Templates are easy to setup since there are no Structured templates to make and usually no format rules to change.

STEP 4 Set (optional) MT Notes

MT Notes Option

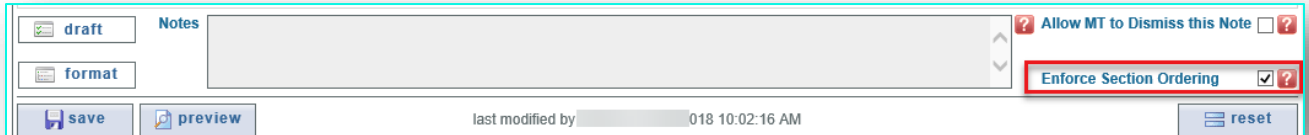
MT notes allow notes to be added to the Structured template and works in the same manner as MT notes do in traditional unstructured templates. The two screenshots below show the traditional template with MT notes compared with the Structured template. Notice both have the MT Notes section.

Note: If notes are available for the traditional unstructured template, these notes must also be copied to the Structured template, otherwise the MLS will not see the notes when editing a draft.



Enforce Section Ordering Option

Set at the document type or user level, this option controls the order of the sections delivered to the client. When enabled, the dictated section title order will follow the order of the Structured template regardless of the order dictated. When disabled, the dictated section title order will appear in the order dictated. This is useful when the clinician speaks titles in a different order vs. the title order required by the client.



Note: This option can only be used when the PTF is set to structured. It DOES NOT work when the PTF is set to unstructured.

With this option enabled, the example below shows the MLS the sections in dictated order. The Structured document template shows a different order. E.g. note, Allergies comes first on the template.

MLS View

Referring Physician
Dr. Brown.

Reason for Consultation
Chronic kidney disease.

History of Present Illness
The patient is a 73-year-old Hispanic man with history of hypertension, diabetes mellitus, coronary artery disease, CHF who is here for followup. The patient denies any chest pain, difficulty breathing, nausea, vomiting, or diarrhea. He denies facial or peripheral edema.

Review of Systems
As per subjective, all systems were reviewed and were negative.

Allergies
No known drug allergies.

Structured Document Template Order

-Allergies (5011)
 -Past Medical History (5004)
 -History of Present Illness (5002)
 -Medications (5010)
 -Family History (5008)
 -Review of Systems (5012)
 -Reason for Consultation (6038)
 -Referring Physician (5274)
- - not optional

With enforce section ordering enabled, notice the position of “Allergies” and “Reason for Consultation” in the client output. This follows the order of the template as shown in the Structured Document Template Order above.

Client output

Patient Name:	John Doe1	Date of Service:	
Patient ID:	888	Date of Birth:	February 23, 1978
Clinician:	Rich Doc M.D.		

ALLERGIES: No known drug allergies.

HISTORY OF PRESENT ILLNESS: The patient is a 73-year-old Hispanic man with history of hypertension, diabetes mellitus, coronary artery disease CHF who is here for followup.

The patient denies any chest pain, difficulty breathing, nausea, vomiting, or diarrhea. He denies facial or peripheral edema.

MEDICATIONS:

1. Aspirin 81 mg per day.
2. Coreg 3.125 mg twice per day.
3. Lipitor 20 mg every day.
4. Claradol 500 mg twice per day.
5. Glimepiride 2 mg every morning.
6. Benicar HTC 1 tablet every other day.

REVIEW OF SYSTEMS: As per subjective. All systems were reviewed and were negative.

REASON FOR CONSULTATION: Chronic kidney disease.

PHYSICAL EXAMINATION:

Structured template setup best practices

When setting up Structured Templates follow these best practices:

If PTF is unstructured

- It is not necessary to add all titles to the Structured template. At a minimum, add one title and set the format rules for this. This title will be the model the system uses to format any other recognized titles in the draft. However, if the document type contains a main section along with corresponding subsections such as Review of Systems (ROS) and Physical Examination (PE), then add these sections and any commonly dictated subsections under them. This ensures subsections are properly formatted in the draft.

Note: The system can only format subsections if they are defined in the template. Undefined subsections will be treated as main section titles and formatted as such.

- If the unstructured template has MT notes, make sure to copy the MT notes to the Structured template.

If PTF is structured

- Always try to set up the template with as many optional that will be dictated. This provides the MLS with a pick list of titles when typing and editing to save keystrokes. If required sections or canned text are necessary, try to use the least amount of these as possible.
- If converting from an existing unstructured template with MT notes, make sure to copy the MT notes to the Structured template.

For both PTF formats structured and unstructured

- Always try to make a template that is for All Users. Avoid customized templates when possible. This makes the template easier to manage and keeps things more consistent for the MLS.

- If your template has required sections, edit the Format Rules for the individual section(s) and set Section Visibility to “Section should display if there is no content”. This guarantees the section will display for the client even if there isn’t any content.
- Always keep titles in a logical order as close to how they’re dictated as possible even if they are optional. This makes them easier to manage.
- If the document has subsections always create the ShadowScribe template with as many of the commonly dictated subsections as possible. This will decrease the chances of a subsection formatting incorrectly as a main section.
- If the document has a Review of Systems (ROS) and a Physical Examination (PE), always make sure the ROS comes BEFORE the PE. Make sure both the ROS and PE have defined subsections that reflect what is most commonly dictated.

STEP 5: Building ShadowScribe dictation templates

Dictation Template Analysis

ShadowScribe Dictation templates (or normals), conceptually work the same as traditional templates. The provider will ask to insert their template and the MLS will locate, find the template, and insert it into the document.

With drafts, ASR does not automatically insert the dictation template for the MLS. The provider’s instruction “insert my normal...” or “insert my template...”, for example, will appear in the draft along with any changes to the normal or template. The MLS will have to remove the instruction, insert the dictation template, and update the template, cleaning up the recognized instructions.

In the Typing world, it’s easy to use dictation templates because they’re worked on as the content for them is dictated. If a spoken title was in the dictation template, the MLS would move to that section and fill in any missing content for that section. If there was content spoken that was already in the template, the MLS could easily remove it.

In the Editing world, ASR creates a draft of what the provider speaks. If titles and/or content are spoken that are already in the dictation template, those titles and/or content will appear TWICE to the MLS. Once as ASR recognized it, and second from the canned text within the dictation template the MLS inserted, canned text that the provider spoke. As a result, the MLS must spend extra time merging the recognized content with the dictation template, cleaning up titles and content that were already recognized in the original draft, **significantly impacting productivity.**

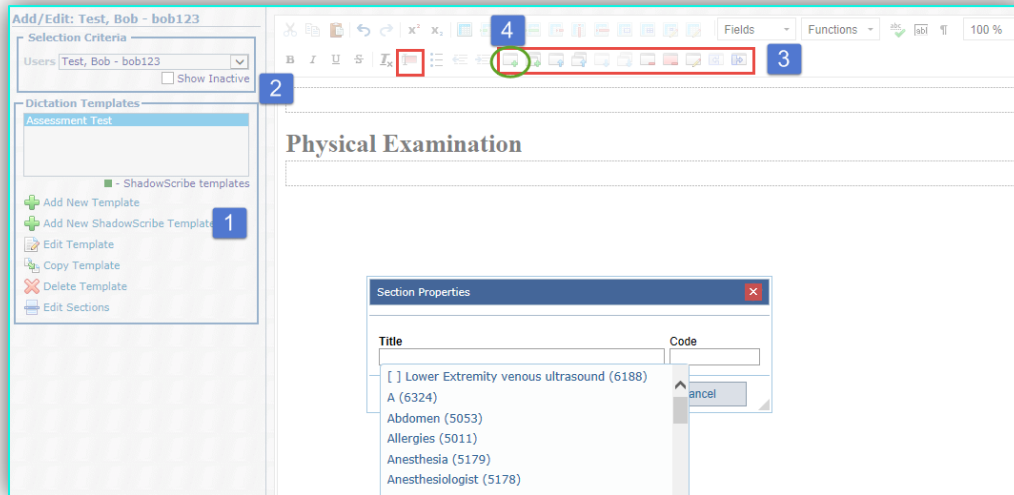
To avoid this issue, you should work with the client and analyze how the provider actually uses the dictation template. For example, if there are titles that are dictated in the template, then those should be removed. Only keep the titles and content that is NOT dictated.

Note: If the client does not have dictation templates (or normals), or if their PTF is unstructured you can skip to [STEP 6: Standard setup for enabling document types for ASR in this document.](#)

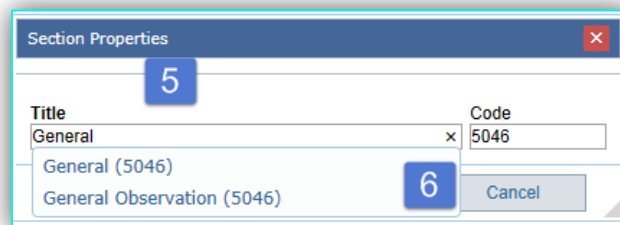
ShadowScribe Dictation templates (or normals) should be setup in the structured format If you are converting an existing client or setting up a new client where the PTF is structured.

ShadowScribe dictation templates - adding structured sections

Go to Client Maintenance > Templates > Dictation Templates. To add a new ShadowScribe template:

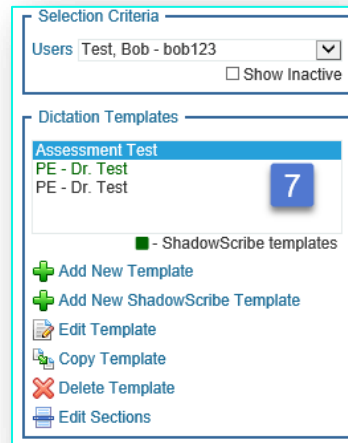


1. Click on the “Add New ShadowScribe Template” option.
2. This opens the structured template editor where you create the template.
3. Add / Remove and manipulate sections using the options on the tool bar.
4. To add a section, click the Add Section icon. This brings up the section properties drop-down.



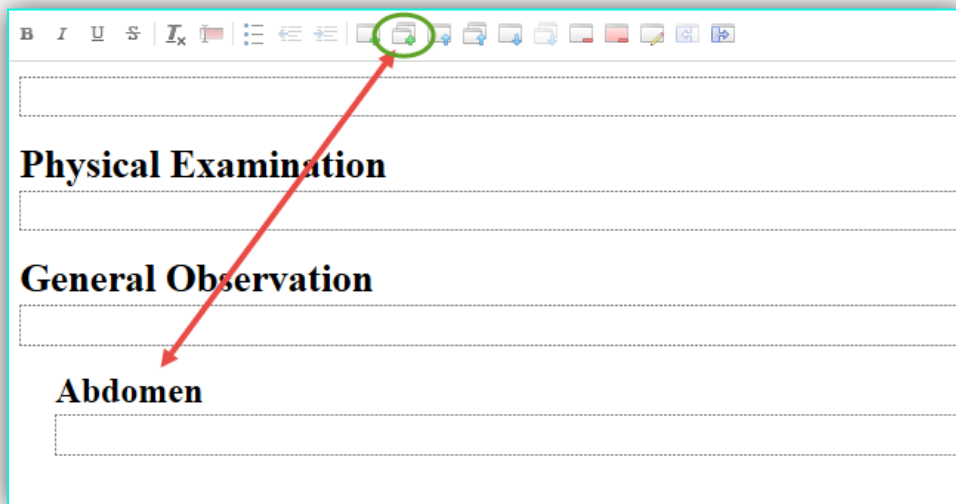
5. Type in the title text box to find a section. **Note:** Section titles listed here come from the library of titles you entered for the client. If you do not see a title, you will need to add it to the client first before adding it to the template. For more information on adding titles go to SETUP Step 1.
6. Click on the section to select it and click OK (or hit ENTER) to insert the section.

- When finished adding sections, name the template, click save, and the template name will be added to the provider's template list appearing in green lettering. The green color denotes a ShadowScribe Template vs. a non ShadowScribe Template.



Adding structured subsections

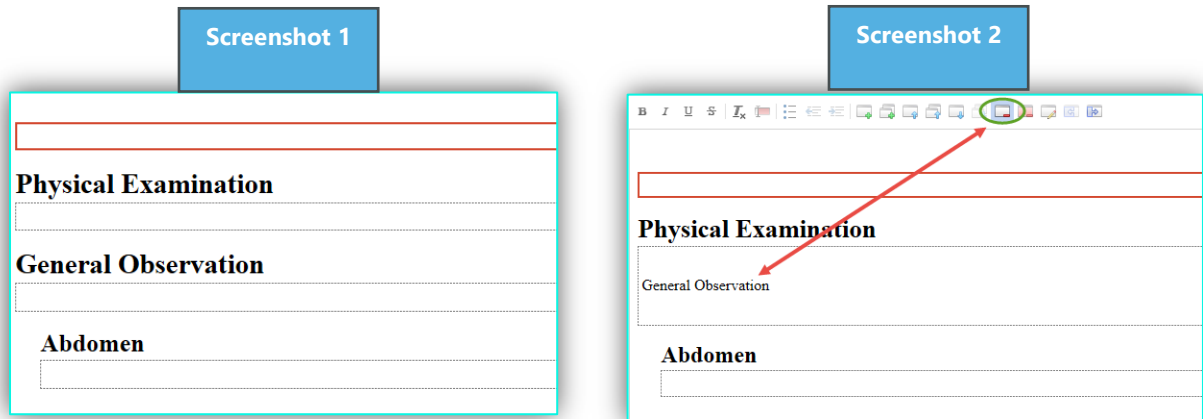
To add subsections, follow the same steps as adding sections except use the "Add subsection icon".



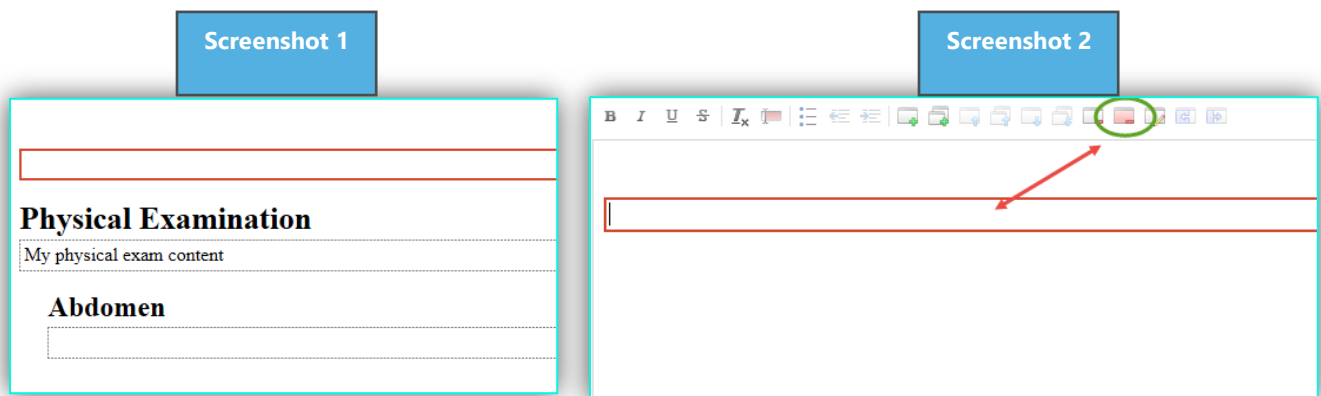
Removing sections and subsections

To remove a section, place the edit cursor in the section to be removed and use either the “Remove Section” or the “Remove Section and Contents”.

Remove Section: converts the section title into plain text, where it can be deleted. Notice the “General Observation” in screenshot 1 is transformed into text in screenshot 2. The text can then be edited or deleted.



Remove Section and Contents: removes the entire section and any content in that section. Also, if there are any subsections attached to the main section those will be removed as well. In this case screenshot 1, Physical Examination had the subsection “Abdomen” which was removed as shown in screenshot 2.



Adding canned text to dictation template sections and subsections

There are three types of canned text that can be added to a dictation template: New, Existing, and Numbered Lists.

New (creating canned text)

If new canned text is needed, click on the section or subsection within the template and type the text directly into the section or subsection box.

Existing Canned text

When copying existing text from another source such as the unstructured editor or a word document ALWAYS PASTE into NOTEPAD FIRST, clean-up any formatting, and then paste it into the section or subsection in the template. This prevents any formatting issues that can arise from direct copy and paste.

Numbered Lists:

When adding numbered lists, do not type the actual numbers. Use the bullet tool to add each list item. Remember, bullets will be transformed to numbers upon delivery or if the MLS uses the Preview Transcription option.

The screenshot shows a rich text editor interface with a toolbar at the top. The toolbar includes icons for undo, redo, bold, italic, underline, strikethrough, text color, background color, bulleted list, numbered list, link, unlink, insert link, insert image, insert table, insert video, insert audio, insert code, and insert link. The main editing area contains three sections: "History of Present Illness" with a placeholder text "This is my text that goes here", "Medications" with a bulleted list containing two items "• x", and "Allergies" with the text "No Known Drug Allergies". A red arrow points from the bulleted list icon in the toolbar to the bulleted list in the Medications section.

Recommended template naming convention

Once the template is built, follow these optional naming guidelines for easier template management:

- If the template is global, that is accessible to all providers, it should be labeled: Template Name – Global.
- If template is for specific users, the last name should be added: Template Name – Last Name of Provider.
- If there is a PA/Resident who needs to have access to the provider's templates, leave the provider's name on the template name.
- If the PA/Resident has their own templates, those would be named with the PA/Resident's last name accordingly.

The example below shows the Global naming convention.

Dictation Code	Normal PE w blanks - Global	*
Location	All Locations	▼
Document	All Documents	▼
Template for All Users	<input type="checkbox"/>	

Template setup types

There are two types of structured setups: Single Section Box and Multiple Section Box.

Single Section Box: shown below, has all the content entered in ONE section box. This is used in cases where the dictation template consists of standalone canned text in paragraph or sentence format.

The gross appearance of the hand and wrist elicits no obvious atrophy, deformity, or discoloration except over the basilar joint, which is slightly swollen. The alignment of the forearm is normal with no obvious soft tissue masses about the wrist. The wrist displays a full range of motion. There is obvious tenderness over the basilar joint. Grind testing is negative; however, distraction testing elicits marked pain. Instability testing elicits crepitus and pain, but no gross instability. The intercarpal and radiocarpal ligaments are intact to stress testing. Radial and ulnar abutment testing is negative with no ulnar sided wrist pain. The radial pulse is normal and symmetric. Allen testing is negative. There is no evidence of compression neuropathy at the wrist with a negative Tinel over the carpal tunnel and Guyon canal. There is also a negative wrist compression test. Phalen test is negative. The patient demonstrates a negative Finkelstein test.

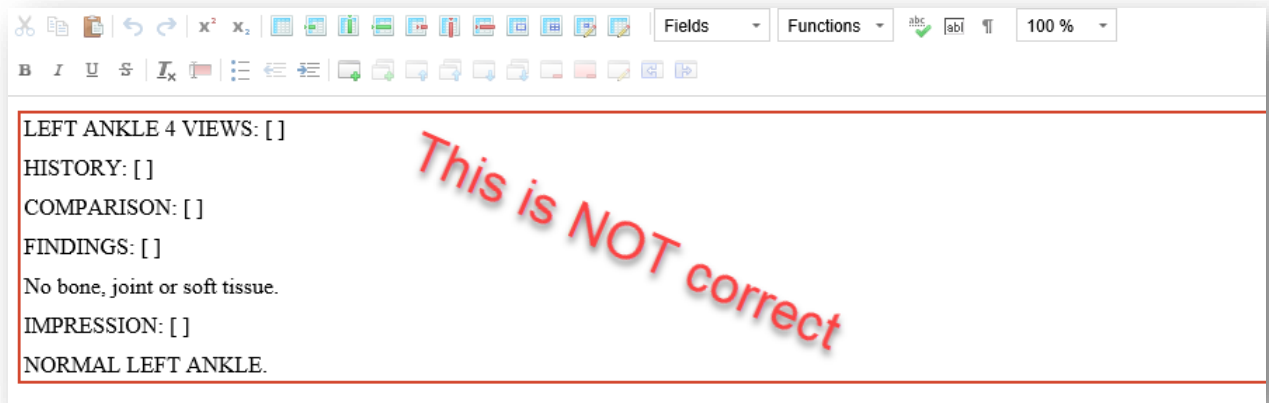
Single Section Box with Title: an alternate form of Single Section Box, used in cases where the dictation template content is part of a section such as a procedure.

Procedure Performed

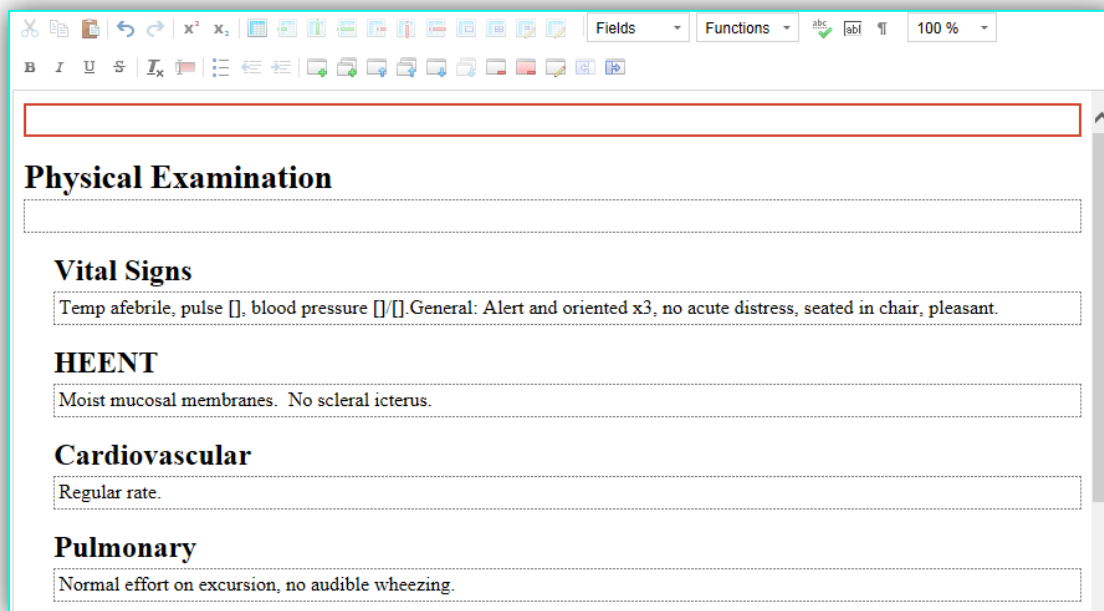
The patient was taken to the main operating room and prepped and draped in the standard fashion for an adenotonsillectomy. After endotracheal intubation, the child was suspended with a McIvor mouthgag and the right and left tonsils were then removed using a standard Bovie cautery technique preserving both the anterior and posterior tonsillar pillars bilaterally. Hemostasis was obtained using suction Bovie cautery. The soft palate was then elevated and the adenoid pad was removed using an adenoid curet. Hemostasis was once again obtained using suction Bovie cautery. The nasopharynx and oropharynx were irrigated and suctioned clear. There was no active bleeding; therefore, I terminated the procedure. The child was taken out of suspension, extubated, and taken to the recovery room in good condition after tolerating the procedure well.

IMPORTANT: Do not put multiple sections in a Single Section Box. In doing so, the system will treat the section titles like regular content and will not apply the section formatting rules. If you have multiple sections use the Multiple Section Boxes setup.

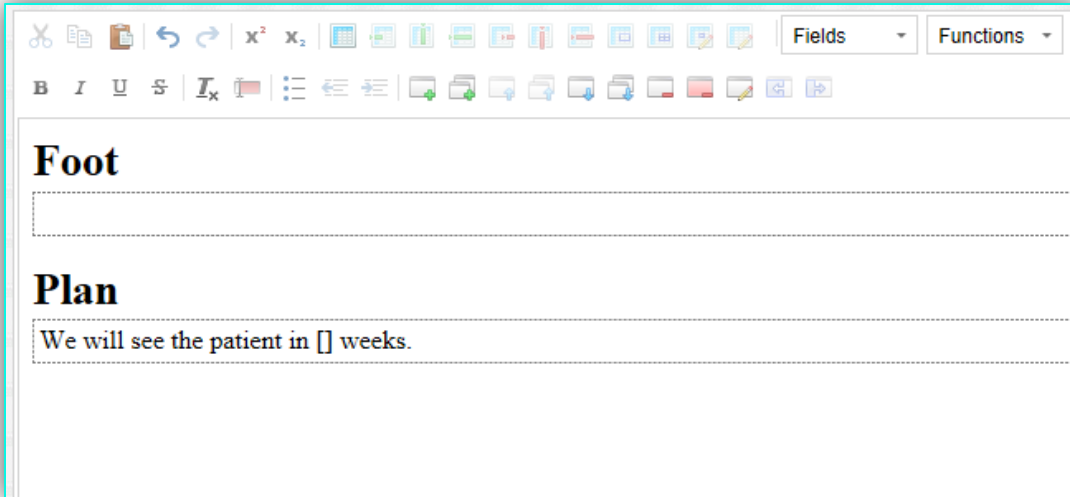
The example below shows the INCORRECT way to setup a template with multiple sections.



Multiple Section Boxes: This setup has multiple titles and content. In the example below, we have a “Normal PE”, which consists of a main section and supporting subsections each having their own canned text. Any time a case exists with multiple subsection titles always create separate sections for them.



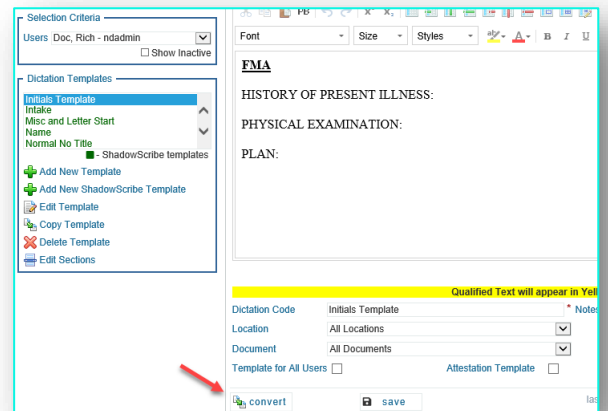
The example above shows a main section with subsections, you could also have an example with main sections as well as shown below.

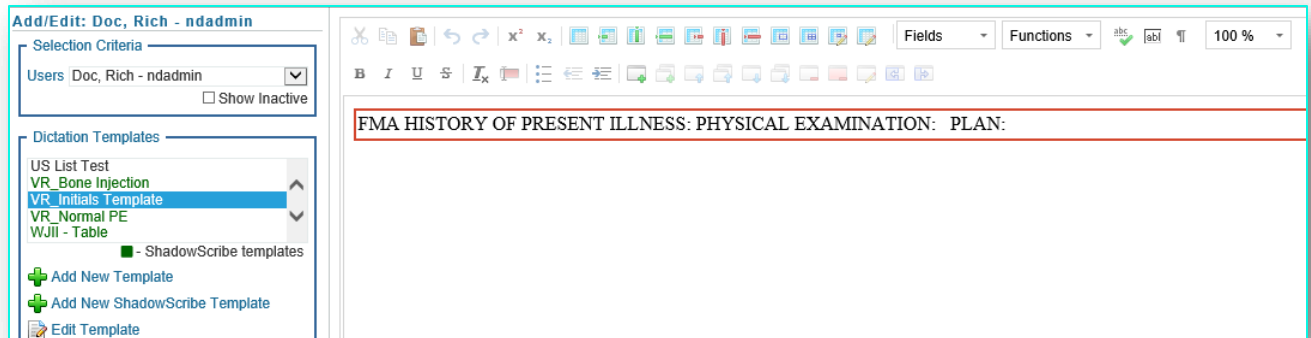


Convert button with existing client templates

When converting Unstructured dictation templates to Structured templates, some templates have a “convert” button. This button is helpful when the content you’re converting consists of sentences or paragraphs. It’s not as helpful when the content has specific section titles.

In the examples below, the convert button copies the content of the unstructured dictation template into a single section content box in the structured template. It also renames the template adding a “VR_” prefix in front of the name.





It may not be desirable to leave the “VR_” prefix in front of the name. We recommend following the Recommended template naming convention best practices.

Dictation template additional setup tip

In certain cases, you may need to have more formatting control over certain titles when a dictation template is inserted into a document.

Here is one such scenario: The document formatting title specifications are such that all titles are bold and upper case. However, the provider wants the titles in their dictation template to appear underlined. If the MLS inserts the dictation template as is, the titles in the dictation template would not appear underlined.

To achieve the desired formatting, add the same titles from the ShadowScribe dictation template to the provider’s Structured document template, then you can set the specific formatting at the section level. In this case, the underline sections from the template. This is because the titles in the dictation template inherit the formatting of the main document template.

STEP 6: Standard setup for enabling document types for ASR

Go to Client Maintenance > Maintenance > Document Types. Select the eScripton One Document Type and expand the Document Type Information section.

Setting up a document type for ASR

The Preferred Transcription Format (PTF) will determine how the document will appear to the MLS. The example below shows setting the document type up for the structured format.

Document Type Information	
Document ID	33698
Document Type	Letter
Document Description	Letter
Turnaround Time	0
Document Type Active	<input checked="" type="checkbox"/>
Preferred Transcription Format	Structured 1
Nuance Document Type	Correspondence 2
ASR Timeout	0 minutes

1. Set the PTF to “Structured” (or “Unstructured”) depending on your desired format for the MLS.
2. Map eScripton One document type to DeliverHealth document type. Click the drop down and select the DeliverHealth Document Type that is the best match for the eScripton One document type. In this example Letter is best matched with Correspondence.

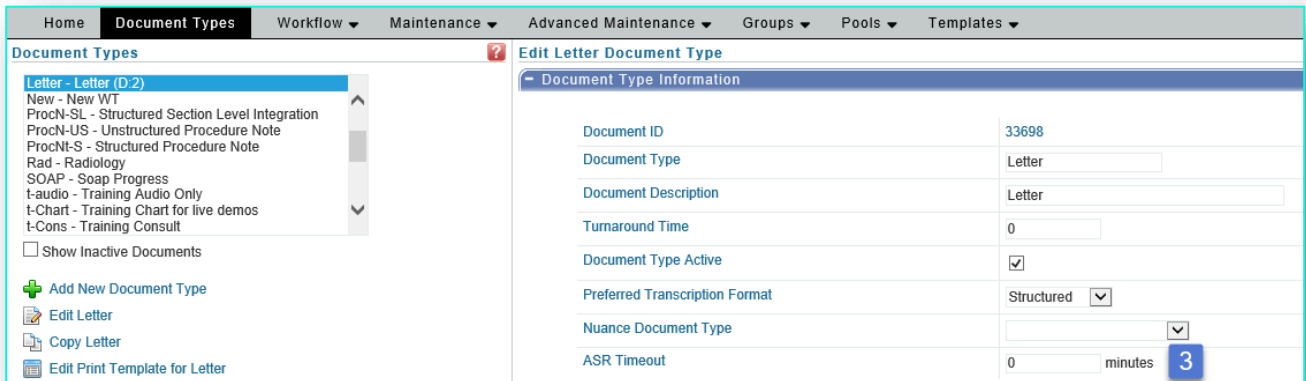
Document Type Information	
Document ID	33698
Document Type	Letter
Document Description	Letter
Turnaround Time	0
Document Type Active	<input checked="" type="checkbox"/>
Preferred Transcription Format	Structured
Nuance Document Type	Correspondence
ASR Timeout	0 minutes

Note: If the customer has any of these eScription One document types, be sure to select the corresponding DeliverHealth document type in the table below. This ensures the proper mapping for these specific document types.

If eScription One Document Type is a	Map it to the DeliverHealth Document Type
Consultation	History and Physical
Procedure Note	Operative Note
Transfer Summary	Discharge Summary
Letter or some type of Letter	Correspondence
One that does not have sections, but is also not a Letter	Partial Dictation

Mapping the eScription One Document Type to a DeliverHealth document type links the eScription One Document type to the ASR specific speech model which is used in part to create the draft. The user (or provider) also must be set to a specific DeliverHealth Specialty as well. Both the DeliverHealth Document type and DeliverHealth Specialty complete the pieces to utilize the speech model. The DeliverHealth Specialty is set when enabling a user for ASR. For more information on enabling a user see [Setting up a user for ASR](#).

- Set the ASR Timeout. This option will place a time limit on draft creation by the speech engine. The average time to process a 4 – 5 min job into a draft and return from the system takes about 10 – 12 mins. The longer the audio length the longer it takes to return a draft. Sometimes drafts can take longer than normal to come back from the system and can impact turn-around-time (TAT). The ASR Timeout is used to prevent TAT issues. When the timeout is reached, the job will be pulled from ASR and placed into the MLS queue to type the job from scratch and deliver it to the client.

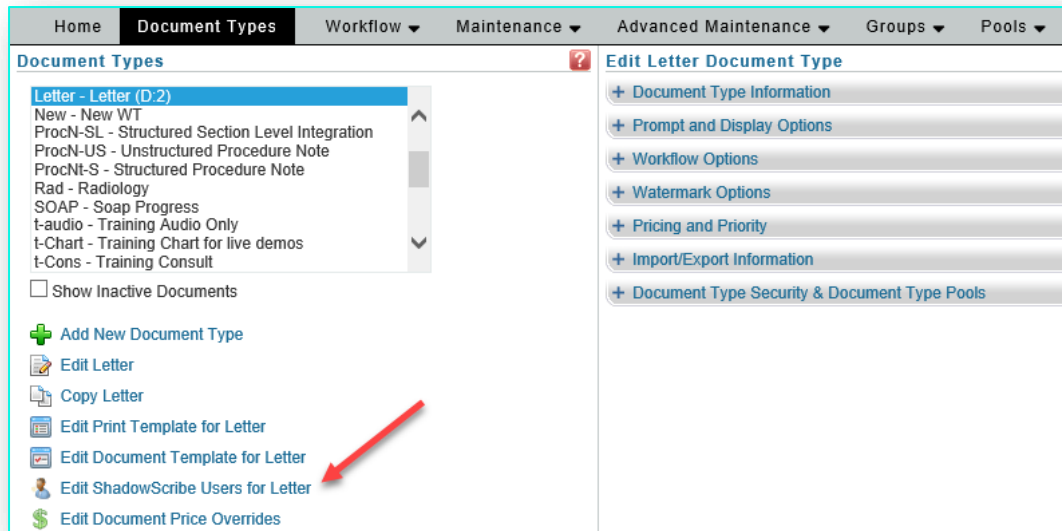


The following are the recommended ASR Timeouts for specific document TATs.

If eScription One Document TAT is	Set ASR Timeout to
1 hour	15 - 20 minutes
2 hour	30 minutes
4 hour	90 minutes
6-8 hour	120 minutes
Over 8 hours	240 minutes

Disabling and enabling a document type for ASR – all users or single users

You can disable the entire eScription One Document Type from going to ASR for all users or individual users from the “Edit ShadowScribe Users for” link.



This displays the “Edit ShadowScribe User Exclusions” screen.



1. To disable the entire document for ALL users, uncheck the box “Enable selected document for ShadowScribe”. Check this box to re-enable the document type.

Note: When setting up new document types for ASR it is not necessary to check this box. This box is automatically checked by default.

2. To disable the document for single users, select the user from the Included Users box and use the “exclude” arrow. This will prevent the excluded user(s) dictations from going to ASR, while keeping the included user(s) in ASR.

Tip: You can include or exclude multiple users by holding the Ctrl key and clicking on individual users.

STEP 7: Standard setup for enabling users for ASR

Setting up a user for ASR

Go to Client Maintenance > Maintenance > Users. Select the User, click Edit, and expand the User Information section.

The screenshot shows the 'Edit User' interface for a user named David Daughtry. The 'User Information' section is expanded, and the 'Nuance Specialty' dropdown menu is set to 'Cardiology', which is highlighted with a blue box containing the number '1'. Other fields include 'User Telephone "InTouch" Dictation ID' (194239), 'Name (First/Middle/Last)' (David Daughtry), 'Username' (ddaughtr), and 'Password' (with a 'generate temporary password' button).

1. Map the eScripton One User to the DeliverHealth Specialty. This enables the user for ASR.

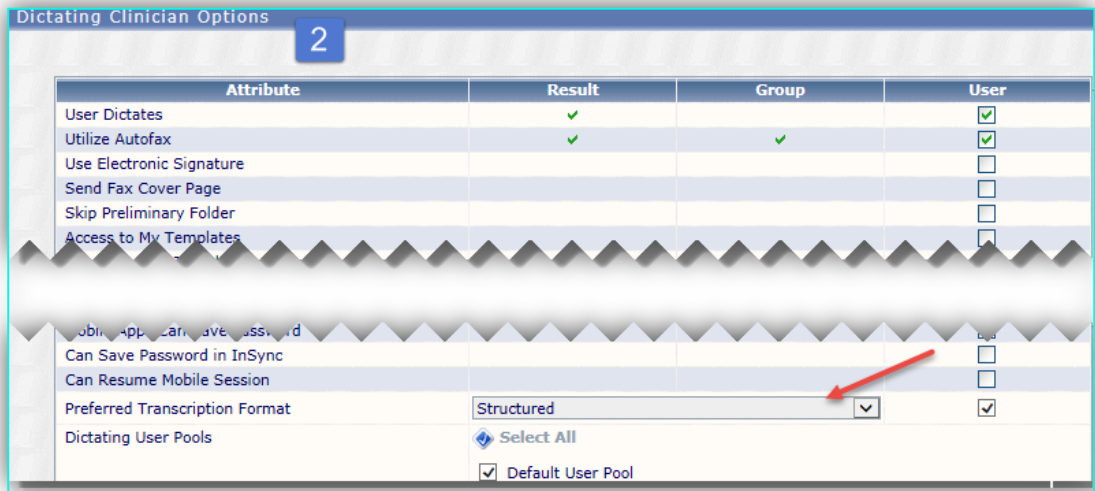
Select the DeliverHealth Specialty that best matches the user. In the example below the provider is a cardiologist, so the Cardiology specialty is selected.

This screenshot is identical to the previous one, but a red arrow points from the 'Nuance Specialty' dropdown menu to the 'Cardiology' option, indicating the selection process.

In the event the specialty is not known or cannot be obtained, set the DeliverHealth Specialty to "Internal Medicine".

When a user is mapped to a DeliverHealth Specialty, the system will use the vocabularies of the specialty to build the speech model. This is used in conjunction with the eScript One Document Type mapped to the DeliverHealth Document Type. A document type and a user must be matched to complete the requirements for building and using a speech model. For more information on mapping eScript One Document Types to DeliverHealth Document Types see [Setting up a document type for ASR](#) .

2. Expand the Dictating Clinician option section and set the preferred transcription format (PTF) to Structured or Unstructured depending on the client's requirement.



Note: In order for the structured format to appear to the MLS, BOTH the document type and user's PTF must be set to Structured.

Tip: Instead of setting each individual user to “Structured” you can set this option at the group level.

User Groups
 User Groups define the InQuery rights and features for a group of users. Individual Users assigned to a User Group inherit the rights and features of the Group. Additional rights and features may be added in the individual's User Setup as well as the ability to override the rights and features that are set in these group settings.

Changing a right or feature in a User Group changes the right or feature for all members assigned to that User Group. Typical Groups include Physician, Attending Physician, Resident Physician, Nurse, Secretary, and Administrator.

Default Settings
 New Group

Add New User Group
 Edit Selected User Group
 Delete Selected User Group
 Assign Users to Group

Use Authenticator's Print Template	<input type="checkbox"/>
Force to Review1	<input type="checkbox"/>
Force to Review2	<input type="checkbox"/>
Price Modifier (per Line)	\$ 0
Price Modifier (per Minute)	\$ 0
Qualified Text Rate Modifier	\$ 0
Auto Copy as Associate	<input type="checkbox"/>
Dictating Clinician Default Document Type	All Document Types
Dictating Clinician Default Location	All Locations
Audio Playback Method	Use Client Default
Dictation Emulation	Client Default
Enable Cover Letters	<input type="checkbox"/>
Enable Envelopes	<input type="checkbox"/>
Time Zone	Use Client's Time Zone
Mobile Apps Can Save Password	<input type="checkbox"/>
Can Save Password in InSync	<input type="checkbox"/>
Can Resume Mobile Session	<input type="checkbox"/>
Preferred Transcription Format	Structured

Then add users to the group.

User Groups
 User Groups define the InQuery rights and features for a group of users. Individual Users assigned to a User Group inherit the rights and features of the Group. Additional rights and features may be added in the individual's User Setup as well as the ability to override the rights and features that are set in these group settings.

Changing a right or feature in a User Group changes the right or feature for all members assigned to that User Group. Typical Groups include Physician, Attending Physician, Resident Physician, Nurse, Secretary, and Administrator.

Default Settings
 New Group

Add New User Group
 Edit Selected User Group
 Delete Selected User Group
 Assign Users to Group

Assign Users To Group New Group

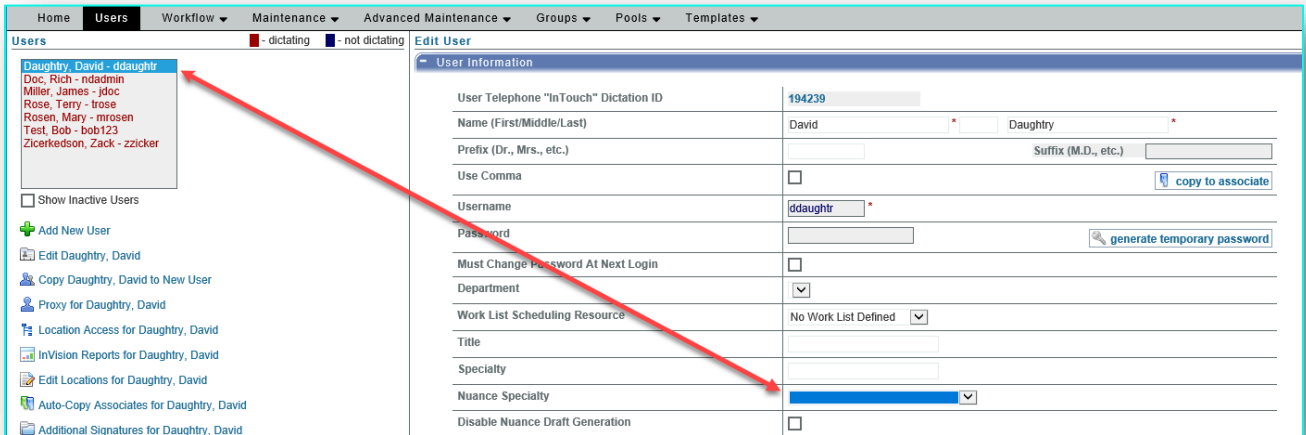
Users in Group	Available Users
Daughtry, David (ddaught) Miller, James (jdoc) Rose, Terry (trose) Rosen, Mary (mrosen)	Doc, Rich (ndadmn) Test, Bob (bob123) Zickedeon, Zack (zicker)

Show Inactive Users

Disabling a user for ASR

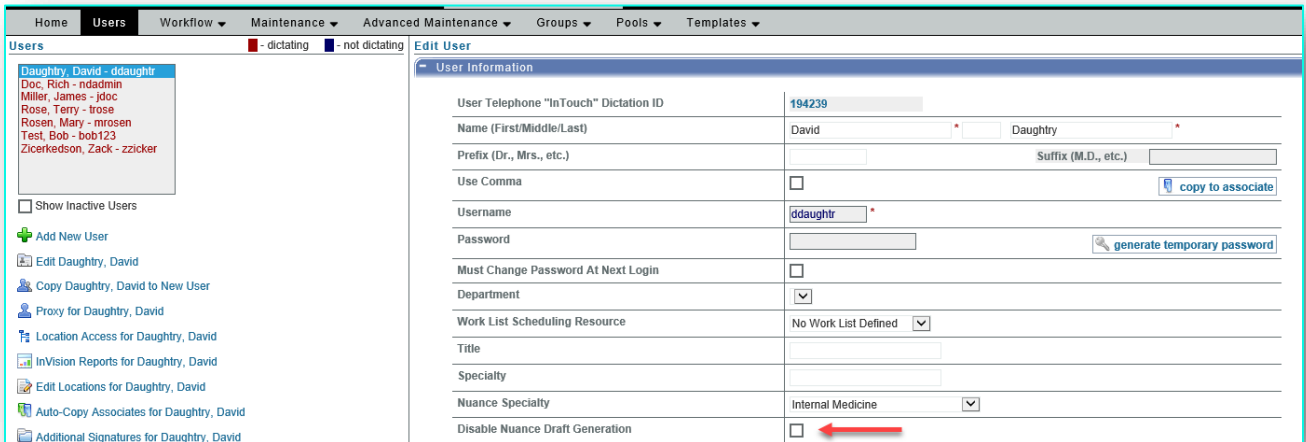
To disable a user for ASR, set the DeliverHealth Specialty to no specialty.

This will prevent the user's audio from going to ASR. Anything dictated will go straight to transcription.



Notes on user setup

Disable DeliverHealth Draft Generation



When this box is checked, the eScript One system will not accept drafts from the speech engine and will send all audio files to the MLS for typing jobs from scratch. The typed jobs will go back to the speech engine for continued learning. This option is used in cases when the draft quality is lower than expected and you want to give ASR more time to improve the speech model.

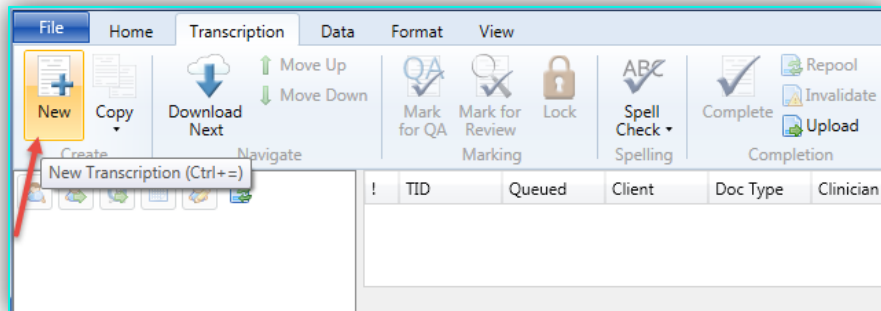
Generic Users

DO NOT assign an admin user, generic user, or test users to a DeliverHealth Specialty. ASR creates speech models based on individual speaker characteristics. Having multiple providers use one ID or a test ID will corrupt the speech model and lead to poor draft quality.

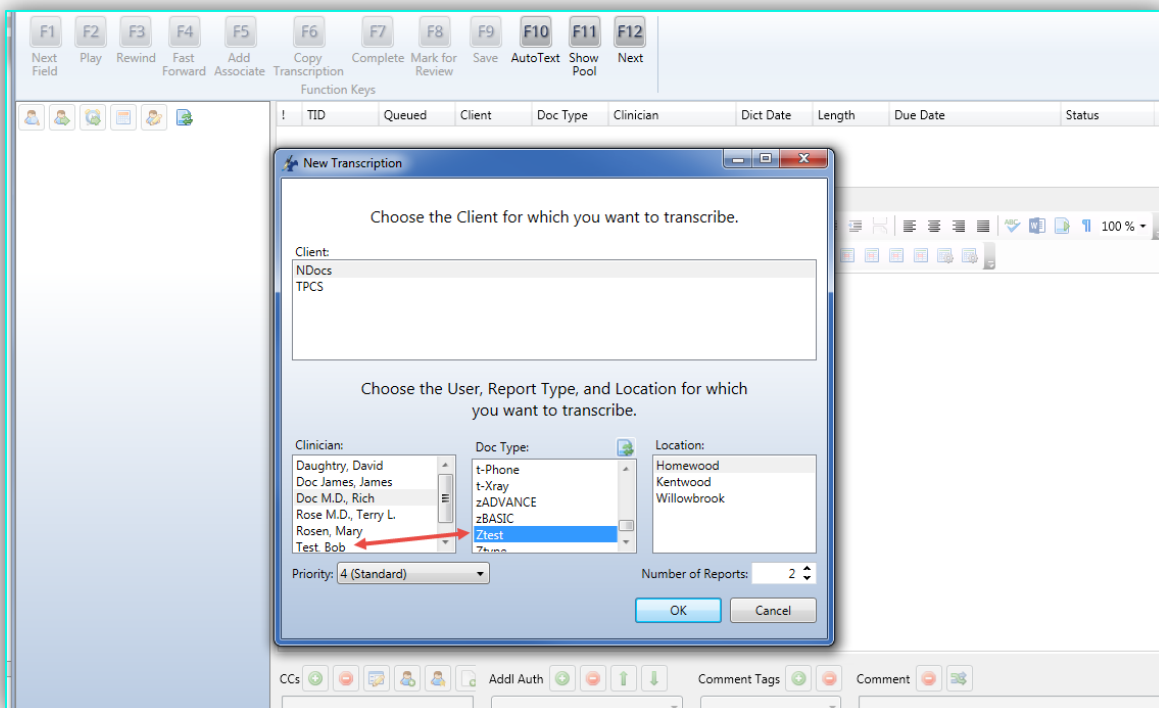
STEP 8: Testing templates

After you have finished setting up your document and/or dictation templates, enabled document types and users, it is recommended to test the templates to ensure they are working properly. **Note:** The example below assumes a “Structured” PTF setup. If your PTF is “Unstructured” follow your normal testing procedures in place for non-ASR clients as both “Unstructured” and non-ASR clients will use the traditional document template for typing.

To test the templates, log into InScribe with a test account that has access to the client you are working on. Then create a NEW blank transcription.

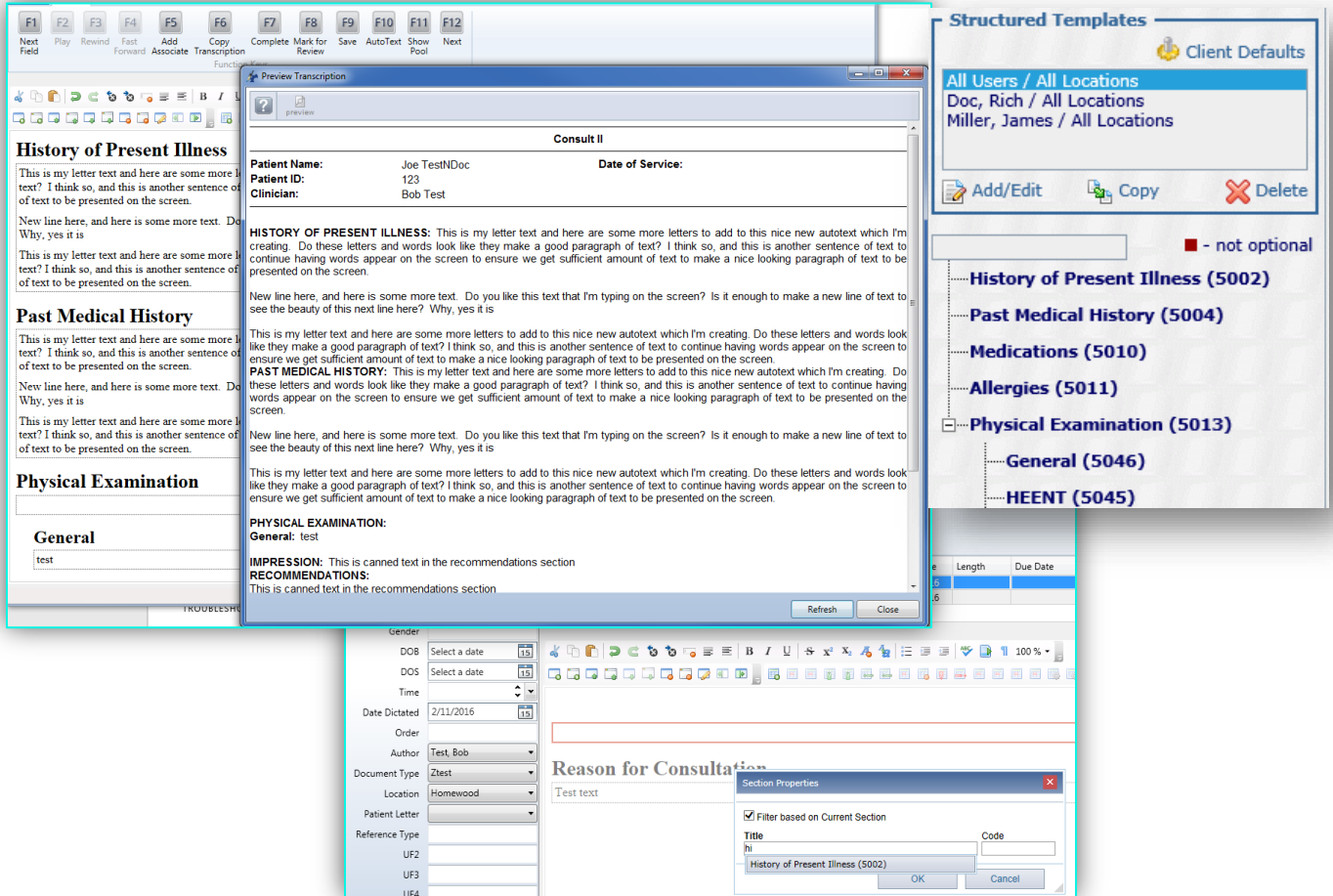


Select the Test User and Document Type to test with. In the example below we are using Test, Bob.



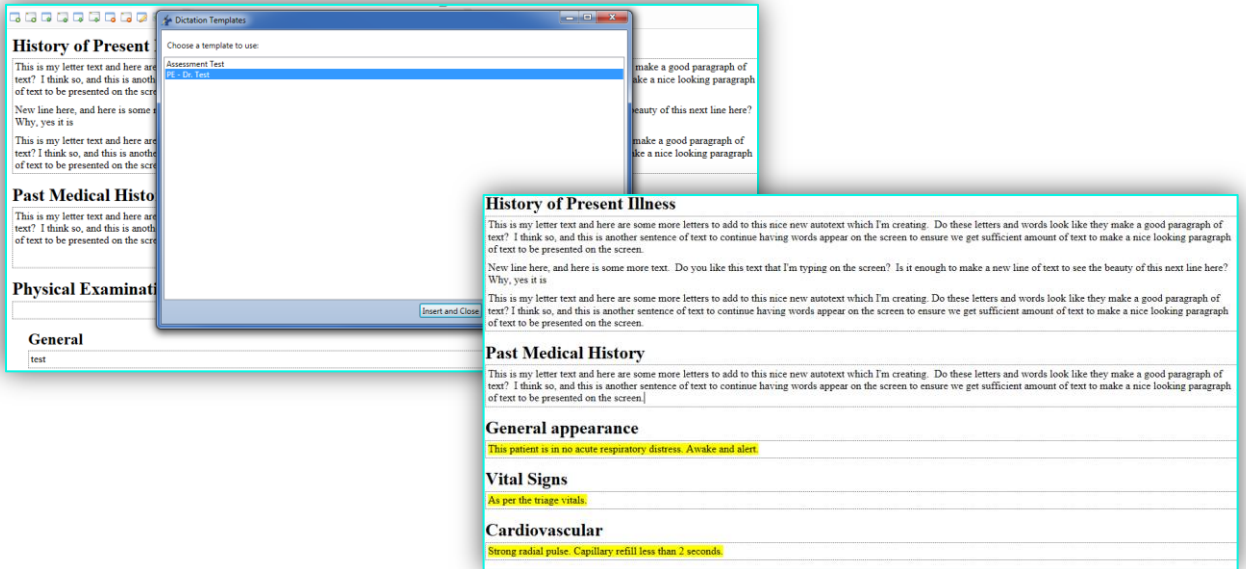
Using the sample provided by the client for the document type you're working with, add the titles used in the sample to the template and then add some test text.

Add the sample text to the sections and use "Preview Transcription" to see how this looks from the MLS perspective. Compare the output with the Structured document template to ensure the title order, canned text (if added), and formatting are all correct.



Tip: Go to the InScribe View tab and click "Maximize Editor" to hide all the panels. This gives a better view of the editor to work with.

If the client has Structured dictation templates, verify these work as well.



Appendix A

Troubleshooting

The following are common template issues that can occur from incorrect setup and how to troubleshoot them.

PROBLEM: Structured Document Template section has canned text but it's not appearing to the MLS in drafts.

SOLUTION: Check the Structured Document Template section, section properties. Ensure "Action" is not set to replace.

The screenshot shows the eScripton One interface. At the top, there are function keys (F1-F12) and playback controls. Below that is a table of dictations:

TID	Queued	Client	Doc Type	Clinician	Dict Date	Length	Due Date	Status
1 183598348	12:06 PM	NDocs	Consult	Rich Doc M.D.	11/18/2014	2:31	12/10/2019	In Transcription
2 169388885	12:06 PM	NDocs	Consult	Rich Doc M.D.	11/18/2014	2:32	4/11/2019	In Transcription
2 177153093	12:06 PM	NDocs	Consult	Rich Doc M.D.	9/24/2014	3:13	8/20/2019	In Transcription

Below the table is a patient information form with fields for Patient ID, Name, Gender, Birthdate, Appt, Appt Time, Dict Date, Legacy Order Nu, Clinician, Doc Type, Location, Pat Letter, Reference Type, Appt Type, Reason for Visit, and Referring Physici. The Dict Date is 9/24/2014 and the Clinician is Doc M.D., Rich.

The main content area shows a structured document template with sections:

- History of Present Illness**
- Past Medical History**: has a history of hypertension, diabetes mellitus, ob...
- Allergies**: Allergic to shellfish.
- Social History**: The patient does not smoke and denies any illicit d...
- Physical Examination**:
 - Vital Signs**: The patient is intubated, in no acute distress max is 102.6, currently 100.2, blood pressure 121/62, pulse 91, respiratory rate 14. **General**: The patient is nonresponsive is not. **HEENT**: Opening any he has an ET tube in. **Neck**: Supple. **Lungs**: Clear to auscultation today, although breath sounds are diminished. **Abdomen**: Obese. The wound site is clean, of note.
 - ASX**: Ms. patient did have a mesh placed. During the last surgical procedure. **EXTREMITIES** has no skin

A red arrow points to the 'Past Medical History' section, which contains canned text that is not appearing in the draft. The preview window also shows a 'Preview Transcription' window for 'Rich Doc M.D.' with a blue caduceus logo.

PROBLEM: Structured Document Template section is required. Section appears to the MLS but is not appearing for the client.

SOLUTION: Check ShadowScribe Document Template section, section properties, Format Rules. Make sure the "Section Visibility" rule is set to "Section should display if there is no content"

PROBLEM: The MLS is seeing some of Review of Systems (ROS) subsection content within the Physical Examination (PE) section and the subsections appear out of order in the draft.

SOLUTION:

1. Make sure ROS and PE sections appear in the correct order of the Structured Document Template. ROS should always come before the PE section.
2. Make sure you have added the correct ROS and PE subsections. Sometimes after adding them from the samples, you'll find the provider dictates others that weren't part of the samples. Be sure to add those to the template.

PROBLEM: Subsections are appearing to the MLS as main sections.

Physical Examination
<i>Vital Signs</i>
The patient is intubated, in no acute distress max is 102.6, currently 100.2, blood pressure 121/62, pulse 91, respiratory rate 14.
<i>General</i>
The patient is nonresponsive is not.
<i>HEENT</i>
Opening any he has an ET tube in.
<i>Neck</i>
Supple.
Lungs
Clear to auscultation today, although breath sounds are diminished.
Abdomen
Obese. The wound site is clean, of note.
Extremities

SOLUTION: Make sure these subsections are added to the Structured Document Template.

PROBLEM: Sections appearing out of order to the MLS. The order is different than dictated.

FAMILY HISTORY: Notable for hypertension in her mother.

DIAGNOSTIC STUDIES: Her MRI was done at Memorial Hospital. It shows evidence of lumbar disk herniation at the level of L4-L5; there is a left-sided herniation causing left-sided foraminal stenosis, I would call moderate in size. Certainly not a mass of the fact the CSF displacement is minimal centrally over the left foramen. However, there is contact with the left-sided L5 nerve root. Certainly that correlates with where she is having symptoms. Her x-rays were done at Memorial Hospital daily comedone on x-rays is the AP x-ray you can tell for certain whether or not she has a partially sacralized L5 vertebrae; however counting the methods that we typically use to count. I would say her disk is herniated at the L4-L5 level and the rest of her disk above her lumbar spine looked normal, and that correlates well with her problem is trying at the L5-S1 segment is rather root injury and at the L5 and S1 segment of both views to be sacrum that sometime the L4-L5 segment.

CONSTITUTIONAL: She is in good health.

EYES: No complaints.

EARS, NOSE, THROAT: No complaints.

PHYSICAL EXAMINATION:
HEART: No complaints.
NEUROLOGIC: Numbness, tingling.
VITAL SIGNS: Blood pressure is 134/85, pulse is 99, respirations 16, height 5 feet 5 inches. Weight 200 pounds.
GENERAL: On her physical exam. She is morbidly obese.
HEAD: Her funduscopic exam does not show evidence of papilledema her mental status Oriented x3. Memory: Short and long-term events is intact. Knowledge is appropriate for age. Attention span is full. Speech is fluent.
SPINE: Motor strength is 5/5 in all muscle groups tested including her deltoids, biceps, triceps, wrist extensors, flexor carpi ulnaris, and lumbricals bilaterally. Lower extremity strength is also 5/5 including her iliopsoas, quads, dorsiflexion, EHL, and plantar flexion. Her tone is normal. Her gait is antalgic. She has trouble walking on her heels or toes with her left leg. Her sensory exam reveals diminished sensation down the L5 territory. Proprioception is normal. Reflexes are 2+ throughout everywhere except for her left ankle, which is absent. Babinski sign is negative. Hoffmann sign is negative. Coordination is normal. Peripheral vascular exam is normal. Carotid has no evidence of bruit.
ABDOMEN: Soft, nontender.

LUNGS: Clear to auscultation bilaterally. Range of motion of her cervical spine is within normal limits. Range of motion of her lumbar spine, she has more pain with extension and palpation of her back. Her left side is more tender at the facet joint at L4-L5. She has got some muscle spasm associated with that. Overall, her sacroiliac joints are normal for compression, distraction, and she has no fevers or Gaenslen's maneuver.

ASSESSMENT: 44-year-old woman with a herniated lumbar disk at the level of L4-L5 keeping in mind she has a sacralized lumbar segment with root injury L5-S1 disk my recommended treatment for light of the fact that she has some of the symptoms going down her leg. She is very symptomatic. I would do a microdiscectomy and would give her the best relief. I can offer options for of course, be continued conservative therapy, though.

PLAN: I had a pretty extensively and has not helped her this far, I think to get back to work the best choice. we have is a microdiscectomy on the left L4-L5. I think her chances of returning better with that option.

Thank you for involving me in her care.

HEART: Regular rate and rhythm. Pulses are symmetric.

EXTREMITIES: Straight leg raise positive on the left reproducing her L5 symptoms. Patrick signs bilaterally negative.

CRANIAL NERVES: Pupils symmetric, reactive. Extraocular muscles intact. V1 through V3 sensation face is symmetric. Motor innervation of her face is symmetric. Hearing is bilaterally symmetric. Her gag is intact. His shrug is strong and her tongue is in the midline.

Notice in the example above, how "Diagnostic Studies", outlined in blue, appears after "Family History", and how part of the ROS, outlined in red, appears after "Diagnostic Studies". Also note the titles "Constitutional", "Eyes", "Ears, Nose, Throat", are not formatted like a subsection. The same is true with "Heart", "Extremities", and "Cranial Nerves".

With this problem there can be a few causes:

1. ROS and PE are not in the correct order of the Structured Template and/or subsections are missing from the template.

SOLUTION: Put ROS and PE in the correct order and add the subsections.

2. The Structured template has ALL REQUIRED sections. In this case the provider may not be speaking in the correct order but because of the order of the REQUIRED sections in the template, the merge logic is moving the content into those sections of the template.

SOLUTION: Try to work with the client to remove the required sections. If the client requires a different order than dictated and are using a structured PTF, use the Structured Document Template "Enforce Section Ordering" option.

3. There are a couple of required sections in the template that are not in the correct order as they are dictated. Notice the Structured document template to the right has Family History after the required Medications section. The provider speaks “Family History” before “Medications” but because “Family History” appears below a required section it cannot move to the dictated position during the merge process. This is due to the rule that optional sections cannot move above required sections.

SOLUTION: Make sure the template sections are in the correct order as the provider dictates them.

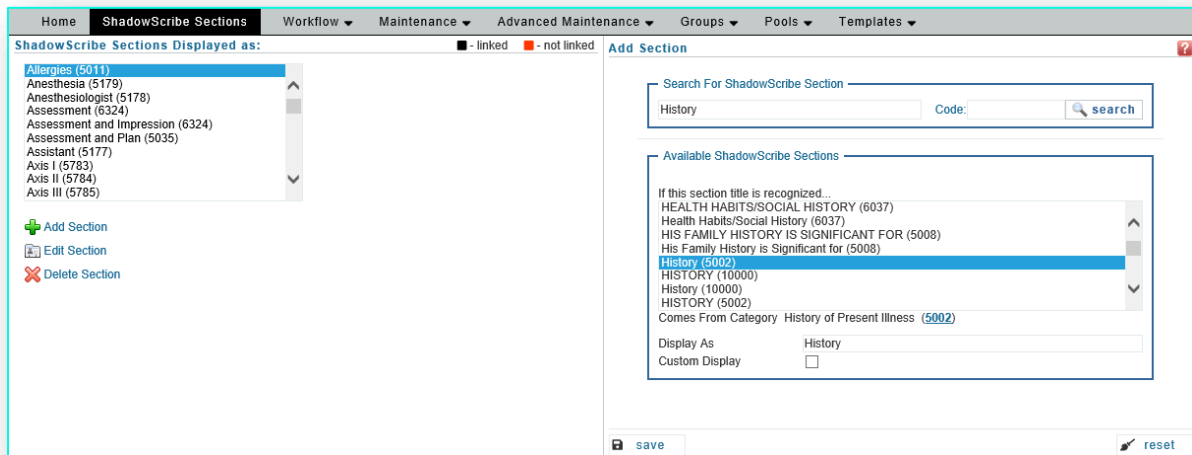


4. The template has required subsections but the main section wasn't marked required. When a template is built with subsections, they are ALWAYS attached to the Main section. During the merge process there are 2 phases. The first phase the XML draft sections and content are matched and merged into the Structured Template. In the 2nd phase, the matched sections are then moved into place to where it was dictated. When this condition exists where the Main section isn't marked required, other sections can be moved above it, if they're dictated before the main section with the subsections.

SOLUTION: If subsections are required, make sure the Main section that goes with them is also marked required AND that that Main section is in the correct order of the template.

PROBLEM: Titles suddenly switched on several different clients all at once.

This can occur if somebody is editing a section title under Client Maintenance > Advanced Maintenance > ShadowScribe Sections.



Recall, that all of the “ShadowScribe Sections Displayed as” list is SHARED between ALL clients under the MTSO. If any of these titles are edited and they are used by other clients, those clients will instantly be affected by this change.

SOLUTION: Find the title that was changed and change it back. If needing to add an alternate title, DO NOT edit existing titles unless you know they are not in use by other clients. If they are, consider adding a new title.

Appendix B

What works and what doesn't

What works well

– Encourage GOOD Provider speaking habits such as:

- Speakers who follow dictation best practices PDF and have good dictation habits have better draft quality overall.
- Picking the document type they intend to dictate.
- Following the document template as much as possible, dictating titles of the template, and in the correct order.
- Dictating punctuation.

– Documents

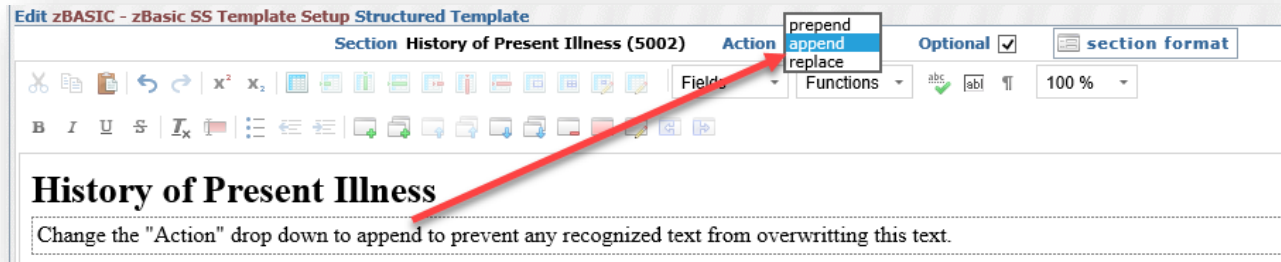
- Documents that do not have a lot of special indentation formatting, where tables are used heavily to achieve this formatting.

- If a table must be used, it should be a simple table in tabular format like below and used sparingly.

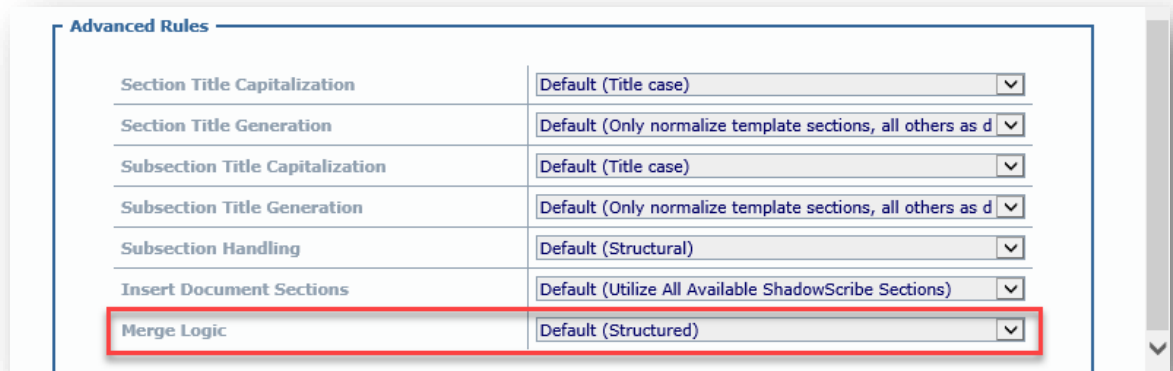
Col1	Col2	Col3
Text	Text	text
Simple	Table	here

- Have a consistent date and style format. Providers ACCEPT the formats of the StyleGuide and do not require special formatting customizations to work around StyleGuide formatting. - Otherwise, this is more keystrokes for MLS making them less productive.
- Have consistent title format. - E.g. all titles are uppercase and bold. - Makes it easier for the MLS to remember formatting should a title need to be added.
- The title of the document (not section titles) appears outside the body and in the print template.
- Demographic information appears outside the body and in the print template.
- Documents have little or no required section titles, if some documents have them, try to ensure they're not excessively used. Excessive use could increase the chances of the dictated content not merging properly if the provider doesn't correctly speak the title or the title isn't correctly recognized.
- To use required section titles and canned text, follow these best practices.
 - You must have the Structured Template merge logic set to "structured". Having it set to "dictated" will not work with required sections.
 - You keep required sections in the order they would be dictated in.

- You must set the recognition behavior, the Action drop-down list in the template editor, to "append", otherwise canned text will get overwritten by the recognized text.



- Documents with compound section titles like Past Family and Social History ALWAYS use the word "and" to separate them, not "&, /, -, etc". - Customers that have this scenario, are willing to change their section titles to use "and".
- One Structured template per document type for all users. – Provides a more consistent look and is easier to manage.
- Template merge logic set to "Structured" - guarantees the use of canned text and required sections, also merges the draft into the Structured template designed to improve document completeness. Also promotes a more consistent looking document.



- The Structured document template has as many common section and subsection titles as possible defined, especially document types that have separate ROS and PE sections with subsections.
 - The Structured document template is built with section titles in the order dictated. This setup is easier to manage and helps when troubleshooting problems.
- Dictation Templates (Normals)
- The templates have been reviewed with customer and are cleaned up. A concise template list is determined which makes it less confusing for the MLS and less time is spent picking the right template.

- The Customer provides sample audio, or sample phrases how the template is used in dictation. This gives the MLS an idea of how the template will be used.
 - The templates don't use a lot of tables for special indentation formatting or other formatting. If a table is needed, the table is in a simple tabular format and used sparingly.
 - The templates consist of canned text, sentences, paragraphs, with not a lot of fill in the blanks. This allows for less keystrokes the MLS has to use to manipulate the template.
- MLSs
- Adhere to selected StyleGuide and Edit consistently in the same style. Consistent editing results in better draft quality.
 - MLSs have been through a training program, have other experienced editors to work with. Trained MLS's know what to expect, and how to edit.
 - Have a good attitude towards editing, are willing to learn to become efficient.
 - Are willing to minimize the use of the mouse. Minimizing the mouse and using more keyboard shortcuts improve productivity.

What does not work well

- Poor Provider speaking habits:
 - Avoid poor dictation habits such as: dictating with excessive background noise, music, side conversations, eating, skipping around, self-corrections, long pauses, and dictating excessive verbal instructions.
- Poor Document Type selection.
 - Providers who consistently do not select the document type they intend to dictate can cause these potential issues:
 - The incorrect speech model is used which can lead to improper section title recognition. E.g. section titles may not be recognized as titles, and other formatting issues may occur.
 - Incorrect Structured template is used with the draft, resulting in poor merging of content into section.
 - The MLS spends extra time switching the document type, and then editing and cleaning up the report. This results in extra steps for the MLS.
 - Providers who use hand held recorders notorious for NOT changing the document type. If you have a provider like this, and you want to keep them on ShadowScribe ASR, make sure to set their hand-held recorder to the document type they dictate the most. This ensures **most** of their documents will use the correct speech model.
 - The Provider doesn't follow the document template and doesn't dictate in order. This results in the MLS having to move sections around, changing the original order of the draft. When done consistently, this negatively impacts ASR learning leading to those sections being omitted on future drafts. This forces the MLS to spend more time adding those sections back in and decreasing productivity.

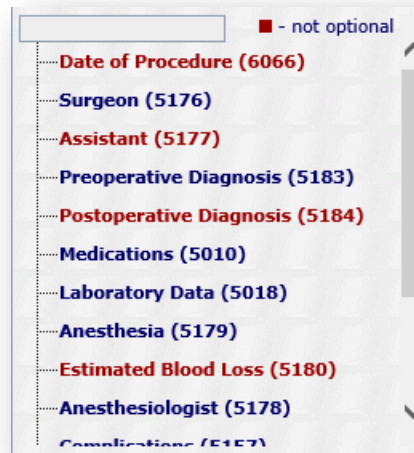
Note: If your preferred transcription format is set to Structured and you have the “Enforce section order” option enabled, then the MLS can leave the sections in the order dictated, while the system will automatically re-order them upon delivery to the client according to the template.

- The provider doesn't dictate punctuation. While ASR can guess what type of punctuation is used and were to insert it, it may not place it correctly or may leave it out. This results in the MLS spending extra keystrokes and time correcting the punctuation.

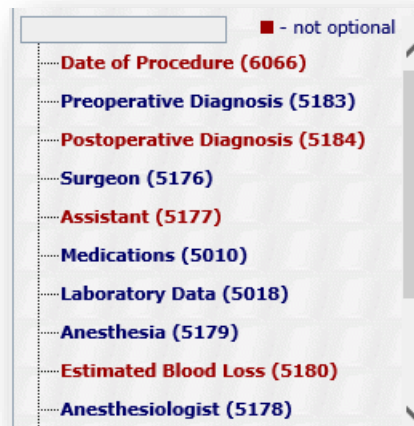
– Documents

- Use a lot of tables for special formatting like indentation.
- Providers want individual formatting customized to their preference.
- Documents having compound titles use special characters like &, /, -, etc. These characters are not supported in title recognition by ASR and using them will produce inconsistent results in the draft. When creating these titles in the ShadowScribe Sections screen, If you see a special character option when mapping a title to a ShadowScribe title, be sure to change the special character to the word AND using the custom display.
- Document titles (actual title of report) have to appear in the body. This usually happens when the interface isn't setup to pull the print template, or the customer doesn't have an interface and requires the MLS to copy and paste directly into the EMR.
 - If they must be used, then use them with a section title not by themselves.
 - Example
 - REPORT TITLE: Chest X-Ray - CORRECT
 - Chest X-Ray - NOT CORRECT - because the words are not associated with a title.
- Dates at the beginning of the report.
 - Try to keep these in the print template. If you must type a date, be sure it appears after a section title
 - Example
 - DATE OF PROCEDURE: 11/11/2014 - CORRECT
 - 11/11/2014 - NOT CORRECT – because the date did not follow a title.
- Typing demographics in the body that is not dictated
 - Example:
 - The document type requires Date of Service (DOS) to be in body, client has instructions to use DOS from demographics and type in the body of the report. The doctor doesn't dictate this. The MLS types DOS from the demographics, doing so, ASR may eventually learn to add a date but, since the date isn't dictated, it will likely be inaccurate. The MLS will have to double check and likely edit this date on EVERY report.
- When constructing a Structured template, randomly putting required section titles in any order of the template.
 - If you have required section titles with optional section titles interspersed, it's very important to order the template according to the sample provided by the client. Do not place required sections in the template in any random order in this case.

- o BAD EXAMPLE:



- o GOOD EXAMPLE: Notice the required sections are in order following how the doctor dictates them



- o When constructing a Structured template, with Review of Systems (ROS) and Physical Exam (PE) sections., If you know providers dictate them, and you do not add the most common ROS and PE subsections, or you do not add any subsections to the ROS but have subsections in the PE. This will cause issues with the merge logic. E.g., If a doctor dictates HEENT in the ROS and it's not there in the template but it is in the PE, the merge logic pointer will jump to the PE and continue matching sections in the PE until it runs out, then it could find a match in ROS (if some subsections exist), which JUMBLES the section order making it more time consuming for the MLS to edit.

– Dictation Templates (Normals)

- No template review performed with customer. No good indication how templates are used, and if templates can be removed and/or cleaned up.
- Customer does not provide sample audio, or sample phrases on how the template is used in dictation. This makes it more challenging for the MLS to know how the template will be used.
- Templates use a lot of tables for special indentation formatting or other formatting.
- Templates consist of canned text, or the dictation template itself has a template with section titles and/or subsection titles, templates have many blanks to fill in, templates contain tables. This results in MORE keystrokes and time for the MLS to manipulate.
- Template consists of 80% of the document with lots of blanks

– MLSs

- Do not adhere to the selected StyleGuide, resulting in incorrect formatting styles sent back to ASR, leading to lower draft quality.
- Edit inconsistently. Inconsistent corrections to drafts cause ASR learning issues resulting in lower draft quality.
- Have NOT been through a training program and do not have other experienced editors to work with. This results in frustrated MLS's who do not have the editing skills and do not know what to expect working in draft documents.
- Do not have a good attitude towards editing and are unwilling to learn efficient editing techniques such as keyboard shortcuts. This results in inefficient editing, frustrating MLS's who may quit.
- Do not minimize the use of the mouse. This results in not being as efficient, likely to be a slower editor, showing a decrease in productivity.