

Licking Memorial Hospital

# Radiologist Quick Reference Guide

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## Common Contact Information

Radiology PACS Analyst	<b>4702 or TigerConnect</b>
EPIC Radiant Analyst	<b>3701</b>
IS Help Desk	<b>4357 (HELP)</b>
EPIC Trainer	<b>2452</b>
EDCT	<b>Vocera or 7190/7192</b>
CT	<b>4732/4749</b>
ED Physicians	<b>7184/7185</b>
Radiology Front Desk	<b>3704</b>
US Workroom	<b>4730</b>
MRI	<b>4703</b>
Nuclear Medicine	<b>4731</b>
Hospital Operator	<b>0 or 4000</b>
ICU	<b>4200</b>
Daniel Kennedy	<b>4704</b>
Joseph Fondriest	<b>4708</b>
Owen Lee	<b>4706</b>
Vocera	<b>7300</b>
Create Support Ticket	<b>Email: <a href="mailto:radiologysupport@lmhealth.org">radiologysupport@lmhealth.org</a></b>

- All extensions above can be reached from an outside phone by dialing 220-564-\_\_\_\_.

## Common Issues and Who to Contact

PROBLEM	CONTACT	
Workstation (Hardware) Issues	IS	Ext. 4357 or (220) 564-4357 (outside) M-F 6a – 8p <ul style="list-style-type: none"> <li>- If there is an URGENT issue that cannot wait until the next business day, call the hospital operator (0) to have the on-call IS person paged.</li> </ul>
Password Issues (Unable to login) <ul style="list-style-type: none"> <li>- Please see <b>quick tips</b> in <b>this notebook</b> for password change procedure prior to calling for assistance.</li> </ul>	IS	Ext. 4357 or (220) 564-4357 (outside) M-F 6a – 8p <ul style="list-style-type: none"> <li>- If there is an URGENT issue that cannot wait until the next business day, call the hospital operator (0) to have the on-call IS person paged.</li> </ul>
Images Won't Launch	Radiology Clinical Analyst	Ext. 4702 M-F 7:30a – 4p <ul style="list-style-type: none"> <li>- For NON-URGENT issues: Leave a message OR create a support ticket by emailing <a href="mailto:radiologysupport@lmhealth.org">radiologysupport@lmhealth.org</a> including details of issue.</li> <li>- For URGENT issues that cannot wait until the next business day, send a Tiger Connect Message to the on-call Analyst (see schedule at front desk).</li> </ul>
Powerscribe Issues	Radiology Clinical Analyst	Ext. 4702 M-F 7:30a – 4p <ul style="list-style-type: none"> <li>- For NON – URGENT issues: Leave a message OR create a support ticket by emailing <a href="mailto:radiologysupport@lmhealth.org">radiologysupport@lmhealth.org</a> including details of issue.</li> <li>- For URGENT issues that cannot wait until the next business day, send a Tiger Connect Message to the on-call Analyst (see schedule at front desk).</li> </ul>

## Radiologist Common Reading Worklist

To ensure appropriate studies are available and viewable for interpretation, LOCUM radiologists should read from the **Unread Imaging Radiology – ENDED** Reading Worklist.

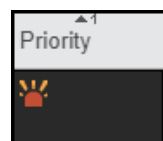
Please ensure that you are reading from this worklist.

Reading Work List - Unread Imaging Radiology - ENDED - 1 out of 102 - Reading Mode: Single Select											
Priority	Locked?	Images	S	Access...	Patient	Procedure	End Exam	Reason for Exam	Age	Pat Loc at Ordering	Ordering Provider
						XR ANKLE 3+ VIEWS RIGHT	04/28/25 10:42 PM	pain	31 yrs	LMH ED [101011678]	Meghan J Meerschaert
						XR CHEST 1 VIEW	04/28/25 10:44 PM	SOB	50 yrs	LMH ED [101011678]	Kush S. Patel
						XR CHEST 1 VIEW	04/28/25 11:46 PM	cough	35 yrs	LMH ED [101011678]	Kush S. Patel
						MR PELVIS W WO CONTRAST	04/28/25 12:12 PM	Adnexal mass, malignancy suspected	42 yrs	LMH 4 East [101011614]	Bassam Kret
						MR ABDOMEN W WO CONTRAST MRCP	04/28/25 12:12 PM	Possible pancreatic mass with dilated common duct	42 yrs	LMH 4 East [101011614]	Bassam Kret
						CT THORACIC SPINE W CONTRAST	04/28/25 1:05 PM	Mid-back pain	89 yrs	LMH 4 East [101011614]	Norman M. Ahmed
						XR HIP 2 VW LEFT	04/28/25 9:53 PM	left hip pain	86 yrs	LMH ED [101011678]	Khanh Dang V
						US RIGHT UPPER QUADRANT	04/28/25 9:30 AM	Distended gallbladder	58 yrs	LMH 4 East [101011614]	Nawar Saieg
						CT CHEST W CONTRAST	04/29/25 9:33 AM	Abnormal xray - lung nodule (Age >= 35y)	65 yrs	LMH 6 East [101011610]	Asegid H Kebede
						XR TIBIA FIBULA 2 VIEWS LEFT	04/28/25 7:33 PM	hit by a car last week	51 yrs	URG CARE DT [102911683]	Donald L. West Jr.
						XR ANKLE 3+ VIEWS RIGHT	04/28/25 7:47 PM	Injury	12 yrs	URG CARE-GR [102821681]	Scott M Rice
						XR FOOT 3+ VIEWS RIGHT	04/28/25 8:07 PM	Injury	46 yrs	URG CARE-GR [102821681]	Scott M Rice
						DEXA BONE DENSITY	04/23/25 9:05 AM	low bone density	78 yrs	LMFP WM [101047432]	Garth A Bennington
						MR PROSTATE W WO IV CONTRAST	04/23/25 6:48 PM	ELEVATED PSA	65 yrs	LMH MRI [101011319]	Adam Weiser
						MR PROSTATE W WO IV CONTRAST	04/23/25 8:13 PM	prostate cancer	78 yrs	LM URO 1980 [105247421]	Roy R. Brown
						MR PROSTATE W WO IV CONTRAST	04/23/25 8:44 PM	prostate cancer	78 yrs	LM URO 1980 [105247421]	Roy R. Brown

RED exams are EMERGENCY exams from the ED.

YELLOW exams are INPATIENT exams.

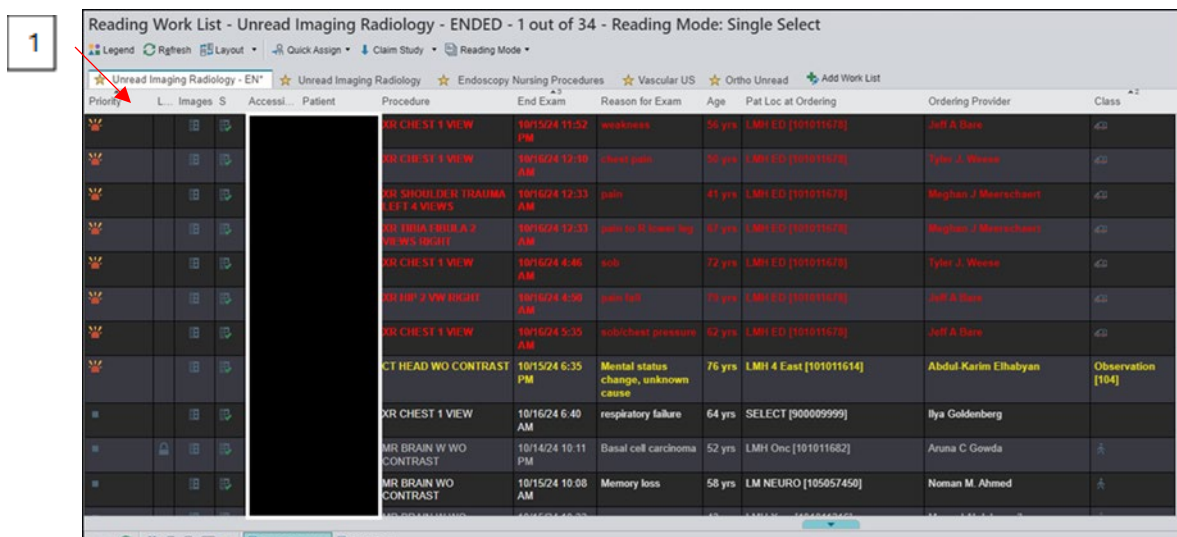
BLUE exams are URGENT exams from Urgent Care.



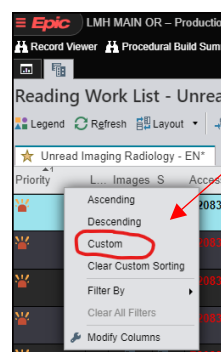
This priority ICON means STAT and should be read first / immediately.

# Radiologist Reading Worklist – Sorting Set Up

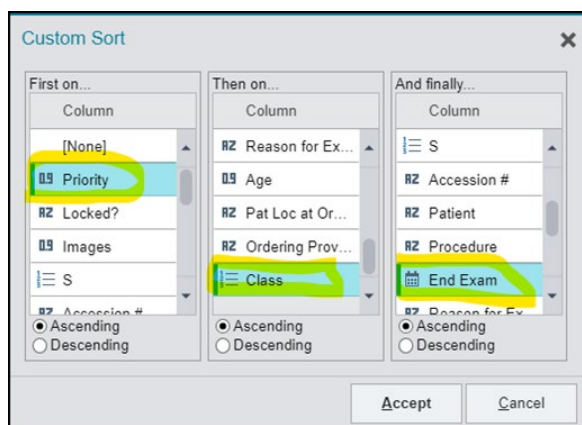
The **Unread Imaging Radiology - ENDED** Reading Worklist should be set up as instructed below to sort by: STAT exams first, then CLASS (ED, IP, UC, OP), then Completion time (Oldest to newest).



1. **Right Click** on the Column labeled “Priority”
2. **Click** on the **Custom** option.



3. Set up your Custom Sort as shown **below** and click **Accept**.

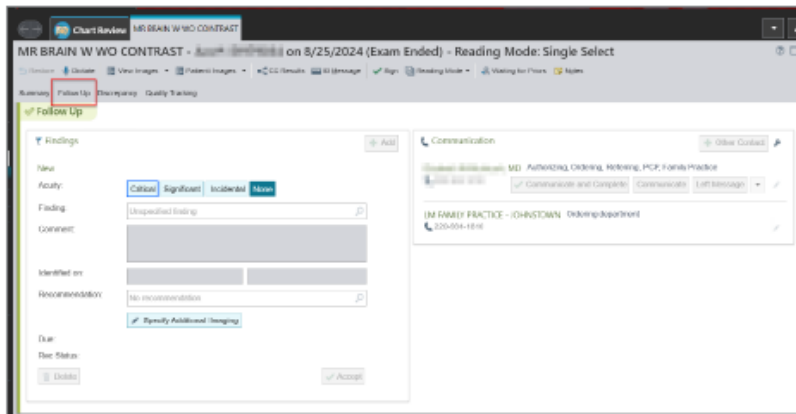


# Tip Sheet

## Radiologist – Critical, Significant, and Incidental Findings

Please follow this workflow to flag findings as Critical, Significant, or Incidental.

1. From your **READING WORK LIST**, double-click your patient to open **STUDY REVIEW**.
2. Navigate to the **FOLLOW UP** tab.



! **Please Note:** If a critical, significant, or incidental finding is discovered during an exam, it is **REQUIRED** that you mark the result as such in Study Review. It is not required that you communicate the result, but you must mark the finding as appropriate. You may communicate the finding if you choose to.

🔑 Once a finding is marked as Critical, that finding appears to the patient's responsible providers the next time they open the patient's chart. The critical result also flows to a Critical Results pool for the front desk staff to communicate to the ordering provider.

3. In the **FOLLOW UP** tab, select the appropriate Acuity of the finding – Critical, Significant, or Incidental.



- ! A **Critical** finding should be communicated to the office/ordering provider within 60 minutes.
- ! A **Significant** finding should be communicated to the office/ordering provider within 3 days.
- ! An **Incidental** finding is any abnormality not related to the cause that prompted the diagnostic testing. A **lung nodule** found on an exam is considered an Incidental finding!

4. In the **Finding** field, search for the appropriate finding that was found during the exam. The **COMMENT** field is available for any free typed comments related to the finding.

## How to Document Communication

5. Document a **COMMUNICATION** by selecting the provider that is being communicated with and how you communicated the result. The patient's care team providers appear in the right pane.

- **COMMUNICATE AND COMPLETE:** Choose this option if you spoke with the provider directly. This completes **COMMUNICATION** requirements.
- **COMMUNICATED:** Choose this option if you communicated the result to someone other than the provider, and were unable to reach the provider directly. For example, you communicated the result to an ED nurse and still need confirmation that the provider received the information.
- **LEFT MESSAGE:** Choose this option if you left a recorded message for the provider and still need confirmation that he or she received the information.
  - ❖ Click arrow next to **Left Message** for more options.

6. Clicking the pencil icon will open a free text box so that you can add a note, if necessary.

7. If you choose to type a comment, type the comment first before you choose the communication. Once you select the communication, it will automatically file.

Communication Other Contact

MD: Authorizing, Ordering, Referring, PCP, Family Practice

Date and time: 8/28/2024 11:36 AM

Contact method: Telephone

220-564-1810

Items discussed: Acute intracranial hemorrhage, traumatic or spontaneous - Critical

Comment: 1 Spoke with Dr. Docson at 1135 regarding critical result found on MRI

2 Communicate and Complete Communicate Left Message Cancel

LM FAMILY PRACTICE - JOHNSTOWN Ordering department  
220-564-1810



Origination 5/16/2023  
Last Approved 6/19/2025  
Effective 6/19/2025  
Last Revised 6/19/2025  
Next Review 6/19/2027

Area **LMH Radiology-  
General**

## Communication of Critical Results

### Policy

Critical results are findings in Radiology that require immediate or urgent communication with the provider. These findings reflect conditions that are life threatening or conditions that require immediate change of management. A critical finding will be categorized as Significant or Critical with the finding to be communicated to the provider per the time frame listed below.

### Procedure

Critical and Significant results will be marked by the Radiologist in the EMR. This documentation will be made in addition to the final report and will flow to the Results Tracker. The Results Tracker will be managed by Radiology staff and results communication will be documented in this work flow.

If an imaging order is entered as a Call Result by ordering provider or Radiology staff, communication of the result will be documented in the EMR for Critical, Significant, and Normal findings. A BPA will be initiated for a Critical finding only.

In the event a BPA is acknowledged in the EMR by anyone on the patients care team, this will resolve the communication of the critical result.

A read-back from the receiving party is required for any result that is verbally communicated. The communication and the completion of the communication will be documented in the Results Tracker.

The radiologist may initiate verbal communication of results physician to physician. The radiologist will dictate this communication under the Follow Up Section, which is viewable by staff in Results Tracker. This will resolve the communication of the critical result.

Diagnoses requiring communication of results are determined and periodically reviewed by the Radiology Department Chair.

**Critical Findings** - communication will be completed within 60 minutes of finalization

1. Acute Intracranial Hemorrhage, traumatic or spontaneous
2. Acute and Subacute Nonhemorrhagic Cerebral Infarction
3. Ruptured aneurysm, regardless of site
4. Cerebral herniation
5. Pneumocephalus
6. Spinal cord compression, regardless of etiology
7. Unstable cervical spine injury
8. Carotid artery dissection
9. Aortic transaction
10. Aortic dissection
11. Cardiac tamponade
12. Esophageal or bronchial intubation
13. Tension pneumothorax
14. Pulmonary embolism
15. Limb threatening peripheral vascular injury or thrombosis
16. Spontaneous pneumoperitoneum
17. Testicular torsion
18. Ovarian torsion
19. Epiglottitis
20. Ectopic pregnancy
21. Free air in abdomen (no recent surgeries)
22. Appendicitis
23. Any other condition, not listed above, which the radiologist feels requires immediate attention.

**Significant Findings**- communication will be completed within 3 days

1. Brain tumor (no mass effect)
2. Biopsy recommendation on mammogram
3. Bone – New Finding suggestive of new fracture (other than Red Category)
4. Aneurysm
5. General – New Finding highly suggestive of malignancy

**Call Result**- communication will be completed upon receiving verbal or written findings from Radiologist at the time of procedure.

1. Can be requested by Ordering Provider in the order details

2. Radiology Staff to initiate Call Result if Reason for Exam is:

a. Post Procedure for Foreign Body

Results deemed Critical or Significant and Call Result requests are communicated to a clinician (LPN, RN, CNP, PA or Physician) within the time frames above.

**Outpatients**

- a. Between 8am and 4pm, Critical results will be phoned to the office of the ordering physician. Results may be provided to an Agent for the Physician.
- b. After 4pm, and weekends, holidays;
  1. Phone critical results to the ordering physician by contacting the doctor's answering service at extension 4357 to determine the On Call physician and appropriate contact number.
  2. Page the On Call physician. If no response is received after 15 minutes, call the answering service again and ask that they notify the physician (re-page, home number, etc). If you do not hear from the physician in a reasonable amount of time (30 mins) escalate to On Call physician #2 identified by the doctors answering service. Document the call attempts
  3. If you do not hear from the physician in a reasonable amount of time (additional 15 mins) contact the interpreting radiologist. Document all the steps taken.

**Notes:**

- Any patient in severe distress may be taken by any member of the radiology staff to the Emergency Department to allow immediate initiation of care.
- In those situations in which the interpreting physician feels that the findings do not warrant immediate treatment, the Radiologist shall communicate the findings to the referring/ordering physician, or an appropriate individual, in a manner that insures reasonable receipt of the findings.
- In the event a patient was instructed by their Ordering Physician to wait in Radiology for test results, depending on the severity of the patients' condition, the patient may be immediately referred to the Emergency Department or other appropriate physician to initiate emergent care of the patient.

**All Revision Dates**

6/19/2025, 5/16/2023

**Approval Signatures**

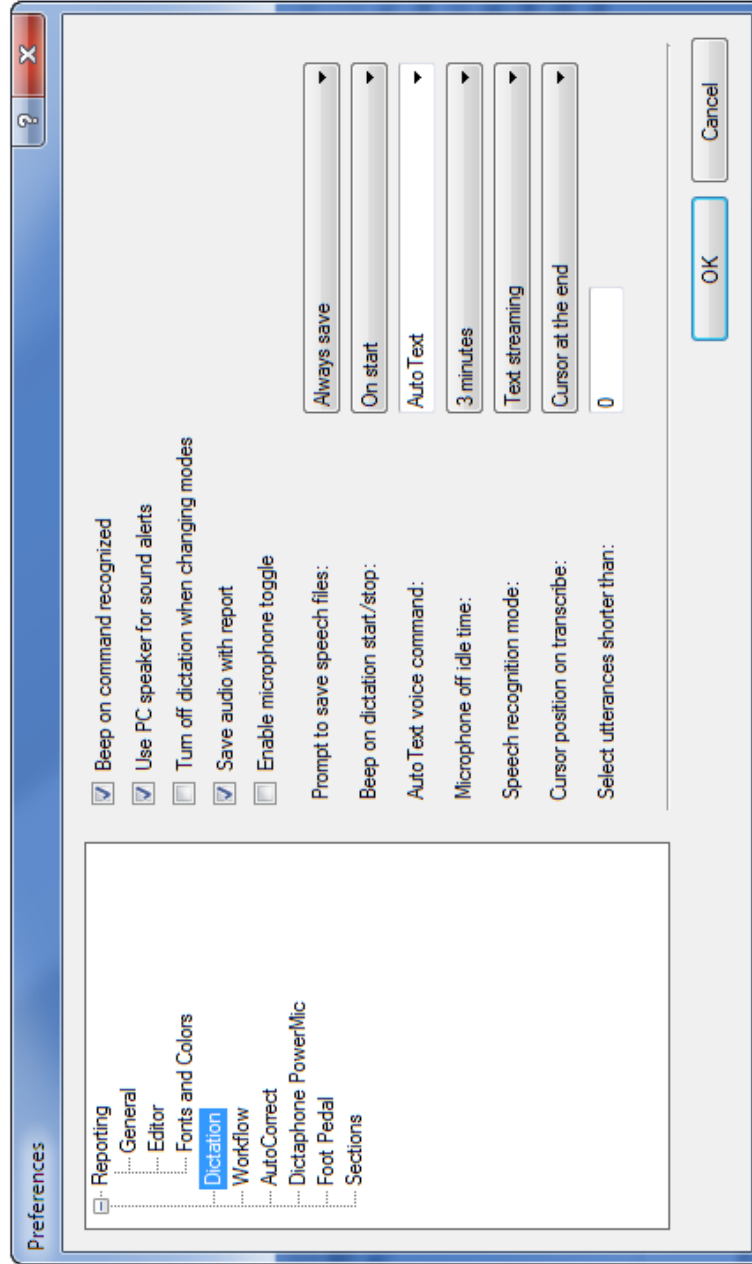
Step Description

Approver

Date

## Changing Your Dictation Preferences within Powerscribe 360

Click **Tools > Preferences** (if you are not already there) and select **Dictation**.



Use the following information to help modify your preferences in the **Dictation** section.

- **Beep on command recognized:** An audible tone sounds when the software recognizes a voice command.
- **Use PC speaker for sound alerts:** Uses the computer's built-in speaker for beeps in the above two preferences.
- **Turn off dictation when changing modes:** If you select this option, dictation is automatically toggled off when you switch screens, such as when moving from the Explorer screen to the Report Editor screen, or when opening or closing dialog boxes that accept dictation input.
- **Save audio with report:** Determines whether the dictated audio is saved to the server.

- If you send reports to an editor for correction (either regularly or infrequently), select this preference to ensure that the editor receives the dictated audio from the report.
- If you are a self-editing radiologist who wants to play back your dictations, select this preference.

**NOTE:** If you are a self-editing radiologist who does **not** need to play back your dictations, do not select this preference. This preference adds considerable overhead to the server and delays opening and saving reports.

- **Enable microphone toggle:** If you select this option and the start/stop button has been configured to turn the microphone on and off, you can press the start/stop button once to turn the microphone on, use voice commands to start and stop recording, and then press the start/stop button to turn the microphone off.
- **Prompt to save speech files:** Controls saving modified speech files when you log out of the application.
  - **Prompt:** You are asked `whether_or_not` to save.
  - **Always save:** Speech files are saved without prompting.
  - **Never save:** Speech files are never saved. Learning does not continue and new words added are not saved; you must actively save any new words.

If you have used the system for awhile and are satisfied with speech recognition accuracy, you might want to change this option to **Never save**.

- **Beep on dictation start/stop:** An audible tone sounds when you start and stop dictation. Select **No beep**, **On start**, or **On start and stop**.
- **AutoText voice command:** The word or phrase you specify here is used as the voice command for inserting AutoText into a report. (The word **Macro** might be preferable if you are accustomed to older speech-reporting applications.)
- **Microphone off idle time:** The time the microphone is allowed to be idle before the system automatically turns it off.
- **Speech recognition mode:** Controls how speech recognition is performed.
  - **Press to transcribe:** Requires you to press a button on the microphone.
  - **Disabled**, which means speech recognition is not loaded. You, therefore, cannot record or play back audio. This setting is typically used for technologists.
- **Cursor position on transcribe:** Controls the position of the cursor after you press the Transcribe button on the microphone.
  - **Cursor at the end:** The cursor appears at the end of the transcribed text.
  - **Cursor at the beginning:** The cursor appears at the beginning of the transcribed text.
  - **Text is selected:** The transcribed text is highlighted.

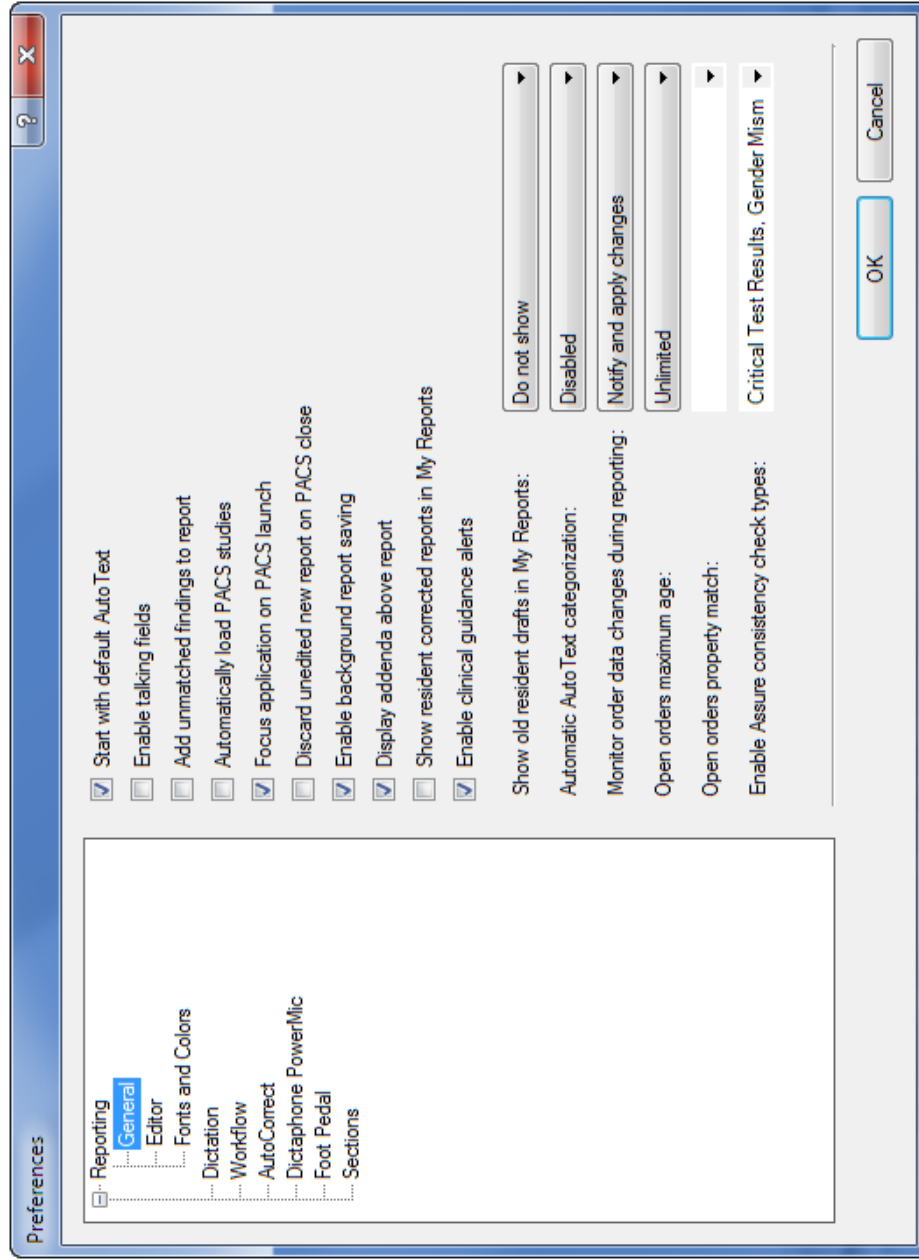
- **Select utterances shorter than:** When you dictate audio shorter than the number of characters you indicate here (for example, when you dictate short words, or the values in fill-in fields), the dictated content is automatically selected when you issue the **Transcribe** command. You can then quickly edit the dictated content or move on to the next field.

**NOTE:** The **Select utterances shorter than** preference works only when the **Speech recognition mode** is set to **Press to transcribe**. It does **not** work for the **Text streaming** mode.

**NOTE:** The **Select utterances shorter than** preference is available only when you have selected either **Cursor at the beginning** or **Cursor at the end** as the **Cursor position on transcribe** preference.

## Changing Your General Reporting Preferences in Powerscribe 360

Click **Tools > Preferences** (if you are not already there). By default, the **General** item (under **Reporting**) is selected.



Use the following information to help modify your preferences in the **Reporting > General** section.

- **Start with default AutoText:** If you select this option, if an AutoText entry has been designated as the default for a particular type of exam, the AutoText is automatically inserted when you create a new report for an exam of that type.

- o **Enable talking fields:** If you select this option, the name of the field is spoken out loud when you take one of the following actions:

- Move the cursor into a field
- Select it in the field pane
- Navigate into it using the microphone buttons or **Tab** key

**NOTE: Talking Fields** requires that *Dragon Text-To-Speech (TTS)* be installed on your workstation. Note that field names are not spoken while the dictation mode is active.

- o **Add unmatched findings to report:** Applies to **Findings Only** dictation mode. When you click **Apply Findings**, the software creates a new item in the field pane for each unmatched finding. The fields are named "Unmatched1," "Unmatched2," and so on. If you do not select this option, any unmatched findings remain in the **Findings Only** window.
- o **Automatically load PACS studies:** If you select this option and a "master" PACS integration is configured, as soon as a report is opened in *PowerScribe 360* | Reporting the corresponding study is automatically opened in the PACS selected for the site.
- o **Focus application on PACS launch:** If you select this option and a "slave" PACS integration is configured, *PowerScribe 360* | Reporting is brought to the front of all applications and activated when a dictation request is received from the PACS.

**NOTE: This function works only with some PACS systems.**

- o **Discard unedited new report on PACS close:** Allows you to delete a report that contains an AutoText template without being prompted, minimizing your interruptions. Default is **False** (unchecked).
- o **Enable background report saving:** If you select this option, you, on approving or signing a report, are taken immediately back to the Explorer window (or to the next report, in *AutoFeed* mode) while the report is being saved to the database. You can de-select this option if you want to see the **save** operation completed before beginning new work.
- o **Display addenda above report:** If you select this option, report addendums are displayed *before* the report body for previewed reports. (Previewed reports include the report preview at the bottom of the Explorer screen, as well as the report preview in Prior Reports.)
- o **Show resident corrected reports in My Reports:** Select this check box to show reports that are awaiting the resident's approval. This preference allows the attending provider to see these reports before they are approved by the resident.
- o **Enable clinical guidance alerts:** Select this check box to receive an alert when there is a clinical guideline that covers the finding(s) based on your most recently dictated phrase. This gives you the opportunity to review the guideline and use it for recommendations.
- o **Show old resident drafts in My Reports:** Allows attending radiologists to see (and sign) their residents' drafts when they click the **Drafts** link in the **My Reports** section. This option helps ensure that a report is not lost if the resident does not complete it in a timely fashion. Attending physicians can choose to show all resident drafts, or only those that are older than a certain number of hours. Options are:

- **Do not show**
- **Show all**
- **<x> hours old**

- o **Automatic AutoText categorization:** Allows automatic inclusion of procedures in an AutoText that is inserted into a report. The values of this preference shall be:

- **Always:** Procedures for the orders associated with the report are automatically added to any/all AutoText inserted into the report.
- **Prompt:** You are prompted to accept the automatic categorization.
- **Disabled:** No automatic categorization occurs.

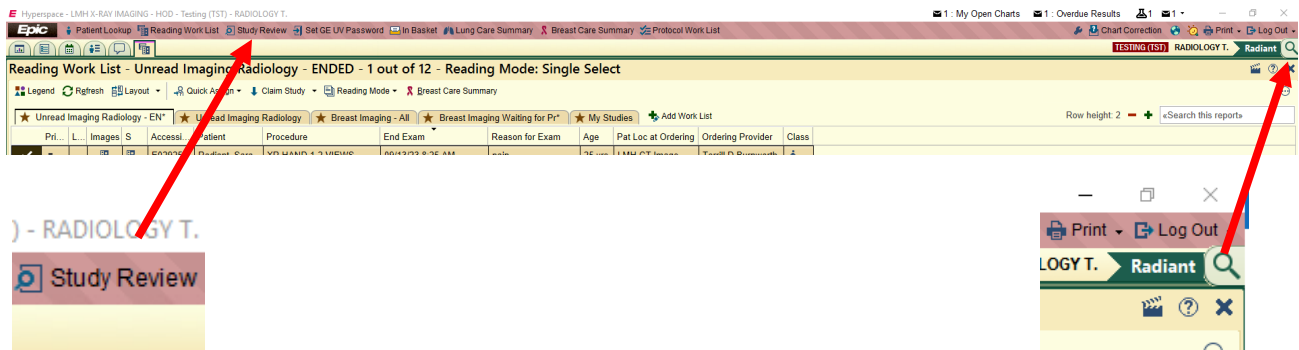
- o **Monitor order data changes during reporting:** Notifies users if the order data has changed while they are dictating a report. Options are:

- **Notify and apply changes**

- **Apply changes without notification**
- **Disabled**
- **Open order maximum age:** Do not display (in the Report Editor Order Data tab) orders older than this value. Select a number of hours or days from the drop-down list. (Relative to the age of the order for the current report, or the oldest order if there are multiple orders in the current report.)
- **Open orders property match:** Show (in the Report Editor Order Data tab) only orders that match the selected properties of the order(s) in the current report. Choices include Modality, Location, Section, which are described below:
  - **Modality:** The modality of the report you are currently dictating on, keep in mind the modalities that will show up are what are in the Nuance ~~PowerScribe~~ 360 Reporting database.
  - **Location:** The location should match for where the patient's study was performed.
  - **Section:** The section is your modality in your PACS system or RIS system.

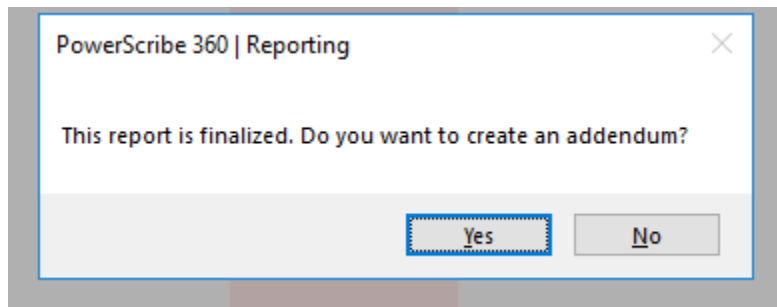
# Addend a Radiology Report in Epic/Powerscribe

1. Select **Study Review** from top of Epic page. If not there, you can search for it using the search tool. We can use wrench to add it to toolbar, if needed.



2. Type in patient name/MRN in the search fields. Locate and select desired exam from list.

Once you select the exam you will see the following pop up in Powerscribe:



3. Select Yes. Report will open in Powerscribe as usual.
4. If you need to view images, you MUST select View Images from Epic page.
5. Once Addendum is complete, SIGN report as usual, everything should close like normal reading workflow.

Call with 4702 any questions, or assistance. Thanks!

01721 DOC 1  
6.25.2025

- 19

[illegible]

3. When the editing window opens, PASTE text in report space. If editing, delete text currently displayed and PASTE the copied text.
4. Name the template if NEW. If Editing, can keep template name.

The screenshot displays two windows from a medical reporting application. The top window is titled 'MRI of the brain:' and contains several sections for editing a report template. A red box highlights the 'Findings' section, which currently contains the text 'No intracranial mass or mass effect is seen. No edema is appreciated. The ventricular system is normal.' Below this, the 'Impression' section contains the text 'Normal MRI of the brain.' The bottom window is titled 'AutoText Manager' and shows a list of predefined text snippets with columns for Name, Modality, and Folder. The 'Findings' section in the top window is highlighted with a red box, and the 'AutoText Manager' window is open below it.

**MRI of the brain:**

**Owner:** Callan Bouquet

**Name:** MRI brain

**Shortcut:**

**Description:**

**Folder:**

**Private:** ☒

**Category:**

**Age Lower:** Upper

**Gender:**

**Class:**

**Default:** None

**LMSS:** Brain, Head, Internal Auditory, ...  
Lodona Memorial EPIC.

**Findings:**  
No intracranial mass or mass effect is seen. No edema is appreciated. The ventricular system is normal.

**Impression:**  
Normal MRI of the brain.

**AutoText Manager**

Name	Modality	Folder
abdominal aorta	CT, CTA, RU...	Abdomen, A...
abdominal aorta calcifications	CT, CTA, RU...	Abdomen, A...
adrenal ab	CT, CT - Gu...	Abdomen, A...
Anterior lumbar fusion	CT, Insaine...	Lumbar Spine
Aortic dissection Stanford type 1	CT, CTA, RU...	Abdomen, A...
Aortic dissection Stanford type 2	CT, CTA, RU...	Abdomen, A...
bone density	DEXA, Radio...	Bone, Whole
Bowel distention	CT, CTA, RU...	Abdomen, A...
chest normal	REG, Radio...	Chest
chest single view	REG, Radio...	Chest
Cholecystitis	CT, CTA, RU...	Abdomen, A...
Cholecystitis	CT, CTA, RU...	Abdomen, A...
Complete carotid	CT, CTA, RU...	Abdomen, A...
Complete renal cysts	CT, CTA, RU...	Abdomen, C...
coronary arteries	CT, CTA, RU...	Abdomen, C...

5. SAVE and CLOSE will take you back to report in progress for workflow completion.



## Keyboard Shortcuts for GEPACS

● Prev Page	DOWN
● Last Page	END
● Triangulation	F2
● First Page	HOME
● Previous Series	LEFT
● Navigator	N
● Page Jump Down	NEXT
● Page Jump Up	PRIOR
● Next Series	RIGHT
● Set next W/L	SPACE
● Next Page	UP

## Keyboard Shortcuts

### Mammography Toolbar



### Layout Controls

This part of the toolbar provides quick access to view regions and views of interest.



### Step Protocol Controls

These controls allow you to select, manage and navigate step protocols.



Button	Action
STANDARD	Displays menu of standard mammography layouts.
EXTRAS	Displays additional mammography layouts.
Quick Views	Switch between most common views.
Quad Zoom *	Toggle through 4 quadrants of the breast in all open viewports (one click per quadrant; fifth click displays full image).
CAD *	Show/hide DICOM® CAD SR overlays.
Show Image Overlay button on viewer Toolbar *	Show/hide DICOM® 6000 overlays.
Cine Speed	Adjust the cine play speed; default is 12fps (maximum is 24fps). Selected speed is retained when you log out.

\* A configurable keyboard shortcut is available for this feature.

Button	Action
Protocol Selection	Displays a menu of pre-populated step protocols. <b>Notes:</b> <ul style="list-style-type: none"> <li>Menu is configured with step protocols for your organization.</li> <li>A checkmark displays next to the current step protocol.</li> <li>Custom protocols can be created.</li> </ul>
Prev/Next Step *	Move through steps in the selected stepped protocol.
Step Sequence Display	Displays a list of configured steps for the applied step protocol. Select another step in the list. (A checkmark denotes the currently displayed step.) All images step assists with identifying unseen images (automatically added to every step protocol that loads a viewport for each series).
Prev Prior	Displays a more recent loaded MG comparison than the one currently displayed.
Next Prior	Displays an older loaded MG comparison than the one currently displayed.



GE Healthcare

Page 2 of 2

Centricity Universal Viewer 7.0 Native Breast Imaging (NBI) Keyboard Shortcuts

Navigation

Action	Key
Navigator	N
Next Prior	Up arrow
Patient Folder	F1
Previous Prior	Down arrow

Zoom

Action	Key
Activate Zoom Mode	Z
Quad Zoom	Q

Paging

Action	Key
Activate Page/Scroll Mode	P
Go to First Image/Page	Home
Next Step	Right arrow
Previous Step	Left arrow
Next Series	Pg Dn
Previous Series	Pg Up

Image Manipulation

Action	Key
Cine Toolbar – Previous Page	Ctrl + Left
Cine Toolbar – Next Page	Ctrl + Right
Invert	V
Magnifying Glass	G
Quick Add Images (mark/unmark key images)	K
Sharpen	S
Toggle CAD	Ctrl + O
Refresh current step	R
Point to point measurement	M
Cycle image overlay	O
Triangulation	F2
First Step	Ctrl + Home

Hanging Protocols

Action	Key
Next Step	Right
Previous Step	Left

Save/Quit

Action	Key
Done	F12 or D
Exit	X
Refresh the Study	F11

Numpad Shortcuts

Action	Key
First Step	Numpad1
Refresh current step	Numpad2
Image Snapshot	Numpad3
Toggle CAD	Numpad4
Cycle image overlay	Numpad5
Display image info	Numpad6
Circle Tool (Activate Elliptic Label)	Numpad7
Skip Sub Step	Numpad8

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**Centricity™ Universal Viewer 7.0****Key Images Job Aid**

Intended Audience:	Radiology and Cardiology users
Applicable Foundation(s):	Centricity PACS (CPACS) and Centricity Enterprise Archive (EA)

**Key Images**

Marking images as key images allows radiologists to easily refer to clinically relevant images within a study. Key images span across all series in a study and are grouped into one key image series.

**Marking Key Images**

You can create key images:

- Manually via keyboard shortcut: Select the viewport showing the proper image and press **K** on your keyboard (Quick Add Key Images shortcut key).
- Automatically: Select the **Mark/Unmark Key Image when measurement is created/deleted** preference (Navigator Options > Miscellaneous) and each time you add an annotation or a measurement to an image, that image is marked as a key image.

When an image is marked as a key image, the words "New Key Image" are added to the image overlay. As key images are created, a series is added to the Navigator and the key image count increases as key images are added. The most recently added key image is the first in the series.

When a key image series is displayed in a viewport, for images marked in the current active session, the words "New Key Image" display in the image overlay. For key image series marked in a previous session, the words "Key Image" display in the overlay. Only new key images can be unmarked during an active session.



## Centricity Universal Viewer 7.0

## Key Images Job Aid

## Saving Key Images

Key images are saved by selecting **Save key images** via the Done option in the image viewer.

If Save Key Images is not selected or if you do not initiate the Done action, the key images are not saved.

## Notes:

- Once a study is closed and key images are saved, they cannot be unmarked.
- Referring physicians cannot save key images.

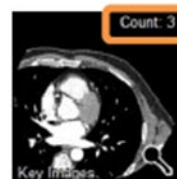


## Unmarking Key Images

Note that you can only unmark key images marked during an active session.

To unmark key images:

- Display the key image and then press **K**.
- Delete an annotation or measurement from a key image when the **Mark/Unmark Key Image when measurement is created/deleted** preference is turned on (User Preferences > Miscellaneous).
- Display the key image, right-click and select **Unmark Key Image**.



As images are unmarked, the count in the key image thumbnail Navigator series decreases.

## Viewing Key Images

When images are marked as key, the key image series is added to the Navigator thumbnails and to the Series Selector.

## Key Images in the Navigator

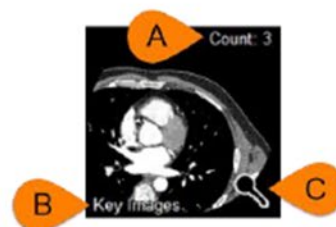
The key image series is always the first series displayed in the Navigator thumbnails.

The key image series includes:

- The key image count in the upper right of the thumbnail.
- The words Key Images in the lower left.
- A key icon displays in the lower right.

You can view key images from the Navigator by:

- Clicking and dragging the key image series to a viewport.
- Double-clicking the thumbnail to open key images over the regular series.



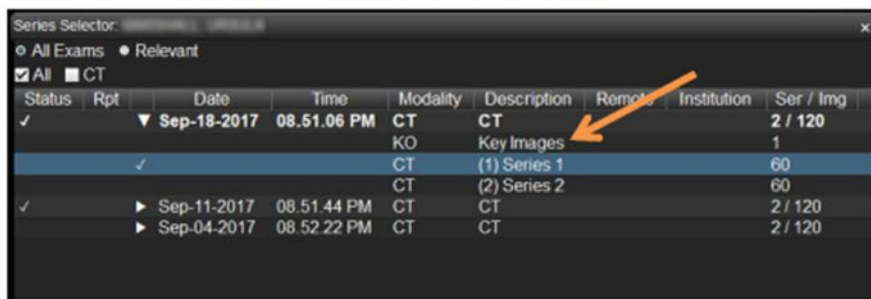
## Centricity Universal Viewer 7.0

### Key Images Job Aid

#### Key Images in the Series Selector

The key image series is first in the list of exams within the Series Selector.

- Click the series to display the key images in the active viewport.



#### Key Images in a Viewport

When key images display in a viewport you can right-click to access the series menu and perform basic image manipulation tasks.



#### Exporting Key Images

To export key images:

Display the key images, right-click, select Export and then select the desired option:

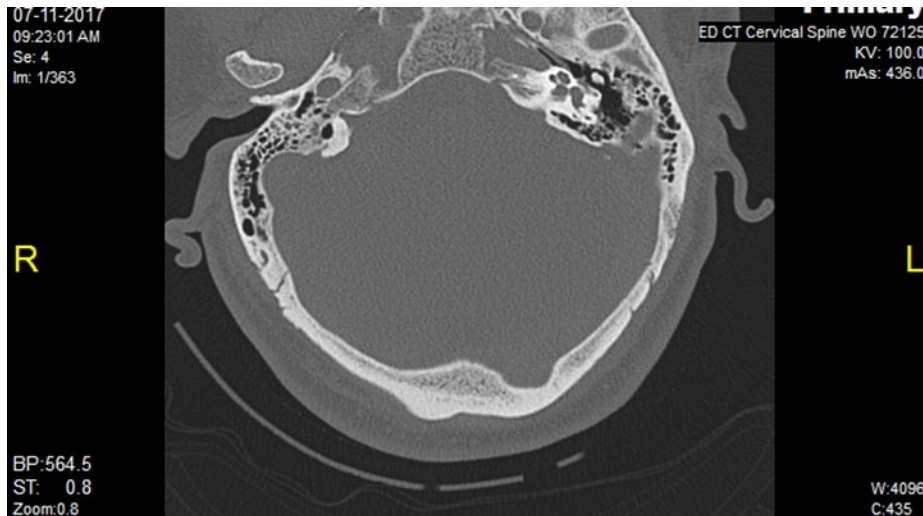
- Burn CD – to burn the key images to CD/DVD.
- Save Image – to save the key images locally (e.g., your desktop).
- Image Print – to print the key image.

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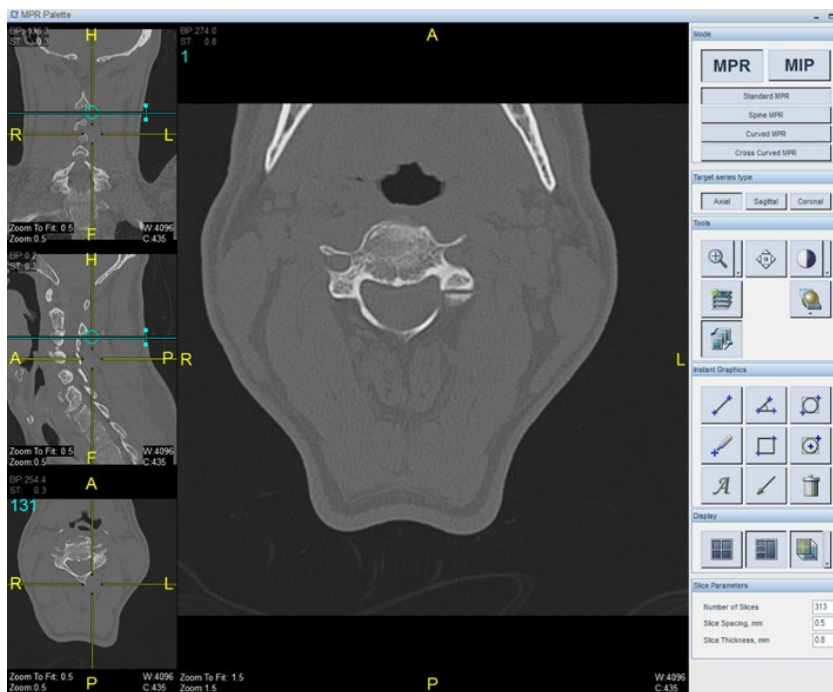
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## Quick MPR for optimal anatomy/plane position

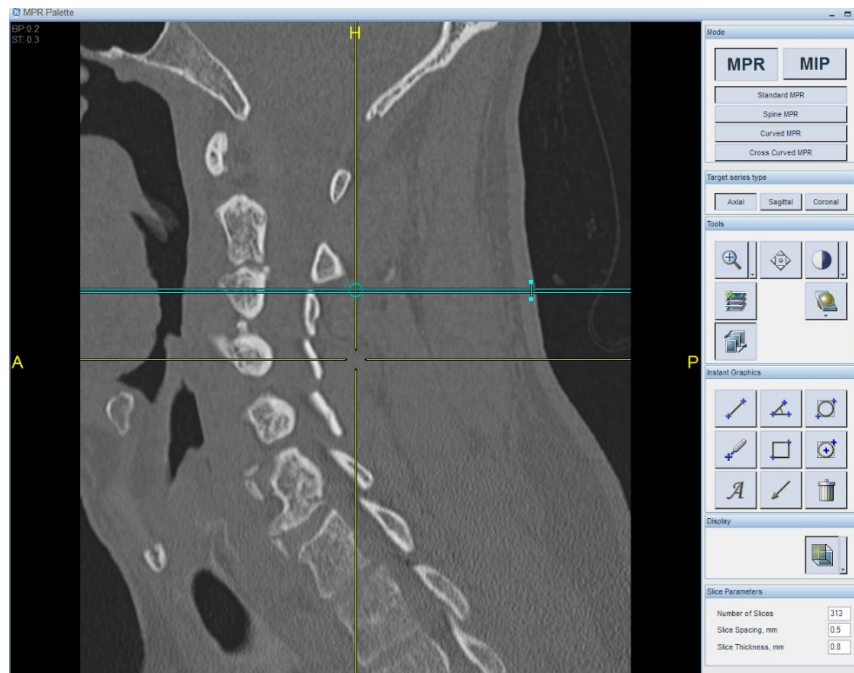
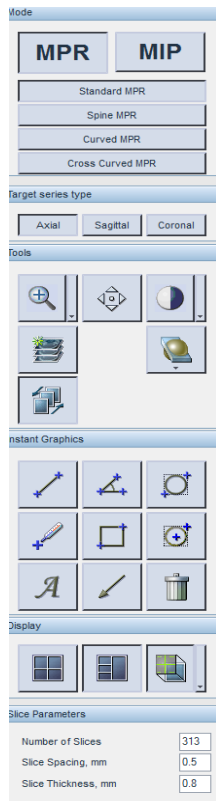
Activate appropriate viewport. You will need to select the “overlap” or “thin section” series.



Select MPR tool button at top of viewer.




You can customize plane/interval/thickness. Double click planes to see full view.



Hover over each tool to see function. Series button will define a series if this is your goal.



If you wish to see series along with original images, click the Export button.

If you want to save this series as part of the permanent medical record, you will need to Upload this series to the server. This function can be found on your right click menu.  Upload Series

**Please call 4702 with any questions or concerns. Thanks so much!**

## LMHS TELEPHONE - INSTRUCTION CARD

LICKING MEMORIAL HOSPITAL: 220-564-4000

**TO CALL:** Outside line, dial **9** or Operator, dial **0**

**HOLD A CALL:** **HOLD** or flash hook and **1 1** to place a call on hold  
Press held line or flash hook to return to caller or hold.  
Call will ring back after 75 seconds of being on hold.

**TRANSFER:** **TRF** or flash hook, dial extension #, announce call, hang up.

**TO EXIT VOICE MAIL DURING A TRANSFER:** dial **\* \*** - voice mail will disconnect and return you to your caller.

### CALL FORWARD-ALL CALLS:

**SET:** **FWD** or **\* 4** Dial extension number to FORWARD to.

**CANCEL:** **FWD** or **# 4**

### CALL FORWARD-BUSY:

**SET:** **FWD-BY** or **\* 5** Dial extension number to FORWARD to.

**CANCEL:** **FWD-BY** or **# 5**

### CALL FORWARD- NO ANSWER:

**SET:** **FWD-NA** or **\* 6** Dial extension number to FORWARD to,

**CANCEL:** **FWD-NA** or **# 6**

### CALL WAITING:

To Answer: **ANS** or flash hook to connect

**ANS** or flash hook to alternate between calls

To Disconnect: **RECALL** or flash hook to disconnect from the second caller.

To Activate: Internal extension is busy, hang-up, dial **\* 7** and extension number, the party you are trying to reach will hear a special tone.

### 3-WAY CONFERENCE CALL:

With call in progress, ask party to hold, then press **TRF**

Dial desired number. After call is answered, press **CNF**

### PARK A CALL:

Display Phone: **PARK** or **TRF** and **\* 3**

Listen for confirmation tone and hang-up.

Call will ring back after 5 minutes.

Single-Line: Flash hook and **\* 3**

Listen for confirmation tone and hang-up.

Call will ring back after 5 minutes.

### RETRIEVE A PARKED CALL:

from the same telephone: **PARK** or **\* 3**

### RETRIEVE A PARKED CALL:

from a different telephone: **# 3** and enter the

primary extension number where the call was parked.

## LMHS TELEPHONE - INSTRUCTION CARD

**CALL BACK:**  or flash hook and  to CAMP ON someone else's busy extension.

### CALL PICK-UP (GROUP):

**Answer a ringing phone:**

Display Phone:  or

Single-Line: Flash hook and

**If you are already on the phone:**

Display Phone:

Your original call is placed on hold

Press  to alternate between calls

**CALL PICK-UP (Direct):**  and the ringing extension number.

**This section for DISPLAY phones only**

### DIRECTORY DIALER:

enter 2 or more characters of last name (letter Q = 7 and Z = 9)

If displayed name is correct press  the call will be processed.

To view more results press:

Move to previous matching name

Move to next matching name

To start over

**LAST NUMBER REDIAL** (will save the last 5 numbers dialed):

until the desired number appears; press  system will dial for yours.

### SAVE & REPEAT:

**SAVE:**  to store number dialed or during an internal call press  to save in memory.

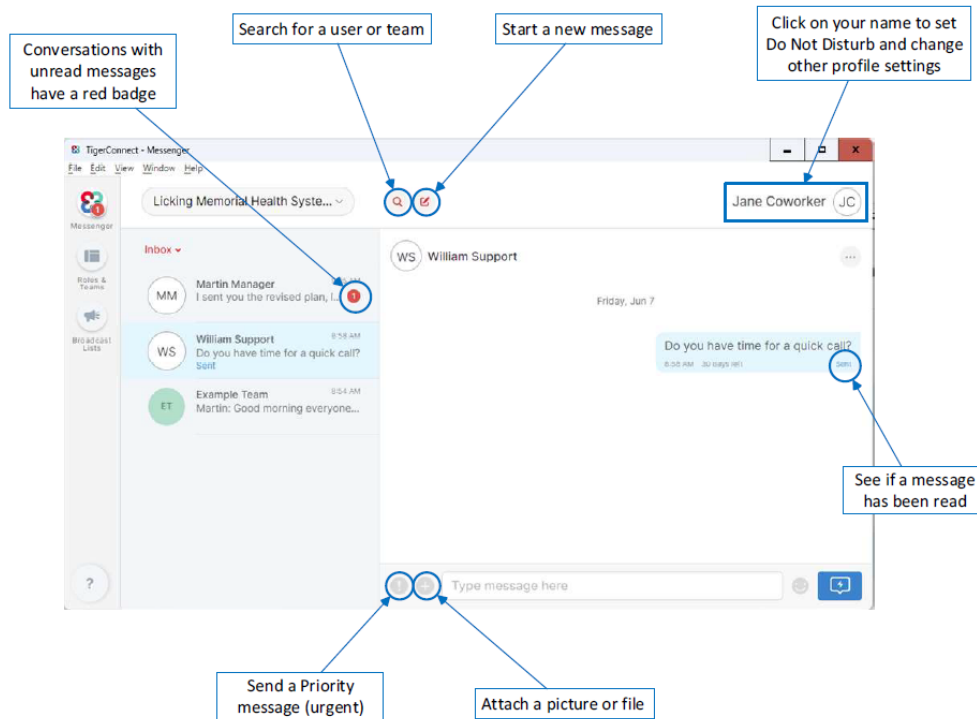
**REPEAT:** With dial tone press  the system dials the number stored. If line rings busy or no answer press  to resave number.

### SPEED CALL:

**PROGRAM:** , button to program, dial  + number to save,

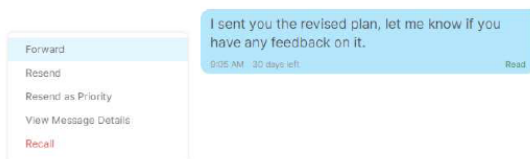
**USE:** Press .

# TigerConnect Desktop Quick Tips

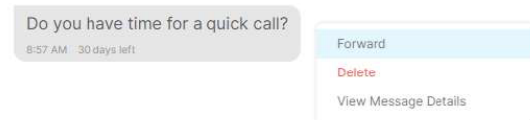


## Message Actions

Hover over a sent message, and three dots will appear to the left. Click them for a menu of actions you can take on the message.

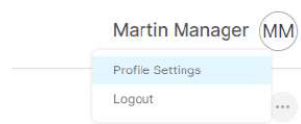


Hover over a received message, and three dots will appear to the right. Click them for a menu of actions you can take on the message.



## Enabling Do Not Disturb

1. Click on your name and click Profile Settings.



2. Set Do Not Disturb to On. Optionally, you can set an auto-reply.



## Need More Help?

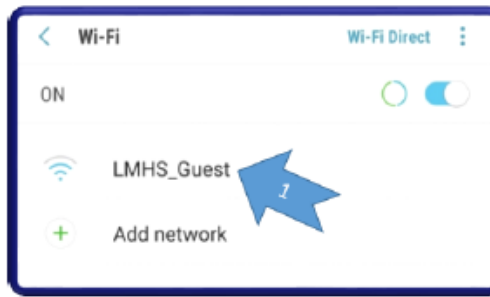
For issues with installing or using the TigerConnect app, please submit an IS ticket through the Employee Portal, or call the IS Service Desk at extension 4357.

## LMHS EMPLOYEE GUEST WIRELESS ACCESS

The LMHS Guest Wi-Fi service has an option for Employees to log in using an LMHS account. (The same username and password that is used to log on to an LMHS computer) By signing in using your LMHS account, your device will automatically reconnect without having to sign back in for up to 6 months. The regular Guest Wi-Fi (without an LMHS account) is intended to be used by patients and visitors of LMHS, and will have to sign in every 24 hrs.

A. Connect to the LMHS\_Guest network (1)

- If you have signed in already and you are within the grace period, no further action is required.
- If this is the first time signing in or your grace period has expired, you will get the "LMHS Guest WiFi-Registration" screen. (Shown below)



**SIGN IN TO WI-FI NETWORK** MORE

**Licking Memorial Health Systems**

**LMHS Guest WiFi - Registration**

Please complete the form below to gain access to the network.

\* Your Name:  
[Text Field]  
Please enter your full name.

\* Email Address:  
[Text Field]  
Please enter your email address.

\* Confirm:  
☐ I accept the terms of use

**Register**

\* required field

LMHS employees please [sign in here](#).

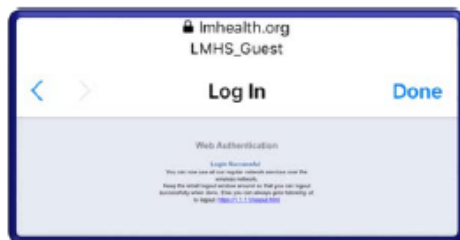
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1320 West Main Street, Newark OH 43055 • Telephone: (226) 564-4000

B. From the "LMHS Guest WiFi-Registration" screen, click on the "sign in here" link for LMHS Employees (2)

## LMHS EMPLOYEE GUEST WIRELESS ACCESS


- C. Enter your LMHS username that use to sign in to LMHS computers. (Typically this is your first initial and last name) (3)
- D. Enter your password (4)
- E. Click on and read the "terms of use". If you agree to these conditions, check the box indicating that you accept these terms. (5)
- F. Click on the "Log In" button (6)

- G. A connection success screen may flash. (Shown below) You should now be connected to the LMHS\_Guest network.



SIGN IN TO WI-FI NETWORK

MORE

  
Licking Memorial  
Health Systems

LMHS Guest WiFi - Employee Login

Please login to the network using your username and password.

Username:  
Enter your username here

Password:  
.....Enter your password here.....

Terms:  
☒ I accept the terms of use

Log In

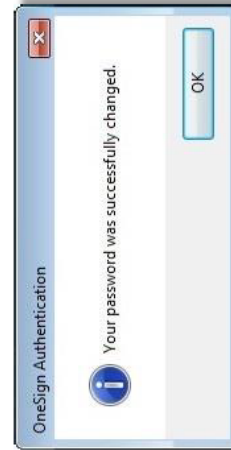
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Users can have up to 5 devices registered at a time. If you have trouble with your LMHS username or password, please call the IS Service Desk at extension 4357.

**Licking Memorial Health Systems** is not responsible for any problems or issues with personal devices. Please consult your service provider or the manufacturer of the device for assistance.

## LMHS Password Change Procedure

1. Click OK when prompted.
2. Type your new password into the 'New Password' field as well as the 'Confirm Password' field.  
Password rules are:
  - Minimum of 12 characters
  - Must contain 3 of the following 4:
    - Uppercase character (A-Z)
    - Lowercase character (a-z)
    - Number (0-9)
    - Special character (~!@#%&..etc)
  - Password may not contain any part of your name or user name.
3. Click OK.



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