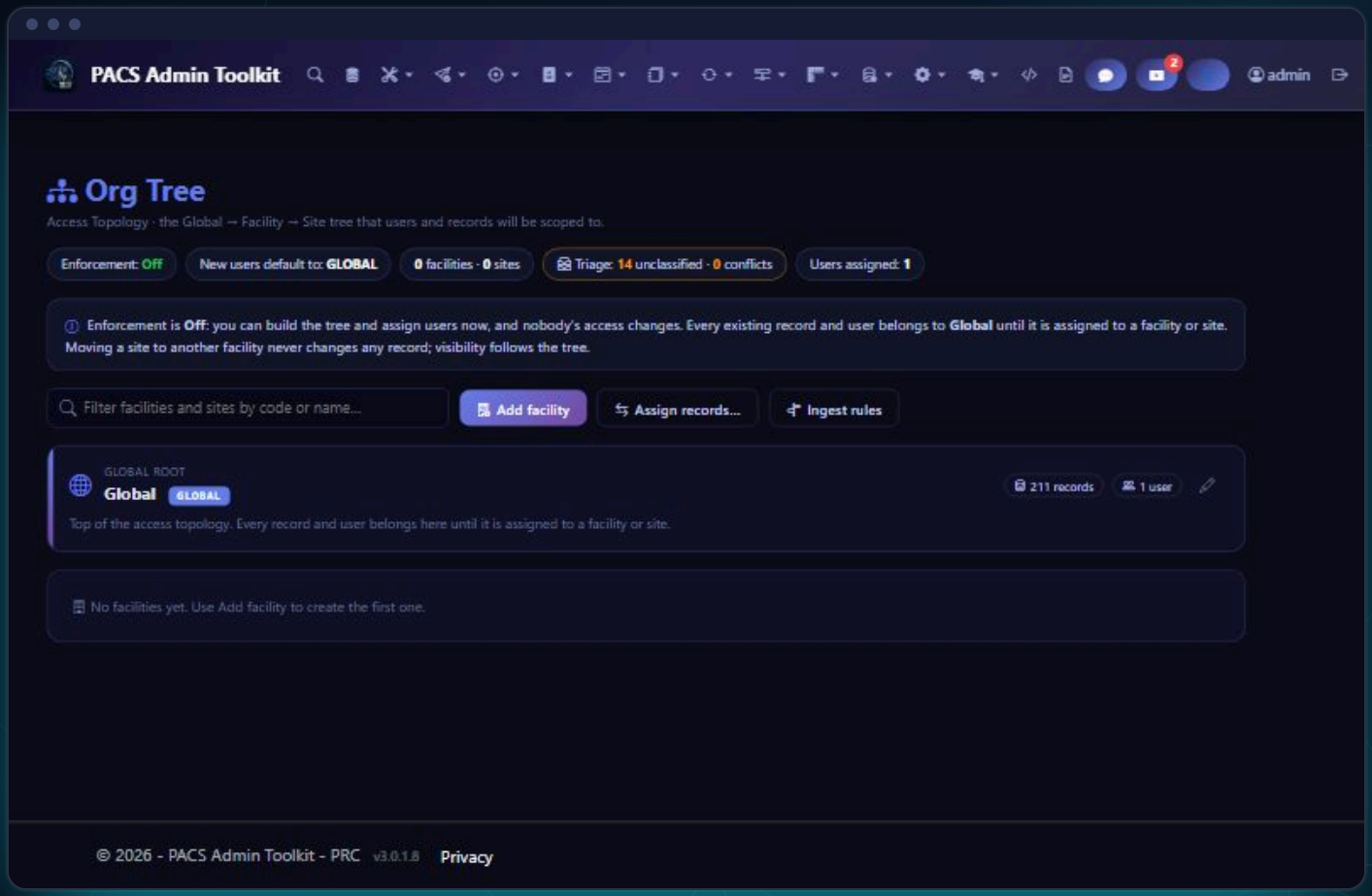
Insight & Governance | Leads with Trust

Access Topology

One installation for many facilities, with each group of people seeing only its own data.



Facilities and sites, an owner for every record and per-person assignments let one PATK installation serve a whole network. Enforcement switches on area by area, after a shadow period proves nothing will break.

1 install
many facilities, each seeing only its own records

0
incoming records rejected for lack of an owner

Off, Shadow, Enforce
per area, reversible with one switch

Replaces: **Separate installations per facility**

License module ACCESS

THE CHALLENGE

Why it matters

Health systems consolidate: a second hospital joins, an imaging centre is acquired, a reading group covers several sites. The shared PACS tooling either shows everyone everything, which privacy officers will not accept, or gets split into one installation per facility, each with its own servers, upgrades and duplicated configuration.

Switching on restrictions is risky too. Turn them on in one step and a radiologist loses a study at 2 a.m., or a modality's worklist goes empty, and nobody can say in advance who would be affected.

IN SHORT

Facilities and sites, an owner for every record and per-person assignments let one PATK installation serve a whole network. Enforcement switches on area by area, after a shadow period proves nothing will break.

CAPABILITIES

What it does

- **An org tree that mirrors your network**
  One Global root, then facilities (a hospital or organisation), then sites (a department, campus or imaging centre), each with a code and badge colour.
- **An owner for every record**
  Studies, HL7 messages, worklist orders, forms, logs, picklists, templates, destinations and listeners each belong to exactly one unit.
- **Ownership decided as data arrives**
  Ingest rules, issuer-of-patient-ID owners and listener owners classify each image, message or order once; nothing that can't be classified is rejected, it is kept and counted in Triage.
- **People get access per unit**
  Admin or User on one or more facilities or sites, by hand, copied from a colleague, or from AD groups at every sign-in, with optional expiry for locums and vendors.
- **Safe roll-out**
  Each area (worklist, HL7, SR, local database, messenger and more) goes Off, then Shadow, which records what would be hidden or refused, then Enforce. One switch turns it all off again with nothing lost.
- **Existing data classified safely**
  Data Assignment applies today's rules, issuers or a spreadsheet to stored records, with a preview, background batches and undo from history.
- **Sharing without copies**
  A share lets another site open one study, a patient's studies or a configuration category in place, with a required reason, optional expiry and audited reads.
- **Network scoping for devices**
  Serve only narrows a listener's queries or a modality's worklist to one unit; Accept only keeps a destination to its own unit's data. Both fail closed.

Check before you tell anyone
Effective access and View as show the app exactly as a given person sees it; a hidden record answers "not found", never revealing that it exists.

WORKFLOW

How it works

1
Build the tree
Add facilities and sites; nothing changes for users yet.

2
Assign people
Give each person Admin or User on their units, or map AD groups.

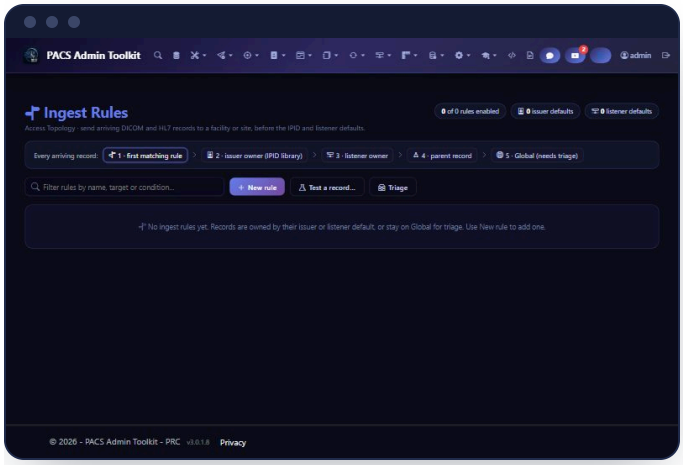
3
Classify data
Ingest rules, issuer and listener owners for new data; Data Assignment for history.

4
Shadow
Let people work for a week while every would-be refusal is recorded and explained.

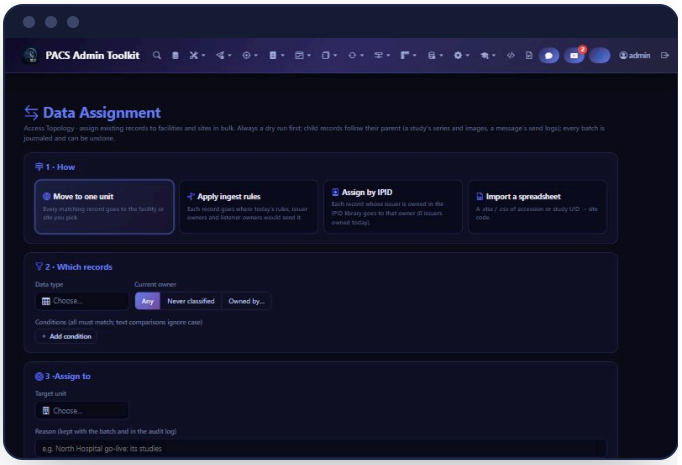
5
Enforce
Switch one area at a time; people below Global see only their units' records.

IN THE PRODUCT

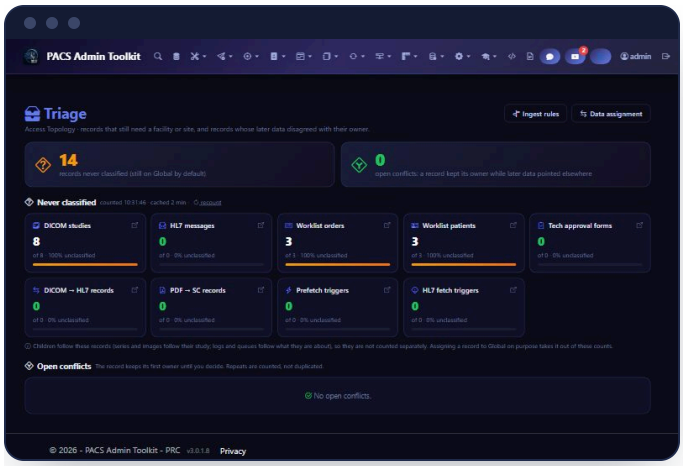
See it in action



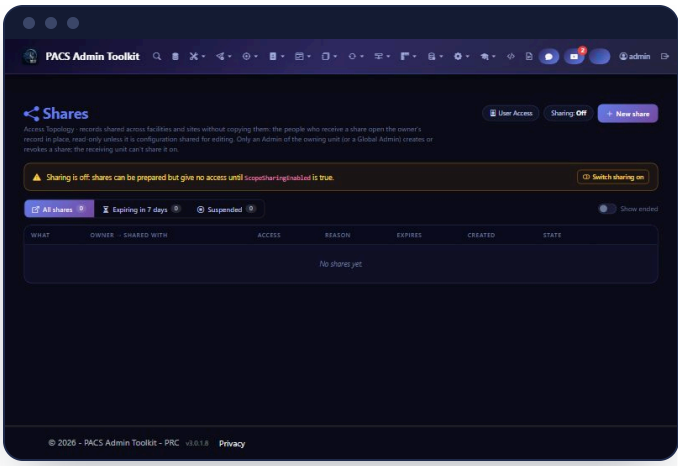
Ingest rules decide which facility or site owns each arriving record



Data Assignment classifies existing data with a dry run and undo



Triage lists never-classified records and ownership conflicts



Shares let another site open one record in place, with a reason and expiry

USE CASES

Where it pays off

Hospital network adding a second facility

CHALLENGE	A newly joined hospital will send studies and orders to the same PATK installation, and neither hospital's staff may see the other's patients.
WITH PATK	A new facility in the org tree, its issuer and new listener given that owner, staff assigned to it, a week in Shadow, then Enforce area by area.
OUTCOME	**One installation and one set of upgrades for both hospitals, with privacy proven in the Shadow report before it was switched on.**

Radiologists and locums reading for several sites

CHALLENGE	A teleradiology group's readers cover two sites in different facilities; locums need access for a few weeks only.
WITH PATK	Each reader gets User on exactly those two sites, with an expiry date for locums; a scope switcher lets them narrow to one site while reading.
OUTCOME	**Readers see the sites they cover and nothing else, and temporary access ends on its own without a ticket.**

A transfer patient's prior imaging

CHALLENGE	A patient moves from one hospital to another; the receiving ED needs the earlier CT for two weeks, and nothing more.
WITH PATK	The sending site's admin shares that one study with the receiving site, with a reason and a 14-day expiry.
OUTCOME	**The receiving team opens the study in place, read-only and badged as shared; every read is audited and access stops at expiry.**

3T

Trust · Truth · Transform

Trust

Every record has one owner, access is granted per unit, shares need a reason, and every grant, share and read through a share is in the audit log. Device scoping fails closed.

Truth

The Shadow report shows exactly who would lose what before anything is enforced; Triage shows records nobody classified; Effective access shows what one person really sees.

Transform

One installation serves the whole network: one upgrade, one configuration with site-level copies where needed, and access changes made by facility admins instead of central IT.

VALUE MODEL

What it can be worth

An example three-facility network running one PATK installation instead of one per facility.

Facilities served by one installation	3
Separate installations avoided	2
Admin hours per year to run each extra installation (upgrades, duplicated configuration)	80 (160 in all)
Access reviews and privacy questions per year, hours saved on each with Effective access and the audit log	24 x 3 hours (72)
Blended IT and PACS administrator cost per hour	$60
Server and hosting cost avoided per extra installation per year	$6,000

$26,000

Estimated yearly value

Illustrative example. Your volumes, staffing and costs will differ; we will build this model with your own numbers.

DIFFERENTIATORS

Why it stands out

Proven before it is enforced
Shadow mode records every read that would be hidden and every change that would be refused, area by area; most access projects have only "switch it on and see".

Never in the way of clinical data
Unclassified data is stored and counted, never rejected; listeners keep receiving whatever the enforcement mode.

Reversible
One switch returns every area to Off at once; owners, assignments, rules and shares stay ready for the next attempt.

Covers the whole platform
The same owner and assignment model applies to routing, worklist, reporting, priors, messenger and insights, rather than a separate permission scheme per tool.

SPECIFICATIONS

At a glance

Structure	Global, facilities, sites; Admin or User assignments with optional expiry
Ownership	Ingest rules (DICOM tags, AE / IP, HL7 fields, schedule), issuer of patient ID, listener owner, inheritance
Roll-out	Off / Shadow / Enforce per area, Shadow report with explanations, one-switch rollback
Tools	Data Assignment (preview, batches, undo), Triage, Effective access, View as, scope switcher
Sharing and devices	Record, patient and category shares; Serve only and Accept only per listener, device or destination
Identity	Manual, copy access, AD group mappings re-synced at sign-in, API key scopes

See Access Topology with your own data

Ask for a guided demo or a trial license. PACS Admin Toolkit installs on your own Windows server in under an hour, and every module comes with step-by-step guides and in-app guided tours.

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