

HEALTH INFORMATION TECHNOLOGY

Editing Sentences All reporting modules

ACV 8.0

doc v1

Sentences can be edited in the report at any time during the reporting process. Although the example below uses an echocardiography report, the process is the same for all of ASCEND's reporting modules.

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Search Index Prior	History s	Measure	ments Calculations	Diagrams	Minor abnormalities	Þ	Findings Report
Study - transthoracic							Summary
Study data 🐱			Procedure narrat	tive 🕨			 Left ventricle: The cavity size is normal. Wall thickness is normal. Systolic function is normal. The estimated ejection fraction is 55-65%
Patient ►✓ Height (cm) Height (in) Weight (kg) Weight (lb) Heart rate (bpm)	177.8 70 90.9 200		Transthoracic echo Procedure perfo Purpose Ultrasound mac Technical difficu Image quality	b Formed	gnosis iited windows equate	X 1 4 4 X	 2. Left ventricle: There is hypokinesis of the apical anterior and apical wall(s). □ 3. New summary item Study data □ Patient is 75 year(s) old. □ Patient birthdate: 01/27/1943. □ Study date: 08/06/2018. □ Black. □ Birth gender: male. □ Height: 177.8 cm □ Height: 70 n □ Weight: 90 9 kg
Systolic (mm Hg) Diastolic (mm Hg) Study status and location ►		▼ ▼	Acoustic windov Image format Enhancement p	ws 3 ite Qua ourpose Opa	ems recorded ad screen acify LV		□ Weight: 200 lb. ■ BMI: 28.8 kg/m ² . ■BSA: 2.14 m ² . ■ Transthoracic echocardiography. ■ M-mode, complete 2D, and complete spectral Doppler. ■ The risks, benefits, and alternatives to the procedure were explained to the patient
Study status Location	Routine Echo lab	▼ × ▼ ×	Urgent and critic Significance	al finding	S lical result		and informed consent was obtained.
Procedure room number Study type Study components	3 Transthoracic (TTE) 3 items recorded	× * ×	Absence of Finding Reported by Reported to				Procedure narrative Transthoracic echocardiography was performed. Image quality was adequate. Scanning was performed from the parasternal, apical, and subcostal acoustic windows.
Teaching case Teaching case details Changes from preliminary IAC candidate		 ■ ■ 	Role Date Time Read-back verified	201	18-08-06 21:11	↓ ↓ ↓ ↓	Left ventricle The cavity size is normal. Wall thickness is normal. Systolic function is normal. The estimated ejection fraction is 55-65%. Sum E Wall motion score: 1.12. Wall motion score: 1.12.
IAC - echocardiography	Enforce compliance	▼←	Adverse outcome No complications	es⊁			LV segmental data Segmental echo data
<				Scroll for a	additional content	>	There is hypokinesis of the apical anterior and apical wall (s). $\frac{Sum}{mary} \equiv$

A S C E N D[°]

To change a recorded finding, left click on the sentence in the *Findings viewer*. This will sync to and display the data entry form that was used to enter the finding.



When a different finding is selected, the sentence is automatically updated in the *Findings viewer*.



Right-clicking on a sentence opens in the *Findings* viewer an embedded menu of choices for that sentence. Selecting *Edit sentence* opens an editor which can be used to manually edit the verbiage used in a sentence.

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Search Index Prior	History Study	Measure	ments Calculations Diag	rams Minor abnormalities		Findings Report
Study - transthoracic						Summary 🗉 🔨
Study data 🖂			Procedure narrative	•		 Left ventricle: The cavity size is normal. Wall thickness is normal.
Consent Description			× ransthoracic echo ► Procedure performer	d		 Left ventricle: There is hypokinesis of the apical anterior and apical wall(s).
Consenting individual	Next of kin	▼ X	Purpose Ultrasound machine	Diagnosis	↓↓↓	3. [New summary item] Study data
Via translator Plus consent for sedation			Technical difficulty Image quality	Limited windows Adequate	▼ ←	Patient is 75 year(s) old.
Diastolic (mm Hg)		▼ ▼	Acoustic windows Image format	3 items recorded Quad screen Conscipt LV	▼ ▼ ←	■ Weight: 200 lb. ■ BMI: 28.8 kg/m ² . ■BSA: 2.14 m ² . ■ Transthoracic echocardiography. ■ M-mode, complete 2D, and complete spectral Doppler. ■ The risks, benefits, and
Patient status Study status	Outpatient Routine	▼ ×	Urgent and critical fir	ndings		alternatives to the procedure were explained to the patient's next of Applete finding
Location Procedure room number	Echo lab	××	Significance Absence of	Critical result	▼←	room # 3. E Ti e Sum- marySet Summary
Study type Study components	Transthoracic (TTE) 3 items recorded	V X	Finding Reported by		•	Transthoracic (Edit sentence quality was add
Teaching case Teaching case details			Reported to Role		•	parasternal, apical, and subcostal acoustic windows. 🗉 Left ventricle 🔳
Changes from preliminary IAC candidate 🗓		▼ ▼	Date Time Read-back verified	08:21:11	 ▼ ↓ ↓	The cavity size is normal. Wall thickness is normal.
Technical notes [not on r	report] +					score: 1.12. 🗉
IAC - echocardiography 🗓	Enforce compliance	▼ ←	No complications			LV segmental data 🔲 Segmental echo data 📄
<			Sc	roll for additional conten	t→ >	There is hypokinesis of the apical anterior and apical wall (s). ^{Sumy} ■



The Sentence editor has two panes - the left pane contains the original sentence from the reporting module.

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	Edit sentence		
Search	Sentence from KB	Current sentence 🤞 🗈 📽	
Study -	The risks, benefits, and alternatives to the procedure were explained to the patient's next of kin and informed consent was obtained	The risks, benefits, and alternatives to the procedure were explain and informed consent was obtained.	ed to the patient's next of kin thickness is
Study	informed consent was obtained.		timated
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IAC ca	Done Cancel		regional wall
Techni	Sentence edits should <u>not</u> change • The basic meaning of a finding		
IAC - e	Such changes should be made using the data entry forms.		aflet. I Cusp within the
		normal range. The	e is no stenosis. 🗉 There is no regurgitation.
<		Scroll for additional content →	
	A S C E N D		8.0 v1

The right pane contains a free-text editor which allows modification of the sentence. When editing, it is important not to contradict the meaning of the recorded findings, as they will be stored in a database.

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0	Edit sentence					
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IAC - e	Any numeric values or units Such changes should be made using the data entry forms.				aflet. 🗏 Cusp	
			normal range here is no stenosis ≡ h	nere is	within the	
			Scroll for additional content → ■	101010	no reguigitation.	Y
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To revert back to the original sentence as coded in the reporting module, click on the *Restore* icon located between the two panes.

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Study -	The risks, benefits, and alternatives to the procedure were explained to the patient's next of kin and informed accessed.		The risks, benefits, and alternatives to the procedure were explained to the patient's next of kin and informed consent was obtained.	hickness is	^
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IAC - e	Any numeric values or units Such changes should be made using the data entry former			aflet. 🗉 Cusp	
	such changes should be made using the data chilly forms.			within the	
			Scroll for additional content →	no regurgitation.	~
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A S C E N D[°]

When the desired changes have been made, select the *Done* button to place the edited sentence in the *Findings* viewer.

S Undo	🕐 Redo 🛛 🥐 Help 🔀 Options 🔎 LEA	RN				
	Edit sentence					
Search	Sentence from KB		Current sentence 🐰 🗈 🛍 🚏	Ŷ		
Study -	The risks, benefits, and alternatives to the procedure were explained to the patient's next of kin and informed expects was obtained.		The risks were explained to the patient's next of kin and informed consent was obtained.		hickness is	^
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The updated sentence now appears in the *Findings* viewer and *Report* viewer.

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Search Index Y Stu	Idy Measuremen	nts Calcu	ılations Diagrams Minor abnormalitie	Findings es	Findings Report	
Study - transthoracic					Summary 🗉	^
Study data 😽			Procedure narrative >		 Left ventricle: The cavity size is normal. Wall thickness is normal. Systolic function is normal. The estimated 	
Patient 😽			Transthoracic echo >		ejection fraction is 55-65%. Wall motion is normal; there are no regional wall motion abnormalities.	
Height (cm)	177.8	×	Procedure performed		2. New summary item	
Height (in)	70	×	Purpose	Diagnosis	Study data	
Weight (kg)	90.9	×	Ultrasound machine		Patient is 75 year(s) old E Patient birthdate: 01/27/1943	
Weight (lb)	200	×	Technical difficulty	Limited windows	Study date: 08/06/2018. Black. Blirth gender: male.	
Heart rate (bpm)			Image quality	Adequate	Height: 177.8 cm. 🗏 Height: 70 in. 🗏 Weight: 90.9 kg. 🗏	
Systolic (mm Hg)		-	Acoustic windows	3 items recorded	Weight: 200 lb. BMI: 28.8 kg/m². BMz and . complete 2D, and .	
Diastolic (mm Hg)		-	Image format	Quad screen	complete spectral Doppler. The risks were explained to the	
Study status and location +			Enhancement purpose	Opacify LV	patient's next of kin and informed consent was obtained. 🗏	
Patient status	Outpatient	* ×			# 3 E The patient telerated the precedure well E	
Study status	Routine	* ×	Urgent and critical find	ings		
Location	Echo lab	* ×	Significance	Critical result	Procedure narrative	
Procedure room number	3	×	Absence of		I ransthoracic echocardiography was performed. Image quality was adequate. Scanning was performed from the parasternal	
Study type	Transthoracic (TTE)	× ×	Finding		apical, and subcostal acoustic windows.	
Study components	3 items recorded	-	Reported by		l eft ventricle	
Teaching case			Reported to		The cavity size is normal. Wall thickness is normal Sum	
Teaching case details			Role		Systolic function is normal. The estimated ejection fraction is 55-	
Changes from preliminary		-	Date	2018-08-06	65%. Surv 🗉 Wall motion is normal; there are no regional wall	
IAC candidate 🗉		-	Time	15:50:37	motion abnormalities. Sum E Wall motion score: 1.00.	
-		_	Read-back verified		Aortic valve 🗏	
Technical notes [not on i	reportj⊦		Adverse outcomes +		The valve is structurally normal. The valve is trileaflet. 🗏 Cusp	
IAC - echocardiography 🗓	Enforce compliance	₩ ←	No complications		separation is normal.	
			Scroll for ac	ditional content \rightarrow	Systemic arteries 🗉	~
				>		
A S C E N D					8.0 v1	1



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