

CDI Tip of the Week

VOICE RECOGNITION

You are responsible for the output of your voice recognition technology. **No disclaimer obviates this responsibility.** Documentation is clinical communication; if the reader can't understand the note, it is ineffective.

Recommendations:

1. **Pause** for a moment before dictating and **organize your thoughts**.
It is easier to get it right in the first place than have to do extensive edits. Aim for complete but concise, precise, and accurate.
2. **Read** what was transcribed and take the time to **edit** it. It does not have to be perfect – it has to be understandable and accurate.
3. Common errors:
 - a. **Numerical** errors (30 becomes 3; “when” becomes 1)
 - b. Stuttering or repeating yourself results in **word duplication**
 - c. **Nonsense** – what was transcribed barely resembles what you said, and meaning is lost (unless you read it out loud: “Lorcet static lightheadedness”)
 - d. **Redundancy** – free flow dictation where you say the patient denies chest pain 3 times in a paragraph. Leads to note bloat.
 - e. **Run-on** sentences – punctuation is not mandatory but is highly preferable
 - f. **Not in its vocabulary** – a new medication, a colleague’s surname, a nursing home’s name
 - g. **Alternating pronouns** (he/she) – use gender-neutral pronoun they, their instead
 - h. **Word omission** – Fill in the blanks for the reader (“Patient does not recall how he.” – He what?! Don’t leave me in suspense!) (Losing a negation word changes the entire meaning)
 - i. **Confusing, erroneous, or obscurative** (“Currently she has a HR in the 110s when she arrived currently is in the 70s”)

*****THINK. DICTATE, READ, EDIT. COMMUNICATE*****