

ENITS – FACT SHEET

1. **What unique identifier is used for the CT images?**

Patient ID #, first name, last name and DOB will be used to ensure all patients can be uniquely identified in the system.

2. **Who is responsible for pushing the CT images to the ENITS PACS?**

Referring physician will arrange a CT and it is recommended that all CT Heads coming through the emergency room will be pushed to ENITS. However, it will be CT technologists who actually operate the system and push the images. In some cases an Emergency Head Protocol is being set-up to push automatically to ENITS

3. **How does the referring clinician communicate to the responsible person that the image needs to be pushed to the ENITS PACS?**

It is recommended that all CT Heads coming through the emergency room be pushed to ENITS. In some rare circumstances a person might fall on the floor within the hospital, direct conversation between referring physician and CT technologist will take place.

4. **How does this process flow impact radiologists?**

Minimal impact, however, CT Technologists will be responsible to push the image to the ENITS PACS.

5. **How do neurosurgeons uniquely identify the relevant CT images?**

Search the ENITS database using unique identifier(s) in #1. These unique identifiers will be provided to the neurosurgeons by CritiCall.

6. **What are the privacy implications of each neurosurgeon having potential access to all the ENITS PAC images?**

Preliminary report indicates minimal implications/impact on privacy. This system is view only and accessed by unique accounts with passwords. Passwords are given to neurosurgeons at the time of the call. Images will be purged periodically. Furthermore, the Privacy commission has already approved use of PACS between hospitals.

7. **Does the ENITS solution have the ability to expand to support services other than neurosurgery in the future?**

Technically, it is possible to extend remote CT viewing functionality to other specialties; however, expansion to other specialties will greatly increase the scope and amount of work related to implementation. In the long term the Provincial DI-r project will address this.

8. **Who will provide the help desk function?**

CritiCall will act as the first point of contact regarding problems with the ENITS system. After verifying that the user has a functioning internet connection and is attempting to connect to the right website with a working username and password, the problem would be escalated to the LHSC Helpdesk by CritiCall. The LHSC helpdesk would work to resolve the problem from that point forward. 1-800-688-HELP (4357)

9. **How long will images be available on the ENITS Shared PACS?**

Images will remain in the ENITS Shared PACS system for a minimum of 6 days. After this time they will be purged.

10. **How will on call Neurosurgeons be able to access the ENITS Shared PACS?**

On call Neurosurgeons will be able to access this system from any internet connected PC with the appropriate web browser, following a one-time setup which involves installation of 2 required browser add-ins (Java and ActiveX). A high speed internet connection will be required, and connectivity will be available to both MAC and Windows PC users.

11. Will the ENITS Shared PACS support both MAC and PC users?

Yes. A MAC user is launched into a windows terminal server session. If the MAC has an emulator the response time for ENITS is considerably quicker.

12. Can I access the ENITS Shared PACS system from a connected mobile device, such as an iPhone or Blackberry?

No. The minimum supported specifications from the vendor for the application would not be met.

13. Can this system be used to share images outside of the CritiCall referral process?

The password to retrieve images on the shared server will be changed daily and will only be available through CritiCall to maintain the security of personal health information.

14. Can C-Spine images be pushed to the ENITS Shared PACS for remote consultation?

The current scope of this project does not include orthopaedic consults however if the C-Spine is necessary for the neurosurgeon consult it is possible to push the C-Spine, when requested

15. Can hospitals push images from their Advanced Workstation (AW's) rather than the CT's?

Yes. Where an AW is present, it may also be connected, so that hospitals will have the option to push from either machine.

16. What speed of internet connection is required to access the system remotely?

The system will require a high speed broadband internet connection. Dial-up internet connections are not supported.

17. Will there be instructions to upload all previous scans for comparison? For example, in the scenario where a patient has been at a referring hospital for a period of time before a referral to CritiCall was made, will all of the scans that were taken at the hospital since the patient was admitted be pushed into the ENITS system?

In the standard process, only the most recent scan would be pushed. However, there is no reason why other scans which are in the system cannot be pushed if requested. Images would need to exist on the CT or AW in order to be pushed.

18. Will all images be pushed? There is a concern that a scan may be taken, but a referral not requested until several hours later, after the CT Technologist has left for the day.

It is recommended that all ER head CTs be pushed into the system. Based on observed volumes of images over time, this approach may be revised.

19. Will images be pushed from the ENITS system to the local PACs system at the destination hospital when a patient is transferred?

This is not part of the current scope. It is technically possible to push from another GE PACS system into the ENITS Shared PACS, but this would require connectivity and would need to be requested by Stream 5. As ENITS is an interim solution, PACS to PACS connection is being accomplished through the regional DI-r projects and not through ENITS.

20. Can the login timeout be eliminated or made substantially long so that during surgeries, the image can be brought up on a display and not disappear due to timeout?

The inactive session timeout has been set to 4 hours. A session may be left open and inactive for up to 4 hours, after which it will be automatically closed. In case of patient transfer a disk will still accompany the patient unless the neurosurgeon has access to the transferring hospital PAC system.

21. A patient is being transferred from another ER for a head CT in an ENITS site, how will the DI Department know to push that image to ENITS should a consult be required? For example, Stratford DI Department regularly receives patients emergently from Seaforth, St. Mary's and Clinton ED's by ambulance direct for a head CT. The MRP remains the sending physician and they would be the one's making the consult request depending on what the image reveals. The image was obtained in Stratford.

Yes these images should be pushed to ENITS since the Stratford site has the capability to do so. Many of these physicians work in several of these hospitals and the standard of care should remain equal in the event that the image is available. The sending physician would still call in through CritiCall for the consult and have the image available for the NS to review. It is recommended that the DI Department push all head CT's that come through the emergency department.

What ENITS is NOT

- A long term repository for images (images drop off the system regularly)
- A Diagnostic tool (it is used for CONSULT purposes ONLY)
- A long-term solution (it is an interim solution until the Provincial DI-r Project is complete)