



Guide to the OH West Diagnostic Imaging (DI) Central Intake

September 2026



¹WE-CARE 2 IMAGE refers to West-Collaborative-Access-Regional-Equitable with a focus on our region and diagnostic imaging

Please send all outpatient CT & MRI paper-based requisition forms to the central intake and reach out if you require any support

To send the requisitions, you can fax ...



OH West DI Central Intake

Fax number: (365) – 317 – 9260

For support, you can contact...



OH West DI Central Intake Office

688 Concession Street, Hamilton, ON L8V 4T9

Mon – Fri 7:00 am – 4:00 pm est

Office Phone Number: 1- (866) – 396 – 0778

Email: Wecare2image@hhsc.ca

Website: Wecare2image.ca

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1. Summary

1.1 OH West Diagnostic Imaging Central Intake launch

This document is intended to be a guide to the OH West Diagnostic Imaging (DI) Central Intake, which provides context on the program, how it works, and what this means for you!

What you need to know about the launch...

In **September 2026**, the DI Central Intake program officially had its soft-launch – this means that all **paper-based** CT & MRI requisitions **should begin** to be sent to the central intake, as opposed to the hospitals directly.

There will be a **few months for a transition period**. **Starting November 2nd, 2026**, all paper-based outpatient CT & MRI requisitions **are required to be sent via central intake** and hospitals should no longer be accepting these requisitions directly from referring providers.

For information on the OH West DI central intake journey and what is next, please pages 16 – 17.

INTENDED OUTCOME



Patients continue to see providers to have CT & MRI referrals sent to hospitals.



Referring providers submit outpatient paper-based CT & MRI requisitions to one fax number for all OH West hospitals.



DI Central Intake Office ensures completion and no duplication of requisition forms, as well as tracks referral data to support with load balancing in the future.



Hospitals receive outpatient CT & MRI requisitions with an additional cover page, and protocol, book, and track appointments.

1. SUMMARY

1.2 Supports available

The DI Central Intake has an office staffed with a manager, clerks and coordinators who are there to support central intake in the OH West region. This team is here to help you as well!

When should you reach out for support to...



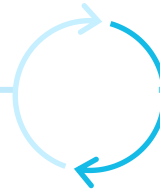
CENTRAL INTAKE OFFICE

- Questions about the OH West Diagnostic Imaging Central Intake process
- Issue identified with outpatient paper-based CT or MRI requisition form sent via central intake (e.g., cover page or requisition form is cut off, requisitions being sent to the wrong hospital, etc.)
- Provide an update which impacts central intake (e.g., new MRI machine in hospital, changes in service provided, new fax number, etc.)



OH West DI Central Intake Office

688 Concession Street, Hamilton, ON L8V 4T9
Mon – Fri 7:00 am – 4:00 pm est
Office Phone Number: 1- (866) – 396 - 0778
Email: Wecare2image@hhsc.ca
Website: Wecare2image.ca



HOSPITAL DI OFFICE

- Questions about distribution of outpatient paper-based CT or MRI requisitions between hospital sites within an organization
- Questions about protocolling, booking appointments, and patient appointment notifications
- Questions about patient appointment times
- Questions or issues about referral process for stat/emergent CT and MRI referrals, or any non-CT and MRI referrals



Hospital-Specific DI Office

Please reach out to the hospital directly using the contact information you may already have. You can also find each hospitals' DI office phone numbers at Wecare2image.ca.

1. SUMMARY

1.3 Frequently asked questions (FAQ) 1/3

Please see below some of the most common questions about the OH West Diagnostic Imaging (DI) Central Intake. For more details, please feel free to review this guide.

#	Question	Answer
1	What is the role of the DI Central Intake today? <i>For more information, please see pages 17-20.</i>	The DI Central Intake is a centralized point where all outpatient CT and MRI referrals should be sent for a hospital in the OH West region. In its current state the central intake will ensure the requisitions are complete (as per provincial guidelines), there are no duplicates, and direct them to the hospital selected by the referring provider. In the future state, the central intake will transition to load-balancing, which means that requisition forms will be directed to hospitals based on service requested, services provided by hospitals, wait times, closest to patient, etc. Parameters to be finalized.
2	What is the central intake soft launch vs official go-live?	The September 2026 soft launch means referring providers can begin sending CT and MRI outpatient paper-based common requisition forms to the central intake fax number, instead of a hospital directly. A transition period will be in place for the next few months. Starting November 2nd, 2026 at the official go-live, requisitions sent directly to a hospital will not longer be accepted and will be returned to the referring provider. There will be further communication to ensure awareness of this change.
3	Can all diagnostic imaging referrals be submitted to central intake? <i>For more information, please see pages 17-20.</i>	At this time, the central intake is only for • Outpatient CT & MRI referrals • Paper-based referrals • Latest, complete requisition form All stat/ emergent CT & MRI referrals, or other diagnostic imaging referrals (e.g., ultrasound) should not be sent to central intake! Please continue to send these using existing current practices today. If these are sent to the central intake, they will be sent back!
4	How are Ocean eReferrals processed in central intake?	At this time, the OH West DI Central Intake is only for paper-based requisition forms. Referring providers please continue your current processes to send Ocean eReferrals. Hospitals, please do not return any Ocean eReferrals requisitions back to referring providers, if sent directly to your hospital.
5	What is considered an incomplete requisition form? <i>For more information, please see page 20.</i>	A requisition form is considered incomplete if any of the provincially mandated information required is missing. In this case, the central intake will send the requisition back to the referring provider with a cover page clearly indicating what information is missing.

1. SUMMARY

1.3 Frequently asked questions (FAQ) 2/3

Please see below some of the most common questions about the OH West Diagnostic Imaging (DI) Central Intake. For more details, please feel free to review this guide.

#	Question	Answer
6	What is considered a duplicated requisition form?	A duplicated requisition form is when multiple requisition forms are submitted for the same patient and same exam in a short timeframe. The central intake will accept one of the forms and send back all others.
7	What happens if multiple hospitals are selected on the requisition form?	If multiple hospitals are selected on the CT or MRI requisition form, the central intake will choose one hospital to send the form to.
8	What is the central intake cover page? <i>For more information, please see pages 23 – 24.</i>	The cover page is attached to all requisition forms which flow through the central intake. This can be used for information purposes or requires some fields to be completed if requisitions are being sent back to the central intake.
9	What happens if the hospital does not provide the service requested? <i>For more information, please see pages 23 – 24.</i>	If the hospital selected on the CT or MRI requisition form does not perform that service (e.g., the hospital identified does not do MRIs) and the central intake has been informed by the hospital about this previously, the requisition will be sent to a neighboring hospital instead who does perform that service. If the hospital receives this requisition and determines they do not provide this service, they must complete the cover page attached to the requisition form and send this back to the central intake.
10	What happens if the hospital changes the exam type requested?	If the hospital determines that there is a more appropriate exam for the patient (e.g., the MRI should be an ultrasound), they should reach out to the referring provider directly and submit the cover page to the central intake as information tracking purposes.

1. SUMMARY

1.3 Frequently asked questions (FAQ) 3/3

Please see below some of the most common questions about the OH West Diagnostic Imaging (DI) Central Intake. For more details, please feel free to review this guide.

#	Question	Answer
11	What happens if a hospital can not locate the requisition form?	In the event a patient has questions about a requisition, or a requisition cannot be located, hospitals should contact the Central Intake Office directly. The Central Intake Office will work with the hospital to resolve this.
12	What happens if additional information is required for a referral, based on hospital policy?	If additional information is required per your hospital policy, contact referring providers directly using your current process.
13	Who is booking, protocolling, and sharing appointment information?	Hospitals will continue to book, protocol, and inform referring providers and/or patients about appointments, using their existing current processes. The central intake is not managing appointments.
14	What happens if the booking office has a question or concern? <i>For more information, please see page 6.</i>	If the hospitals booking offices have any questions or concerns about central intake, please reach out to wecare2image@hhsc.ca or call the central intake office at 1-(866)-396-0778. Hospital booking offices can direct patients to the central intake office if they have a central intake related question or concern, via the wecare2image@hhsc.ca inbox or wecare2image.ca website contact us page. However, we aim to ensure that patients are not being asked to find their missing requisitions or resolve issues and concerns which are care provider responsibilities. In the event that a patient has been directed to central intake, the office will reach out to the hospital and the central intake office asks the hospital booking office to do the same.
15	What happens if a patient has questions of concerns?	If a patient has any questions about the central intake process, please direct them to the wecare2image@hhsc.ca inbox or wecare2image.ca website contact us page. Note: At this stage, central intake is not loading balancing. This means that patients will be directed to hospitals which their referring provider selects on the requisition form. If the referring provider chooses a hospital that does not perform that service, only then we will redirect this to a different location.

2. Background & Context

2.1 Problem statement

At the beginning of the DI Central Intake journey, a problem statement was developed to reflect on the key challenge which the OH West community, hospitals, and patient face, which the central intake program would be designed to help ease.



Access to CT and MRI varies across hospitals in Ontario West. This creates wide variations in wait times, and inequitable patient experience and potential outcomes.

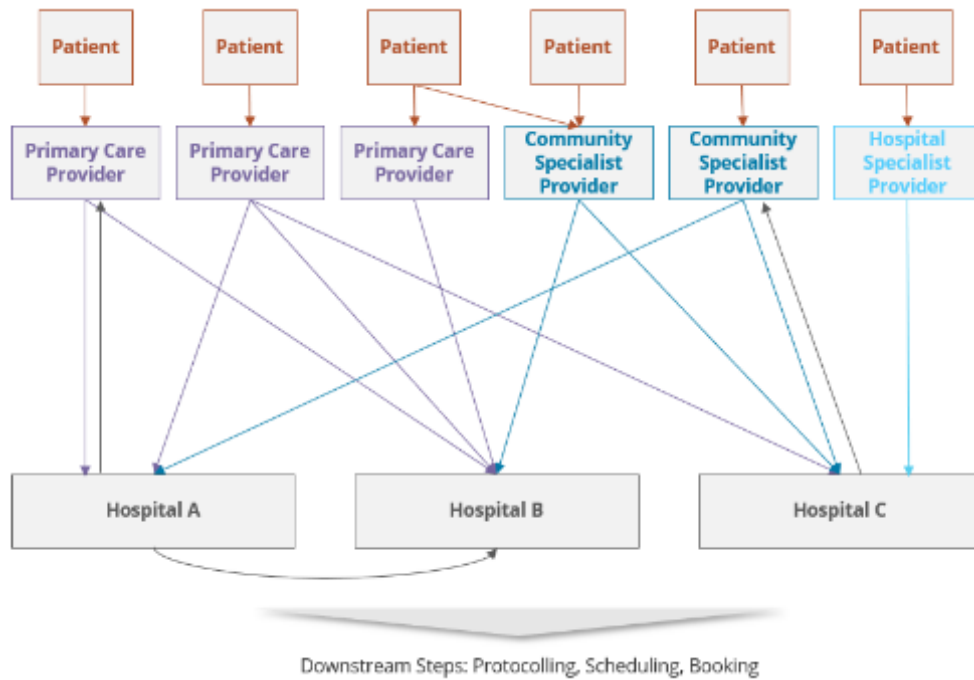


2. BACKGROUND & CONTEXT

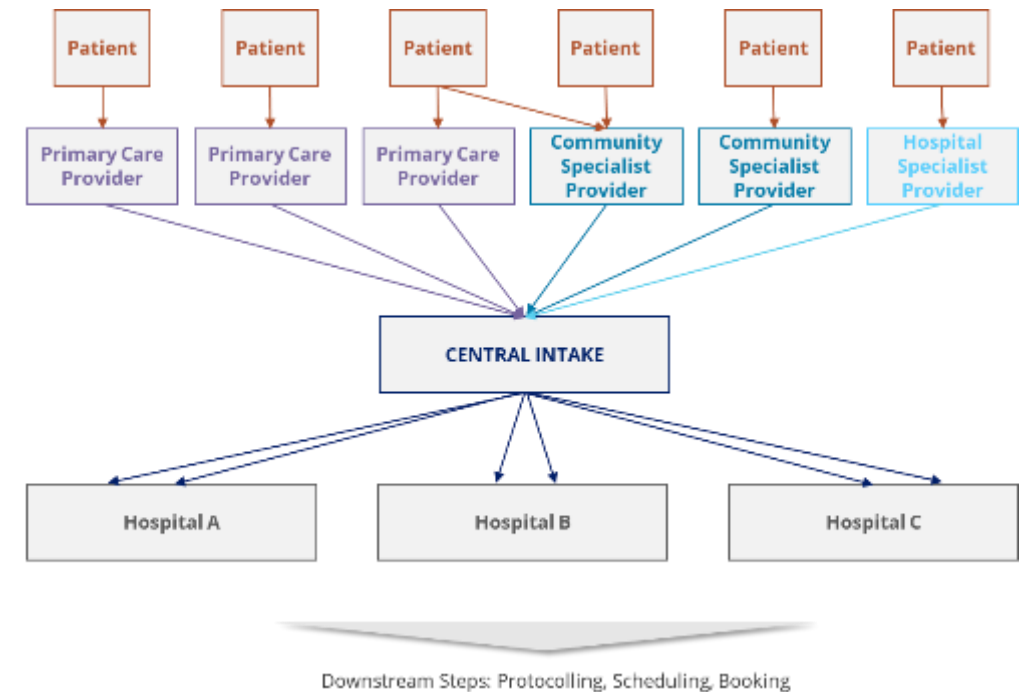
2.2 Vision

The OH West DI Central Intake program aims to enable a centralized point where all outpatient CT and MRI referrals are directed to hospitals, based on patient needs and wait time. This will allow a more streamlined approach to ensure patients receive care on a more timely basis, with reduced variation of wait times across the region.

Current State CT and MRI Referral Intake

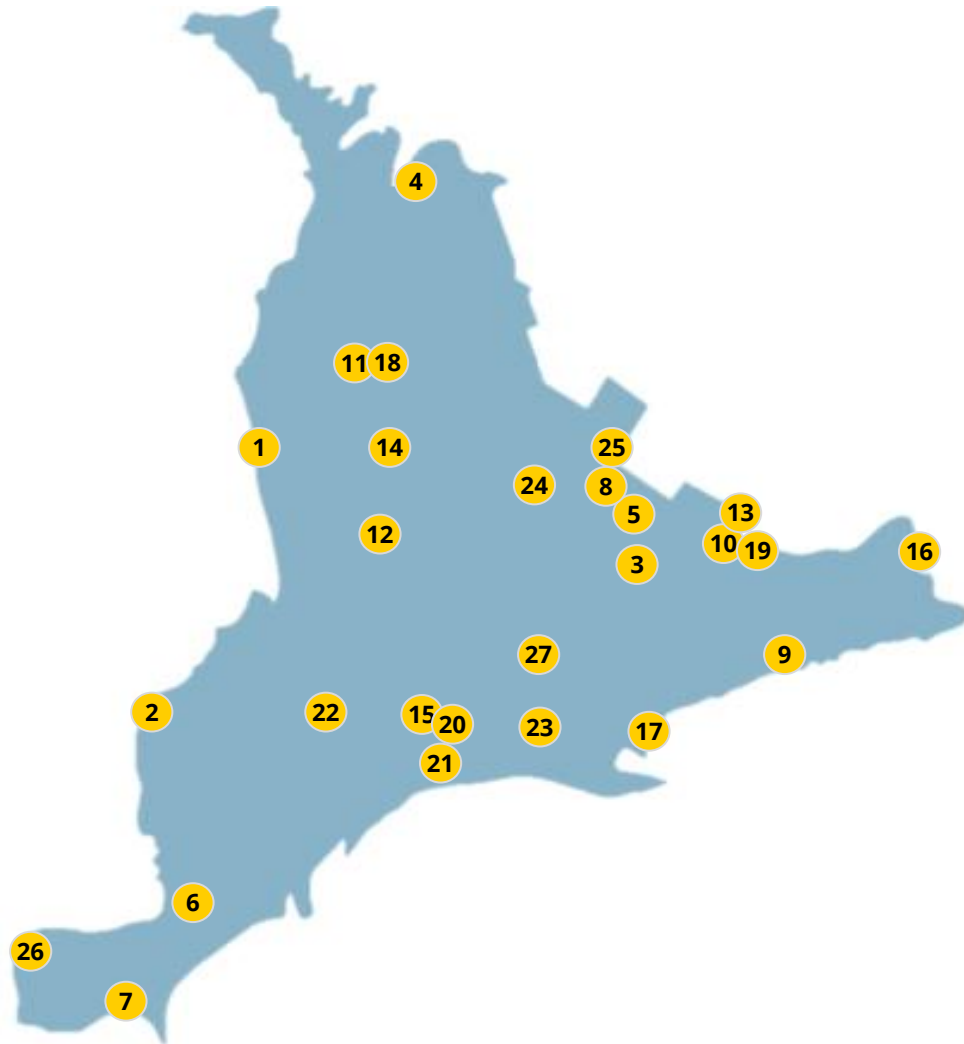


Future State CT and MRI Referral Intake



2.3 OH West hospitals in the region

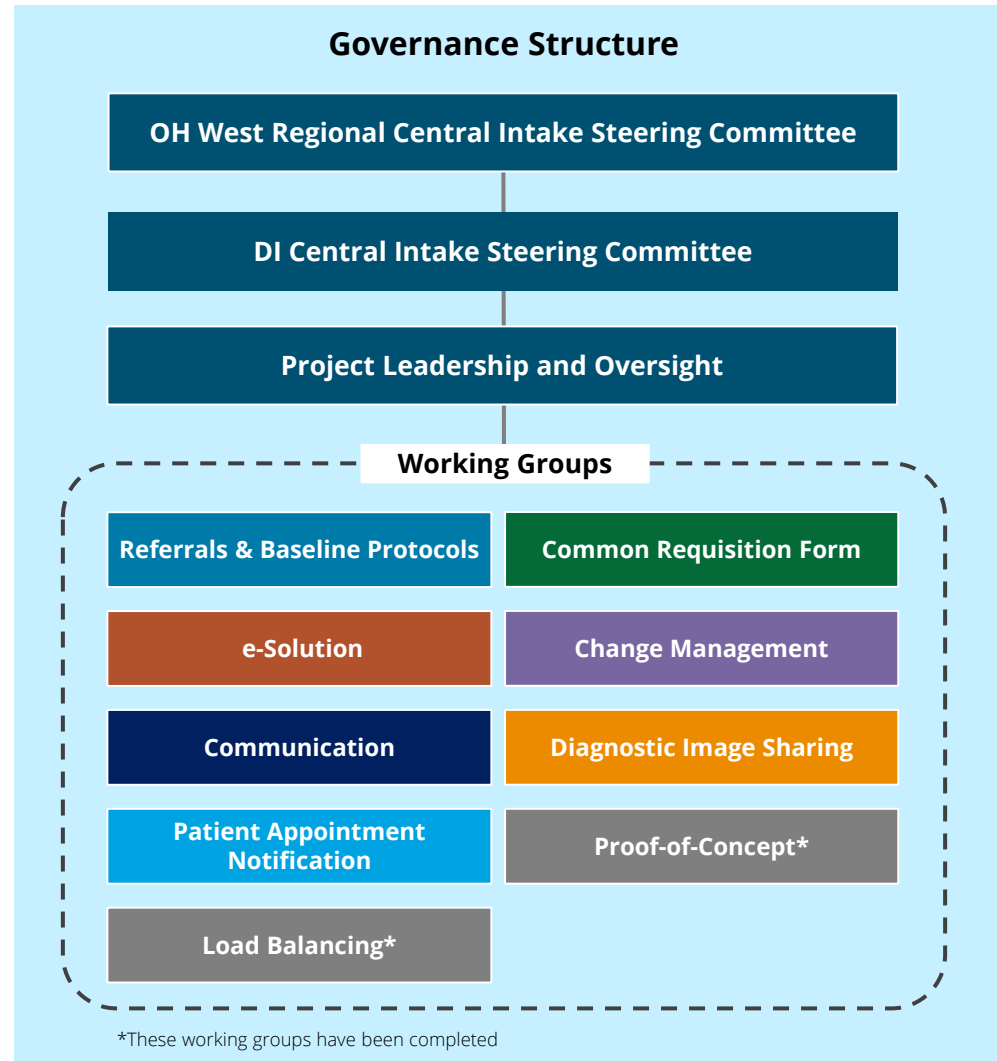
There are 27 hospitals and 40 hospital sites in the OH West region involved in the DI Central Intake program today, as well as community providers who send outpatient CT or MRI requisitions to these hospitals.



1. **Alexandra Marine and General Hospital**
2. **Bluewater Health**
3. **Brant Community Healthcare System**
4. **Brightshores Health System**
 - Owen Sound
 - Southampton
5. **Cambridge Memorial Hospital**
6. **Chatham-Kent Health Alliance**
7. **Erie Shores HealthCare**
8. **Guelph General Hospital**
9. **Haldimand War Memorial Hospital**
10. **Hamilton Health Sciences**
 - Hamilton General Hospital
 - Juravinski Hospital
 - McMaster Children's Hospital/ McMaster University Medical Centre
 - West Lincoln Hospital
11. **Hanover and District Hospital**
12. **Huron Perth Healthcare Alliance (Stratford General Hospital)**
13. **Joseph Brant Hospital**
14. **Listowel Wingham Hospital Alliance**
 - Listowel Memorial Hospital
 - Wingham District Hospital
15. **London Health Sciences Centre**
 - University Hospital
 - Victoria Hospital
16. **Niagara Health System**
 - Greater Niagara
 - St. Catherines General
 - Welland County
17. **Norfolk General Hospital**
18. **South Bruce Grey Health Centre**
 - Kincardine
 - Walkerton
19. **St. Joseph's Healthcare (Hamilton)**
 - Charlton
 - West 5th
20. **St. Joseph's Health Care (London)**
21. **St. Thomas Elgin General Hospital**
22. **Strathroy Middlesex General Hospital**
23. **Tillsonburg District Memorial Hospital**
24. **Waterloo Regional Health Network:**
 - Midtown (formerly Grand River Hospital Kitchener Ontario)
 - Queen's Boulevard (formerly St. Mary's General Hospital Kitchener Ontario)
25. **Wellington Health Alliance**
 - Groves Memorial Community Hospital
 - Palmerston & District Hospital
26. **Windsor Regional Hospital**
 - Metropolitan
 - Ouellette Campus Site
27. **Woodstock Hospital**

2.4 Governance and stakeholder engagement

The DI Central Intake program has been supported by radiologists, physicians, Ontario Health, and many more along the journey, which includes key working groups with regional representation, townhall engagements, and offline connects. Countless hours of work and contributions from across the region have shaped the program to be what it is today.



~120+ team members engaged across Steering Committee and working groups. Steering Committee comprises of clinical and administration leaders from across the region. Working Groups are designed to ensure inclusive representation from key stakeholders. Representation for both includes primary care, booking clerks, radiologists, technologists, ethicists, etc.



25+ areas of expertise engaged throughout the process to help co-design and iterate the Central Intake model and implementation planning (e.g., radiologists, administrators, Ontario Health, primary care, ethicists, patient advisors, technologists, clerical teams, IT teams, procurement teams etc.)



25+ Town Halls attended by 80-100 participants with representation from all 28 hospitals (i.e., technologists, admins, clinicians [primary and specialists], radiologists, ethicists, etc.)



5+ newsletters distributed to over 100 participants across the regions



20+ coaching sessions with other OH regions to share lessons learned and best practices related to DI Central Intake



2-3 monthly meetings with primary care forums, CEO forums, and sub-regional committee forums, sharing ongoing progress and details about Central Intake to facilitate ongoing awareness

2.5 Summary of work over the 4+ years

This program is much bigger than just launching a central intake technology but is rather 4 years of creating crucial enablers to build for success. As the project evolves, new initiatives are added to continue to support success and excellence in the region, while also looking back to evaluate work completed for constant improvement.

DATA ASSESSMENT & ENABLEMENT	✓ Load Balancing Created a simulation model, which showed ~30K patients would potentially benefit from reduced variability in wait times, and there is willing to travel across seasons.	✓ Proof Of Concept Engaged 140 patients in a study where they travelled between 4 hospitals in a rural & academic setting. “Why did we not do this sooner”	Service Directory Completed a CT and MRI service directory which shows details of service provided at 40 hospitals in the region. Continue to expand & capture new information to enhance load balancing capabilities.
	Common Core Protocols Created 72 pediatrics and 98 adult common core protocols across 11 areas as regional standards. Continue to evaluate, refine, and develop new protocols.	Website Designed and launched a website to share the journey, updates, and key information to be accessible across the region. Continue to update with project developments	Patient Appt. Notification Gathered information from 40 hospitals on the patient appointment notification process to support efforts in ensuring patients & providers receive consistent communication for the appointments. Launching a new working groups soon!
STANDARDIZING PROCESSES			Diagnostic Image Sharing Launched a new working group with 10+ members across 6+ hospitals and representation across all the sub-regions & OCT Net. We also have an advisory committee with 7 senior physicians.
LAUNCH REQUIREMENTS	✓ Common Requisition Form Launch a CT and MRI common requisition form as the regional standard, on March 2026 in PDF, OSCAR, PS Suite, and Accuro.	✓ Central Intake Office Stood up an office with a manger and 2 coordinators and 10+ clerks to allow the central intake to function and support the region.	✓ e-Solution Identified, tested, and launched the e-Solution, preparing automation for 10,000+ paper-based requisitions weekly.

3. How the Diagnostic Imaging Central Intake Works Today

3. HOW THE DIAGNOSTIC IMAGING CENTRAL INTAKE WORKS

3.1 OH West DI central intake journey

Today, we are at the point of central intake has been launched for the region, but this is not the end of the journey. In the future, central intake will continue to evolve.

	PAST No central intake	TODAY Central intake for paper-based requisitions and <u>NO</u> load balancing	FUTURE (SHORT-TERM) Central intake for paper-based requisitions and <u>load balancing</u>	FUTURE (LONG-TERM) TBD - Central intake for ALL requisitions and load balancing, <u>with provincial technology</u>
 PATIENTS	- Experienced long-wait times at one hospital or directed to multiple hospitals to find lowest wait time. - Managed multiple appointments for same scan or only attended one appointment with no-shows to others.	- Experience wait times for one hospital. - Manage one appointment – other patients can be booked at the other hospitals.	- Experience reduced wait times being directed to hospital with lowest wait time & nearest to patient. - Manage one appointment – other patients can be booked at the other hospitals.	TBD with provincial technology integration
 REFERRING PROVIDERS	- Submitted multiple requisitions for the same scan to various hospitals. - Recalled, tracked, and inputted fax numbers for each hospital individually.	- Submit one requisition form with one selected hospital to the central intake. - Recall, track, and input only one central intake fax number for all hospital.	- Submit one requisition form to the central intake. - Recall, track, and input only one central intake fax number for all hospital.	TBD with provincial technology integration
 HOSPITALS	- Received requisitions, which included those for services which could not be provided at the hospital site. - Conducted follow-ups for all missing information. - Managed requisitions at each site.	Only receive requisitions for general services provided (e.g., CT or MRI) Only receive complete requisition forms and conduct follow-ups for additional information required by hospital specific policy. - Manage requisitions for organization.	Only receive requisitions for services provided (e.g., MRI brain, CT cancer, etc.) Only receive complete requisition forms and conduct follow-ups for additional information required by hospital specific policy. - Manage requisitions for organization. Share wait-times with CI manually.	TBD with provincial technology integration
 CENTRAL INTAKE (CI)	N/A	Send back incomplete requisitions forms to referring providers, clearly outlining information required. - Direct requisition forms to the hospital requested by referring providers or to neighboring hospital if that service is not provided at the hospital.	Send back incomplete requisitions forms to referring providers, clearly outlining information required. - Direct requisition forms based on load balancing (e.g., service required, wait times, etc.), unless otherwise stated.	TBD with provincial technology integration

3. HOW THE DIAGNOSTIC IMAGING CENTRAL INTAKE WORKS

3.2 About for the central intake model today

The DI central intake is designed for only certain requisition forms, with processes in place to navigate through various scenarios.

- ✓ Central Intake is **for outpatient CT & MRI** referrals only.

- ✓ Central intake is **only for paper-based** requisition forms

- ✓ The **latest** CT & MRI requisition forms should be **completed**, to ensure they are not sent back.

- ✓ If **duplicate** CT & MRI requisition forms are sent to the central intake, **one will be accepted and the others will be sent back** to referring providers.

A duplicated requisition form is identified when the same exam is requested for the same patient, in a short time frame.

- ✓ If **multiple hospitals are selected** on the requisition form, the central intake **will choose one hospital**.

- ✓ If the **hospital selected** on the requisition form **does not perform the service** requested, the central intake will **send the requisition to a neighboring hospital which does**.

- ✓ Hospitals will continue to protocol, book, and notify referring providers and/or patients about appointments, through their current process. **The central intake is not managing appointments.**

- ✓ Any requisition which are sent through the central intake will be **associated with a cover page**.

- ✓ **Central Intake cover pages should not be sent to referring providers by hospitals.** The cover page is intended for communication between hospitals and the Central Intake Office



OH West DI Central Intake

Fax number: (365) – 317 – 9260



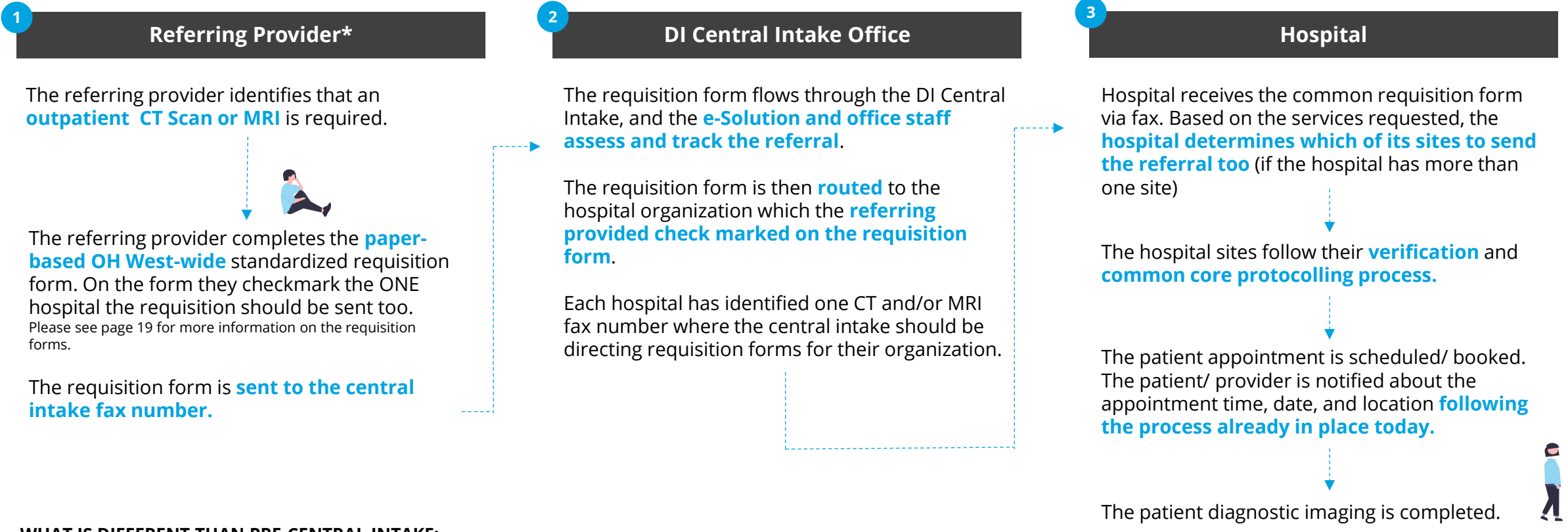
PLEASE CONTINUE YOUR CURRENT PROCESSES FOR...

- **Any stat/ emergent CT & MRI referrals** e.g., send the referral directly to the hospitals along with a phone call.
- **All other diagnostic imaging requests**, such as ultrasound, mammogram, etc.
- **All eReferral via Ocean.** Please continue your current process. At hospitals, do not send these requisitions back at this time.

3. HOW THE DIAGNOSTIC IMAGING CENTRAL INTAKE WORKS

3.3 Process to send & receive referrals with central intake

The process to send an outpatient CT and MRI requisition does not change for referring providers, except paper-based referrals should be faxed to the central intake as opposed to the hospitals directly, and hospital should internally distribute requisition between sites, but continue to protocols, book, and inform patients/ providers of the appointment.



WHAT IS DIFFERENT THAN PRE-CENTRAL INTAKE:

Referring providers send all paper-based CT & MRI outpatient requisitions to just one central intake number and need to check-mark which hospital they would like it to send the requisition to.

The central intake will receive all paper-based CT & MRI outpatient requisitions, where they do a first check for completeness and route the referral to the intended hospital noted on the requisition.

Only one CT and one MRI fax line will receive all the paper-based CT & MRI outpatient requisitions intended for a hospital. The hospital will then route and load balance referrals across its hospital sites (if applicable).

*Note: A referring provider may be a primary care physician, community health physician, or physician in a hospital. For more information on when a requisition form may not be accepted at the central intake or hospital, please see pages 21-22.

3. HOW THE DIAGNOSTIC IMAGING CENTRAL INTAKE WORKS

3.4 Latest OH West CT and MRI paper-based requisition forms

The latest OH West CT & MRI paper-based requisition forms were released in March 2026 and officially went live June 2026. In order to use the DI Central Intake, the latest requisition forms must be used and be complete.

The image shows two sample requisition forms: the Outpatient CT Requisition Form and the Outpatient MRI Requisition Form. Both forms are from Ontario Health West and include sections for Patient Information, Health Card #, Interpreter Required, Test Regions, Renal Assessment, Screening and Precautions, Referring Provider, and Hospital Location. The CT form includes a section for Timed Follow Up, and the MRI form includes a section for Possible MRI Contraindications.

Please see **WeCare2Image.ca** to find the latest requisition forms in PDF, Oscar, PS Suite, and Accuro

March 24th 2026 - The CT & MRI outpatient paper-based requisition forms were released which provided 3 months as a transition period for referring providers to begin using these in their daily practice.

June 30th 2026 - The forms had their official go-live, at which point any legacy forms sent to the central intake or directly to hospitals will be returned to referring providers.

WHAT IS DIFFERENT ABOUT THESE FORMS:

The updated requisition forms are **identical to what referring providers should have already been using starting 2025** when the region-wide requisition forms were first released.

Changes in 2026 version included:

- Additional **list of all 27 hospital organizations** in the OH West region.
- Required to **select/ checkmark one default hospital** organization.
- **Section to indicate if a patient can not be directed to a different hospital** with shorter wait times.
At this time, we are not load-balancing requisitions in the region, but we have proactively included this section to prevent releasing another requisition in the future.

CRITERIA FOR COMPLETE REQUISITION FORMS:

The CT and MRI requisition form must be complete with the required information below, to be accepted at the central intake.

- A minimum of patient first and last name, date of birth, sex -or- gender, and phone number.
- At least one of Health Number, WSIB Claim, -or- Other (self-pay...).
- Information for Reason for Exam
- Exam/Region(s) of Interest
- Referring Provider phone -or- fax number
- Referring Provider signature
- Patient Height and Weight
- Yes or No check boxes for Renal Assessment (CT only)
- Minimum of one check box for Contraindications (MRI only)
- Check mark the hospital organization to indicate where the patient referral should be directed.

⚠ Please note, this are provincially mandated information required!

If any one of the above check fails, the referral will be returned to referring providers, with a cover page which indicates which required information is missing.

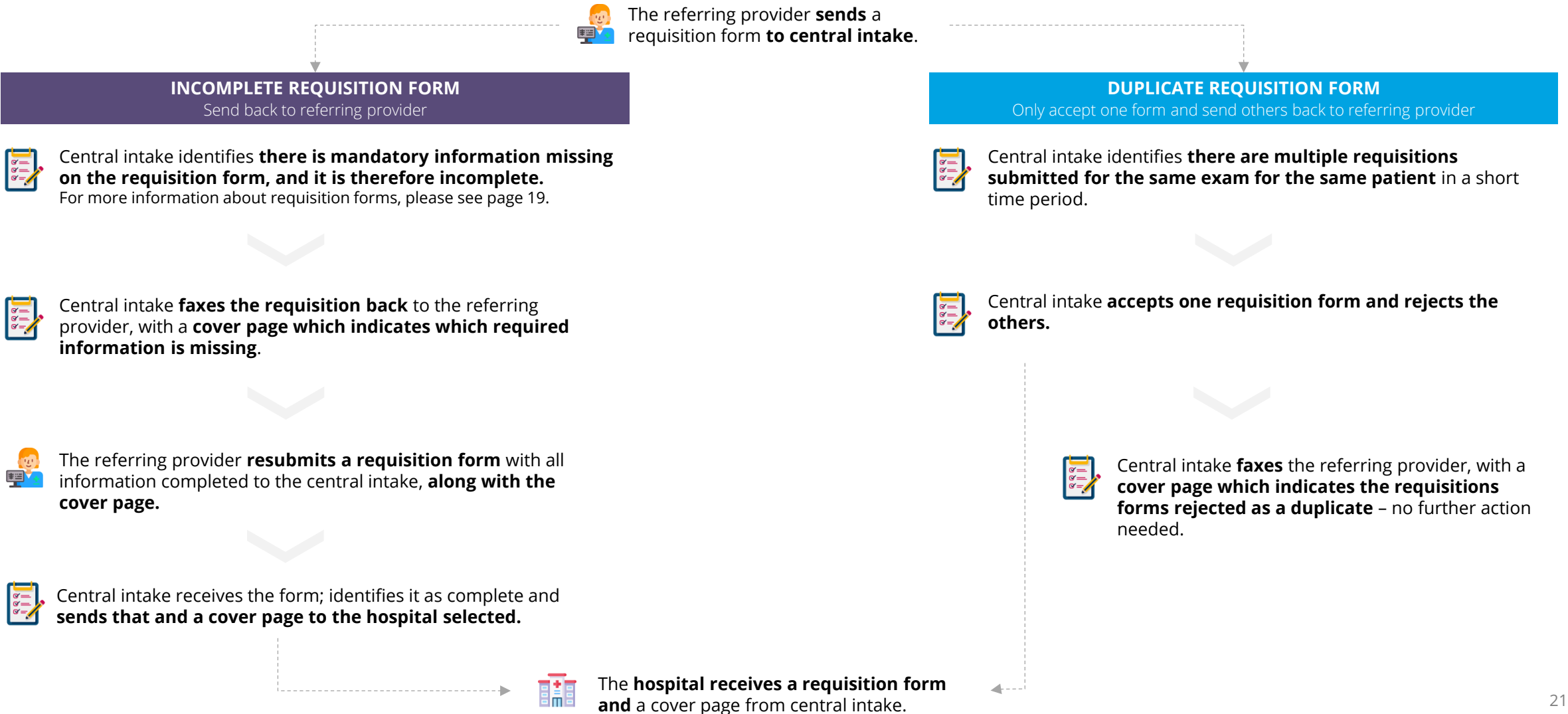
If multiple requisition forms are submitted for the same patient, same exam in a short time period, this would be considered a duplicate and only one requisition form will be accepted.

If additional information is required for a referral as per hospital specific policies, please reach out to the referring provider directly.

3. HOW THE DIAGNOSTIC IMAGING CENTRAL INTAKE WORKS

3.5 Referrals sent back from central intake

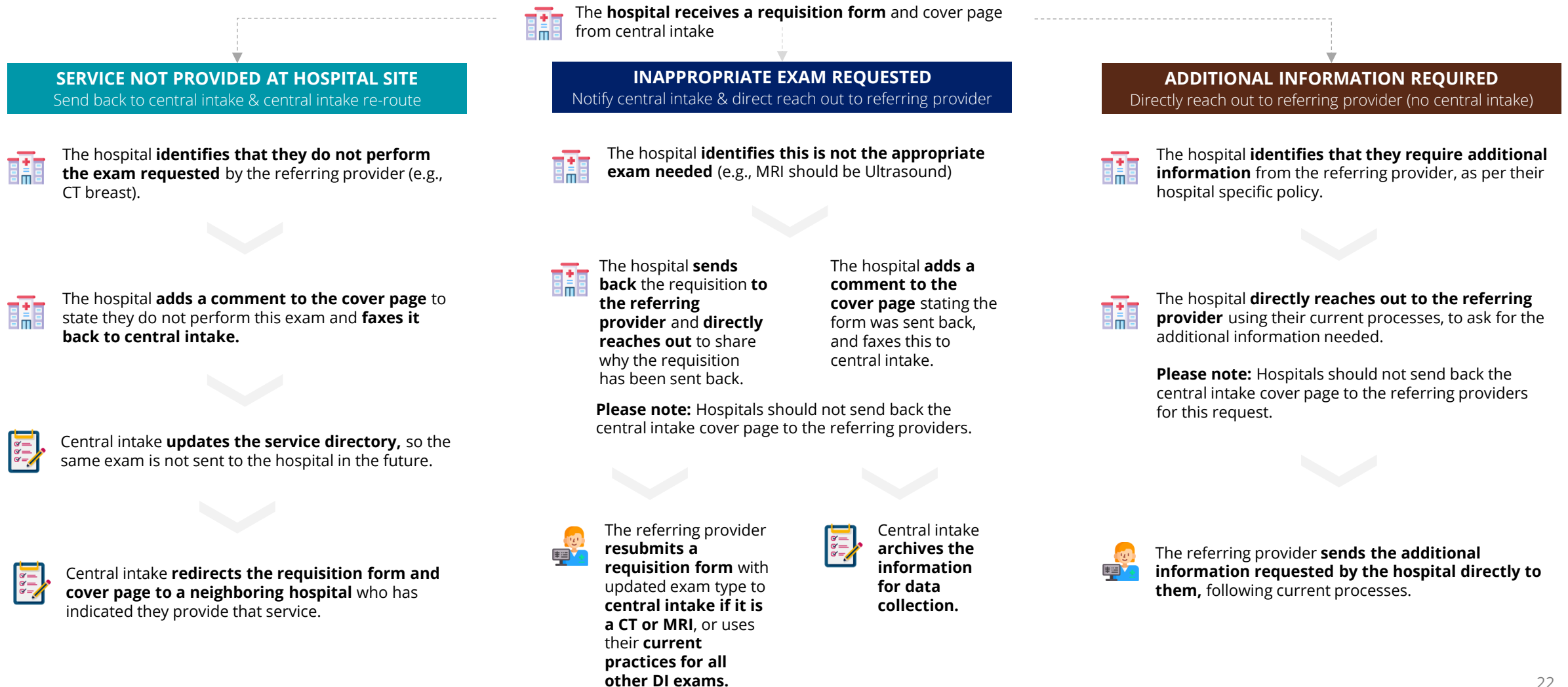
There are various points in the journey from the time a CT or MRI outpatient requisition form is sent all the way to patient appointment booking, when clarifications, requests, and additional information may be required. Below are a few typical pathways you can expect and what happens.



3. HOW THE DIAGNOSTIC IMAGING CENTRAL INTAKE WORKS

3.6 Referrals sent back or request for additional information from hospitals

There are various points in the journey from the time a CT or MRI outpatient requisition form is sent all the way to patient appointment booking, when clarifications, requests, and additional information may be required. Below are a few typical pathways you can expect and what happens.



3.7 Central intake cover page

The central intake cover page is attached to all requisition forms which flow through the central intake.

Cover pages which may be sent from central intake:



FOR REFERRING PROVIDERS:

- ▶ In the event, the central intake office has **sent back** a requisition form to a referring provider.
- ▶ The **cover page includes key information**, including the rationale for why a requisition has been **returned** and **what changes are required to resubmit (if applicable)**.
- ▶ **Please note:** Hospitals should not send back the central intake cover page to the referring providers.

Please see pages 21 on scenarios when the central intake may return requisitions to referring providers

Overview of the who the intended recipient is, when it was sent, and who was it sent by.

The explanation for why the requisition was sent back (e.g., what information is currently missing and is required for resubmission).



**Ontario
Health**

Patient Referral

Sent to: DR. Test
Fax #: 416-555-5555
Voice #: 416-555-4544
Address: 67 Main Street
Courtright, ON NON 1H0
Sent: 05/05/2026 20:12:49
Sent by: Central Intake ON – West (CT/MRI) Hub
Fax #: 13653179261
Voice #: 13653179261

CONFIDENTIAL | CONFIDENTIEL

May contain Personal Health Information
Peut contenir des renseignements personnels sur la santé

The attached referral is being RETURNED unprocessed due to being INCOMPLETE. The following information was missing:

Provider Signature

Please resubmit once the above noted deficiencies have been addressed.

This eFax is intended solely for the person or organisation to whom it is addressed. It may contain confidential information, including personal information or personal health information. Any review, transmission, distribution, or other use of, or any action taken in reliance on, the information contained in this eFax by anyone other than the intended recipient is strictly prohibited. Note that appropriately authorised agents or delegates of the intended recipient may handle this eFax if instructed by the recipient and in compliance with applicable laws. If you have received this eFax in error, please contact the sender immediately so that arrangements can be made for the return and/or destruction of the document. Do not copy, collect, use, or disclose this eFax or its contents.

This document was electronically generated by Ontario Health as part of a provincial initiative to support eReferral. Learn more or sign up at <https://www.ontariohealth.ca/digital-innovations>

3. HOW THE DIAGNOSTIC IMAGING CENTRAL INTAKE WORKS

3.7 Central intake cover page

The central intake cover page is attached to all requisition forms which flow through the central intake.

Cover pages which may be sent from central intake:



FOR HOSPITALS:

- ▶ The central intake has **successfully directed** the requisition to the hospital.
- ▶ The cover page includes **space for the hospital to complete and share rationale on why they are returning a requisition.**
- ▶ **Please note:** Hospitals should not send back the central intake cover page to the referring providers.

Please see page 22 on scenarios when the hospital may return requisitions or need to update the central intake.

Overview of the who the intended recipient is, when it was sent, and who was it sent by.

Checkmark and add reason/rationale if the CT or MRI service requested is not offered at the hospital organization and therefore can not be conducted there.

Checkmark if a different exam was suggested to the referring provider (e.g., the MRI should be an ultrasound).

Ontario Health

Patient Referral

Sent to:

Fax #:

Voice #:

Address:

Sent:

Sent by: Central Intake ON – WEST (CT/MRI) Hub

Fax #:

Voice #:

CONFIDENTIAL | CONFIDENTIEL

May contain Personal Health Information
Peut contenir des renseignements personnels sur la santé

Return to Central Intake Due To:

☐ Rerouting Required. Site unable to perform requested exam due to: Reason/Rationale: _____

☐ FYI Only: Inappropriate examination. Referring provider has been notified.

This eFax is intended solely for the person or organisation to whom it is addressed. It may contain confidential information, including personal information or personal health information. Any review, transmission, distribution, or other use of, or any action taken in reliance on, the information contained in this eFax by anyone other than the intended recipient is strictly prohibited. Note that appropriately authorised agents or delegates of the intended recipient may handle this eFax if instructed by the recipient and in compliance with applicable laws. If you have received this eFax in error, please contact the sender immediately so that arrangements can be made for the return and/or destruction of the document. Do not copy, collect, use, or disclose this eFax or its contents.

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3.8 Communication channels for risks, concerns, or awareness

There are detailed processes in place in the event of any risk or concerns. The central intake will assess these and tailor their approach to address the situation.



IN THE EVENT OF ANY RISKS OR CONCERNS IDENTIFIED THE CENTRAL INTAKE OFFICE WILL MAINTAIN OPEN COMMUNICATION CHANNELS!

Reminder: The move to a central intake system does not change any privacy responsibilities from providers. All providers continue to remain accountable for protecting their patients' privacy regardless of the technology, and the central intake will ensure privacy and safety as well.

Please ensure you are able to access and receive email communication from wecare2image@hhsc.ca.

In the event a patient has questions about a requisition, or a requisition cannot be located, hospitals should contact the Central Intake Office directly. The Central Intake Office will work with the hospital to resolve this.



OH West DI Central Intake Office

688 Concession Street, Hamilton, ON L8V 4T9

Mon – Fri 7:00 am – 4:00 pm est

Office Phone Number: 1 - (866) – 396 - 0778

Email: Wecare2image@hhsc.ca

Website: Wecare2image.ca



¹WE-CARE 2 IMAGE refers to West-Collaborative-Access-Regional-Equitable with a focus on our region and diagnostic imaging