

Egton Automated Arrivals - Frequently asked questions

This information sheet features queries received from practices in relation to Egton Automated Arrivals.

Q. How does the patient register their fingerprint?

A. The fingerprint registration process takes a couple of minutes. The receptionist searches for the patient using the PAERS Registration system (which receives information from the EMIS database) and then takes a maximum of five images of the patient's finger using a fingerprint mouse – this usually takes about 20 seconds.

Q. How is the patient's fingerprint stored?

A. The patient's fingerprint is NOT stored as an actual image. The system converts the fingerprint into a 'biometric string' – this is a list of numbers that represents the fingerprint and can only be used to re-identify a patient's fingerprint. The biometric data is held in a secure database on the kiosk within the practice only.

Q. Does the product accommodate disabled users?

A. The floor-mounted kiosks are at the correct height for wheelchair users. The wall-mounted kiosks must be mounted at the approximate height for wheelchair and disabled users.

Q. Is the patient's fingerprint backed up?

A. Yes both on the kiosk and also on the clinical server.

Q. What happens if the fingerprint scan fails when the patients try to arrive themselves?

A. The system will ask the patient to report to the reception.

Q. What does the cost include?

A. The prices described in the 'information and price list 2005' include (exc VAT):

- n Hardware
- n Software
- n On-site installation (engineer)
- n Anti-Virus software
- n 1st year software support fee and software updates
- n Three year on site warranty
- n Basic system training
- n Handover documentation

Annual software support fee of £295.00 (for one product)

Q. How does the system handle multiple patients with the same Date of Birth (DOB) and gender?

A. If there is more than one patient who has the same sex and DOB within the next 60 minutes then the system will 'collect' the details of these patients and display only their initials, their postcode and the practitioner they are seeing (to maintain confidentiality). The patient must then select which of these patients they are and touch a final button to arrive for their appointment.

Q. What are the lead-times for installation?

A. From date of order, there is a lead-time of 6-8 weeks.

Q. What is the difference between 'capacitive' and 'resistive' screens?

A. Capacitive screens rely on detecting the change in capacitance (this is an 'electrical charge') when the patient touches the screen. They will only detect fingers, i.e. gloved hands will not work. Depending where the change in capacitance is detected the system knows where the patient touched the screen. There are no 'moving parts' to damage and the screen is extremely robust.

Resistive screens use two very thin membranes on the screen, which are separated by fractions of a millimetre. When a patient touches the screen these membranes are compressed and touch each other. The system can then work out where the patient is touching the screen. These screens are slightly less robust than capacitive screens but touching the screen with any implement will activate it.

Q. Will I receive any user documentation?

A. Yes. A user and safety guide is provided.

Q. How do I control the Egton Automated Arrivals System?

A. A small application is loaded onto one of your practice PCs (usually at reception). This allows the practice to register patients if the system is fingerprint enabled and also controls the messages and settings on the automated arrivals system. The kiosk itself does not have a mouse or keyboard.

Q. How far away does the screen need to be from the PC?

A. The entire range of products are '**all in one**', which means both the PC and screen are one unit and therefore you would require only one power point and one network point.

Every effort is made to ensure that your Egton documentation is up to date, but our commitment to constantly improve our software and systems means that there may have been changes since this document was produced.

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