

Allocation and workflow

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2024-01-09

Allocations

Table 1: Allocation of subject IDs

accessor	IDs
all	svd_1-10
andlau	svd_11-50

Suggested workflow

In REDCap:

1. Open the scoring overview in REDCap: [link](#)
2. From the drop-down “**Choose an existing Record ID**”, select your first subject (allocated subjects should be consecutive).
3. Open the “SVD score” instrument to start capturing the score. If the “dot” is yellow, the instrument already has been filled. Press the “+”-sign to create a new version (mainly necessary during the inter-rater-reliability testing, as each subject is only scored once)
4. In the top of the instrument the patient CPR, name and admission time is printed as well as assigned assessor and link to Citrix.

In Citrix:

5. Open the “Billeddiagnostik PACS” module (find it under “APPS” and “star” it the first time) and look up the patient using the CPR number copied from REDCap.
6. Please use the subject admission date and time as reference to select the correct scan and the exact date and time of the scan (fields are pre-filled with admission date and time).

7. The scan might take a minute or two to load from the storage server. A little patience is necessary. The first time, you can use this time to arrange your program windows for optimal workflow. See the notes below.

Back in REDCap:

8. When done filling out all fields, you can save the data and go directly to the next subject:

On the right and at the end of the instrument, there are two blue boxes. The top is “Save & Exit Form”, the second have different options to choose from by clicking the arrow on the right. Choose “Save & Go To Next Record”. Then repeat step 3-8.

Notes

- During scoring, I (Andreas) had the PACS screen maximized on the left side of a large, wide monitor, and REDCap on the right. PACS has a menu on the right, and REDCap on the left, ensuring both are centered on the screen to minimize mouse movements.
- The instrument in REDCap is organized by sequences corresponding to how they are organized in PACS (T2*/SWI and FLAIR).