SIGN OFF SHEET

NAME	DATE	SIGNATURE
LORI MYERS	2022-02-01	S.
Pan Tran	2022-02-07	Pr,
Mahsa Rezazadeh-Shahi	2023-01-09	De
Vicki Goard	2023-08-28	
2024	2024	
Vicki Goard	February 21, 2024	- Of

X-RAY ASSOCIATES PACS POLICY & PROCEDURE MANUAL

The manual is reviewed and revised annually by Marlene McCarthy

All manuals and protocols are reviewed and revised at least annually by the General Manager with input from department leads and final approval by the Quality Advisor. It is the responsibility of all staff to notify the Lead or General Manager of any error or omissions in any manual. Staff must review all manuals and sign off annually. Staff are notified of updates as they occur, either via email, staff memos or in person.
It is expected that all policies and procedures are followed. They have been written to ensure patient and staff safety and support our Goals and Objectives.
All written policies, procedures and protocols are proprietary of X-Ray Associates. They cannot be copied or shared without written permission of the General Manager

<u>Revised and/or Reviewed</u>	<u>Date</u>	<u>Name</u>
Revised and Reviewed	May 22, 2015,	Marlene McCarthy
Revised and Reviewed	April 2016	Marlene McCarthy
Revised and Reviewed	October 2017	Marlene McCarthy
Revised and Reviewed	January & July 2019	Marlene McCarthy
Revised and Reviewed	January 2020	Marlene McCarthy
Revised and Reviewed	February 2021	Marlene McCarthy
Revised and Reviewed	January 2022	Marlene McCarthy

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PACS ADMINS

The PACS admins are:

- Vicki Goard (PACS admin) v.goard@xrayassociates.org
- o Jenn Covino j.covino@xrayassociates.org

Weekend support:

 Please call the PACS admins in this order; Vicki(Ultrasound) Jen (X-Ray & BMD), (X-Ray & BMD) with phone numbers listed at each office.

Service Agreement:

- o Full-service contract
- Upgrades included in contract

DAILY PACS ADMINISTRATOR DUTIES

Clear out the unspecified PACS folder

PACS correction as advised on the QA form

Resolve any issues that radiologist may encounter, i.e.

- PowerScribe not functioning
- o Unable to login into either Southlake or Mackenzie Health's PACS system
- Hardware issues
- Unlock studies for dictation and etc.

Address all QC messages from the radiologists.

Troubleshoot hardware/connectivity issues and contact vendors to rectify the issues. Failed Fax corresponds- check the encounter as to why the fax failed resend out all failed faxes

WEEKLY PACS ADMINISTRATOR DUTIES

PowerScribe – Check the ACO/LMO activity and ensure that all states are OK.

Run Worklist for Failed faxes for the previous week and ensure there are no missed faxes.

MONTHLY PACS ADMINISTRATOR DUTIES

PowerScribe server

- o Reboot the server
- Check drive space for each server
- Ensure all services are back online

Local server

- Reboot the server
- Check drive space for each server

Statistics

o Clinic stats for all modalities

OTHER TASKS

Run any statistics that have been asked by Dr. Yeung or other Radiologists. Troubleshoot and repair all:

- o All workstations
- o All printers

Setup and train all referring physicians on Referral Portal.

Train all new hires on PACS and RIS applications.

Update the website on the intranet

Troubleshoot and fix PowerScribe server.

Modality integrations

- New IP address for the equipment
- Setting up the modality for worklist & Storage
- Ensuring ISSA is sending the worklist to the new modality.

RADIOLOGIST REPORTING STATIONS:

Two Reporting Sites 1: Aurora 2: Vaughan

Two Diagnostic Monitors One Regular Monitor;

- o Diagnostic Monitor Barco MXRT 5400(WDDM)
- o Pixel Count= 3.15 Million Pixels
- o Resolution = 3.15 Megapixels

WORKSTATIONS MUST PROVIDE THE FOLLOWING CHARACTERISTICS:

Luminance of the gray-scale monitors of at least 50 foot-lamberts.

Display stations must accurately reproduce the original study and must include: a. brightness and contrast and/or interactive window and level function

magnification function

the capability of rotating and flipping the displayed images

the capability of inverting the gray-scale values of the displayed image

the capability to display clinically relevant parameters

PASSWORD POLICY

VELOX RIS

The password must be at least 8 characters long and it can be any alphanumeric combination. You must have one capital and one character

The password does not expire but users are advised to change their password every 365 days.

POWERSCRIBE

Radiologist account: The username and password must be the same as their PACS credentials.

HOW TO ADD STUDIES TO INTERESTING CASES FOLDER

Go to the encounter click on the *local* to edit the encounter.

Click on Interesting cases and then save by clicking on the checkmark.

Encounter	Regular 🔹 20200624 🛗 Aurora	•	No teaching collection	•	~ ×
			No teaching collection		
			Interesting Cases		

CREATION OF NEW RIS / POWERSCRIBE ACCOUNTS

The new username should be xra.first initial last name all in lowercase, i.e. John Doe's username is xra.jdoe

The username should be the same for all three applications.

Assign each user with the correct user group, i.e. technologists to the technologist's group. Never assign anyone with management account until it is cleared by the general manager The password can be any alphanumeric/symbol combinations. PowerScribe

 $\circ~$ For radiologists, the username and password must match their PACS credentials

REFERRAL PORTAL

All external users (referring physicians) must fill out a confidentiality form before providing them any access to the Referral Portal

ULTRASOUND QA

Whenever wrong images are scanned into a wrong patient name, a PACS QA form must be filled out to advise the PACS administrator to whom the images belong.

PACS administrator must use Pacsgear Gearview QC application to clip the patient name and ID from the top of each image and replace it with the correct patient name and ID.

QA FORMS

QA forms are to be filled out by all staff when addressing any changes to the PACS administrators.

DI-R DUTIES

Monitor logs for transmission errors to DIR in PACS, failure of storage commit messages Monitor logs for transmission errors of HL7 messages as appropriate Maintain accuracy and currency of imaging information for studies generated at their site Coordinate first line troubleshooting from your local site for suspected DI-r issues Log issues with HDIRS Service Desk once initial triage is done Inform HDIRS Operations of changes that will affect type or volume of information sent to DI-r. Inform HDIRS Operations of any changes to site administration staff accessing the DI-r Inform HDIRS Operations of planned PACS or RIS upgrade activities. Participate in the testing and validation of upgraded systems. Review HDIRS monthly data quality reports and perform corrections in a timely manner.

How to Import CD from another facility

Go to the encounter of the patient

Click on



Open the E: Drive



- 1. Right Click on D Drive to open the CD
- 2. Open by double clicking on Dicom Folder



4. The files will upload into the encounter and make an encounter note which says" IMPORTED PREVIOUS"

Importing and Archiving Medical Images Using Velox Imaging

1 Navigate to https://login.veloximaging.net/

2 Click "Login" Using your Credentials



Velox Imag

Support Phone Nur

Live Support S	Schee
	East
Mon - Fri	8:00
Saturday	9:00
Maintenance	3:00

Core Support Hour On average, we ans experience a large i you; please leave a receive your voicen for a long time.

Sundays & Holiday On Sundays and St

of calls will go to vo 30-60 minutes, bet



3 Click the "Search by Name, DOB, HIN, etc." field.

4 Type "myers lori (Patient Name)enter"

5 Click here.

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28	0/0	A 🗐	😤 Dr. Graham, Rob



6 Click "Import Images"



7 Click "Upload File(s)"



8 Click "OK"

owser at	Upload details		images will be im	ported and saved into this	s newly created
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	IMG00002	ОК	following matche	es closely on the left (DIC	OM) and on the
	IMG00003	ОК			
	IMG00004	ОК			
	IMG00005	ОК	prresponding stud	ly type, but sometimes ma	atches cannot
	1 Upload progress: 5/5	ок			
		Step 3. Final review Please review what you a You can always call our te image automatic import.	e importing and c chnical support if	slick Import on top-right. You have any questions a	about DICOM

9 Click "OK"



10 Click "No matching study found"

	💄 Lori Myers (xra.	Imyers) 🔁 Logout			
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Velox Encounter	Study Date	Import Type			
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11 Click here.



Aurora		
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▼ X-Ray		
Vltrasound		
▼ BMD		
▼ Nuclear Me	dicine	

12 Pick the Test you are importing Ex. Right Foot

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- L R KNEES 1 VIEW WT. BEARING
- L R KNEES 2 VIEWS WT. BEARING
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- L R TIBIA/FIBULA 2 VIEWS
- L R ANKLES 2-3 VIEWS
- R ANKLES 2-3 VIEWS WT. BEARING
- L R FEET 2-3 VIEWS
- BOTH FEET 2-3 VIEWS WT. BEARING
- L R FEET 4 VIEWS
- C R CALCANEI 3 VIEWS
- TOES 3 VIEWS
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	US MSK RT SHOULDER US Archived	
	US DOPPLER SCAN Archived	
15-Nov-2022 10:16 am	SOFT TISSUE ULTRASOUND Archived	
R 13-Apr-2022 8:03 am	US ABDOMINAL ULTRASOUND Archived	
	US LIMITED PELVIC ULTRASOUND Archived	
🖪 7-Apr-2022 11:32 am	OT E406A Archived	
¥ 🖬 8-Jun-2018 12:00 pm	CR FEET 2-3 VIEWS (R) Archived	
¥ 🛙 2-Jun-2016 3:11 pm	US NECK ULTRASOUND Archived	
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¥ 🖪 22-Jun-2015 12:17 pm	US LIMITED PELVIC ULTRASOUND Archived	
	ABDOMINAL ULTRASOUND Archived	
¥ 🛙 19-Jul-2014 9:50 am	US RT SHOULDER ULTRASOUND Archived	
▲ 🖬 19-Jul-2014 9:50 am	US RI SHOULDER ULI KASUUND Archived	

17 Click here.



18 Click "Add Encounter Note"



Type in "Imported Previous Xrays or Ultrasound" Click "Save"

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Encounter Note	Star	🗙 Profile 🛛 👫 Swap
imported previous xrays		Add Encounter Note
		ncounter Documer
Са	ncel 🕞 Save	Add Document
		Portal Access 📀
		Referrer
		Patient
		Correspondence

Updating Local Agent

Click this text field.

2

1 Navigate to https://login.veloximaging.net/

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A DESCRIPTION OF THE OWNER.			Saturday	9:00 am - 4:00
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3 Click this password field.

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		Saturday	9:00 am - 4:00 pm
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4 Click here.

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Click "Latest Local Agent Version"

5

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iii Encou	nters	11 Pa	tients	🖹 Repo	orts 🚵	a (As part of our ongoing efforts to enhance system efficiency and security, we are preparing to phase out older Local Agent versions and transition to Local Agent version 4. To facilitate a	
t linked iles			Imanae			R	smooth transition, please update all clinic PCs to the latest version of Local Agent using the link below: Latest Local Agent Version Please ensure that all PCs are updated to this version before January 16 to avoid any disruptions in functionality. On January 16, we will implement a Force Local Agent update.	v
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5h	/7m	4					If you encounter any challenges during the undate process or	

6 Go to download and double click on the Local Agent Installer

7 Velox local Agent is already installed

Do you want to remove the previous version and continue Click YES

8 Do you want to allow this app to make changes to your device

Click YES

IO Do you want to allow this app to make change to your device

Click Yes

Click Next

Click I agree

Let it run and then click finish

Viewing Patient Information in Velox Imaging Software

1 Click this text field.			
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2 Click this password field.



Velox Imaging Sup

Support Phone Number: (416) 6

Live Support Schedule

	Eastern Time
Mon - Fri	8:00 am - 8:00 pm
Saturday	9:00 am - 4:00 pm
Maintenance	3:00 am - 6:00 am

Core Support Hours

On average, we answer 95% of s experience a large number of sir you; please leave a voicemail if 1 receive your voicemail and to ca for a long time.

Sundays & Holidays

On Sundays and Statutory Holid of calls will go to voicemail. Afte 30-60 minutes, between the hou

3 Click the "Search by Name, DOB, HIN, etc." field.

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Type "myers lori **enter**"

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Myers, Lori F, 27-Jun-1 3-May-2023 8:56 a	989 (34Y) am	US	FRANSVAGINAL UĽ	TRASOUND Archived	59

4

6 Click here.

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7 Click "GearViewQC"									
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Click "OK"

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989 (34Y)	US MSK LT SHOULDER US Archived	108	1/1	A 🗐	Aurora 8
VA	US INSK RT SHOULDER US Archived		1/1	A 🗐	🚯 Aurora 8
	US DOPPLER SCAN Archived	108	1/1	A	🚯 Aurora 8

8

PHONE ISSUES (VOIP)

Open in Google Chrome

https://net2phone.ca/client-logi

<u>n LOGIN:</u>

112@xrayassociates.org

PASSWORD: D1m3d289!

Usually Someone has put a phone on DND

- 1. go to manage organization
- 2. Users
- 3. Answering Rules
- 4. Click on the pencil
- 5. Click off the Do not

Disturb

https://academy.versature.com

L

dial *611 for support on any versature phone

VELOX SUPPORT:

416-699-4125 extension 1

PACS CORRECTIONS:

In Velox under PACS there will be unlinked cases

Make sure the encounter is in Checked in Status and you are in the correct clinic the patient went to

Check mark the correct images and the correct patient and click on link images.

REJECTED CASES:

- 6. In Velox dashboard
- 7. Click on the rejected report to see what it says
- 8. Once the case is fixed Unassign the case and then re assign it the correct shared worklist. Change status from Rejected to Images attached.

NO DICTATION REPORTS:

- 9. In Velox go to Management Encounters and filter by clinic and modality you can also filter by images attached or dictated status.
- 10. Unassign the case and then re assign it the correct shared worklist. Change status from dictated to Images attached and put an encounter note for the radiologist.
- 11. You can confirm this has gone back to the worklist by going into the radiology worklist
- 12. Username: xra.doctest
- 13. Password: Hello123!

NO IMAGES:

- 14. In Velox under PACS there will be unlinked cases
- 15. Make sure the encounter is in Checked in Status and you are in the correct clinic the patient went to
- 16. Check mark the correct images and the correct patient and click on link images.
- 17. Change the status from checked in to Images attached. Make sure you assign the case to the appropriate shared worklist.

NOT FINISHED CASES

- 18. In Velox go to the dashboard
- 19. Click on checked in
- 20. You can also go through management, Encounter and filter your search by clinic and Modality.
- 21. Make sure the worksheet is attached and the images are attached and then change the status from Checked in to Images attached

ADD A REFERRAL PORTAL DOCTOR

https://xra.veloximaging.net/

- 22. Go to Velox
- 23. Click on administration
- 24. Then staff
- 25. Add staff
- 26. Change the category to refer
- 27. Fill in all the information including the billing number of the doctor & CPSO number if the doctor is connected to HRM(EMR)
- 28. Check the box next to login
- 29. It will ask you to create a username. Follow the same guidelines for usernames
- 30. Xra. First initial last name
- 31. Give a temporary Password: Welcome1. This is a temporary password and can be changed at the first login.
- 32. Click save

Reset the password for doctors

- 1. Go to Velox
- 2. Click on administration
- 3. Then staff
- 4. Look up the doctor's name
- 5. Click on password and change to a new password and then save.

MODALITY STATS:

In Velox go to Management, Reports Performance Monthly Modality Stats Modality Studies by Modality Pick the clinic and the date range and click PDF

REQUIREMENTS FOR USING REFERRAL PORTAL

Referral Portal is an internet site. You can use any browser or Operating system.

Copy this link into your browser https://xra.veloximaging.net/ OR go to

www.xrayassociates.org (for direct link under PACS tab)

**Once you have copied the link. Save it as a Favorite in your internet browser or on your desktop.

Call or email our System Administrator Vicki Goard or Jenn Covino to get your password;

Cell 647-466 -1501 v.goard@xrayassociates.org or j.covino@xrayassociates.org

Username: xra.tdoc

Temporary Password: Welcome1

Password: Please call 647-466-1501 for a default password

Velox Imaging - Information Port × +			
\leftrightarrow \rightarrow C $$ xra.veloximaging.net			\$
	X-Ray As	ssociates	
	Referrer Usemame xra.tdoc Password ••••••••••	Patient	
	Referring Physician Portal provides a fast and intuitive way to access all the information for your referrals. Images can be previewed in real time, as soon as the clinic finishes acquiring them.	Reports are always available for all of your patients, be it 5 minutes or 5 years ago.	
	In order to gain access to the Portal or if you experience difficulties, you can contact the clinic.	X-Ray Associates	

Changing default password

To change your default password go click the **Profile button** (top right corner) and then click **Change Password**. Enter your current password and then create a new password.

User Profi	le			><
Personal Info	ormation	L	ogin and Pa	ssword
First Name	Test	U	sername	xra.testdoc
Last Name	Doc	C	urrent	
Name Prefix	Doctor (Dr.)	N	ew	
		c	onfirm	
Email	CI	hange Email		Cancel changing
				Cancel Save

Viewing Patients Profiles

Your dashboard has quick link to view most recent patients, unread reports and XRA requisition.

Quickly navigate to your recent patients list by clicking the **My Patients** tab Quickly navigate all new unread reports by clicking the **Find Patients** by typing in the patient's name and clicking on **Find**

erine erier any mission in the patients in Priority cases in Priority cases in Priority cases in the patient in	Dr. Do	ctest Docte	st 😬 ™	ly Patients		Find Patient by I	Patients Name or ID	Q Find
Image: Dashboard Image: Priority cases Patients Image:		,	Dashboard My I	Patients	Profile	C+ Logout		
Patients Unread reports Priority cases Updated cases								
Abdomen 0 0	III Dashboard	At Patients				Find Pati	ient by Name or ID	
	Dashboard Patients	At Patients	Jnread reports I ^{NU} Priority ca UST Abdome	ases 🖋 Updated cases en		Find Pati	ient by Name or ID	

Searching for patient

There is a global search field in the top right corner of every page. To quickly find a patient, enter the patient's last name or health card number in the search bar and press enter.



Select a patient from the list.

Patients	A Recent patients	nread reports 🛛 🏁 Priority cases 🥜 Updated case	s
19 Jan 2017 Regular	No. Anna Anna Anna Anna Anna	GR Eye (F.B.) (3)	🔳 0 📄 1 19-Jan-2017 8:32 am Report
27 Dec 2016	No. or an and the second	EGG Carotid Doppler	 I 142 in 1 29-Dec-2016 5:31 am New Images 0 in 0

Viewing Patient's Profile

To navigate through patient's images and documents use panel on the left-hand side. Switch between thumbnails of images and report for current and historic cases. All the previous cases of the patient are going to be displayed under most recent case. AL P



- Flip Image Vertically
- Reset •
- Pan •
- Measurement
- Angle
- •
- Cobb Angle Remove measurements •
- Next Image
- Previous Image •
- Print Image •
- Download Image in Jpeg format •
- Download Image in DICOM format



DOWNTIME PROCEDURES:

SCENARIO	UP	DOWN	
1 Normal Workflow	RIS, PACS & PowerScribe	Nothing	•
2	RIS & PACS	PowerScribe	Рнуз
3	RIS	PACS & PowerScribe Teleradiology	ICALLY D
4	PACS	RIS & PowerScribe teleradiology	OWN, NE
5	PowerScribe	RIS & PACS	TWORK
6	Nothing	RIS, PACS & PowerScribe teleradiology	IS UP.
7	Network coni	NECTION IS DOWN	

SCENARIO 2: RIS & PACS ARE UP AND POWERSCRIBE IS DOWN

FRONT DESK

NORMAL OPERATION

TECHNOLOGIST

NORMAL OPERATION

RADIOLOGISTS

- 1. Call 1-877-566-8236 (Backup number: 1-855-556-4249).
- 2. Enter your User ID and press 2 to record new dictation.
- 3. Begin recording after beep (max length: 1hr) and hang up to save the recording.
- 4. Press 1 for pause, 3 for skipping 5 secs backward and 0 for skipping 5 secs forward.
- 5. Note down **JobID** by pressing # if you plan to save dictation and continue at a later time.
- 6. Please view the images and dictate the cases using phone system.
- 7. Start each dictation with the ACCESSION NUMBER, PATIENT NAME, ID and PROCEDURE(S).
- 8. When you have finished the dictation, manually mark the exam dictated.
- 9. When there is a verbal, please dictate as usual into the phone and fill out the **VERBAL REQUEST FORM** that was provided to you.



Figure 1: Phone dictation controls

TRANSCRIPTIONISTS

Flipsu will be receiving all the dictation on their phone system.

SYSTEM ADMINISTRATOR

1. In the windows command prompt, ping the following IP addresses belonging to Powerscribe:

10.1.14.76	(PS INTERFACE SERVER)
10.1.14.77	(PS RECOGNITION SERVER)
10.1.14.78	(PS WEB SERVER)

2. If you get no reply, the servers are down and you need to go to the server in our Aurora Clinic and investigate why it is down. I.e. Server needs rebooting, hardware issue, etc.

VERBALS

Front desk clerks, technologists, and radiologists, please follow normal procedure in processing verbal.

WORKLIST

AVAILABLE

SCENARIO 3: PACS & POWERSCRIBE ARE DOWN, RIS IS UP

FRONT DESK CLERKS

- 1. Normal Workflow for registration
- 2. Please burn every 15-20 cases of CR onto a CD and every 4-8 ultrasound cases on a separate CD. Please keep track of which patients' images are on each CD.
- 3. Please import these CDs onto the Modality Machines
- 4. Once imported, please leave the requisition and any worksheets on the Rad's workstation and keep the CD in a safe place until everything is back to normal operation.

TECHNOLOGISTS

- 1. After receiving the requisition, using the bag label on the requisition, please enter the **PATIENT'S NAME**, **BIRTH DATE**, **ACCESSION NUMBER** and etc. into your machine.
- 2. Make sure all the procedures written on the form are completed.
- 3. Give the requisition sheet and the worksheets (if necessary) to the front desk clerk for safe keeping.
- 4. At the end of each night, please fax the downtime form to the system admin and keep the original copy for your own records until everything is back to normal operation.

RADIOLOGISTS

- 1. Please call 1-877-566-8236 (Backup number: 1-855-556-4249).
- 2. Enter your User ID and press 2 to record new dictation.
- 3. Begin recording after beep (max length: 1hr) and hang up to save the recording.
- 4. Press 1 for pause, 3 for skipping 5 secs backward and 0 for skipping 5 secs forward.
- 5. Note down **JobID** by pressing # if you plan to save dictation and continue at a later time.
- 6. Please view the images and dictate the cases using phone system.
- 7. Start each dictation with the ACCESSION NUMBER, PATIENT NAME, ID and PROCEDURE(S).
- 8. When you have finished the dictation, mark the exam dictated on the requisition.
- 9. When there is a verbal, please dictate as usual into the phone and fill out the VERBAL REQUEST FORM that was provided to you. Before you hang up, please press 6 on the phone keypad to mark the exam a priority for the transcriptionist.



Figure 2: Phone dictation controls

TRANSCRIPTIONISTS

Flipsu will be receiving all the dictation on their phone system.

SYSTEM ADMINISTRATOR

1. In the windows command prompt, ping the following IP addresses belonging to Powerscribe:

10.1.14.76	(PS INTERFACE SERVER)
10.1.14.77	(PS RECOGNITION SERVER)
10.1.14.78	(PS WEB SERVER)

- 2. If you get no reply, the servers are down and you need to go to the server in Aurora and investigate why it is down. I.e. Server needs rebooting, hardware issue, etc.
- 3. Contact Velox to troubleshoot what is causing PACS to be down. i.e. Hardware, application, etc. If she is unreachable, please call Velox support 416-699-4125
- 4. When all systems are back online, merge all images into cases.

Once the server comes online, sometimes you are required to reboot the Local servers. Contact Velox if local server requires restarting.

VERBALS

NORMAL

WORKLIST

NOT AVAILABLE

SCENARIO 4: RIS & POWERSCRIBE ARE DOWN. PACS IS UP. RECEPTIONISTS

- 1. Make a photocopy of the requisition with the *patient's health card*. Please make sure that the health card number and version code are photocopied properly.
- 2. Each clinic will create a temporary unique **ACCESSION NUMBER** for each patient's procedure is done:
 - I.E. Davis Clinic will start with NM1, NM2, NM3...

Aurora Clinic will start with AU1, AU2, AU3...

Harding Clinic will start with YM1, YM2, YM3...

Vaughan Clinic will start with RS1, RS2, RS3...

3. Please write all temporary **ACCESSION NUMBER** and the **DATE** & **TIME** the patient came in on top of the **REQUISITION**.

PLEASE NOTE: Don't add any leading zeros or any other kind of modification to the **ACCESSION NUMBER**. Don't forget to add your two letters for your clinic's location in the **ACCESSION NUMBER**.

- 4. Hand the requisition to the performing technologist.
- 5. The technologist will compile the reqs and worksheets and record all exams on the tracking sheet. ALL of this must be handed back to the receptionist who will place in a folder to ensure that nothing is lost.

TECHNOLOGISTS

- 1. After receiving the requisition, using the photocopy of the health card, please enter the **PATIENT'S NAME**, **BIRTH DATE**, the corresponding **ACCESSION NUMBER** and etc. for each procedure(s).
- 2. Make sure all the procedure(s) written on the requisition are performed.
- 3. Send all images to PACS. The images will appear in PACS under and it will be merged to the order in RIS, when everything is back to normal operation by the system admin.
- 4. Give the requisition sheet and the worksheets (if necessary) to the front desk clerk for safekeeping until the radiologist arrives at the clinic.
- 5. At the end of each night, please fax the downtime form to the SA and keep the original copy for your own records until everything is back to normal operation.

RADIOLOGISTS

- 1. Please call 1-877-566-8236 (Backup number: 1-855-556-4249).
- 2. Enter your User ID and press 2 to record new dictation.
- 3. Begin recording after beep (max length: 1hr) and hang up to save the recording.
- 4. Press 1 for pause, 3 for skipping 5s backward and 0 for skipping 5s forwards.
- 5. Note down **JobID** by pressing # if you plan to save dictation and continue at a later time.
- 6. Please view the images and dictate the cases using phone system.
- 7. Start each dictation with the ACCESSION NUMBER, PATIENT NAME, ID and PROCEDURE(S).
- 8. When you have finished the dictation, manually mark the exam dictated.
- 9. When there is a verbal, please dictate as usual into the phone and fill out the **VERBAL REQUEST FORM** that was provided to you.



Figure 3: Phone dictation controls

TRANSCRIPTIONISTS

Flipsu will be receiving all the dictation on their phone system.

SYSTEM ADMINISTRATOR

1. In the windows command prompt, ping the following IP addresses belonging to Powerscribe:

10.1.14.76	(PS INTERFACE SERVER)
10.1.14.77	(PS RECOGNITION SERVER)
10.1.14.78	(PS WEB SERVER)

2. If you get no reply, the servers are down and you need to go to the server in Aurora and investigate why it is down. I.e. Server needs rebooting, hardware issue, etc.

In the windows command prompt, ping 192.168.1.175 IP address. This IP address belongs to the **RIS server**. If you do not receive any replies back, you need to go to the datacenter and investigate why it is down.

4. When all systems are back online, merge all images into cases.

Once the server comes online, sometimes you are required to reboot the local server. Contact Velox if RIS or PACS server requires restarting.

VERBALS

- 1. Technologists and Front desk clerks, please follow normal procedure in processing verbal.
- 2. Radiologist, please dictate the case into the voice recorder and fill out the **VERBAL REQUEST FORM** that was provided to you.

WORKLIST

NOT AVAILABLE

SCENARIO 5: RIS & PACS ARE DOWN. POWERSCRIBE IS UP. RECEPTIONISTS

- 1. Make a photocopy of the requisition with the patient's health card. Please make sure that the health card number and version code are photocopied properly.
- 2. Each clinic will create a temporary unique **ACCESSION NUMBER** for each patient's procedure is done:

i.e. Davis Clinic will start with NM1, NM2, NM3...

Aurora Clinic will start with AU1, AU2, AU3...

Harding Clinic will start with YM1, YM2, YM3...

Vaughan Clinic will start with RS1, RS2, RS3...

3. Please write all temporary **ACCESSION NUMBER** and the **DATE** & **TIME** the patient came in on top of the **REQUISITION**.

PLEASE NOTE: Don't add any leading zeros or any other kind of modification to the **ACCESSION NUMBER**. Don't forget to add your two letters for your clinic's location in the **ACCESSION NUMBER**.

- 4. Hand the requisition to the performing technologist.
- 5. The technologist will hand the requisition sheet back to you after they have performed the procedure(s). Please file it in order and keep it in a safe place for the radiologist when they come to the clinic to dictate the local studies.

TECHNOLOGISTS

- 1. After receiving the requisition, using the photocopy of the health card, please enter the **PATIENT'S NAME, BIRTH DATE, ACCESSION NUMBER** and etc. for each procedure(s).
- 2. Make sure all the procedures written on the form are completed.
- 3. If the radiologist is on site, please make cd from modality machine. If the radiologist is not on site, please make cd for System Administrator to upload to NilFeed.
- 4. Give the requisition sheet and the worksheets (if necessary) to the front desk clerk for safekeeping until the radiologist arrives at the clinic.

RADIOLOGISTS

- 1. Please call 1-877-566-8236 (Backup number: 1-855-556-4249).
- 2. Enter your User ID and press 2 to record new dictation.
- 3. Begin recording after beep (max length: 1hr) and hang up to save the recording.
- 4. Press 1 for pause, 3 for skipping 5s backwards and 0 for skipping 5s forwards.
- 5. Note down **JobID** by pressing # if you plan to save dictation and continue at a later time.
- 6. Please view the images and dictate the cases using phone system.
- 7. Start each dictation with the ACCESSION NUMBER, PATIENT NAME, ID and PROCEDURE(S).
- 8. When you have finished the dictation, manually mark the exam dictated.
- 9. When there is a verbal, please dictate as usual into the phone and fill out the **VERBAL REQUEST FORM** that was provided to you.



Figure 4: Phone dictation controls

TRANSCRIPTIONISTS

1. Flipsu will be receiving all the dictation on their phone system.

SYSTEM ADMINISTRATOR

In the windows command prompt, ping 192.168.1.175 address. This IP address belongs to the **RIS server**. If you do not receive any replies back, you need to go to the datacenter and investigate why it is down

- 1. Contact Velox to troubleshoot what is causing PACS to be down. i.e. Hardware, application, etc. If he is unreachable, please call Velox Support 416-699-4125 Extension 1
- 2. When all systems are back online, merge all images to cases.

Once the server comes online, sometimes you are required to reboot the local server. Contact Velox if RIS or PACS server requires restarting.

VERBALS

- 1. Technologists and Front desk clerks, please follow normal procedure in processing verbal.
- 2. Radiologist, please dictate the case into the voice recorder and fill out the **VERBAL REQUEST FORM** that was provided to you.

WORKLIST

NOT AVAILABLE

SCENARIO 6: RIS, POWERSCRIBE & PACS ARE DOWN.

RECEPTIONISTS

- 1. Make a photocopy of the requisition with the patient's health card. Please make sure that the health card number and version code are photocopied properly.
- 2. Each clinic will create a temporary unique **ACCESSION NUMBER** for each patient:
 - i.e. Davis Clinic will start with NM1, NM2, NM3...

Aurora Clinic will start with AU1, AU2, AU3...

Harding Clinic will start with YM1, YM2, YM3...

Vaughan Clinic will start with RS1, RS2, RS3...

3. Please write this temporary ACCESSION NUMBER and the DATE & TIME the patient came in on top of the REQUISITION.

PLEASE NOTE: Don't add any leading zeros or any other kind of modification to the **ACCESSION NUMBER**. Don't forget to add your two letters for your clinic's location in the **ACCESSION NUMBER**.

- 4. Hand the requisition to the performing technologist.
- 5. The technologist will hand the requisition sheet back to you after they have performed the procedure(s). Please file it in order and keep it in a safe place for the radiologists when they come to the clinic to dictate the local studies.
- 6. Please burn every 15-20 cases of CR onto a CD and every 4-8 ultrasound cases on a separate CD. Please keep track of which patients' images are on each CD.
- 7. Please import these CDs into NilFeed on the Rad's Computer.
- 8. Once imported, please leave the requisition and any worksheets on the Rad's workstation and keep the CD in a safe place until everything is back to normal operation.

TECHNOLOGISTS

- 1. After receiving the requisition, using the photocopy of the health card, please enter the **PATIENT'S NAME, BIRTH DATE, ACCESSION NUMBER** and etc.
- 2. Make sure all the procedures written on the form are completed.
- 3. If the radiologist is on site, please make cd or upload to NilFeed If the radiologist is not on site, please make a cd and have the System Administrator or upload Images to NilFeed for radiologist.
- 4. Give the requisition sheet and the worksheets (if necessary) to the front desk clerk for safekeeping until the radiologist arrives to the clinic.

RADIOLOGISTS

- 1. Please call 1-877-566-8236 (Backup number: 1-855-556-4249).
- 2. Enter your User ID and press 2 to record new dictation.
- 3. Begin recording after beep (max length: 1hr) and hang up to save the recording.
- 4. Press 1 for pause, 3 for skipping 5s backwards and 0 for skipping 5s forwards.
- 5. Note down **JobID** by pressing # if you plan to save dictation and continue at a later time.
- 6. Please view the images and dictate the cases using phone system.
- 7. Start each dictation with the ACCESSION NUMBER, PATIENT NAME, ID and PROCEDURE(S).
- 8. When you have finished the dictation, manually mark the exam dictated.
- 9. When there is a verbal, please dictate as usual into the phone and fill out the **VERBAL REQUEST FORM** that was provided to you.



TRANSCRIPTIONISTS

Flipsu will be receiving all the dictation on their phone system.

SYSTEM ADMINISTRATOR

Contact Velox at Velox to troubleshoot what is causing PACS to be down. i.e. Hardware, application, etc. If he is unreachable, please call Velox Support 416-699-4125 Extension 1

1. In windows command prompt, ping the following IP addresses belonging to Powerscribe and RIS:

192.168.1.175	(RIS SERVER)
10.1.14.76	(PS INTERFACE SERVER)
10.1.14.77	(PS RECOGNITION SERVER)
10.1.14.78	(PS WEB SERVER)

- 3. If you get no reply from either of the IP addresses, the servers are down and contact Velox.
- 4. If you receive reply from the ping from Powerscribe servers, contact Powerscribe tech support at 1-800-833-7776. The system ID is: 220187. They can troubleshoot the problem remotely.
- 5. When all systems are back online, merge all images to cases.

VERBALS

- 1. Technologists and Front desk clerks, please follow normal procedure in processing verbal.
- 2. Radiologist, please dictate the case into the voice recorder and fill out the VERBAL REQUEST FORM that was provided to you.

SCENARIO 7: NETWORK IS DOWN.

ALL STAFF & RADIOLOGISTS

- 1. The network (internet) will be automatically switched over to the LTE back up with Rogers.
- 2. Since LTE network is slower than the Static network, you will experience a delay in delivery of images to PACS, registration of patients and viewing images in PACS.

WORKLIST

NOT AVAILABLE

HOW TO / TROUBLESHOOTING WHAT IF MODALITY IS NOT SENDING TO PACS?

Technologist:

Ensure the Ethernet cable is connected properly at both ends (wall and machine) and check to see if you are able to view the worklist on the modality. If not, there may be an issue with the network or configuration of the modality and please contact the PACS admin.

PACS Admin:

- a. Check to see if the network is up and running. If not, please contact Rogers support and open a ticket. (Maninder Multani <Maninder.Multani@rci.rogers.com) 647 426-7560
- b. If network is ok, to see if the IP and AE title matches the modality, if not contact Velox to change it in the Local Server
- c. If querying a patient and it does not give you the exam that you are looking for:
- d. Try looking up using the patient's name instead of the patient ID.
- e. If still no result, call the PACS admin on duty to push the images to your workstation.

If CD burner is not functioning:

- a. Ensure the correct side of the CD has been put into the correct drive. All workstations have two drives to burn CD from.
- b. If the issue is with the CD burner, please call the PACS admin on duty to change the destination drive setting in Kpacs

What if all burners are not working or workstation is not functioning?

Burning can be done at the modality.

Please call PACS admin on duty regarding the workstation/CD burner issue.

2. ISSUES WITH LONG TERM STORAGE (HDIRS).

Call HDIRS directly. HDIRS-servicedesk@shn.ca

3. VPN DOWN

4. TELERADIOLOGY DOWN

DOWN TIME FORM:

DI-MED CLINIC DOWNTIME FORM

DATE:

CLINIC LOCATION:

NAME

#	PATI	ENT	ACCESSION NUMBER	PROCEDURE NAME	IMAGE	COMMENTS
	LAST NAME	FIRST NAME			COUNT	
1						
2						
4						
6						
7						
8						
9						
10						
11						
17						
13						
14						
15						
16						

SIGNATURE:

PACS TRAINING FORM:

PACS: New Staff Member Name:

Sign when complete

Familiarity with the Clinic	Staff Initials	Trainer Initials
Walk the clinic so you know the area.		
Locate the network cabinet/rack in each of the clinic		
Locate the modem at each clinic		
Read the fire procedures policy		
Review the fire escape route plan		
Review the clinic phones and the emergency numbers listing		
Newmarket Storage of monitors/workstations/cables		
Overall overview of network and connectivity of applications with each other		
Complete IPAC Core and all health and safety		
POWERSCRIBE - Voice Recognition	Staff Initials	Trainer Initials
Server IP addresses for 3 servers and their role.		
How to install PowerScribe client - typist, admin and radiologist		
How to delete report		
How to create new user account and modify current accounts i.e. password reset.		
How to unlock cases that locked by users.		
How to assign/unassign editor		
How to un-link reports		
How to read logs		
What are the different exam statuses and their meaning		
Troubleshoot PowerMic and dictation issues		
Familiarize with different settings for editor and radiologist accounts		
How to give limited admin accounts to users		
PowerScribe integration issues with PACS		
RIS	Staff Initials	Trainer Initials
How to create new user account and modify current accounts i.e. password reset.		
How to merge patient records		
Different method of query studies		
How to access reports, batch fax, dictation batch		
How to run different reports		
How to perform case management		

How to use batch fax module		
How to use dictation batch module		
What are the different exam statuses and their meaning		
How to fix report issues such as wrong referring physicians, wrong radiologists and etc.		
How to export RIS data		
How to edit patient demographics		
How to add new referring physicians		
PACS	Staff Initials	Trainer Initials
Contact Information for support		
Server IP addresses for all PACS servers and their role.		
Workstation		
How to use different icons and what is their task		
How to access the QC notes and put together QC Notes report		
How to create/modify DDP		
CD Burner		
How and when to use the QC module.		
How to import studies and burn them on CDs.		
How to change CD burner drive		
Different features of the configuration menu.		
Referral Portal		
How to use referral portal		
How to reset passwords		
GearView QC	Staff Initials	Trainer Initials
How to import studies into GearView.		
How to QC US images.		
How to edit patient demographics		
Di-R	Staff Initials	Trainer Initials
Get new login to access the Di-R		
How to delete images from the Di-R.		
How to resend images to the Di-R via EA server.		
HDIRS contact information		

REPORTING		
Use the exported RIS data to perform monthly clinic stats		
X-Ray stats for each clinic every month.		
Any other stats requested by management/radiologist		
Powerscribe Server and Local Servers	Staff Initials	Trainer Initials
Locate all the servers - PowerScribe, RIS and PACS		
Locate the ASA firewall and switch		
How to swap failed drives for the RIS and PowerScribe servers.		
Give IP addresses		
FORMS / COMPUTER	Staff Initials	Trainer Initials
Learn all forms required and where to find them		
PACS error documentation form		
Staff forms- timesheet variance, mileage, vacation request, etc		
Staff intranet on the computer		
Register for an X-Ray Associates email address		
Staff Intranet	Staff Initials	Trainer Initials
Physical location of the intranet		
How to use kompozer to edit webpages		
OCCUPATIONAL HEALTH & SAFETY	Staff Initials	Trainer Initials
Find the health and safety board and familiarize yourself with it		
See minutes etc posted for all staff to read and review		
Know your health and safety reps		
Locate the WHMIS, AODA, Infection control etc- all training manuals		

How to Lookup Interesting Cases in Velox

Go to Management Encounter Under Teaching click on Interesting cases Find

a list of all the interesting cases will appear.



SECTION 11: RADIOLOGIST PEER REVIEW:

	PROCEDURE PEER REVIEW: Radiologist	CODE/NUMBER
X-Ray Associates ULTRASOUND POLICY AND PROCEDURE	ISSUING AUTHORITY Dr Phil Mok	PAGE
LAST REVIEW: Sept 2021	SIGNATURE	EFFECTIVE DATE September 2015
	REFERENCE	

Background

In our continuous effort to improve quality, maintain standing with industry standards and in the wake of MOH/IHF standards, a comprehensive radiologist peer review program has been implemented within our Velox PACS.

The original development of the program was a collaborative effort involving many members of the Radiologist group serving on the Radiologist Peer Review Committee. Committee membership included Dr's. Lan, Law, Thain, Partap, Yeung, Boparai and McKee.

An environmental scan of the peer Radiologist groups was conducted in the development of this program as well as attendance in peer review focused conferences such as OAR peer-review conference. Potential risks associated with such a program were also assessed through consultation with CMPA.

Program overview: The program is a prospective small-group peer review as follows:

- Radiologists will be assigned cases by the PACS Admin when scheduled to report for clinics
- Peer Review cases must be within 7 days of the initial report
- The case will be assigned a score

Peer Review Window		×
SACROILIAC JOINTS 2	VIEWS CR	
Scoring should include findings on the imaging be included.	both primary findings and incidental study. Both misses and overcalls can	
IAgree	1. Concur with original reading	
I Disagree, Minor	2A. Unlikely to be significant	
	2B. Likely to be significant	
I Disagree, Moderate	 3A. Unlikely to be significant 	
	3B. Likely to be significant	
l Disagree, Major	4A. Unlikely to be significant	
	4B. Likely to be significant	
Discrepancy		

• If anything other than "I Agree" is selected, then add a comment under "Discrepancy."

- If anything other than "I Agree" is selected, the PACS Admin will send the exam, the scoring and comments to the reporting radiologist to review. The QA and President will be copied on this email.
- It is expected that if there is an urgent addendum to be done it is done within 24 hours. The reporting radiologist will record in the notes what was done. I.e. Addendum issued.
- The PACS Admin will archive all results once finalized.

Methods of Case Randomization

• Every radiologist must be reviewed for all modalities for each IHF. NT, OBS, VAS ultrasounds must be reviewed for all radiologists.

Radiologist Feedback:

- Very positive learning experience
- Discrepancies can be dealt with immediately (minimizing risk to Radiologists and IHF)
- High acceptance rate amongst Radiologists

If a radiologist is seen to have a pattern of discrepancies this will be discussed with the Quality Advisor and

the President. Remediation will occur and follow up to ensure competency will occur; i.e. suggest CME

PEER REVIEW FOR RADIOLOGISTS

- PACS ADMIN will assign cases accordingly to Radiologists per studies & clinics.
- Mark an X by the cases once you have assigned to the radiologist

	-			_	-	-	_	-	_										-											-	-			-	-				
PEER REVIEW 2022	н	ARD	DING		N	EWN	MAR	кет					4	AUR	ORA												VAI	JGH	AN										сомм
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RADIOLOGISTS	PR S	CORE	E		PR	sco	RE					ļ.	PR	sco	RE													PR S	SCOR	RE .		÷							DISCREP
DR. AGARWAL	1A	1A	1A	1/	1/1/	A 1A	1A	1A	1A	1.	A 1/	1A	1A	1A	1A	1A	1A	1A	N/A 1	1/A	N/A		1A	1A	1A	1A	1A	1A	1A	1A	1A	N//	N// 1	N/A	N/A	1	1	30	3A: under 50 years. should be z scores? ZA: Mild curvature
- OK. ANNEO	-	201	-				- 201	- 201	- 201				- 27	201	-		50	-			-		201	27	-	-	-	10	-	10	-	,		14/7	1477	<u> </u>	-		NO DISCRETANCIES
DR. AL-SHIKARCHY	1A	1A	1A	1/	A 1/	A 1A	1A	1A	1A	1	LA 1/	A 1A	1A	1A	1A	1A	1A	1A	N/A I	1/A	N/A		1A	1A	1A	1A	1A	2A	1A	1A	зA	N//	N// I	N/A	N//	2	5	32	3R: THEYE'S TAKE SHOOR OF OAT FILLE'S SHEE. THIS IS INCAP FAILER WE WITH A BMD of the L spine. Else goo
DR. DUCKEEN	14	38	14	10	4 1	A 1A	IA IA	14	14	-		A 1A	104	DA DA	14	14	174	DA		е/ж т 9/ж т	ч <i>ул</i> ч ч <i>ул</i> ч		1A 1A	14	194	14	14	14	14	14	14	14/2		1977	1977	-	0	45	38: NO pars detect seen on current or previous NOV 2021 NO DISCREPRINCIES
DR. DUDRANI	14	14	14	-17	۰Ľ	n 14	14	14	14		IM 17	1 IA	114	14	14	14	114	14	13/74 1	4/ <i>P</i> C 1	1/21		14	144	14	14	14	144	14	14	14	19/7	19//	19/14	19/7	4	.0	27	
DR. CHAN	1/4	10	10	10		17	10	10	10	-	A 17	17	174	14	174	10	1//	14		1)A	1/4		IA	IA	174	14	14	14	14	14	14	1/1	1/	N/P	1/4		1	30	NO DISCREPANCIES
DR. CHONG	17	174	174	14	174	17	IV	174	14	1	A	A IA	14	IA	IA	IA	IA	1A	N/A	V/A	N/A		1A	14	14	1A	1A	1A	14	1A	1A	11/7	10/7	N/P	11/7		5	27	NO DISCREPANCIES
DR. DA ROSA	1/1	114	111	10		11/1	14	177	10	4		A 1A	14	1A IA	1A 1A	14	14	1A 1A	1A N/A	14	1/4		IA	IA	14	14	14	14	14	IA	1A	1/4	1/	1/4	1/4		.2	/8	NU DISCREPANCIES
DA. GRANAW	170	17	14	14		- 17	т	177	14		A	A IA	14	IA	IA	IA	IA	IA	N/A	9/A 1	N/P		IA	IA	14	14	1A	14	14	14	14	11/7	10/1	N/P	11/7	,	2	31	NO DISCREPANCIES
DR. HOCHMAN	10	10	10	10	10	10	10	10	10		A		14	IA IA	IA	IA	IA	14					IA	14	14	14	14	14	14	14	14	N//			N//	, I	2	50	2A:UNLIKELT TO BE SIGNIFICANT
DR. DAVORONNE	- 200	- 201					-		-		DA 12	1 24	174	14	14	104	174	104	14/74 1	\$770 1	1/24		14	174	174	14	1/4	14	174	174	14	14/7	19/1	1977	14/7			- 27	NO DISCREPANCIES
DR. DW	1/1	10	1/1	10		- 10	1/1	10	10		AD	A 1A	14	IA	IA	IA	14	IA		97A T	N/24		14	14	14	14	14	14	14	ZA	14	N/A		N//	N/7		5	49	2A: UNLIKELT TO BE SIGNIFICANT
DR. MCKFF					-					-		<u> </u>		10	-		-	-	1.1/2		-		-			-	-	-	-	-		14//			14/2	-	~		24. Treat united y average and executive reported
DRI MCREE	1A	1A	1A	1A	2A	1A	1A	1A	2A	1	LA 1/	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A		1A	1A	1A	1A	1A	1A	1A	1A	1A	14	14	1A	1A	8	6	81	ZA: "Feces and Ankles" - typo should have been corrected by typist No comment on chondrocalcinosis of left in CPPD arthropathy.
DR. ININALZARANIAN	- 27	14	177	17		17	14	17	14	-	A	A IA	IA	IA	IA	IA	IA	IA	N/A	4/A 1	N/P		IA	IA	IA .	14	14	14	14	14	14		י קאו	N/A	N/A	Ľ	5	31	
DR. MOK	2A	1A 3	3B	1A	1A	1A	1A	1A	1A	1	LA 1/	A 1A	1A	1A	1A	1A	1A	1A	1A	1A	1A		1A	1A	1A	1A	1A	1A	1A	1A	1A	14	14	1A	1A	20	06	110	38: 2005 angle in réport 50 dégrées. Tikely typo - 15 degress?
DR. PARTAP	2A	1A 1	1A	1A	1A	1A	1A	1A	1A	1	LA 1/	A 1A	1A	1A	1A	1A	1A	1A	N/A I	1/A	N/A		1A	1A	1A	1A	1A	1A	2A	1A	1A	N//	N// I	N/A	N//	14	17	110	2R: Disgree with comment "this is seen to a nesser extent on the left": No acceleration of flow between CIA and EIA on the left.
DR. REGINOLD	10	10 1	11	10	10	11/	14	17	10	-		A 1A	14	IA IA	1A 1A	1A	14	1A					1A	14	1A .	14	1A	14	1A	14	1A IA	11/1	N// 1		N/A		2	30	NU DISCREPANCIES
DA. SHINI		17	171	10		- 17	17	17	10		A	A 1A	14	IA	IA	IA	14	14	N/A	ч/ж т	N/24		IA	IA	14	14	14	14	14	1A	14	N/I	10/1	N/P	11/7		z	27	NO DISCREPANCIES
DR. SILWIDERG	17	14 .	17	14		17	IX	17	14		AD	A IA	IA	IA	IA	IA	IA	IA	N/A I	N/A T	N/A		IA	IA	14	14	14	14	1A	1A	14	N/A		NJA	NJA	ĺ	<i>"</i>	27	NO DISCREPANCIES 2A. may be mino degenerative artimus in the pateno remotal compartment of the right knee, likely not model
DR. SIOW	1A	1A -	1A	1A	2A	1A	1A	1A	1A	2	A 14	14	14	1A	2A	14	1A	1A	1A	1A	1A		1A	1A	14	1A	1A	1A	1A	1A	14	14	14	1A	14		8	48	2A: according to tech sheet; gallbladder contains polyps, not gallstones 2A: diffuse degenerative changes in T spine
DR. M. STROZ			~							-	DA 10		- 274	14	10	14	- 274	10	N/A	4770 1	1/24		104	174	17	14	14	14	174	14	14	18/7	19/2	14/2	14/7	-		27	יוט טוכתבאמינובס
DK. F. STROZ	10	10	10	10	10		10	10			DA 17	4 14	174	104	IA	14	104	14	14/74 1	9/70 1	4/24		14	194	194	14	14	14	1/4	14	14	19/7	19/2	14/2	14/7		.0	30	
DR. 12010					-								- 20	- 201	- 174		-	201	171	471				271	-	100		100			201	1		-	10	-	-		NO DISCHERANCES
DR. 214	20	104	274		<u>۳</u>	1/1	14	274	104	-	DA 10	1 2/1	275	104	1/4	174	174	274	пулс	4/74	1//1		174	174	174	174	174	174	1/4	14	174	14/7	11/2	14/7	14/7		~	27	NO DISCREPANCIES
	+	-	-		╋	+	-			-	-	╋			-	-	-	-	╉	+	-		╋	+	+	+	╉	+	+	-	╉	+	+	-		14		1433	
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RADS NAME	CHEST	EXTREMITIES	SPINE
V. AGARWAL			
B. AHMED			
H. AL-SHIKARCHY			
D. BOPARAI			
P. BUCKLER			
F. BUDHANI			
R. CHAN			
J. CHUNG			
M. DA ROSA			
P. DE MAIO			
G.P. HOCHMAN			
F.LAN			
N. LANGHORNE			
P. LAW			
D. LY			
J.D. MCKEE			
G. MNATZAKANIAN			
P. MOK			
V. PARTAP			
W. REGINOLD			
M. Roth			
E. SILMBERG			
Y.H. SIOW			
P. M. STROZ			
L.M.F. THAIN			
B. YEUNG			
P. ZIA			

HOW TO ASSIGN CASES TO RADIOLOGIST IN VELOX

After signing in to Velox RIS, under Management, we can find "Peer Review" tab, where all of Peer Review related work will be done.

Reception	Transcriptio	n P	PACS	Manage	ment	Billing	Admin	istration		Search by name, DC	DB, HIN, etc.	
Dashboard	E Phys. Da	ishboard	tit Enc	Dash	board Dashboar	d B	teports	💩 Correspo	ndence	Q Peer Review		
Dashboa	Rejected	5 0	Not linked 1294 files	iti Enco 초 Patie 쩐 Repo 쇼 Corre	ounters ents orts espondence					윤 Top 10 Referrers	12h 1d 3d	Tw
B Clinic Name				Q Peer	Review		Reading			Test, Test		2
(11)			Checked-in	Attached	Dictated	Finalized	Physician Rejected	Typist Rejected	On Hold	Dr. Test, Test		1
Acme Digital Imagin	g		31	25	19	20	137	7	126			
Downtown Imaging			3			8	Z	10. 00	-	BDICOM Servers		
Progressive Cardiol	vav		3	4		33	13					

				× Q Find
Clinics	Modalities	Status	PR Scores	Person
Aurora	X-Ray	Checked-in	1	Patient
Harding	Ultrasound	Images Attached	2A	Name or MRN
Mackenzie Health	BMD	Dictated	🔲 2B	Shared Worklist
Newmarket	Nuclear Medicine	Finalized	3A	
Southlake Health Centre	🔲 Hospital	Archived	🔲 3B	A
🔲 Vaughan		Typist Rejected	🔲 4A	Acc. Number
Requisitions		Reading Physician	🔲 4B	Number
🗌 Cortellucci Vaughan Hospital		Rejected		Service Date
		🔲 On Hold		S/D From
		Flag		S/D To
		Emergency		Teaching
				All cases

- Click on the clinic & Modality & Archived and Find
- Next screen will be a list of cases to review click on unassigned and pick the radiologist who will review the cases. Try to randomize the cases so there is no way that the original radiologist will know who is reviewing them.
- Go to QGENDA to find the radiologists for the next day:
 - Assign cases to CD Radiologist
 - Assign Cases to H Radiologist
 - Assign Cases to R4 Radiologist

Harding × X-Ray × Archive	d x			X Q Find
Patient	Service	PR Status	PR Score	Select all 🛛 💌 🖈 🏠 🔻 Read. Physician Reviewer
Bankson Parels on - Bankson party hope and	CR IF HANDS/WRISTS (BONE AGE) 1 VIEW Archived	Y Not Scheduled	Unassi <mark>gne</mark> d	Dr. Yeung, Brian
El Maga Magana, en Bern Anno de State Santo	CR If QC Archived	Not Scheduled	Unassigned	Un Find by Name
Endpointer, Marcola et al. Reference et al. 2010 (et al. 2010)	GR I SHOULDERS 3 VIEWS (L) Archived	Not Scheduled	Unassigned	Dr. Dr. Agarwal, Vikas Dr. Ahmed, Bilal Dr. Al-Shikarchy, Hisham
BOAR STREET, ST.	CR F SHOULDERS 3 VIEWS (L) Archived	📝 Not Scheduled	Unassigned	Dr. Boparai, Dennis Dr. Buckler, Philip Dr. Budhani, Faisal
Birder and a state	CR ELBOWS 3-4 VIEWS (L) Archived	🖻 Not Scheduled	Unassigned	Dr. Cameron, Rory Dr. Dr. Chan, Raymond Dr. Chiro, Chiro

Patient

Displays the basic patient information of the study that is ready for Peer Review, as well, their study date & time, along with the urgency level of said study.

Service

Displays the patient's study service name, as well, the Encounter status of the study. PR Status

Shows the Peer Review Status of the study. There are 5 different statuses in total:

- Not Scheduled (Hasn't been assigned for review)
- Pending (Assigned for Review, waiting for review
- New Review (Reviewed, waiting to be Archived)
- Archived (Verified the review, saved as record)

PR Score

Based on whether it has been reviewed or not, it will show different information. "Unassigned" means the score was not given. Any values, such as "1" or "2A" means the study has been reviewed and is given the score. (Will display date of review as well.)

RADIOLOGIST TO REVIEW

- Once The cases have been assigned to the radiologist they will log into the radiology Viewer and click on Peer Review. There will be a minimum of 3 cases sitting there for them.
- Double click to open the case
- A box will pop that asks if you want to take ownership from the previous radiologist (Say No)
- review the images and report and complete the score chart if you agree say I agree if you disagree choose (minor, major, Moderate) and write a blurb under Discrepancy. &

T. Concur with	original reading
Disagree, Minor	be significant
28. Likely to be	e significant
Disagree, Major	be significant
38. Likely to be	e significant
Disagree, Moder	rate be significant
48 Likely to be	e significant
Discrepancy	

Save

VERIFYING CASES THAT HAVE BEEN REVIEWED (PACS ADMIN)

- QA List you will see the cases that have been reviewed. You are able to see the score under PR Status,
 - you can also review the score in detail if you put your mouse cursor over the Encounter information to access the "Peer Score" button
- If the PR Score is 1 click on status and archive the case
- if the PR score is anything other than 1 you will need to send an email to the original reporting radiologist and copy QA advisor & President on email (remember this is anonymous) do not specify which radiologist reviewed the case.
- Make a note in Velox encounter notes that you have emailed the original reporting radiologist
- Once the Addendum has been completed you can archive the case

PEER REVIEW EMAIL TEMPLATE:

1) I Agree. Concur with original reading E-mail message: None

2A) I Disagree, Minor. Unlikely to be significant. Dear Dr.____:

A Discrepancy has been noted on Velox Peer Review PACS. Please review the images and report.

Accession Number: "copy and paste from Velox"

2A) I Disagree, Minor. Unlikely to be significant.
Discrepancy message: "copy and paste from Velox"
An addendum is not required unless you feel the need to issue one.
Thanks,
Vicki, Dr. Mok and Dr. Zia
2B) I Disagree, Minor. Likely to be significant.
Dear Dr.____:

A Discrepancy has been noted on Velox Peer Review PACS. Please review the images and report.

Accession Number: "copy and paste from Velox"

2B) I Disagree, Minor. Likely to be significant. Discrepancy message: "copy and paste from Velox"

An addendum is required. Please issue an addendum within 7 days. If you cannot issue an addendum, please respond to this email explaining the reasoning.

Thanks,
Vicki, Dr. Mok and Dr. Zia
3A) I Disagree, Moderate. Unlikely to be significant. Dear Dr._____:
A Discrepancy has been noted on Velox Peer Review PACS. Please review the images and report. Accession Number: "copy and paste from Velox"
3A) I Disagree, Moderate. Unlikely to be significant.
Discrepancy message: "copy and paste from Velox"

An addendum is not required unless you feel the need to issue one.

Accession Number: "copy and paste from Velox"

Thanks, Vicki, Dr. Mok and Dr. Zia **3B) I Disagree, Moderate. Likely to be significant.** Dear Dr.____: A Discrepancy has been noted on Velox Peer Review PACS. Please review the images and report.

Accession Number: "copy and paste from Velox"

3B) I Disagree, Moderate. Likely to be significant. Discrepancy message: "copy and paste from Velox"

An addendum is required. Please issue an addendum within 7 days. If you cannot issue an addendum, please respond to this email explaining the reasoning.

Thanks, Vicki, Dr. Mok and Dr. Zia **4A) I Disagree, Major. Unlikely to be significant.** Dear Dr.____:

A Discrepancy has been noted on Velox Peer Review PACS. Please review the images and report.

Accession Number: "copy and paste from Velox"

4A) I Disagree, Major. Unlikely to be significant. Discrepancy message: "copy and paste from Velox"

An addendum is not required unless you feel the need to issue one. Thanks, Vicki, Dr. Mok and Dr. Zia

4B) I Disagree, Major. Likely to be significant.

Dear Dr.____: A Discrepancy has been noted on Velox Peer Review PACS. Please review the images and report. Accession Number: "copy and paste from Velox" 4B) I Disagree, Major. Likely to be significant. Discrepancy message: "copy and paste from Velox"

An addendum is required. Please issue an addendum within 7 days. If you cannot issue an addendum, please respond to this email explaining the reasoning.

Thanks, Vicki, Dr. Mok and Dr. Zia

CHIROPRACTOR WORKFLOW

