Hi [redacted]
Thanks for the status update.

We have verified the data in EI and Scheduling and found the following issues:

EI – All merges have successfully gone through in EI, except for the 8 studies mentioned in [redacted] email below. [redacted] these studies are the studies that needed a DICOM update while migration.
For example:
Accession number [redacted], has a study associated to merged MRN [redacted] in the Siemens PACS, but current active MRN for the patient is [redacted] This merge for some reason has failed to be implemented on Siemen's RIS and PACS and the orders and images in RIS and PACS still associate to the merged MRN. (This is not just a case in test, will also be the case when migrating to prod)
We have had this discussion before and the solution was for me to provide transformed data associating the studies to the right MRN in the extracts and for you to associate the images to the right MRN using DICOM update while image migration.
Now, in this situation where the active MRN is merged once again to a different MRN through a live ADT message, the complexity is for you to identify the new active MRN for [redacted]' to update the DICOM image to the right Patient ID.
Let me know if there is a way of handling this in EI. Happy to discuss this over the phone if needed.

Scheduling:
For the patient merges that were initiated before the patient data loaded into Scheduling, it seems like the merge message has not been actioned by scheduling as expected:
A search in scheduling for the merged MRN does not come up with any patient details (expected result is to see patient details with new active MRN).
But for patient merges initiated after the patient data loaded into Scheduling, the results are as expected (a search on the merged MRN, comes up with details with the new MRN)

Scheduling: No RIS data (procedure history) for any of the patients migrated in this batch.

Could you please look into the above?

Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] | Email: [redacted]act.gov.au

**From:** [redacted] [mailto[redacted]
**Sent:** Thursday, 5 July 2018 8:04 PM
**To:** Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; [redacted] <[redacted]
**Subject:** [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi All,

I have now completed the following steps:

- Sending of the remaining HL7 data towards EI
- Sending the DICOM data towards EI

Overall status of the executed tasks today:

- 3 ADT messages have not been send, because the patient was already present in EI [redacted]
- All ORM/ORU messages have been send and validated
- All 50 DICOM studies have been send to EI, 8 studies have a validation error (see below)

HL7 migration + patient merge

I did a quick check on a random patient that was merged and the new patient seems to be showing up on the order. So that seems to work.

DICOM migration + patient merge

This is a bit unexpected to me, but if you merge patients, it doesn't seem to be happening in the Siemens PACS. Is that correct ? or only the case during testing ? Because, this will result in 2 lines in EI. The matching logic on DICOM will create a 'temp order' that needs to be manually fixed.

For example, if you search for accession number [redacted] in EI you will see this system. (If the PACS would have send with the new PID, this would be 1 line)

These are the affected StudyUIDs:

[redacted]

Kind Regards,

[redacted]
T [redacted]

→ Not available: 6th July
→ Holiday alert: July 27th – August 15th

[redacted] NV, [redacted]
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**From:** Divvela, Venkat (Health) [mailto:Venkat.Divvela@act.gov.au]
**Sent:** Thursday 5 July 2018 10:19
**To:** [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]
<[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]

I have completed the merges and please go ahead for the HL7 and DICOM data to be loaded.

Please let us know once the loading is complete.

Thanks
Venkat

**From:** [redacted] (Health)
**Sent:** Thursday, 5 July 2018 5:10 PM
**To:** [redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>; [redacted]
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Thanks [redacted]
I have included Venkat (our Data Migration tester) in this email.
Venkat will proceed with the patient merges now.
He will write back to you when the merges are completed, giving you a go ahead for the HL7 and DICOM data to be loaded.

Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] Email: [redacted]act.gov.au

**From:** [redacted] [mailto[redacted]
**Sent:** Thursday, 5 July 2018 5:07 PM
**To:** [redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] (Health) <[redacted]act.gov.au>; [redacted]
**Subject:** [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi All,

The patients have now been migrated to EI and Scheduling (over eidc1tstconnect:2333)

From the 14 patients:

- 11 ADT messages have actually been send
- 3 ADT messages have NOT been send, because the patient was already in EI
  These are [redacted]

Kind Regards,

[redacted]
T [redacted]

➔ Not available: 6th July
➔ Holiday alert: July 27th – August 15th

[redacted] NV, [redacted]
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**From:** [redacted]
**Sent:** Thursday 5 July 2018 8:45

**To:** [redacted] <[redacted]>
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]>; [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted]>
**Subject:** RE: Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi All,

I'll start working on this now.
Will let you know as soon as the PATIENTS only have been send to EI and SCHEDULING.

Kind Regards,

[redacted]
T [redacted]

→ Not available: 6th July
→ Holiday alert: July 27th – August 15th

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**From:** [redacted]
**Sent:** Thursday 5 July 2018 8:16
**To:** [redacted] <[redacted]>
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]>; [redacted] (Health) <[redacted]act.gov.au>
**Subject:** RE: Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]

The files for this next batch have been uploaded to the following directory in the Migration server.

D:\[redacted]\RIS_PACS_Extract_PatientMergeTest\

Kind Regards,

[redacted]
T +61 3 9756 4645 | F +61 7 3356 6683 | M +[redacted]

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http://blog.agfahealthcare.com
Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer

**From:** [redacted] (Health) [mailto[redacted]act.gov.au]
**Sent:** Wednesday, 4 July 2018 5:11 PM
**To:** [redacted] <[redacted]>
**Cc:** [redacted] <[redacted]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]>
**Subject:** Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]
As discussed yesterday, I have prepared a test extract to retest the patient merges (Extract has been handed over to [redacted]

The testers will perform a few merges tomorrow (05/07), after which I will send you a confirmation to go ahead and load the patient data (patient data only) into EI and scheduling.
Once we get a confirmation from you about a successful patient load, our testers will perform a few more patient merges.
I will then send you a confirmation to continue with the HL7 and DICOM data load.

Please let me know if you have any further questions.
Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] | Email: [redacted]act.gov.au

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## Heland, Rebecca (Health)

**From:** [redacted] (Health)
**Sent:** Friday, 13 July 2018 12:23 PM
**To:** [redacted] (Health)
**Cc:** Arsavilli, Dev
**Subject:** Patient data(active patients from ACTPAS) [SEC=UNCLASSIFIED]

FYI.

Regards,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] | Email [redacted]act.gov.au

**From:** Smith, Jason (Health)
**Sent:** Friday, 13 July 2018 12:19 PM
**To:** [redacted] (Health) <[redacted]act.gov.au>
**Subject:** RE: RIS Patient data cleansing [SEC=UNCLASSIFIED]

Hi [redacted]

The PMI currently has a total of 1643120 records, 1297482 flagged as 'A' (Active), 345629 flagged as 'M' (Merged), and 9 as 'D' (Logically Deleted).

Thanks

Jason

**From:** [redacted] (Health)
**Sent:** Friday, 13 July 2018 11:53 AM
**To:** Smith, Jason (Health) <Jason.Smith@act.gov.au>
**Subject:** RE: RIS Patient data cleansing [SEC=UNCLASSIFIED]

HI Jason,
Some the testing that we have been doing for IDIS has identified the need to do a full patient load (all active patient from ACTPAS).
We have so far only tested the loading of a subset of the patients that have imaging history in RIS.

We are trying to estimate the additional time required for this full patient set to be loaded into our system and for that we would like to get an indication of the total number of active patients in ACTPAS at present.
Will it be possible to get some approximate numbers from PMI?

Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] | Email: [redacted]act.gov.au

## Heland, Rebecca (Health)

**From:** [redacted] (Health)
**Sent:** Friday, 13 July 2018 11:46 AM
**To:** [redacted]
**Cc:** [redacted] (Health)
**Subject:** RE: [AUS - ACT] DICOM Header update [SEC=UNCLASSIFIED]

Thanks [redacted].
I think I understand the process at your end, but I am still unsure of the outcomes for some of the scenarios.
I have put together all the different merge scenarios that I can think of and the possible outcomes.
Could you please go through them and verify the same.

Scenario 1
Extract has order against PID 1, no merges through live feed, Source PACS Study Image header has PID 1
Outcome: Order and Study in EI both migrated against PID 1

Scenario 2(tested and passed, but the test scenario does not fully replicate the scenario in production. This is because a live ADT merge message in test will not alter the Study image header in source PACS, but it will in production)
Extract has order against PID 1, PID 1 merged to PID 2 through live feed, Source PACS Study Image header has PID 2
Outcome: Order in EI migrated against PID 2
But using the information from your processing steps below, I am unsure of the outcome for the Study migration.
AMT triggers C-Move for the study, order has PID 1 in AMT, but Study Image header has PID 2. This study will not be included in StudyUID_PatientID.xls, as this merge has occurred through live feed after extraction, so no visibility of the merge at the time of extraction.
The PID in the image header (PID 2) actually matches the PID in EI (PID 2), so if the above C-Move triggers successfully, study should match order and no duplicates should be created in EI

Scenario 3
Extract has order against PID 1, no merges through live feed, Source PACS Study Image header has PID 3(Study images are on a previous merged MRN, as this is a case of unsuccessful merges in Siemens)
Outcome: Order in EI migrated against PID 1
AMT triggers C-Move for the study, order has PID 1 in AMT, but Study Image header has PID 3. This study will be included in StudyUID_PatientID.xls, the image header should therefore be updated with active PID (PID 1) provided in the file.
The PID in the image header (PID 1 after header update) matches the PID in EI, so Study migrated as expected against PID 1

Scenario 4
Extract has order against PID 1, PID 1 merged to PID 2 through live feed, Source PACS Study Image header has PID 3(Study images are on a previous merged MRN, as this is a case of unsuccessful merges in Siemens)
Outcome: Order in EI migrated against PID 2
Unsure of the outcome for the Study migration (this is the scenario that we have been discussing in this email chain)
AMT triggers C-Move for the study, order has PID 1 in AMT, but Study Image header has PID 3. This study will be included in StudyUID_PatientID.xls, but the active PID specified in the file (PID 1) is not active any more as this has been merged to PID 2 through a live ADT message. The image header will therefore be updated PID 1, not PID 2.
The PID in the image header (PID 1 after header update) does not match the PID in EI (PID 2), duplicate EI orders created for the same study.

I apologise for repeating my questions regarding the same issue.
But the fact that some of the scenarios cannot even be replicated in the test environment makes it all the more essential to understand how the system would behave in each of the above scenarios.
So could you please verify the outcomes for me?

Thanks,
[redacted]

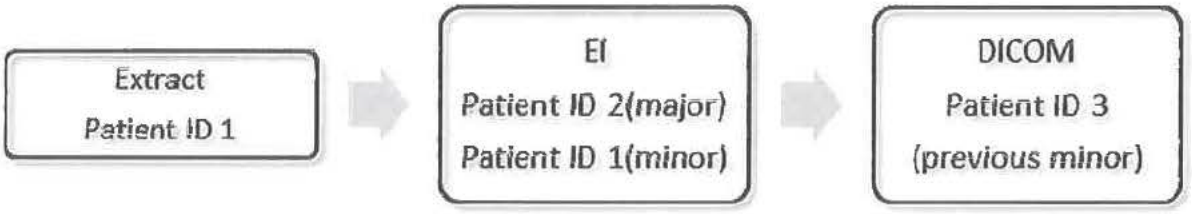
[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] Email: [redacted]act.gov.au

**From:** [redacted] [mailto[redacted]
**Sent:** Thursday, 12 July 2018 6:12 PM
**To:** [redacted] (Health) <[redacted]act.gov.au>
**Cc:** [redacted] <[redacted]> [redacted] <[redacted]>
**Subject:** [AUS - ACT] DICOM Header update [SEC=UNCLASSIFIED]

Hi [redacted]

See my comments below

---




The Extract has the orders and Studies against PID 1.
The Extract also provides a file (StudyUID_PatientID.xls) with studies that need a DICOM Header Update, Example – Image header for the above Study to be updated from PID 3 to PID 1
PID 1 is merged to PID 2 through a live ADT message
The orders and Studies are migrated against PID 2 in EI

[KEV] The ORDERS and STUDIES are never migrated at the same point in time.
So, here we have 2 options:

- The ORDER and STUDY has been migrated to EI ➔ The PID merge will happen on all data in EI, so all should be good.
- Only the ORDER has been migrated to EI ➔ The PID merge will happen on all data in EI, so the ORDER will be 'linked' to the new PID 2 (EI will remember PID1 as old PID)

The details in EI are then used to trigger the move of the DICOM image.

[KEV] This is incorrect, the C-MOVE is triggered by AMT, the information in AMT is static and only based on the provided extracts

If the PID in EI (PID 2) is different to the PID on the DICOM header (PID 3) – Look up the StudyUID_PatientID.xls file to check if this DICOM image needs an update

[KEV] See my comment above.
The C-MOVE is triggered by AMT, only when the StudyUID has an entry in the StudyUID_PatientID.xls file, the study is send
over the AMT server, to update the PID in the header and forward the study to EI. In this example, the update was on the
live feed, so unknown to AMT.

So at this point, in the case where 'Only the ORDER has been migrated to EI'.

➔ We have the ORDER in EI with PID2 (still knowing the PID1 was the old PID)
➔ We trigger a move for the STUDY from SOURCE to EI directly and the header has PID3
➔ No match = double line/order in EI

My understanding of the issue,
The StudyUID_PatientID.xls references PID 1 as the active Patient ID for the DICOM update, but PID 1 has now been merged to PID 2.
But instead of looking up for the active PID in the StudyUID_PatientID.xls, could you not look into EI for the correct Patient ID (PID 2), the patient ID in the DICOM header will then match the Patient ID in EI

---

Kind Regards,

[redacted]
T [redacted]

**➔ Holiday alert: July 27th – August 15th**

[redacted] NV, [redacted]
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.ttp://blog.agfahealthcare.com

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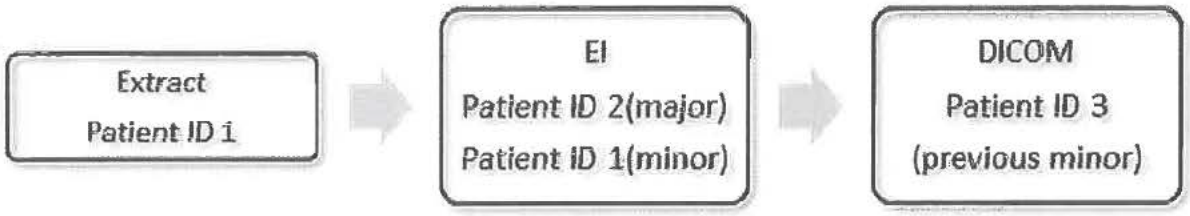
**From:** [redacted] (Health) [mailto[redacted]act.gov.au]
**Sent:** Wednesday 11 July 2018 5:22
**To:** [redacted]
**Cc:** [redacted]
**Subject:** DICOM Header update [SEC=UNCLASSIFIED]

Hi [redacted]
Even after our discussions from yesterday's meeting, I am still unclear about the exact reasons why DICOM header updates fail to happen as expected.
I have listed below, my understanding of how the migration works. Could you please verify?




The Extract has the orders and Studies against PID 1.
The Extract also provides a file (StudyUID_PatientID.xls) with studies that need a DICOM Header Update, Example – Image header for the above Study to be updated from PID 3 to PID 1
PID 1 is merged to PID 2 through a live ADT message
The orders and Studies are migrated against PID 2 in EI
The details in EI are then used to trigger the move of the DICOM image.
If the PID in EI (PID 2) is different to the PID on the DICOM header (PID 3) – Look up the StudyUID_PatientID.xls file to check if this DICOM image needs an update

My understanding of the issue,
The StudyUID_PatientID.xls references PID 1 as the active Patient ID for the DICOM update, but PID 1 has now been merged to PID 2.
But instead of looking up for the active PID in the StudyUID_PatientID.xls, could you not look into EI for the correct Patient ID (PID 2), the patient ID in the DICOM header will then match the Patient ID in EI

This is my understanding of the process, please correct me if I am wrong.

Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] Email: [redacted]act.gov.au

**From:** [redacted] [mailto[redacted]
**Sent:** Monday, 9 July 2018 4:37 PM
**To:** [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]
<[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>; [redacted] <[redacted]
**Subject:** [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]

- But indeed, with a list of new PIDs the DICOM migration can update these DICOM headers.
  That would solve the problem and was tested before, so that is OK.
  The sheet with Study UIDs and active Patient IDs (StudyUID_PatientID.xls) was provided for DICOM header update with the small sample extract provided for merge testing.
  Was this update implemented for this round of testing?

  **[KEV] This was not done during the merge test, but we know from previous tests that this works**

- In any case, where the merge would be send to EI and not to the Siemens PACS and the new PID is not somewhere on the provided lists, these will result in the double lines in EI as you can see from the last test. These types of studies will be reported on the migration 'Exception list' as 'migrated, failed validation'.
  If EI can identify orders and procedures to be migrated against the right PID (in scenarios where the migrated data is still referencing the merged MRN), can't we do something similar to the DICOM header update too?
  Is there a way for your code to check if the PID provided in the list (StudyUID_PatientID.xls) is active, if not, can your code not find the active PID for the same? I understand that this adds to the complexity of the cod needed for DICOM update, but my understanding is that the system should have all the required information needed for the DICOM header update.
  Could you please analyze if this is a possible option?

  **[KEV] EI only makes that link for the HL7 side, I did test this before sending out my response just to be sure. So on the DICOM side these assumptions are not made, the data needs to match the HL7 order, if it doesn't fully match, manually actions will be needed.**

  **The migration tools have a static database, once everything is setup, no real time checks are possible. We don't seem to have situations where the merges would be executed over ADT and not forwarded to the connected PACS systems.**

Kind Regards,

[redacted] | [redacted]
T [redacted]

→ Not available: 6th July
→ Holiday alert: July 27th – August 15th

[redacted] NV, [redacted]
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**From:** [redacted] (Health) [mailto[redacted]act.gov.au]
**Sent:** Monday 9 July 2018 2:47
**To:** [redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Thanks [redacted]
Please see my comments below.

[redacted]
Could you please look into the issues identified in Scheduling?

Thanks,
[redacted]
[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] Email: [redacted]act.gov.au

**From:** [redacted] [mailto:[redacted]
**Sent:** Friday, 6 July 2018 5:13 PM
**To:** [redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>; [redacted]
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

[redacted]

The Scheduling part is handled by my collegue [redacted] (in CC).

I have a day of today and will have a close look on Monday.

- But indeed, with a list of new PIDs the DICOM migration can update these DICOM headers.
  That would solve the problem and was tested before, so that is OK.
  The sheet with Study UIDs and active Patient IDs (StudyUID_PatientID.xls) was provided for DICOM header update with the small sample extract provided for merge testing.
  Was this update implemented for this round of testing?

- In any case, where the merge would be send to EI and not to the Siemens PACS and the new PID is not somewhere on the provided lists, these will result in the double lines in EI as you can see from the last test. These types of studies will be reported on the migration 'Exception list' as 'migrated, failed validation'.
  If EI can identify orders and procedures to be migrated against the right PID (in scenarios where the migrated data is still referencing the merged MRN), can't we do something similar to the DICOM header update too?
  Is there a way for your code to check if the PID provided in the list (StudyUID_PatientID.xls) is active, if not, can your code not find the active PID for the same? I understand that this adds to the complexity of the code needed for DICOM update, but my understanding is that the system should have all the required information needed for the DICOM header update.

Could you please analyze if this is a possible option?

Kind Regards,

[redacted]
T [redacted]

➔ Not available: 6th July
➔ Holiday alert: July 27 th – August 15 th

[redacted] NV, [redacted]
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**From:** [redacted] (Health) [mailto[redacted]act.gov.au]
**Sent:** Friday 6 July 2018 4:23
**To:** [redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]
Thanks for the status update.

We have verified the data in EI and Scheduling and found the following issues:

EI – All merges have successfully gone through in EI, except for the 8 studies mentioned in [redacted] email below.
[redacted] these studies are the studies that needed a DICOM update while migration.
For example:
Accession number [redacted], has a study associated to merged MRN [redacted] in the Siemens PACS, but current active MRN for the patient is [redacted]. This merge for some reason has failed to be implemented on Siemen's RIS and PACS and the orders and images in RIS and PACS still associate to the merged MRN. (This is not just a case in test, will also be the case when migrating to prod)
We have had this discussion before and the solution was for me to provide transformed data associating the studies to the right MRN in the extracts and for you to associate the images to the right MRN using DICOM update while image migration.
Now, in this situation where the active MRN is merged once again to a different MRN through a live ADT message, the complexity is for you to identify the new active MRN for [redacted] to update the DICOM image to the right Patient ID.
Let me know if there is a way of handling this in EI. Happy to discuss this over the phone if needed.

Scheduling:
For the patient merges that were initiated before the patient data loaded into Scheduling, it seems like the merge message has not been actioned by scheduling as expected:
A search in scheduling for the merged MRN does not come up with any patient details (expected result is to see patient details with new active MRN).
But for patient merges initiated after the patient data loaded into Scheduling, the results are as expected (a search on the merged MRN, comes up with details with the new MRN)

Scheduling: No RIS data (procedure history) for any of the patients migrated in this batch.

Could you please look into the above?

Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] Email: [redacted]act.gov.au

**From:** [redacted] [mailto[redacted]
**Sent:** Thursday, 5 July 2018 8:04 PM
**To:** Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; [redacted] <[redacted]
**Subject:** [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi All,

I have now completed the following steps:

- Sending of the remaining HL7 data towards EI
- Sending the DICOM data towards EI

Overall status of the executed tasks today:

- 3 ADT messages have not been send, because the patient was already present in EI [redacted])
- All ORM/ORU messages have been send and validated
- All 50 DICOM studies have been send to EI, 8 studies have a validation error (see below)

HL7 migration + patient merge

I did a quick check on a random patient that was merged and the new patient seems to be showing up on the order. So that seems to work.

DICOM migration + patient merge

This is a bit unexpected to me, but if you merge patients, it doesn't seem to be happening in the Siemens PACS. Is that correct ? or only the case during testing ? Because, this will result in 2 lines in EI. The matching logic on DICOM will create a 'temp order' that needs to be manually fixed.

For example, if you search for accession number [redacted] EI you will see this system. (If the PACS would have send with the new PID, this would be 1 line)

These are the affected StudyUIDs:

[redacted]

Kind Regards,

[redacted]
T [redacted]

→ Not available: 6th July
→ Holiday alert: July 27th – August 15th

[redacted] NV, [redacted]
http://www [redacted] com
http://blog.agfahealthcare.com

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Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer

**From:** Divvela, Venkat (Health) [mailto:Venkat.Divvela@act.gov.au]
**Sent:** Thursday 5 July 2018 10:19
**To:** [redacted] (Health) <[redacted] act.gov.au>; [redacted] <[redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]
<[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]

I have completed the merges and please go ahead for the HL7 and DICOM data to be loaded.
Please let us know once the loading is complete.

Thanks
Venkat

**From:** [redacted] (Health)
**Sent:** Thursday, 5 July 2018 5:10 PM
**To:** [redacted] <[redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>; [redacted] <[redacted]
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Thanks [redacted]
I have included Venkat (our Data Migration tester) in this email.
Venkat will proceed with the patient merges now.
He will write back to you when the merges are completed, giving you a go ahead for the HL7 and DICOM data to be loaded.

Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] | Email: [redacted] act.gov.au

**From:** [redacted] [mailto [redacted]
**Sent:** Thursday, 5 July 2018 5:07 PM
**To:** [redacted] <[redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]
[redacted] (Health) <[redacted] act.gov.au>; [redacted] <[redacted]
**Subject:** [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi All,

The patients have now been migrated to EI and Scheduling (over eidc1tstconnect:2333)

From the 14 patients:

- 11 ADT messages have actually been send
- 3 ADT messages have NOT been send, because the patient was already in EI
  These are → [redacted]

Kind Regards,

[redacted]
T [redacted]

→ Not available: 6th July
→ Holiday alert: July 27th – August 15th

[redacted] NV, [redacted]
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http://blog.agfahealthcare.com

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**From:** [redacted]
**Sent:** Thursday 5 July 2018 8:45
**To:** [redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]>; [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted]>
**Subject:** RE: Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi All,

I'll start working on this now.
Will let you know as soon as the PATIENTS only have been send to EI and SCHEDULING.

Kind Regards,

[redacted]

→ Not available: 6th July
→ Holiday alert: July 27th – August 15th

[redacted] NV, [redacted]
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http://blog.agfahealthcare.com

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Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer

**From:** [redacted]
**Sent:** Thursday 5 July 2018 8:16
**To:** [redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]>; [redacted] (Health) <[redacted]act.gov.au>
**Subject:** RE: Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]

The files for this next batch have been uploaded to the following directory in the Migration server.

D:\[redacted]\RIS_PACS_Extract_PatientMergeTest\

Kind Regards,

[redacted]
T +61 3 9756 4645 | F +61 7 3356 6683 | M +[redacted]

http://www.agfahealthcare.com
http://blog.[redacted].com
Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer

**From:** [redacted] (Health) [mailto:[redacted]act.gov.au]
**Sent:** Wednesday, 4 July 2018 5:11 PM
**To:** [redacted] <[redacted]
**Cc:** [redacted] <[redacted] Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]
**Subject:** Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]
As discussed yesterday, I have prepared a test extract to retest the patient merges (Extract has been handed over to [redacted]

The testers will perform a few merges tomorrow (05/07), after which I will send you a confirmation to go ahead and load the patient data (patient data only) into EI and scheduling.
Once we get a confirmation from you about a successful patient load, our testers will perform a few more patient merges.
I will then send you a confirmation to continue with the HL7 and DICOM data load.

Please let me know if you have any further questions.
Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] Email: [redacted]act.gov.au

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This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.
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## Heland, Rebecca (Health)

**From:** [redacted] (Health)
**Sent:** Friday, 13 July 2018 10:10 AM
**To:** [redacted] (Health)
**Subject:** FW: [AUS - ACT] DICOM Header update [SEC=UNCLASSIFIED]

FYI.

Regards,
[redacted]

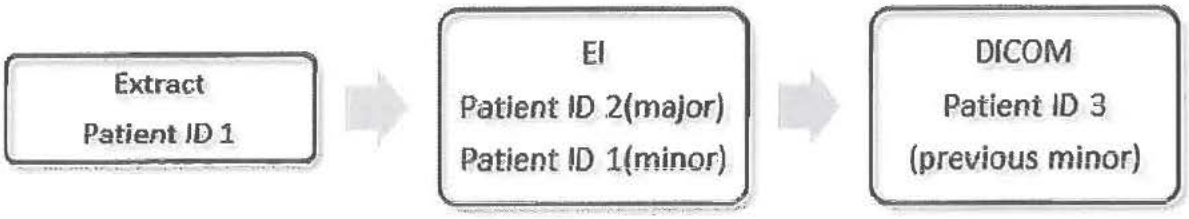
[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] Email: [redacted]act.gov.au

**From:** [redacted] [mailto[redacted]
**Sent:** Thursday, 12 July 2018 6:12 PM
**To:** [redacted] (Health) <[redacted]act.gov.au>
**Cc:** [redacted] <[redacted]> <[redacted]>
**Subject:** [AUS - ACT] DICOM Header update [SEC=UNCLASSIFIED]

Hi [redacted]

See my comments below

---




The Extract has the orders and Studies against PID 1.
The Extract also provides a file (StudyUID_PatientID.xls) with studies that need a DICOM Header Update, Example – Image header for the above Study to be updated from PID 3 to PID 1
PID 1 is merged to PID 2 through a live ADT message
The orders and Studies are migrated against PID 2 in EI

[KEV] The ORDERS and STUDIES are never migrated at the same point in time.
So, here we have 2 options:

- The ORDER and STUDY has been migrated to EI ➔ The PID merge will happen on all data in EI, so all should be good.
- Only the ORDER has been migrated to EI ➔ The PID merge will happen on all data in EI, so the ORDER will be 'linked' to the new PID 2 (EI will remember PID1 as old PID)

The details in EI are then used to trigger the move of the DICOM image.

[KEV] This is incorrect, the C-MOVE is triggered by AMT, the information in AMT is static and only based on the provided extracts

If the PID in EI (PID 2) is different to the PID on the DICOM header (PID 3) – Look up the StudyUID_PatientID.xls file to check if this DICOM image needs an update

[KEV] See my comment above.
The C-MOVE is triggered by AMT, only when the StudyUID has an entry in the StudyUID_PatientID.xls file, the study is send
over the AMT server, to update the PID in the header and forward the study to EI. In this example, the update was on the
live feed, so unknown to AMT.

So at this point, in the case where 'Only the ORDER has been migrated to EI'.
➔ We have the ORDER in EI with PID2 (still knowing the PID1 was the old PID)
➔ We trigger a move for the STUDY from SOURCE to EI directly and the header has PID3
➔ No match = double line/order in EI

My understanding of the issue,
The StudyUID_PatientID.xls references PID 1 as the active Patient ID for the DICOM update, but PID 1 has now been merged to PID 2.
But instead of looking up for the active PID in the StudyUID_PatientID.xls, could you not look into EI for the correct Patient ID (PID 2), the patient ID in the DICOM header will then match the Patient ID in EI

---

Kind Regards,

[redacted]
T [redacted]

➔ **Holiday alert: July 27th – August 15th**

[redacted] NV, [redacted]
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http://blog.agfahealthcare.com

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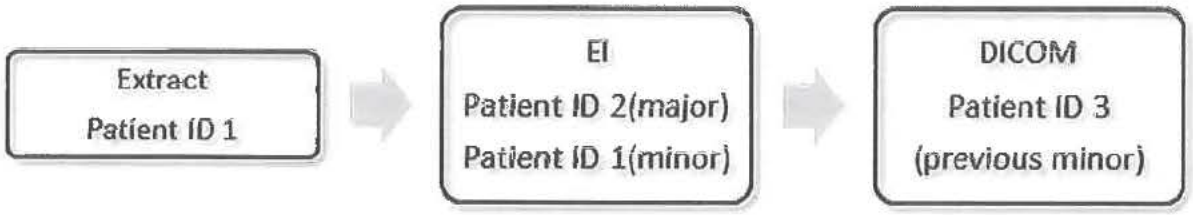
**From:** [redacted] (Health) [mailto[redacted]act.gov.au]
**Sent:** Wednesday 11 July 2018 5:22
**To:** [redacted]
**Cc:** [redacted]
**Subject:** DICOM Header update [SEC=UNCLASSIFIED]

Hi [redacted]
Even after our discussions from yesterday's meeting, I am still unclear about the exact reasons why DICOM header updates fail to happen as expected.
I have listed below, my understanding of how the migration works. Could you please verify?




The Extract has the orders and Studies against PID 1.
The Extract also provides a file (StudyUID_PatientID.xls) with studies that need a DICOM Header Update, Example – Image header for the above Study to be updated from PID 3 to PID 1
PID 1 is merged to PID 2 through a live ADT message
The orders and Studies are migrated against PID 2 in EI

The details in EI are then used to trigger the move of the DICOM image.
If the PID in EI (PID 2) is different to the PID on the DICOM header (PID 3) – Look up the StudyUID_PatientID.xls file to check if this DICOM image needs an update

My understanding of the issue,
The StudyUID_PatientID.xls references PID 1 as the active Patient ID for the DICOM update, but PID 1 has now been merged to PID 2.
But instead of looking up for the active PID in the StudyUID_PatientID.xls, could you not look into EI for the correct Patient ID (PID 2), the patient ID in the DICOM header will then match the Patient ID in EI

This is my understanding of the process, please correct me if I am wrong.

Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] | Email: [redacted]act.gov.au

**From:** [redacted] [mailto[redacted]
**ent:** Monday, 9 July 2018 4:37 PM
**To:** [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]
<[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>; [redacted] <[redacted]
**Subject:** [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]

- But indeed, with a list of new PIDs the DICOM migration can update these DICOM headers.
  That would solve the problem and was tested before, so that is OK.
  The sheet with Study UIDs and active Patient IDs (StudyUID_PatientID.xls) was provided for DICOM header update with the small sample extract provided for merge testing.
  Was this update implemented for this round of testing?

  **[KEV] This was not done during the merge test, but we know from previous tests that this works**

- In any case, where the merge would be send to EI and not to the Siemens PACS and the new PID is not somewhere on the provided lists, these will result in the double lines in EI as you can see from the last test. These types of studies will be reported on the migration 'Exception list' as 'migrated, failed validation'.
  If EI can identify orders and procedures to be migrated against the right PID (in scenarios where the migrated data is still referencing the merged MRN), can't we do something similar to the DICOM header update too?
  Is there a way for your code to check if the PID provided in the list (StudyUID_PatientID.xls) is active, if not, can your code not find the active PID for the same? I understand that this adds to the complexity of the code needed for DICOM update, but my understanding is that the system should have all the required information needed for the DICOM header update.
  Could you please analyze if this is a possible option?

  **[KEV] EI only makes that link for the HL7 side, I did test this before sending out my response just to be sure. So on the DICOM side these assumptions are not made, the data needs to match the HL7 order, if it doesn't fully match, manually actions will be needed.**

  **The migration tools have a static database, once everything is setup, no real time checks are**

possible. We don't seem to have situations where the merges would be executed over ADT and not forwarded to the connected PACS systems.

Kind Regards,

[redacted]

→ Not available: 6th July
→ Holiday alert: July 27th – August 15th

[redacted] NV, [redacted]
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http://blog.agfahealthcare.com

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**From:** [redacted] (Health) [mailto[redacted]act.gov.au]
**Sent:** Monday 9 July 2018 2:47
**To:** [redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Thanks [redacted]
Please see my comments below.

[redacted]
Could you please look into the issues identified in Scheduling?

Thanks,
[redacted]
[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] Email: [redacted]act.gov.au

**From:** [redacted] [mailto[redacted]
**Sent:** Friday, 6 July 2018 5:13 PM
**To:** [redacted] (Health) <[redacted]act.gov.au>; [redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>; [redacted]
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

[redacted]

The Scheduling part is handled by my collegue [redacted] (in CC).

I have a day of today and will have a close look on Monday.

- But indeed, with a list of new PIDs the DICOM migration can update these DICOM headers.
  That would solve the problem and was tested before, so that is OK.
  The sheet with Study UIDs and active Patient IDs (StudyUID_PatientID.xls) was provided for DICOM header update with the small sample extract provided for merge testing.
  Was this update implemented for this round of testing?

- In any case, where the merge would be send to EI and not to the Siemens PACS and the new PID is not somewhere on the provided lists, these will result in the double lines in EI as you can see from the last test. These types of studies will be reported on the migration 'Exception list' as 'migrated, failed validation'.
  If EI can identify orders and procedures to be migrated against the right PID (in scenarios where the migrated data is still referencing the merged MRN), can't we do something similar to the DICOM header update too?
  Is there a way for your code to check if the PID provided in the list (StudyUID_PatientID.xls) is active, if not, can your code not find the active PID for the same? I understand that this adds to the complexity of the code needed for DICOM update, but my understanding is that the system should have all the required information needed for the DICOM header update.
  Could you please analyze if this is a possible option?

Kind Regards,

[redacted]
T [redacted]

→ Not available: 6th July
→ Holiday alert: July 27 th – August 15 th

[redacted] NV, [redacted]
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Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer

**From:** [redacted] (Health) [mailto[redacted]act.gov.au]
**Sent:** Friday 6 July 2018 4:23
**To:** [redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]
Thanks for the status update.

We have verified the data in EI and Scheduling and found the following issues:

EI – All merges have successfully gone through in EI, except for the 8 studies mentioned in [redacted] email below. [redacted] these studies are the studies that needed a DICOM update while migration.
For example:
Accession number[redacted], has a study associated to merged MRN[redacted]' in the Siemens PACS, but current active MRN for the patient is[redacted]'. This merge for some reason has failed to be implemented on Siemen's RIS and PACS and the orders and images in RIS and PACS still associate to the merged MRN. (This is not just a case in test, will also be the case when migrating to prod)
We have had this discussion before and the solution was for me to provide transformed data associating the studies to the right MRN in the extracts and for you to associate the images to the right MRN using DICOM update while image migration.
Now, in this situation where the active MRN is merged once again to a different MRN through a live ADT message, the complexity is for you to identify the new active MRN for [redacted]' to update the DICOM image to the right Patient ID.
Let me know if there is a way of handling this in EI. Happy to discuss this over the phone if needed.

Scheduling:

For the patient merges that were initiated before the patient data loaded into Scheduling, it seems like the merge message has not been actioned by scheduling as expected:
A search in scheduling for the merged MRN does not come up with any patient details (expected result is to see patient details with new active MRN).
But for patient merges initiated after the patient data loaded into Scheduling, the results are as expected (a search on the merged MRN, comes up with details with the new MRN)

Scheduling: No RIS data (procedure history) for any of the patients migrated in this batch.

Could you please look into the above?

Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] Email: [redacted]act.gov.au

**From:** [redacted] [mailto:[redacted]
**Sent:** Thursday, 5 July 2018 8:04 PM
**To:** Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; [redacted]
**Subject:** [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi All,

I have now completed the following steps:

- Sending of the remaining HL7 data towards EI
- Sending the DICOM data towards EI

Overall status of the executed tasks today:

- 3 ADT messages have not been send, because the patient was already present in EI ([redacted])
- All ORM/ORU messages have been send and validated
- All 50 DICOM studies have been send to EI, 8 studies have a validation error (see below)

HL7 migration + patient merge

I did a quick check on a random patient that was merged and the new patient seems to be showing up on the order. So that seems to work.

DICOM migration + patient merge

This is a bit unexpected to me, but if you merge patients, it doesn't seem to be happening in the Siemens PACS. Is that correct ? or only the case during testing ? Because, this will result in 2 lines in EI. The matching logic on DICOM will create a 'temp order' that needs to be manually fixed.

For example, if you search for accession number [redacted] in EI you will see this system. (If the PACS would have send with the new PID, this would be 1 line)

These are the affected StudyUIDs:

[redacted]

Kind Regards,

[redacted]
T [redacted]

→ Not available: 6th July
→ Holiday alert: July 27th – August 15th

[redacted] NV, [redacted]
http://www.agfahealthcare.com
http://blog.agfahealthcare.com

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**From:** Divvela, Venkat (Health) [mailto:Venkat.Divvela@act.gov.au]
**Sent:** Thursday 5 July 2018 10:19
**To:** [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted]>
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]

I have completed the merges and please go ahead for the HL7 and DICOM data to be loaded.
Please let us know once the loading is complete.

Thanks
Venkat

**From:** [redacted] (Health)
**Sent:** Thursday, 5 July 2018 5:10 PM
**To:** [redacted] <[redacted]>
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>; [redacted] <[redacted]>
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Thanks [redacted]
I have included Venkat (our Data Migration tester) in this email.
Venkat will proceed with the patient merges now.
He will write back to you when the merges are completed, giving you a go ahead for the HL7 and DICOM data to be loaded.

Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] | Email: [redacted]act.gov.au

**From:** [redacted] [mailto[redacted]
**Sent:** Thursday, 5 July 2018 5:07 PM
**To:** [redacted] <[redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]
[redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted]
**Subject:** [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi All,

The patients have now been migrated to EI and Scheduling (over eidc1tstconnect:2333)

From the 14 patients:

- 11 ADT messages have actually been send
- 3 ADT messages have NOT been send, because the patient was already in EI
  These are ➔ [redacted]

Kind Regards,

[redacted]
T [redacted]

➔ Not available: 6th July
➔ Holiday alert: July 27th – August 15th

[redacted] NV, [redacted]
http://www.agfahealthcare.com
http://blog.agfahealthcare.com

R.O.: Septestraat 27, B-2640 Mortsel, Belgium | RLE Antwerp | VAT BE 0403.003.524 | IBAN Operational Account BE81363012356224 | IBAN Customer Account BE20375104592856 | ING Belgium NV, B-1000 Brussels
Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer

**From:** [redacted]
**Sent:** Thursday 5 July 2018 8:45
**To:** [redacted] <[redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]
[redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted]
**Subject:** RE: Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi All,

I'll start working on this now.
Will let you know as soon as the PATIENTS only have been send to EI and SCHEDULING.

Kind Regards,

[redacted]
T [redacted]

➔ Not available: 6th July
➔ Holiday alert: July 27th – August 15th

[redacted] NV, [redacted]
http://www.agfahealthcare.com
http://blog.agfahealthcare.com

R.O.: Septestraat 27, B-2640 Mortsel, Belgium | RLE Antwerp | VAT BE 0403.003.524 | IBAN Operational Account BE81363012356224 | IBAN Customer Account BE20375104592856 | ING Belgium NV, B-1000 Brussels
Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer

**From:** [redacted]
**Sent:** Thursday 5 July 2018 8:16
**To:** [redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]
[redacted] (Health) <[redacted]act.gov.au>
**Subject:** RE: Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]

The files for this next batch have been uploaded to the following directory in the Migration server.

D:\[redacted]\RIS_PACS_Extract_PatientMergeTest\

Kind Regards,

[redacted]
T +61 3 9756 4645 | F +61 7 3356 6683 | [redacted]

ttp://www.agfahealthcare.com
nttp://blog.agfahealthcare.com
Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer

**From:** [redacted] (Health) [mailto[redacted]act.gov.au]
**Sent:** Wednesday, 4 July 2018 5:11 PM
**To:** [redacted]
**Cc:** [redacted] Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health)
<[redacted]
**Subject:** Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]
As discussed yesterday, I have prepared a test extract to retest the patient merges (Extract has been handed over to [redacted]

The testers will perform a few merges tomorrow (05/07), after which I will send you a confirmation to go ahead and load the patient data (patient data only) into EI and scheduling.
Once we get a confirmation from you about a successful patient load, our testers will perform a few more patient merges.
I will then send you a confirmation to continue with the HL7 and DICOM data load.

Please let me know if you have any further questions.
Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] | Email: [redacted]act.gov.au

---
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## Heland, Rebecca (Health)

**From:** Cowey, Michael
**Sent:** Wednesday, 11 July 2018 4:49 PM
**To:** [redacted] Arsavilli, Dev; [redacted] (Health)
**Cc:** Griffiths, Jessica (Health); [redacted] Crossley, Nick; Kondakis, Andrew; Mandapati, Sirisha (Health); Panoho, Timothy (Health); [redacted] (Health)
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi [redacted]
Thank you for the feedback, I'll wait to hear what the project team are planning for the data migration.
Cheers,

**Michael Cowey | Senior System Integration and Interfacing Technical Specialist**
Phone: +61 2 6205 6927 | Mobile: [redacted] | Email: michael.cowey@act.gov.au
**Health ICT | Chief Minister, Treasury and Economic Development Directorate | ACT Government**
Level 2, 2-6 Bowes Street, Woden | GPO Box 11, Woden ACT 2606 | www.act.gov.au
*Please consider the environment before printing this email. If printing is necessary, print double-sided and black and white.*

**From:** [redacted] [mailto[redacted]
**Sent:** Wednesday, 11 July 2018 4:27 PM
**To:** Cowey, Michael <Michael.Cowey@act.gov.au>; Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; Kondakis, Andrew <Andrew.Kondakis@act.gov.au>; Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; [redacted] (Health) <[redacted]
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi Michael,

I was waiting on feedback from Global, of which we had a TCON with last night prior to the integration meeting. They have performed some local testing in a local development environment they have over night and observed the following:

1. Major patient in IDIS, minor patient in IDIS
    a. Both the Scheduling and EI Modules merge minor patient to major patient
2. Major patient in IDIS, minor patient not in IDIS
    a. Mismatch between Scheduling and EI. Scheduling only has reference of Major patient and does not maintain linkage of minor. EI module will create a link of the minor patient ID to major patient ID.
3. Major patient not in IDIS, minor patient in IDIS
    a. Both the Scheduling and EI Modules merge minor patient to major patient as the PID segment from message is used first to create the major patient
4. Major patient not in IDIS, minor patient not in IDIS
    a. Mismatch between Scheduling and EI. Scheduling will create the major patient from the PID but does not maintain linkage of minor ID. EI module will create the patient from the PID and will link the minor patient ID to major patient ID.

Advise from Global, based on the above, is that a complete ACTPAS patient load is mandatory to ensure patient merge consistency. This has been discussed with the project team, specifically the data migration team.

Kind Regards,

[redacted]
T +61 3 9756 4645 | F +61 7 3356 6683 | [redacted]

http://www.agfahealthcare.com
http://blog.agfahealthcare.com
Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer

**From:** Cowey, Michael [mailto:Michael.Cowey@act.gov.au]
**Sent:** Wednesday, 11 July 2018 2:48 PM
**To:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] Kondakis, Andrew <Andrew.Kondakis@act.gov.au>; Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; [redacted] (Health) <[redacted]
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi Dev,
I still haven't had a response from AGFA regarding the expected behaviour for the merge scenarios I provided earlier. Can you please escalate?
Thanks,

**Michael Cowey | Senior System Integration and Interfacing Technical Specialist**
Phone: +61 2 6205 6927 | Mobile: [redacted] | Email: michael.cowey@act.gov.au
**Health ICT | Chief Minister, Treasury and Economic Development Directorate | ACT Government**
Level 2, 2-6 Bowes Street, Woden | GPO Box 11, Woden ACT 2606 | www.act.gov.au
*Please consider the environment before printing this email. If printing is necessary, print double-sided and black and white.*

**From:** Arsavilli, Dev
**Sent:** Friday, 6 July 2018 5:07 PM
**To:** Cowey, Michael <Michael.Cowey@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] Kondakis, Andrew <Andrew.Kondakis@act.gov.au>; Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; [redacted] (Health) <[redacted]
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Certainly Michael,
[redacted] E is waiting for some feedback from Agfa global to respond, with time difference etc, the will respond asap.

Kind Regards,

Dev

--
**Dev Arsavilli | Project Manager**
Phone: 02 6174 8729 | Mobile[redacted] | Email: Dev.Arsavilli@act.gov.au
**Future Capability and Governance Branch | Digital Solutions Division | Health Directorate | ACT Government**
2-6 Bowes Street, Phillip ACT | GPO Box 825, Canberra ACT 2601 | act.gov.au

**From:** Cowey, Michael
**Sent:** Friday, 6 July 2018 5:04 PM
**To:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] Kondakis, Andrew

<Andrew.Kondakis@act.gov.au>; Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; [redacted] (Health) <[redacted]
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Thanks Dev, can we also still get the response from [redacted] E about the expected messaging behaviour? I'm interested in this particularly given Surisha's comments earlier.
Regards,
Michael

**From:** Arsavilli, Dev
**Sent:** Friday, 6 July 2018 4:46 PM
**To:** Cowey, Michael <Michael.Cowey@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] Kondakis, Andrew <Andrew.Kondakis@act.gov.au>; Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; [redacted] (Health) <[redacted]
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi Michael,
[redacted] finishes at 4:00pm.
She asked me to review and forward the following responses.
Please give your feedback and can be tested further if required.

****
All 4 scenarios have been tested and details are as follows,

1. Major patient in IDIS, minor patient in IDIS – working as expected in IDIS with migrated data
   Minor Patient record end dated in IDIS, all orders/procedures/studies that associated to the minor patient ID, now reference the major patient ID after the merge.
2. Major patient in IDIS, minor patient not in IDIS –
   - IDIS has 2 different components – Enterprise Imaging(EI) and Scheduling
     It works as expected in EI, but not in Scheduling, waiting for a few answers from AGFA.

EI: Minor patient ID identified as previous minor in IDIS for the existing major patient ID. Also tested orders/procedures/studies in the migration extracts that reference the minor patient ID. During migration IDIS associates outdated migrated data to the correct active patient ID in IDIS.
Scheduling: Minor patient ID not identified as previous minor in IDIS.

3. Major patient not in IDIS, minor patient in IDIS – working as expected in IDIS with migrated data
   Major gets created, minor gets linked to major as previous minor, all orders/procedures/studies that associated to the minor patient ID, now reference the major patient ID after the merge.
4. Major patient not in IDIS, minor patient not in IDIS – This only relates to Scheduling, results not as expected in Scheduling for the same reason as in Scenario 2 (when minor patient does not exist in IDIS).
   Scheduling: Minor patient ID not identified as previous minor in IDIS.
   No orders/procedures/studies to verify in EI

Thanks,
[redacted]
****

Kind Regards,

Dev

--
**Dev Arsavilli | Project Manager**
Phone: 02 6174 8729 | Mobile [redacted] | Email: Dev.Arsavilli@act.gov.au
**Future Capability and Governance Branch | Digital Solutions Division | Health Directorate | ACT Government**
2-6 Bowes Street, Phillip ACT | GPO Box 825, Canberra ACT 2601 | act.gov.au

**From:** Cowey, Michael
**Sent:** Friday, 6 July 2018 3:12 PM
**To:** [redacted] (Health) <[redacted]act.gov.au>; Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted]/AWGEJ/AGFA <[redacted] Kondakis, Andrew <Andrew.Kondakis@act.gov.au>; Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; [redacted] (Health) <[redacted]
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi [redacted]
Thanks for that, can you please provide me details of what happened in each scenario, not just "working as expected"?
Cheers,

**Michael Cowey | Senior System Integration and Interfacing Technical Specialist**
Phone: +61 2 6205 6927 | Mobile: [redacted] | Email: michael.cowey@act.gov.au
**Health ICT | Chief Minister, Treasury and Economic Development Directorate | ACT Government**
Level 2, 2-6 Bowes Street, Woden | GPO Box 11, Woden ACT 2606 | www.act.gov.au
*Please consider the environment before printing this email. If printing is necessary, print double-sided and black and white.*

**From:** [redacted] (Health)
**Sent:** Friday, 6 July 2018 2:51 PM
**To:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted]/AWGEJ/AGFA <[redacted] Kondakis, Andrew <Andrew.Kondakis@act.gov.au>; Cowey, Michael <Michael.Cowey@act.gov.au>; Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; [redacted] (Health) <[redacted]
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi Dev,

All 4 scenarios have been tested and details are as follows,

1. Major patient in IDIS, minor patient in IDIS – working as expected in IDIS with migrated data
2. Major patient in IDIS, minor patient not in IDIS –
   - IDIS has 2 different components – Enterprise Imaging(EI) and Scheduling
     It works as expected in EI, but not in Scheduling, waiting for a few answers from AGFA.
3. Major patient not in IDIS, minor patient in IDIS – working as expected in IDIS with migrated data
4. Major patient not in IDIS, minor patient not in IDIS – This only relates to Scheduling, results not as expected in Scheduling for the same reason as in Scenario 2 (when minor patient does not exist in IDIS).

Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] Email: [redacted]act.gov.au

**From:** Arsavilli, Dev
**Sent:** Friday, 6 July 2018 12:48 PM
**To:** [redacted] (Health) <[redacted]act.gov.au>
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] Kondakis, Andrew <Andrew.Kondakis@act.gov.au>; Cowey, Michael <Michael.Cowey@act.gov.au>; Mandapati, Sirisha (Health)

<Sirisha.Mandapati@act.gov.au>; Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; [redacted] (Health) <[redacted]>
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi [redacted]
I am adding you to this email.
Could you please let me know on what among the scenarios mentioned below are tested so far and if we missed any?

Kind Regards,

Dev

--
**Dev Arsavilli | Project Manager**
Phone: 02 6174 8729 | Mobile [redacted] | Email: Dev.Arsavilli@act.gov.au
**Future Capability and Governance Branch | Digital Solutions Division | Health Directorate | ACT Government**
2-6 Bowes Street, Phillip ACT | GPO Box 825, Canberra ACT 2601 | act.gov.au

**From:** Cowey, Michael
**Sent:** Friday, 6 July 2018 9:38 AM
**To:** Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]>
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted]/AWGEJ/AGFA <[redacted] Kondakis, Andrew <Andrew.Kondakis@act.gov.au>
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi [redacted]
Would it be possible to get a clear understanding of how the following merge scenarios will be handled by IDIS when an ADT^A40 merge message is received?

1. Major patient in IDIS, minor patient in IDIS
2. Major patient in IDIS, minor patient not in IDIS
3. Major patient not in IDIS, minor patient in IDIS
4. Major patient not in IDIS, minor patient not in IDIS

Obviously the first scenario has been tested successfully so we understand the behaviour of that one, but the others are where we need the confidence of what should be happening.

Thanks,

**Michael Cowey | Senior System Integration and Interfacing Technical Specialist**
Phone: +61 2 6205 6927 | Mobile: [redacted] | Email: michael.cowey@act.gov.au
**Health ICT | Chief Minister, Treasury and Economic Development Directorate | ACT Government**
Level 2, 2-6 Bowes Street, Woden | GPO Box 11, Woden ACT 2606 | www.act.gov.au
*Please consider the environment before printing this email. If printing is necessary, print double-sided and black and white.*

**From:** Mandapati, Sirisha (Health)
**Sent:** Thursday, 5 July 2018 5:14 PM
**To:** Cowey, Michael <Michael.Cowey@act.gov.au>; Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]>
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] Kondakis, Andrew

<Andrew.Kondakis@act.gov.au>
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi Michael,

Thanks for adding me to the conversation. As far as I know, merge was not in scope for Data migration testing until cycle 5. We have only started that testing since last week and when we finally started we had issues with RIS Data load. After this issue was resolved early this week, testing team was asked to perform some testing around merge.

And as part of ACTPAS Testing, we had tested simple merge which worked fine. Complex scenarios are not tested as part of ACTPAS Integration as we were told IDIS will not be supporting it.

Thanks,
Sirisha

**From:** Cowey, Michael
**Sent:** Thursday, 5 July 2018 4:20 PM
**To:** Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] Kondakis, Andrew <Andrew.Kondakis@act.gov.au>; Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

It's actually an ACTPAS integration issue that's impacted by how the data migration has been done, so regardless of what is being tested under the data migration activities, the four migration scenarios need to be tested as part of the ACTPAS testing with data that is known to meet the criteria.
I've cc'd Sirisha in so she can confirm if it's been covered and if not ensure that it is included.
Regards,

**Michael Cowey | Senior System Integration and Interfacing Technical Specialist**
Phone: +61 2 6205 6927 | Mobile: +[redacted] | Email: michael.cowey@act.gov.au
**Health ICT | Chief Minister, Treasury and Economic Development Directorate | ACT Government**
Level 2, 2-6 Bowes Street, Woden | GPO Box 11, Woden ACT 2606 | www.act.gov.au
*Please consider the environment before printing this email. If printing is necessary, print double-sided and black and white.*

**From:** Panoho, Timothy (Health)
**Sent:** Thursday, 5 July 2018 4:08 PM
**To:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; Cowey, Michael <Michael.Cowey@act.gov.au>; [redacted] (Health) <[redacted]
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] /AWGEJ/AGFA <[redacted] Kondakis, Andrew <Andrew.Kondakis@act.gov.au>
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Thanks Dev,

I suspect that you are talking about the merge activity and that this will all be recorded in QA complete?

Kind regards,

**Tim Panoho | Architect**
[redacted] | ext: 75737 | Email: timothy.panoho@act.gov.au
**Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government**
2-6 Bowes Street, Phillip ACT | GPO Box 825, Canberra ACT 2601 | act.gov.au

**From:** Arsavilli, Dev
**Sent:** Thursday, 5 July 2018 3:34 PM
**To:** Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; Cowey, Michael <Michael.Cowey@act.gov.au>; [redacted] (Health) <[redacted]
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] <[redacted] Crossley, [redacted] <Nick.Crossley@act.gov.au>; [redacted] Kondakis, Andrew <Andrew.Kondakis@act.gov.au>
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi Tim,

I had a discussion with our Data Migration Analyst and can confirm that we are testing the scenario mentioned in the email below for Data Migration.
She is also confirming that the scenario mentioned below will not be an issue for IDIS.
Please let me know if you need any further information?

Kind Regards,

Dev

--

**Dev Arsavilli | Project Manager**
Phone: 02 6174 8729 | Mobile [redacted] | Email: Dev.Arsavilli@act.gov.au
**Future Capability and Governance Branch | Digital Solutions Division | Health Directorate | ACT Government**
2-6 Bowes Street, Phillip ACT | GPO Box 825, Canberra ACT 2601 | act.gov.au

**From:** Arsavilli, Dev
**ent:** Thursday, 5 July 2018 7:26 AM
**To:** Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; Cowey, Michael <Michael.Cowey@act.gov.au>; [redacted] (Health) <[redacted]
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] Kondakis, Andrew <Andrew.Kondakis@act.gov.au>
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi Tim,
Please see my responses in (RED).

Kind Regards,

Dev

--

**Dev Arsavilli | Project Manager**
Phone: 02 6174 8729 | [redacted] | Email: Dev.Arsavilli@act.gov.au
**Future Capability and Governance Branch | Digital Solutions Division | Health Directorate | ACT Government**
2-6 Bowes Street, Phillip ACT | GPO Box 825, Canberra ACT 2601 | act.gov.au

**From:** Panoho, Timothy (Health)
**Sent:** Wednesday, 4 July 2018 6:00 PM
**To:** Cowey, Michael <Michael.Cowey@act.gov.au>; [redacted] (Health) <[redacted] Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted]/AWGEJ/AGFA <[redacted] Kondakis, Andrew <Andrew.Kondakis@act.gov.au>
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi [redacted]

Few things that I would like to confirm and hoping get answers to moving forward:

- Has the risk that Michael outlines (full dataset) been tested for and is it on the issues / decision been registered? I suspect that there are a lot of details in this that need to be fully understood?
  Hi Tim, there is a significant amount of testing underway for Data Migration, we have a Data Migration Specialist and a Data Migration Tester,
  Five data migration cycles have been tested
  From the time these emails have come I had no time to discuss with the team.
  Today I will discuss with the team and will get back but I am sure that this would have been thought through. If it happens in EMM it is a good lesson but this may not be an issue for IDIS. However, I would investigate.
  After 3 pm today I will respond and I am tied up with different things until then
  [redacted] as you will be in the 'Service Now" training this afternoon, I will meet with the tam and will respond.

- We are currently migrating into Pre-Production which will become Production – what will happen to UAT data, will we need to refresh this environment on go live?
  UAT data is in the UAT environment (TEST).
  Only production data will go to production environment – we are not conducting UAT in Prod and thus there is no requirement for refresh
  We are currently testing in Agfa TEST and once testing completes and defects resolved we will start migrate to Pre-Prod

- In terms of ADT messaging (assuming this is the Patient Demographics preload) has this been loaded into Pre-Prod already, if not, when? Why did we not push through a complete dataset? When do we intend to start testing?
  The project scope had always been to use Full Actpas demographic load
  Vendor (Agfa's) scope was to use full patient load
  Sometime in Feb 18 we have requested for a workorder to be signed by the Exec to start that process. The directive from the Exec was not to progress with full load and use PMI to get the needed demographic data. This caused project significant amount of work to work around this and as several data migration cycles have been tested we can't reverse this process
  We have tested PMI load in two cycles of testing. There is no capacity to reverse engineer this at this stage and would cause bigger issues for project timeline.

Hopefully can clarify these points. Happy to have you call, or we can discuss tomorrow.
All this is in the Schedule clearly – I will give a ring and discuss would 4:00pm suit?

Kind regards,

**Tim Panoho | Architect**
[redacted] | ext: 75737 | Email: timothy.panoho@act.gov.au
**Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government**
2-6 Bowes Street, Phillip ACT | GPO Box 825, Canberra ACT 2601 | act.gov.au

**From:** Cowey, Michael
**Sent:** Wednesday, 4 July 2018 2:32 PM

**To:** [redacted] (Health) <[redacted] Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted]/AWGEJ/AGFA <[redacted] Kondakis, Andrew <Andrew.Kondakis@act.gov.au>
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi [redacted]
I understand the requirements for needing the ADT feed in for the data and image migration, it's been said many times and doesn't change the fact that the timelines were set without consultation or agreement that they were achievable. I am getting tired of saying the same thing over and over and having different people telling me the same thing doesn't change the facts.

With regards to your rough migration plan, there is a significant risk with the decision made in step 1 in not importing the full dataset from ACTPAS that I'm hoping you have tested for. The EMM application MedChart is having issues now in production that have significant clinical risk that are a result of them taking the same decision to not import all patient records. The ADT interface from ACTPAS is designed with the assumption that the receiving system has a full dataset, and if not, rules in place so that if a message is received for a demographic update that it can at least process it effectively. The scenario that is currently causing issues is for merges where the minor patient exists in the receiving system but the primary patient does not. If this is not handled correctly then the patient information will be incorrect and subsequent actions against that patient in the receiving system may have issues.

Have you tested against all the merge scenarios and have a clear process defined and tested against them?

Regards,

**Michael Cowey | Senior System Integration and Interfacing Technical Specialist**
Phone: +61 2 6205 6927 | Mobile: [redacted] | Email: michael.cowey@act.gov.au
**Health ICT | Chief Minister, Treasury and Economic Development Directorate | ACT Government**
Level 2, 2-6 Bowes Street, Woden | GPO Box 11, Woden ACT 2606 | www.act.gov.au
*Please consider the environment before printing this email. If printing is necessary, print double-sided and black and white.*

**From:** [redacted] (Health)
**Sent:** Wednesday, 4 July 2018 2:11 PM
**To:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; Cowey, Michael <Michael.Cowey@act.gov.au>
**Cc:** Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted]/AWGEJ/AGFA <[redacted]
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Michael,

Dev has asked me to clarify a few points on what we are trying to do in the Agfa Pre-Prod environment, which is all aimed solely at beginning Data Migration early enough to ensure sufficient images have been migrated prior to go-live.

1. We are only going to be populating IDIS with patients that currently have a history in the Siemens system. Although we had originally intended to pre-populate with a full extract from ACTPAS, this was discarded as an option.
2. By activating the ADT interfaces (ACTPAS and EDIS) at the time we take the patient extract from Siemens, the intention is then to receive all ongoing patient and visit updates to ensure that we keep the Agfa patient file up-to-date. Agfa's migration process is built so that once a patient exists as a result of an ADT feed a matching migrated record will be discarded rather than overwrite it. This should mean that once we go live it will be highly unlikely that we do not have the correct patient record for any orders that come in to IDIS.

3. Once we have completed the initial RIS Data Migration, we will begin the transfer of images. This process has been extensively tested and its impact on Production closely monitored, and we are confident that the process will have no or minimal effect on the ongoing Siemens system.

It is the need to get the maximum possible percentage of images migrated prior to go-live that is driving our push to get ADT messaging completed quickly. Jess and I have reviewed all the current ADT defects today with [redacted] and we will come back to you as soon as we have done some final checking with the testers.

Regards
[redacted]

[redacted] | **IDIS Delivery Manager - UCPH Digital Solutions Program**
Phone: 02 6174 8768 |Mobile: [redacted] | Email: [redacted]
**Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government**
Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

**From:** Arsavilli, Dev
**Sent:** Wednesday, 4 July 2018 12:19 AM
**To:** Cowey, Michael <Michael.Cowey@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] <[redacted]/AWGEJ/AGFA <[redacted]
**Cc:** [redacted]AXRKB/AGFA <[redacted] Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; [redacted] (Health) <[redacted] Panoho, Timothy (Health) <Timothy.Panoho@act.gov.au>
**Subject:** RE: ACT Health - Integration Meeting [SEC=UNCLASSIFIED]

Hi Michael,
Thank you for your email.

The issues below relate to all the integration work that is currently underway.
**Which among the points below relate to ACTPAS and EDIS.**
I will make them a priority relating ACTPAS to Pre-prod for data migration.

[redacted] will be onsite the rest of the week and if we make ACTPAS and EDIS defects the priority he will be able to help us with us. get
I will send the group a list of defects and current status after a review meeting tomorrow.

In relation to the defect priority business determines the severity and not the technical teams as the acceptance of any associated risk is with the business.
If there is a risk associated with a specific priority rating please let me know and I will review it myself and will review with the business once again.

EDIS Calvary testing has almost completed today with one test case or so to be completed tomorrow.
From the report I have at this stage EDIS Calvary has shown one defect so far and that defect is similar to one shown with EDIS TCH.

Also could you please give us an updated on the ACTPAS defects that are in your queue?
Currently my concentration is ACTPAS and EDIS defect resolution at this stage.

I would like this week to be used to resolve the ACTPAS and EDIS defects. Please could you give me a list of tasks that you are waiting from Agfa in relation to this and I will discuss with [redacted] tomorrow to prioritise those?

Kind Regards,

Dev

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**Dev Arsavilli | Project Manager**
Phone: 02 6174 8729 | Mobile [redacted] | Email: Dev.Arsavilli@act.gov.au
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## Heland, Rebecca (Health)

**From:** [redacted] (Health)
**Sent:** Tuesday, 10 July 2018 12:19 PM
**To:** [redacted]
**Cc:** Arsavilli, Dev; [redacted] (Health); [redacted] Mandapati, Sirisha (Health); Divvela, Venkat (Health); [redacted]
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]
**Attachments:** AccessionNumbers.xlsx

Thanks [redacted]

Please see my response below:

A meeting has been arranged for 16:30 hrs our time, to discuss the same.

Thanks,
[redacted]

[redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : [redacted] Email: [redacted]act.gov.au

**From:** [redacted] [mailto[redacted]
**Sent:** Monday, 9 July 2018 5:44 PM
**To:** [redacted] (Health) <[redacted]act.gov.au>
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>
**Subject:** RE: [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

[redacted]

I have not been involved in what you has been sent in the data migration tests so not sure of the complete flow of what is happened. But basically EI and Scheduling should be the same as it comes from the same set of data.

From your Questions:

Scheduling:
For the patient merges that were initiated before the patient data loaded into Scheduling, it seems like the merge message has not been actioned by scheduling as expected:
A search in scheduling for the merged MRN does not come up with any patient details (expected result is to see patient details with new active MRN).
AC: Correct – Patients must exists else message will not be processed.
SS: We were advised no queueing of ADT messages will be required, when ACTPAS interface is turned on in pre-production. For the integration to work without having to queue any messages, any merge message from ACTPAS needs to be actioned by IDIS irrespective of whether or not the patient already exists in IDIS.
Our test shows that the merge has been successfully processed by EI, but not by Scheduling.

In one of [redacted] previous emails, he has confirmed the following steps for a Patient merge that does not exist in IDIS.

- When a patient id is merge in EI, the old patient id will be created if it isn't known.
  So that is can actually merge that old to the new patient ID.
- This way, the old PID will be known in EI and in the HL7 migration database.

- When the message is send in with the OLD PID (from HL7 migration), EI will still know the OLD PID and link the order to that patient entry (so linked to the NEW PID that has a 'MERGED' entry in the database)

Our test verifies that EI gives us the results as expected, we would have expected Scheduling to do the same.

But for patient merges initiated after the patient data loaded into Scheduling, the results are as expected (a search on the merged MRN, comes up with details with the new MRN)
AC: Correct – as expected

Scheduling: No RIS data (procedure history) for any of the patients migrated in this batch.
AC: I pushed into Scheduling whatever was in the AMT database from [redacted] had processed. I can look further but need to know what data was expected (list of accession numbers) to check for. This was primarily for the Multiple attachments issue so if not the correct batch then I need to know and can redo. But be warned – if the patient merge did to occur then then a new patient will be created if for the unmerged id not found. Not sure if this is a good test anymore.
SS: I have attached a list of all accession numbers and associated Patient IDs for you to verify.
The test extract was to test Patient merges, we are not aware of any attachments work having to be tested with this data (No attachments were provided with this data).

Kind Regards,

[redacted]
T +32 3444 8413 | F +32 3 444 84 01 | M [redacted]

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http://blog.agfahealthcare.com
Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer

**From:** [redacted]
**Sent:** maandag 9 juli 2018 8:37
**To:** [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted]
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]
<[redacted] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>; [redacted] <[redacted]
**Subject:** [AUS - ACT] Data extract for Patient Merge test [SEC=UNCLASSIFIED]

Hi [redacted]

- But indeed, with a list of new PIDs the DICOM migration can update these DICOM headers. That would solve the problem and was tested before, so that is OK.
  The sheet with Study UIDs and active Patient IDs (StudyUID_PatientID.xls) was provided for DICOM header update with the small sample extract provided for merge testing.
  Was this update implemented for this round of testing?

  **[KEV] This was not done during the merge test, but we know from previous tests that this works**

- In any case, where the merge would be send to EI and not to the Siemens PACS and the new PID is not somewhere on the provided lists, these will result in the double lines in EI as you can see from the last test. These types of studies will be reported on the migration 'Exception list' as 'migrated, failed validation'.
  If EI can identify orders and procedures to be migrated against the right PID (in scenarios where the migrated data is still referencing the merged MRN), can't we do something similar to the DICOM header update too?