

## DOCUMENT CONTROL

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V0.02	16/10/2017	██████████	Update and review
V0.03	17/10/2017	Karen Norman	Format
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V1.2	08/06/2018	██████████	Siemens review
V1.3	26/06/2018	██████████	Inclusion of remote go-live support
V1.4	29/06/2018	██████████	Service Timetable Updated

## DOCUMENT APPROVAL

Version	Name and Position	Endorsement Date
v1.0	██████████	25/10/17
v1.0	Sarah Norton – UCPH Digital Solutions Program Manager	25/10/17
v1.0	Mark Duggan – A/g Manager Medical Imaging Canberra Hospital & Health Services	25/10/17

## DOCUMENT DISTRIBUTION

Name	Title	Date of Issue	Version
██████████	██████████	3/11/17	V1.0
Nick Crossley	SSICT Project Manager	3/11/17	V1.0
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██████████	██	3/11/17	V1.0
██████████	██████████	3/11/17	V1.0

## RELATED DOCUMENTS

Version	Name	Endorsed By
Final	Siemens Professional Services (quote 1-EC5QAN)	ACTH Director General
Final	Purchase order H1806730	n\a

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# 1. Introduction

The ACT Health Directorate has procured the [REDACTED] Enterprise Imaging (AHEI) integrated Radiology Information System (RIS) and Picture Archiving and Communication System (PACS) solution to replace the current Siemens RIS-PACS solution that currently supports the Medical Imaging Departments at Canberra Hospital (TCH) and Calvary Hospital (Calvary).

The system licensing and support contract for this current solution is between the ACT Health Directorate (ACT Health) and Siemens.

ACT Health requires Siemens to engage with ACT Health, subject to the requirements of this Statement of Work (SoW), in the technical transition from Siemens to [REDACTED]

## 1.1. Purpose and objective

This document provides the Statement of Work (SoW) required for Siemens to support the project and in turn provide a formal quotation for the services/activities contained within the scope section of this document.

To facilitate a timely and accurate quote from Siemens, as well as clearly documenting scope of work, this document explains the roles, responsibilities and deliverables/outcomes required of Siemens to fully participate in the RIS technical transition to [REDACTED] Enterprise Imaging (AHEI).

ACT Health refers to the activities covered by this SoW as the "Siemens Technical Transition-Out" (called "Transition-Out" from this point on in the SoW).

This document formally sets out the required outcomes, deliverable outputs and consulting activities needed from Siemens to complete the Transition-Out.

ACT Health's objectives are as follows.

- Transition to the new Agfa AHEI system when the technical migration processes are complete.
- Transition to the new Agfa AHEI with no loss of clinically relevant data. This objective requires Siemens to support the ACT Health Discovery and Knowledge Transfer activities, through sharing documents and providing consulting expertise to ACT Health in the following areas.
  - Siemens RIS data migration methodology and toolsets;
  - Siemens RIS database schema design – including:
    - the physical database models for Siemens RIS subsystems
  - Facilitation of source to target mapping between the Siemens RIS database structures and the Data Migration file templates provided by [REDACTED]
  - Data migration testing support.
  - Support for full Quality Assurance processes for the validation of migrated data, including management and audit reports and the checking of specific items via both the Siemens and Agfa applications.

## 1.2. Roles and Responsibilities

Roles	Responsibilities
<b>ACTH</b>	
[REDACTED]	Oversee overall SoW process Manage Issues and Risk escalations Manage Budget Coordinate with business stakeholders on decision
Shared Services ICT PM (Nick Crossley)	Identify risk and issues, particularly any involving patient data\records Participation in regular\recurring meetings Assist with technical \infrastructure activities
IDIS Delivery Manager [REDACTED]	Identify risk and issues, particularly any involving patient data\records Participation in regular\recurring meetings
[REDACTED]	Identify risk and issues, particularly any involving patient data\records Participation in regular\recurring meetings
<b>Siemens</b>	
[REDACTED]	Participation in regular\recurring meetings Provide regular status reports on issues, risks, progress and financials Technical consultancy
[REDACTED]	Participation in regular\recurring meetings Technical consultancy

## 2. Scope of Work

### 2.1. Information and Activities In-Scope

ACT Health expects the following outcomes during and at the end of this engagement. The deliverables to enable these outcomes are specified in Section 4.2.

These requests preserve Siemens Intellectual Property, and do not range beyond the boundaries of the contract between ACT Health and Siemens.

ACT Health requires the ability for a resource to be available onsite as required, at Canberra Hospital, for the duration of the SoW. It is anticipated that the majority of this work can be completed remotely.

<b>Transition-Out Activities In-Scope</b>
<b>Support of Transition-Out Discovery</b>
Consulting Services and information transfer in support of a knowledge gathering activity that supports the database source to target mapping stage of the IDIS data migration work stream (between the Siemens RIS database and the Staging/Cache environment).
<b>Support of Transition-Out Knowledge Transfer</b>
Consulting Services and information transfer in support of the ACT Health data migration engineer and Data Analyst in assessing and rectifying data quality problems and or support workarounds in place to offset them.

## 2.2. Activities and Information Not In-Scope

The following information and activities are considered out of scope for Siemens, by ACT Health, for this SoW.

<b>Transition-Out Activities and Documents Not In-Scope</b>	
Participation in system decommissioning activities.	Siemens is not required to provide assistance to ACT Health with system decommissioning.
Involvement in system retirement/sanitation, data archival and software/infrastructure decommissioning.	System Retirement, Software/Infrastructure repurposing and decommissioning will be managed by ACT Health, Shared Services ICT.
Execution of any data transformation during the extract process.	ACT Health will be responsible for any transformation of data prior to loading into the Agfa system
Direct supply of Consulting Services to vendors or external third parties retained by ACT Health.	ACT Health manages the relationship between the IDIS Project and its various providers.  ACT Health does not require direct interaction between Siemens and other ACT Health contracted parties.
Siemens is not required to manage, execute or support data migration from the Staging/Cache environment into the Agfa RIS database.	This aspect of data migration will be managed directly by the IDIS Project Team (ACT Health) and designed/executed jointly by ACT Health and [REDACTED]
Siemens is not required to provide data log files under this SoW.	Should this degree of detail be needed by ACT Health, it will be requested from the DBA support team which operationally manages the existing RIS-PACS databases.
Data Transforms (Siemens will format data ready for Agfa import only and not do any transformations.)	Responsibility of ACTH
Siemens will not deliver project management services as part of this SoW.	Responsibility of ACTH

Any works associated with data migration from the Siemens PACS database.	This will be detailed in a separate SoW.
Documentation of any ACT Health specific database tables that fall outside the Siemens standard RIS database schema.	Siemens to provide the standard RIS database schema.
Delivery of a Graphical User Interface (GUI) and ability to print Radiology Reports from the Siemens Inspection tool	ACT health elected not to select the GUI or printable PDF reports option for the Inspection Tool.

### 2.3. Services Timetable

The current Schedule for Data Migration is as follows:

Milestone	Timeframe	Comments
Agfa Dev/Test environment ready with base data loaded.	23 Nov 2017	Required for initial data migration load testing
Data Migration ready for 20% RIS load Dev/Test.	19 Jan 2018	Requires Test environment, plus base data
Begin Test PACS load	1 Feb 2018	Requires successful RIS load
Initial testing complete	26 Feb 2018	
Backup copy (3 <sup>rd</sup> RIS / 2 <sup>nd</sup> PACS Backup)	21 May 2018	PACS Exception
Test extract RIS and PACS data with attachments to be received from Siemens(2 months' worth of data)	12 June 2018	Data Extraction specifications finalised
Start 100% Attachments Extraction	Week beginning 02 July 2018	Provide in batches to manage space issues. Final batch to align with RIS data extract
Start backup copy to be received for RIS (4 <sup>th</sup> ) and PACS (3 <sup>rd</sup> ) (all data until the *13/07/2018 )	*16 July 2018	*Actual date to coordinate with the full backup day
100% RIS and PACS data and attachments to be received from Siemens	29 July 2018	If issues identified, Siemens to get back to us ASAP, resources to be planned accordingly
Backup copy to be received for RIS (5 <sup>th</sup> ) and PACS (4 <sup>th</sup> ) (all data including 30/11/2018)	03 Dec 2018	Can we just get a delta backup from 17/08/2018 (including 17 <sup>th</sup> )?
Delta RIS and PACS data to be received from Siemens with Attachments from 17/08/2018.	04 Dec 2018	
Pre Go-live backup copy to be received for RIS and PACS (all data including data for 28/02/2019)	05 March 2019	Backup from a date after the delta has been extracted(this will ensure all data provided in the extract is available in the backup)
Delta RIS and PACS data to be received from Siemens with Attachments from 01/12/2018 to all data including 28/02/2019	04 March 2019	
Final archive copy to be received for RIS and PACS (all data until go live )	Post Go-live (20 March)	Go-live Support: On-call support for the go-live weekend

Delta RIS and PACS data to be received from Siemens with Attachments		
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Note – Dates are aligned with master project schedule and are subject to change.

## 2.4. Success Criteria

The following are essential criteria for the success of this SoW:

- Delivery of production data from the Siemens database in the form specified by ACT Health
- Provision of audited counts for all extracts against source data.
- Provision of exception files documenting all records that cannot be migrated, with rationale for rejection.
- Delivery and activities occur to budget and schedule.

## 3. General Requirements

### 3.1. Deliverables

The following Documentation and Activities are deliverables of this SoW, and support the Scope of Work set out above.

For deliverables, which are timed for start/finish in line with the ACT Health project schedule, please refer to IDIS Master Project Schedule for specific dates or as per agreed activities and timeframes by both parties.

Item #	Deliverable Description	Expected Start	Expected Finish
1.0	Provision of any existing Siemens documentation to ACT Health relating to: <ul style="list-style-type: none"> <li>• RIS data dictionary , including Database Conceptual and Physical Models (ERM or equivalent);</li> <li>• Database Metadata Directory and/or Reference Table Specification;</li> </ul> This information is required to support the database source to target mapping stage of the IDIS data transformation/migration work stream;	SoW signing	Delivery of final extracts for Production
2.0	Gap Analysis documenting all clinically relevant database fields that have not been mapped to an equivalent field in the Agfa migration file specification.	With first set of extraction files	Delivery of final extracts for Production
3.0	Data Mapping documentation, including: <ul style="list-style-type: none"> <li>• Destination - Reference to Agfa file specification (i.e. file/field)</li> <li>• Source - Siemens database reference where data was extracted from.</li> </ul>	With first set of extraction files	Delivery of final extracts for Production

	<ul style="list-style-type: none"> <li>Any rules or modifications used to massage source data before being placed in the Agfa spreadsheet, including documented workarounds for known data quality/integrity problems.</li> <li>Counts of all records extracted to aid in post-migration data audits</li> </ul>		
4.0	<p>Data Migration extracts populating templates in the format specified by [REDACTED] including:</p> <ul style="list-style-type: none"> <li>Doctor file</li> <li>Patient demographics file</li> <li>Service Request file</li> <li>Requested Procedure file</li> <li>Report file</li> <li>Attachments files, for: <ul style="list-style-type: none"> <li>Interactive documents</li> <li>Protocol documents</li> <li>Clinical alerts</li> <li>Approximately one million scanned images</li> <li>PDF documents created to transfer procedure z-segment information, in the format as provided by ACT Health.</li> </ul> </li> </ul> <p>It is expected that there will be a minimum of two preliminary extracts as part of testing the agreed data migration process, one full extract for loading into the Production AHEI environment, plus one production delta extract.</p>	1 Nov 2017	Delivery of final extracts for Production
5.0	Up to five copies of the production RIS database, scheduled as required, to refresh the ACT Health Data Migration Test environment.	Acceptance of SoW	When delivery completed
6.0	Inspection tool to provide enquiry & report capability into archived Siemens database once the Siemens RIS application has been decommissioned.	Post go-live	Post go-live
7.0	<p>Participation in regular meetings with the ACT Health IDIS Project team per the agreed schedule. This will ensure that each party has full understanding of current progress and issues.</p> <p>*Anticipated to be weekly until November 2017. Post November 2017 then fortnightly.</p>	Aligned to schedule	Aligned to schedule

### 3.2. Reporting

ACT Health requires Siemens to provide fortnightly status reports against the set deliverables, including risks and issues and financials to the ACT Health Project Director. The format of the report will be agreed between ACT Health and Siemens.

### 3.3. Assumptions and Constraints

The following assumptions have been made in relation to this SoW:



- The ACT Health IDIS Data Migration team will have timely access to Siemens resources to assist with the validation and cleansing of RIS data prior to migration.
- The Siemens resources allocated to this project have the requisite level of knowledge to actively support ACT Health staff.
- The Agfa Development, Test and Production environments have been built and available to use during development and testing of the Data Migration extracts.
- All data in the Siemens RIS database can be either successfully migrated or archived so that it can be available for query and reporting as needed.

The following constraints exist in relation to this SoW:

- The quality of the data migrated to Agfa ultimately depends on the quality of the data extracted from the Siemens RIS. All efforts will be made to ensure data quality.
- All scheduled milestones depend upon the successful delivery of relevant environments. Successful implementation in Production depends upon the availability of all HL7 messaging in the new Production environment.

DRAFT

## 4. Financial

The initial Professional Services quote (1-EC5QAN) is based on 20 days Professional Services, time and materials.

A variation against quote covering labour and travel expenses (if required) will be provided by this SoW or once the initial Purchase Order H1806730 (Siemens quote 1-EC5QAN) is exhausted.

Siemens has provided a fixed price to deliver the works outlined in this document. The normal rate as per the contract is currently [REDACTED]. For a fixed price agreement, Siemens has offered a 15% discount [REDACTED] per day). The payment milestones associated with this agreement are as follows:

Item #	Resource/Role Description/Expenses	Date required	% Total Cost	Unit Cost (ex. GST)
1.0	Test Data Sign-off - Part 1 - RAW Data: <ul style="list-style-type: none"> <li>• Doctor file</li> <li>• Patient demographics file</li> <li>• Service Request file</li> <li>• Requested Procedure file</li> <li>• Report file</li> </ul> Delivery of Gap Analysis documentation	12/12/2017	25%	\$ [REDACTED] (paid)
2.0	Test Data Sign-off - Part 2 – Attachments: <ul style="list-style-type: none"> <li>• Attachments files, for:</li> <li>• Interactive documents</li> <li>• Protocol documents</li> <li>• Clinical alerts</li> <li>• Approximately one million scanned images</li> </ul>	12/01/2018	25%	[REDACTED] (paid)
3.0	Test Data Sign-off -: <ul style="list-style-type: none"> <li>• Part 3 Z Segments PDF documents created to transfer procedure z-segment information, in the format as provided by ACT Health.</li> </ul>	12/06/2018	25%	[REDACTED] (invoiced)
4.0	Additional Test Extracts <ul style="list-style-type: none"> <li>• Changes to test extracts as specified in the RIS PACS Data Extraction Specification v4</li> <li>• Additional RIS test data extracts - 2 months data (x2)</li> <li>• Design changes to include SCHEDULED and ORDERED statuses in extract files</li> <li>• Professional associated with extended timelines including regular meetings</li> </ul> Siemens Remote Go-Live Support	25/06/2018	New	[REDACTED]
5.0	Delivery of <ul style="list-style-type: none"> <li>• Bulk Extract</li> <li>• Delta Extract</li> </ul>	Bulk – for Prod 23/07/2018	25%	[REDACTED]

	<p>(As specified in the RIS PACS Data Extraction Specification v4)</p> <p>Inspection tool</p> <ul style="list-style-type: none"> <li>*Provide enquiry &amp; report capability into archived Siemens database once the Siemens RIS application has been decommissioned.</li> </ul> <p>*ACT Health are yet to confirm if reporting requirements are required post go live. Decision will be determined before final payment milestone is due. If reporting requirement is not required, portion (8 days) will be deducted from final payment milestone.</p>	<p>December Delta 03/12/2018</p> <p>Pre go-live Delta 11/03/2019</p> <p>Post go-live Delta 20/03/2019</p>		
<b>Total Cost (ex GST):</b>				<b>\$233,610</b>

Rates quoted shall be drawn from the ACT Health RIS-PACS Implementation Support and Maintenance Agreement, Section 5.7.3 Professional Rates for Additional Services.

Travel to be arranged by Siemens, at cost with receipts to be provided ACTH (Travel and accommodation costs are to be at non-Senior Executive Service (SES) equivalent entitlements.

No variation from the rates supplied in The Agreement will be accepted by ACT Health, unless reduced pricing is offered by Siemens.

## 5. Appendices

Work Order

Applicable Documents

Glossary

**Aeland, Rebecca (Health)**

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**From:** [REDACTED] <[REDACTED]>  
**Sent:** Friday, 29 June 2018 10:39 AM  
**To:** [REDACTED] (Health); [REDACTED] (Health)  
**Cc:** [REDACTED] Arsavilli, Dev; [REDACTED] Mandapati, Sirisha (Health); Divvela, Venkat (Health)  
**Subject:** RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

I had stated in the meeting that I was not confident in the process from a whole, not just Scheduling. It was my opinion that a system clean was to be applied as a whole to ensure consistency.

I will leave the issue below for [REDACTED] to comment on.

Kind Regards,

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

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<http://blog.agfahealthcare.com>

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**From:** [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]  
**Sent:** Friday, 29 June 2018 10:20 AM  
**To:** [REDACTED] <[REDACTED]> [REDACTED] <[REDACTED]> (Health)  
 <[REDACTED]>  
**Cc:** [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>  
**Subject:** RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

The only inconsistency encountered while migrating data for test cycle 5 was the time lag between the patient data being loaded into EI and scheduling.

But from what we have been told about the way the 2 systems handle the ADT messages from ACTPAS, the lag between the loads to the system should not have affected the merge testing that we were wanting to perform:

My understanding:

In EI (test ACTPAS merge done after patient data being loaded to EI), the ADT merge message should have merged the already existing patient in EI.

In scheduling (test ACTPAS merge done before patient data being loaded to scheduling), a new patient entry referencing the old patient ID as the merged ID should have been created in scheduling. The Patient record from the patient extract (from migration files) should have been ignored as it is outdated.

If we can all come to a common understanding of what the two systems (EI and scheduling) can or cannot do, we can consider a few different ways of achieving synchronised patient and RIS data in ACTPAS, EI and scheduling.

Examples of a few patient records that were tested:

Patient ID	Accession No	New MRN	Status
[REDACTED]	[REDACTED]	[REDACTED]	Didn't Merge
[REDACTED]	[REDACTED]		

[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	Didn't Merge
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	Didn't Merge
[REDACTED]	[REDACTED]	[REDACTED]	Didn't Merge
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	

Let me know if you need any further details to do some analysis on your end.

Thanks,

[REDACTED]

[REDACTED] | DIS Data Migration Analyst - UCPH Digital Solutions Program  
 Mobile : [REDACTED] | Email: [REDACTED]@act.gov.au

**From:** [REDACTED] [mailto:[REDACTED]]  
**Sent:** Friday, 29 June 2018 10:00 AM  
**To:** [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]>  
 [REDACTED] (Health) <[REDACTED]>  
**Cc:** [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>  
 Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>  
**Subject:** RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

It was of my option that details related to merged patients was not 100%, specifically on the Scheduling side but from my point of view I was not 100% on the EI side either. I was of the understanding that any specific focused testing around the patient merges was to be tested in addition, separately as a alternative to cleaning out the system after the "inconsistencies" encountered the other day?  
 Was this not the case?

Kind Regards,

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

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<http://blog.agfahealthcare.com>  
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**From:** [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]  
**Sent:** Monday, 25 June 2018 10:47 AM  
**To:** [REDACTED] <[REDACTED]>  
**Cc:** [REDACTED] <[REDACTED]> (Health) <[REDACTED]>  
 [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>  
 Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>  
**Subject:** RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

Thanks for the information.

Regarding the testing performed to verify the merges, the testers are not seeing the results as expected. For patient data that was merged before the RIS data was loaded into EI, the orders and studies are still associated to the outdated merged patient IDs. The expected result was to see all orders and studies associated to the active patient ID.

Below is a list provided by the testers, could you please have a look?

Patient ID	Accession No	New MRN	Status
██████████	██████████	██████████	Didn't Merge
██████████	██████████		
██████████	██████████		
██████████	██████████		
██████████	██████████	██████████	Didn't Merge
██████████	██████████		
██████████	██████████	██████████	Didn't Merge
██████████	██████████	██████████	Didn't Merge
██████████	██████████		
██████████	██████████		

Thanks,

██████████  
 ██████████ | IDIS Data Migration Analyst - UCPH Digital Solutions Program  
 Mobile: ██████████ | Email: ██████████@act.gov.au

**From:** ██████████ [mailto:██████████]  
**Sent:** Friday, 22 June 2018 4:28 PM  
**To:** ██████████ (Health) <██████████@act.gov.au>; ██████████ <██████████@act.gov.au> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████ <██████████@act.gov.au>  
**Cc:** ██████████ <██████████@act.gov.au>; ██████████ (Health) <██████████@act.gov.au>  
**Subject:** [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi,

#### HL7 part

The HL7 migration (including reports) has now been completed for this test batch

#### DICOM part

The DICOM migration is still running and will still take +/- 2 to 3 days to complete.

#### Merge logic

For the following question:

In EI, the ADT merge message should have merged the already existing patient in RIS. In scheduling, a new patient entry referencing the old patient ID as the merged ID should have been created. The migrated Patient data for that Patient should have been ignored as it is outdated. ██████████ is it possible to validate the above statements?

For the EI part of the question, yes, EI should have merged the already existing patient in the EI database when the merge message was send by ACT. I can see multiple merges currently in EI.

You should be able to search for these patients in EI (the once that you merged) and verify that they are found on the correct patient id for the ones that have orders.

### Incorrect order of migration earlier

What caused the time lag between for the ADT was very simple and unfortunate. I simply send the data to the wrong IP/port, so it only went to EI. When it was clear to me what needed to be tested, we resend the data to both.

### Scheduling migration

For this question, we'll need to include @ [REDACTED]

It was mentioned at the meeting that Scheduling could still not accept multiple attachments against a single accession number; is this correct and when will this be fixed?

Are there any more outstanding issues with data migration to Scheduling?

Kind Regards,

[REDACTED]  
T [REDACTED]

→ Low availability: June 25<sup>th</sup> – June 29<sup>th</sup>  
→ Holiday alert: July 25<sup>th</sup> – August 15<sup>th</sup>

[REDACTED] NV, [REDACTED]  
<http://www.agfahealthcare.com>  
<http://blog.agfahealthcare.com>

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**Sent:** Friday 22 June 2018 3:24  
**To:** [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>  
**Cc:** [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]>  
**Subject:** Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

All,

Some further updates to summarise where we believe we are with the current round of testing:

- While we initially thought that there would be a high likelihood that there will be a mismatch between EI and scheduling for the merged test patients because of the delay in the loading of patients into Scheduling, our understanding of how ACTPAS messaging is supposed to work for both EI and Scheduling leads us to the following situation:
- If EI and scheduling both receive the ADT merge message from ACTPAS, then the merge having been performed before or after the patient data migration should not throw the systems out of sync.

In EI, the ADT merge message should have merged the already existing patient in RIS. In scheduling, a new patient entry referencing the old patient ID as the merged ID should have been created. The migrated Patient data for that Patient should have been ignored as it is outdated.

[REDACTED] is it possible to validate the above statements?

- As soon as we have confirmation that the RIS load is complete, we can begin testing the load process to verify the merged patients, including determining whether the process behaved in Scheduling as we have suggested above.

We do have a few other questions from last night that we would like to raise:

- What caused the time lag in the load to Scheduling that meant that the patient data load into Scheduling was much later than the data load into EI?
- It was mentioned at the meeting that Scheduling could still not accept multiple attachments against a single accession number; is this correct and when will this be fixed?
- Are there any more outstanding issues with data migration to Scheduling?

Thanks all,

██████████ | IDIS Delivery Manager - UCPH Digital Solutions Program

Phone: 02 6174 8768 | Mobile: ██████████ | Email: ██████████

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](http://www.act.gov.au)

-----Original Appointment-----

From: ██████████ A [mailto:██████████]

Sent: Thursday, 21 June 2018 3:24 PM

To: ██████████ Arsavilli, Dev; ██████████

Mandapati, Sirisha (Health); ██████████ (Health); ██████████ (Health)

Subject: Information Update - Description has changed: Patient Migration issues

When: Thursday, 21 June 2018 5:00 PM-6:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.

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**Heland, Rebecca (Health)**

---

**From:** Devries, Melissa (Health) on behalf of Duggan, Mark (Health)  
**Sent:** Friday, 29 June 2018 10:11 AM  
**To:** Duggan, Mark (Health); O'Halloran, Peter (Health); Cook, Sandra (Health); Barrett, Scott (Health); Kondakis, Andrew; Anderson, Micah; Hakan Gultekin (Calvary); Hammam Hijazi (Calvary); Player, Bridie (Health); Arsavilli, Dev; Griffiths, Jessica (Health); [REDACTED] (Health); Crossley, [REDACTED]; Phil Suthern (Calvary); Row, Darcy (Health)  
**Subject:** IDIS Project Control Working Group minutes  
**Attachments:** Minutes - IDIS PCWG 26 June 2018.pdf

Hi all

Please see attached the minutes from the last IDIS Project Control Working Group meeting held on 26 June.

Kind Regards

Melissa

Melissa Devries | Office Manager | Medical Imaging | T: 6244 2528



# Integrated Diagnostic Imaging Solution (IDIS) - Minutes

## *Project Control Working Group Meeting*

**3:00 PM – 4:00 PM, Tuesday 26<sup>th</sup> of June 2018**

Venue: Medical Imaging Conference Room

ACT Health acknowledges the traditional custodians of the land we are meeting on, the Ngunnawal people. ACT Health acknowledges and respects their continuing culture and connections to the land. ACT Health also acknowledges and welcomes other Aboriginal and Torres Strait Islander peoples who may be meeting in this venue.

Item	Agenda Item	Purpose	Name	Papers
1	Acknowledgement of Country		Chair	
2	Attendance and apologies	Note	Chair	
3	Minutes from previous meeting	Approve	Chair	
4	Action & Status Report	Update	Chair	
5	Project update	Update	Dev	
6	Agfa status update	Discuss	██████	
7	Risks & Issues Report	Tabled	Dev	
8	IDIS CUWG	Update	Dev	
9	Other Business	Discuss	All	
10	Meeting Close		Chair	

Next meeting: 24<sup>th</sup> of July 2018

### Attendance/Apologies

Name	Role	✓, Ap, or *
Mark Duggan	MD Executive Sponsor, Director, Medical Imaging - Chair	✓
Peter O'Halloran	POH Chief Information Officer	✓
Sandra Cook	SC Director, Future Capability and Governance	✓

# DIGITAL SOLUTIONS DIVISION



Scott Barrett	SB	RIS-PACS Manager	✓
Andrew Kondakis	AK	ICT Manager	✓
Micah Anderson	MA	SSICT Program Manager (Health ICT)	✓
Hakan Gultekin	HG	CH ICT Manager	✓
Hammam Hijazi	HH	CH Director of Medical Imaging	Ap
Bridie Player	BP	CHHS Radiographer	Ap
Dev Arsavilli	DA	IDIS Project Manager	✓
Jessica Griffiths	JG	IDIS Project - SME	✓
██████████	██	IDIS Project – Delivery Manager	✓
████ Crossley	NC	SS-ICT Project Manager	✓
██████████	██	Agfa Project Manager	✓
██████████	██	Agfa Service Delivery Manager	✓
<b>Secretariat</b>			
Darcy Row	DR	IDIS Project – Project Coordinator	✓

## 2. Attendance and apologies

- Apologies: HH, BP

## 3. Minutes from previous meeting

- Minutes from previous meeting confirmed.

## 4. Action and status report

- Action 1 from 29/5/18 PCWG: TP to report to POH with a data migration plan.
  - █████ We couldn't have a plan that had migration completed by 20 September, but we have newer figures from the latest test migration cycle that show improved migration speeds. With the higher thread counts during peak and off-peak times, we estimate the whole DICOM migration will take 12.5 weeks with the first two years taking less than four weeks. By 1 October we will have the last five years of DICOM images in IDIS.
  - █████ Once I have the detailed migration rates per hour, I can make a much more accurate estimate. We do have the capacity to ramp up the thread count if needed, pending reports of system performance degradation from the MI department.
  - █████ We could also look to migrate CT images first, or prioritising modalities according to clinical need.

- POH Did we account for this storage increase in IDIS? ■ Yes, you gave us an estimated image growth rate plus some 20%.
- Action 2 from 29/5/18 PCWG: ■ DA, MD and HH to report back to this group within 24 hours if 1 October go-live presents and significant risks or issues.
  - POH There are some Agfa resource constraints for the current 1 October go-live. ■ Our main constraint is with the applications team resourcing. Our preferred go-live date is 15 October, as all of our applications team are available at that time and our project manager is back from leave then.
  - MD Today we had a really positive meeting around cutover weekend and business preparation. We discussed stopping reporting at midday on the Friday and switching the Agfa system on the Monday morning. If we went live a fortnight later, we wouldn't have the extra public holiday as a fall-back option to push back go-live if needed. What is the level of confidence that we can do this rollout on a non-long weekend? ■ I don't think we have ever gone live on a long weekend, we are comfortable with just a normal weekend. SC If we planned it out and completely understood all cutover tasks, I think a normal weekend would be sufficient. DA If we need more time, we can start testing on the Sunday early.
  - ■ A lot of the integration validation tests that need to be completed are independent of the data migration activities. Public holiday does mean a reduced workload in terms of inpatient orders, but we would have to be sure on the Sunday night that we are good to rollout on the Monday morning. SC We would also have to ensure we have a rollback plan. SB We also do have the ability to work through Saturday and Sunday night if absolutely required.
  - POH My preference is to go-live on 1 October, but not having all of the Agfa applications resources significantly hampers the potential for a successful go-live. SB It's as much about the week following having that vendor support. We will all be new to it and will need Agfa's support.
  - MD What do we need to do to be sure we can do this go-live over this weekend? POH We would need to be completely sure we can go-live perfectly on that Monday morning. After mapping out all the activities, it would need to be understood that by 4pm or 6pm on the Sunday night, we are ready to turn on the Agfa system. SB By doing it on 15 October we just don't have the extra redundancy up our sleeves. Technically there is no reason it can't be done over this weekend.

20180627-01	Project team to develop cutover plan for this group to review and approve
-------------	---

- HG No issues for CH. We will only be replacing the radiologists reporting workstations, which will make this easier. Any other workstations will just have Agfa apps deployed to it in the week prior to go-live.
- POH What about SSICT with deploying apps? NC We don't anticipate any issues. We have them going through UAT for Windows 10 at the moment, UAT for Windows 7 has already been completed. POH Does the desktop modernisation program interfere with this? NC I don't think there is any touchpoints for our project. NC We want to have the apps deployed by the Friday afternoon but make them accessible to only those who require it.
- Action 3 from 29/5/18 PCWG: SC to confirm with Julia from MKM their resource commitments and constraints.

- SC MKM have started the work and they have commenced in good faith until we approve their quote and put together a PO for them, which we have started working on.
- Action 4 from 29/5/18 PCWG: MD to advise the project team of the third party reporting procurement results within a weeks' time.
  - MD This is with DDG at the moment, I can't advise further on this sorry.

## 5. Project update

- DA The schedule is unchanged but has more details in it, with integration and Clinical Portal work packages included. We will move the end user training two weeks back now that the go-live date has changed.
- POH If we move the go-live back to 15 October then I only want that extra two week period used only for data migration.

## 6. Agfa status update

- ■ We have continued to support the integration work with eOrders and Clinical Portal as required. In conjunction with NC, we are in the process of setting up the Engage Suite TEST environment. One of our applications resources is hoping to complete the Business Intelligence Reporting configuration next week.
- ■ We should have ■ ■ back on-site tomorrow, so we hope to progress the AD integration work while he is on-site. NC Yes, I provided him with a few points of feedback already and will work with him.
- ■ We are aware that there will be configuration changes for UCH, and once the document for this is completed by JG, we will be looking to get final configuration sign-off prior to commencement of PROD data migration.
- Confirmed to ■ that data migration cycle 6 will be done into the PROD environment.
- ■ I have pre-booked resources for the via and Vitrea integration work and will progress this now we have the quote approved by the Director-General.

## 7. Risk & Issues Report

- DA The major risk for the project is not having the Clinical Portal and Integration resources not having sufficient time to work on this project. We are remediating this through use of Tim Panoho, MKM Health to complete some of the work packages. The other risk is not migrating the entire Siemens database into Agfa but we are mitigating this risk through our test data migration cycles.
- AK Michael Cowey is going on leave in September, but hopefully all QA activities for the eOrders work will be completed by him prior to go-live and we have planned other resources to complete his work while he is gone. SC He goes on leave from 1 October for three weeks.

## 8. IDIS CUWG

- JG We had our last CUWG last week and began discussions around cutover weekend. No issues were raised that needed escalation to this meeting.
- DA Next meeting we will be bringing the training and transition plans to both the CUWG and PCWG meeting for approval.

## DIGITAL SOLUTIONS DIVISION



- MD I will be replacing the radiologists in the CUWG due to poor attendance.

20180627-02	JG and HG to discuss CH clinical attendees to IDIS CUWG meeting
20180627-03	DA, MD and HH to meet next week to discuss IDIS cutover weekend planning

### 9. Other business

- DA To complete our integration testing with ACTPAS and EDIS we need CH IT assistance ASAP. We have emailed but received a reply. Is there any way you can help with this, HG?  
HG Our IT department have been flat out recently due to sick leave and apologise for the delays. I will get back to you by the end of tomorrow with an answer.
- [REDACTED] I would like to formally thank ACT Health for their flexibility on the go-live date on behalf of Agfa. With AW finishing up on the project, I will be attending relevant project meetings on [REDACTED] behalf.

### 10. Meeting closed 3:54 PM

**Heland, Rebecca (Health)**

**From:** [REDACTED] <[REDACTED]>  
**Sent:** Friday, 29 June 2018 10:00 AM  
**To:** [REDACTED] (Health); [REDACTED] (Health)  
**Cc:** [REDACTED] Arsavilli, Dev; [REDACTED] Mandapati, Sirisha (Health); Divvela, Venkat (Health)  
**Subject:** RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

It was of my option that details related to merged patients was not 100%, specifically on the Scheduling side but from my point of view I was not 100% on the EI side either. I was of the understanding that any specific focused testing around the patient merges was to be tested in addition, separately as a alternative to cleaning out the system after the "inconsistencies" encountered the other day?  
 Was this not the case?

Kind Regards,

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

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**From:** [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]  
**Sent:** Monday, 25 June 2018 10:47 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED] (Health) <[REDACTED]>  
 <[REDACTED] Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>  
 Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health)  
 <Venkat.Divvela@act.gov.au>  
**Subject:** RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]  
 Thanks for the information.

Regarding the testing performed to verify the merges, the testers are not seeing the results as expected. For patient data that was merged before the RIS data was loaded into EI, the orders and studies are still associated to the outdated merged patient IDs. The expected result was to see all orders and studies associated to the active patient ID.

Below is a list provided by the testers, could you please have a look?

Patient ID	Accession No	New MRN	Status
[REDACTED]	[REDACTED]	[REDACTED]	Didn't Merge
[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	Didn't Merge
[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	Didn't Merge
[REDACTED]	[REDACTED]	[REDACTED]	Didn't Merge



[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]		

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

**From:** [REDACTED] [mailto:[REDACTED]]  
**Sent:** Friday, 22 June 2018 4:28 PM  
**To:** [REDACTED] (Health) <[REDACTED]> <[REDACTED]> Arsavilli, Dev  
 <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>  
**Cc:** [REDACTED] <[REDACTED]> Sampath, [REDACTED] (Health) <[REDACTED]@act.gov.au>  
**Subject:** [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi,

#### HL7 part

The HL7 migration (including reports) has now been completed for this test batch

#### DICOM part

The DICOM migration is still running and will still take +/- 2 to 3 days to complete.

#### Merge logic

For the following question:

In EI, the ADT merge message should have merged the already existing patient in RIS. In scheduling, a new patient entry referencing the old patient ID as the merged ID should have been created. The migrated Patient data for that Patient should have been ignored as it is outdated. [REDACTED] is it possible to validate the above statements?

For the EI part of the question, yes, EI should have merged the already existing patient in the EI database when the merge message was sent by ACT. I can see multiple merges currently in EI.

You should be able to search for these patients in EI (the once that you merged) and verify that they are found on the correct patient id for the ones that have orders.

#### Incorrect order of migration earlier

What caused the time lag between for the ADT was very simple and unfortunate. I simply send the data to the wrong IP/port, so it only went to EI. When it was clear to me what needed to be tested, we resend the data to both.

#### Scheduling migration

For this question, we'll need to include @ [REDACTED]

It was mentioned at the meeting that Scheduling could still not accept multiple attachments against a single accession number; is this correct and when will this be fixed?  
 Are there any more outstanding issues with data migration to Scheduling?

availability: June 25<sup>th</sup> – June 29<sup>th</sup>  
 day alert: July 25<sup>th</sup> – August 15<sup>th</sup>

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**From:** [REDACTED] (Health) [mailto:[REDACTED]]

**Sent:** Friday 22 June 2018 3:24

**To:** [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>

**Cc:** [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED]

**Subject:** Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

All,

Some further updates to summarise where we believe we are with the current round of testing:

- While we initially thought that there would be a high likelihood that there will be a mismatch between EI and scheduling for the merged test patients because of the delay in the loading of patients into Scheduling, our understanding of how ACTPAS messaging is supposed to work for both EI and Scheduling leads us to the following situation:
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[REDACTED] is it possible to validate the above statements?

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Thanks all,

██████████ | IDIS Delivery Manager - UCPH Digital Solutions Program

Phone: 02 6174 8768 | Mobile: ██████████ | Email: ██████████

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-----Original Appointment-----

**From:** ██████████ [mailto:██████████]

**Sent:** Thursday, 21 June 2018 3:24 PM

**To:** ██████████ Arsavilli, Dev; ██████████

Mandapati, Sirisha (Health); ██████████ (Health); ██████████ (Health)

**Subject:** Information Update - Description has changed: Patient Migration issues

**When:** Thursday, 21 June 2018 5:00 PM-6:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.

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Rebecca (Health)

---

Duggan, Mark (Health)

Wednesday, 27 June 2018 8:00 AM

O'Halloran, Peter (Health); Cook, Sandra (Health); [REDACTED]

[REDACTED]

**Subject:**

Minutes - IDIS PCWG 29 May 2018.docx

**Attachments:**

Minutes - IDIS PCWG 29 May 2018.docx; ATT00001.txt

Good Morning,

With yesterdays discussions agreeing to move the go-live date by 2 weeks I thought it was important to note a couple of points for clarity;

1. In the attached minutes the October 1 date was confirmed with AGFA representatives in attendance 2. Up until yesterday we were advised that it was the project manager who was not available however we know understand that it is also the applications resource who is needed on another project

My concern is the lack of information being fed back to you as the senior representative for AGFA.

While as project executive sponsor I have to accept the 2 week postponement I do need to share my concern about losing the public holiday window and why the decision was needed.

Thank you,

Mark.

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**From:** [REDACTED]  
**Sent:** Wed, 20 June 2018 11:49 PM  
**To:** [REDACTED]  
**Cc:** Arsavilli, Dev; [REDACTED] (Health); [REDACTED]  
**Subject:** RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hello [REDACTED]

Can you please confirm that you require the same 2 month period for the 29<sup>th</sup> June RIS extract delivery?

If same period, do you require the full set of data as seen below?

```

Jun 8 05:03 23img
Jun 11 23:02 attachment_idocs.dat
Jun 19 01:15 attachment_scans.dat
Jun 11 23:03 attachment_sseg.dat
Jun 11 23:01 doctors.rpt
Jun 19 01:16 exam.dat
Jun 19 01:17 exam_attachment.dat
Jun 7 11:46 idoc
Jun 19 01:17 patients.dat
Jun 19 01:18 result_attachment.dat
Jun 19 01:18 results.dat
Jun 16 09:35 scans
Jun 19 01:18 service.dat

```

Just want to also confirm if you require same period PACS extract?

Kind Regards,

[REDACTED]

**Siemens Healthcare Pty Ltd**  
 160 Herring Road  
 Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile: [REDACTED]

Email: [REDACTED]

Internet: [www.healthcare.siemens.com.au](http://www.healthcare.siemens.com.au)

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**From:** [REDACTED] (Health) [mailto:[REDACTED]act.gov.au]  
**Sent:** Wed, 20 June 2018 3:09 PM

**To:** [REDACTED]  
**Cc:** Arsavilli, Dev; [REDACTED] (Health)  
**Subject:** RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi [REDACTED]

These are corrections needed in the extract provided for cycle 5. The statement of Work does not include dates for any rework needed for corrections.

Let me know if you are OK with this not being in the SOW, if not this can be discussed with Dev.

Thanks,

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

**From:** [REDACTED] [mailto:[REDACTED]]

**Sent:** Wednesday, 20 June 2018 2:59 PM

**To:** [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au>

**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] (Health) <[REDACTED]@act.gov.au>

**Subject:** RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi [REDACTED]

Thanks for the info.

The dates you indicated below, are they are the same as what we have in the updated RIS/PACS Statement of Works or do we need to update?

Best regards

---

**From:** [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]

**Sent:** Wednesday, 20 June 2018 12:43 PM

**To:** [REDACTED]

**Cc:** Arsavilli, Dev; [REDACTED] (Health); [REDACTED]

**Subject:** RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi [REDACTED]

The decision at this stage is to go ahead with test cycle 5 with the below issues noted as known issues. To stay on schedule, testing has to commence tomorrow and we do not have the time to get it fixed by then.

But all extraction issues raised as part of testing will be communicated to you. We will be in a position to hand over the complete list of issues by COB 26/06(next Tuesday). We will be doing one additional test cycle to test the fixes from cycle5 (extraction issues as outlined below + any issues raised during testing) which is due to commence on the 4<sup>th</sup> of July. Leaving a couple of days for me to work on the transformations and for AGFA to load the data, we would like the corrected extracts from you on the 29<sup>th</sup> of June.

Key dates:

Complete list of issues by 26/06

Extracts from Siemens by 29/06

Test cycle 6 to commence on 04/07.

Let me know if you need any further details.

Other than what is being discussed via emails, I have nothing else to be discussed at the meeting today. I am OK to skip today's meeting, let me know if you have something and would like to go ahead.

Thanks,



██████████  
 ██████████ | IDIS Data Migration Analyst - UCPH Digital Solutions Program  
 Mobile: ██████████ Email: ██████████@act.gov.au

**From:** ██████████  
**Sent:** Wednesday, 20 June 2018 11:54 AM  
**To:** ██████████ (Health) <██████████@act.gov.au>  
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████ (Health) <██████████>  
 <██████████>  
**Subject:** RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hello ██████████

Thank you for the feedback. I will forward these to the team

Do you need a new set of extracts and documents for the same period?

Kind Regards,

██████████  
**Siemens Healthcare Pty Ltd**  
 160 Herring Road  
 Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Internet: [www.healthcare.siemens.com.au](http://www.healthcare.siemens.com.au)

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---

**From:** ██████████ (Health) [mailto:██████████@act.gov.au]  
**Sent:** Wed, 20 June 2018 11:40 AM  
**To:** ██████████  
**Cc:** Arsavilli, Dev; ██████████ (Health); ██████████  
**Subject:** RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi ██████████

Thanks for the extracts and sorry for the late feedback.

The extracts look good but they do have a few issues as described below:

Service and Exam files had a duplicate header row in the extract file (last row was a header row), I have corrected this myself and have loaded the file successfully.

The following accession numbers are missing extracted result records (exists in the DB but not extracted)

██████████ – Question about this accession number was raised previously as well

██████████ – all these below cancelled exams seem to have signed off reports, why was this not extracted?

██████████

██████████

██████████

██████████

██████████

The following accession numbers do not have an associated Study\_UID (exists in the DB but not extracted)

██

██

██

These are cancelled exams with associated studies, why was this not extracted?

Scanned docs, interactive docs and zSeg docs for cancelled exams have not been included.

Following accession numbers do not have the outside film and scheduling notes text attachment data:

██████████

██████████

██████████

██████████

StudyStatus mapping for cancelled exams should be 'CA', the extract has it mapped as 'CN'

ScheduledStudyDateTime(Procedure extract) for cancelled exams to be mapped to visit\_activity.ord\_for\_dtime, this is a mandatory field in AGFA, so cannot be left blank, business decision is to map it to ord\_for\_dtime (not specified in the specifications as mapping has not been included as part of the document)

Could you please look into these and get them fixed

Thanks,

██████████

██████████ | IDIS Data Migration Analyst - UCPH Digital Solutions Program

Mobile : ██████████ | Email: ██████████@act.gov.au

**From:** ██████████ (Health)

**Sent:** Wednesday, 13 June 2018 4:01 PM

**To:** ██████████ <██████████>

**Cc:** ██████████ <██████████> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>;

██████████ (Health) <██████████>

**Subject:** RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi ██████████

Just found one additional issue with the Procedure extract:

Study details for acc\_itn = ██████████ has not been correctly extracted. The DB has 2 confirmed studies for the accession number, the extract has one row with accession number = ██████████ and Study\_UID = ". Could you get this checked?

I have completed all my verification checks on RIS, this email trail has a complete list of all RIS issues found so far.

I will send you a separate email for the additional PACS records needed.

Thanks,

██████████

██████████ | IDIS Data Migration Analyst - UCPH Digital Solutions Program

Mobile : ██████████ | Email: ██████████@act.gov.au

**From:** [REDACTED] (Health)  
**Sent:** Wednesday, 13 June 2018 11:41 AM  
**To:** [REDACTED] <[REDACTED]>  
**Cc:** [REDACTED] (Health) <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>  
**Subject:** RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi [REDACTED]

Below are my findings for the text attachments data.

Please pass this on to your team and let me know if you need any further clarifications.

Still to match the RIS and PACS extract for the given period, I will get back to you with any feedback on that.

1. Scheduling notes 1, 2, 3 and 4 not extracted

2. MBSCodes mapping not as expected:

For Exams, where the procedure is mapped to multiple cpt\_codes, the codes haven't been extracted as expected:

Example:

Acc\_itn dtl\_svc\_code cpt\_code1 cpt\_code2 cpt\_code3 Attachment.content

[REDACTED]

Only 2 of the codes extracted out of 4

For Exams, where the procedure is mapped to a customised cpt\_code(mapping in cpt\_data, cpt\_codes), the code has not been extracted

Example:

Acc\_itn dtl\_svc\_code cpt\_codes.cpt\_code Attachment.content

[REDACTED] MustCode [REDACTED] MBSCodes:Mustcode

The customised code mapping has not been extracted

3. Cancellation reason not extracted

Example

Acc\_itn cancellation dtm init Reason Attachment.content

[REDACTED] 2017-06-26 16:25:00 CJP CHANGE OF EXAM FOR CORRECT CHARGING CANCELLATION\_REASON:

4. Outside film not extracted:

25 Acc\_itns found in the extract that should have been mapped as 'Y', the remaining data should have been mapped as 'N'

Below are a few examples

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

5. Addendum by details not extracted:

Example

Acc\_itn addendum dtm addendum by Attachment.content

[REDACTED] 2017-07-30 14:46:00 [REDACTED] ADDENDUM\_BY\_DETAILS:

Thanks,

[REDACTED]

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



5. Duplicate rows of text attachments where code = 'Migrated\_repdata'
6. Accession numbers in text attachments have been sequenced (.02,.03) – no sequencing needed, one attachment to be produced for every accession number.
7. Text attachment content format not as expected:  
Example:  
Financial Class code to be extracted not description, extract has 'MEDICARE SHARED', but it should have 'B9'  
Pregnancy mapping, extract has ('Y','N','U'), expected values ('yes','no','unknown')  
Exam sub division mapping, extract has ('L','R','B'), expected values ('left','right','bilateral')  
Please refer to mapping and example in the extraction specifications for all of the above

I haven't had a chance to look at the data and format of MIGRATED\_PROCDATA and MIGRATED\_REPTDATA yet, I will check them soon and give you my feedback.

I will also be working on any mismatches between RIS and PACS data, data extracts for any identified mismatches will have to be provided.

Let me know if you would like to discuss some of this over the phone for further clarification. We could arrange to talk sometime tomorrow.

Thanks,

██████████ | IDIS Data Migration Analyst - UCPH Digital Solutions Program  
Mobile : ██████████ | Email: ██████████@act.gov.au

**From:** Arsavilli, Dev

**Sent:** Tuesday, 12 June 2018 12:53 PM

**To:** ██████████ <██████████@act.gov.au> (Health)  
<██████████@act.gov.au>

**Cc:** ██████████ (Health) <██████████@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; ██████████

**Subject:** RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi ██████████

Thank you for helping us with this.

██████████ is looking in to this and hope that there will not be any issues.

Kind Regards,

Dev

Dev Arsavilli | Project Manager

Phone: 02 6174 8729 | Mobile: ██████████ | 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:** ██████████

**Sent:** Tuesday, 12 June 2018 12:37 AM

**To:** ██████████ (Health) <██████████@act.gov.au>

**Cc:** ██████████ (Health) <██████████@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████ <██████████@act.gov.au>

**Subject:** RIS Extracts and Attachments (2 months)

Hello ██████████

Just to let you know that RIS attachments and extracts are now available.

All documents can be picked up from: SIESDM2: /data/mnt/syspart01/syngo

```

Jun  8 05:02 753bc
Jun 11 23:02 attachment_idocs.dat
Jun 11 23:03 attachment_scans.dat
Jun 11 23:03 attachment_zseq.dat
Jun 11 23:01 doctors.rpt
Jun 11 23:04 exam_attachment.dat
Jun 11 23:04 exams.dat
Jun  7 11:46 186bc
Jun 11 23:05 patients.dat
Jun 11 23:05 result_attachment.dat
Jun 11 23:06 results.dat
Jun  7 10:33 scans
Jun 11 23:06 service.dat

```

Please let me know if you have any issues.

Kind Regards,

[REDACTED]

**Siemens Healthcare Pty Ltd**  
160 Herring Road  
Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

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Email: [REDACTED]

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**From:** [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]

**Sent:** Wed, 6 June 2018 2:45 PM

**To:** [REDACTED] (Health)

**Cc:** Crossley, Nick; Arsavilli, Dev; [REDACTED]

**Subject:** RE: Today's call [SEC=UNCLASSIFIED]

Hi [REDACTED]

We should be OK to meet on Friday.

If you do have any further updates on the RIS extracts/attachments, please do let us know.

Thanks,

[REDACTED]

██████████ | IDIS Data Migration Analyst - UCPH Digital Solutions Program  
 Mobile : ██████████ Email: ██████████@act.gov.au

**From:** ██████████ [mailto:██████████@act.gov.au]  
**Sent:** Wednesday, 6 June 2018 2:36 PM  
**To:** ██████████ (Health) <██████████@act.gov.au>; ██████████ (Health)  
 <██████████@act.gov.au>  
**Cc:** Crossley, Nick <Nick.Crossley@act.gov.au>; Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████  
 <██████████@act.gov.au>  
**Subject:** Today's call

Hello ██████████ and ██████████

Apologies for being late to the call as meeting got moved by the time I tried to join in.

I am available now if you want to have a call instead of Friday.

Kind Regards,

██████████  
 ██████████

**Siemens Healthcare Pty Ltd**  
 160 Herring Road  
 Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile: ██████████

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**Heland, Rebecca (Health)**

---

**From:** [REDACTED] <[REDACTED]>  
**Sent:** Tuesday, 26 June 2018 9:04 AM  
**To:** [REDACTED] (Health)  
**Subject:** RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]  
**Attachments:** AMT SAMPLE MIGRATION REPORT PACSSDM-)EIDEV\_PRIORS.htm

as discussed

Kind Regards,

[REDACTED]  
 T +61 3 9756 4308 | F +61 2 9647 2742 | M [REDACTED]

[REDACTED] HealthCare Australia Pty Ltd. Unit 18, 52 Holker St, Silverwater NSW 2128 Australia  
<http://www.agfahealthcare.com>  
[http://blog.\[REDACTED\].com](http://blog.[REDACTED].com)

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From: "[REDACTED] (Health)" <[REDACTED]>  
 To: [REDACTED]  
 Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>, [REDACTED]  
 [REDACTED] "Crossley, Nick" <Nick.Crossley@act.gov.au>  
 Date: 25/06/2018 08:40  
 Subject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Thanks [REDACTED]

That's looking like a good result for performance – just over 24 hours per month. I note that in each screenshot, the number of threads was 12. Does this mean that the DICOM migration was done using 'standard' hours – i.e. normal weekday peak and off-peak? Just want to make sure that we got the overnight hours at least at the 20 thread count so we can do good estimates for the full migration.

Thanks  
 [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](http://www.act.gov.au)

From: [REDACTED] [mailto:[REDACTED]]  
**Sent:** Monday, 25 June 2018 7:19 AM  
**To:** [REDACTED] (Health) <[REDACTED]>  
**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; nick.[REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]>  
**Subject:** Re: FW: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi [REDACTED]

See the following updates on the current DICOM Migration.....

Completed Sunday 12:55

PACSSDM->EIDEV\_PRIORS - Migration Status

**Current Batch Condition**  
batch = 'MATCH\_STUDYUID+PID+ACCNR'

Total Studies	30387
Total Number of Images Moved	7698633
Total Number of Studies Migrated	30387
Total Number of Studies For Retry	0
Total Number of Offline Studies	0
Total Number of Failed Studies	0
Current operational throttle %	100
Current number of operational threads	12
Current migration speed (studies/hour)	513.75
Estimated remaining migration time (days:hh:mm:ss)	0:00:00:00

100%

Close Create Sample Report

Sunday 09:55

PACSSDM->EIDEV\_PRIORS - Migration Status

**Current Batch Condition**  
batch = 'MATCH\_STUDYUID+PID+ACCNR'

Total Studies	30387
Total Number of Images Moved	7341542
Total Number of Studies Migrated	29092
Total Number of Studies For Retry	0
Total Number of Offline Studies	0
Total Number of Failed Studies	0
Current operational throttle %	100
Current number of operational threads	12
Current migration speed (studies/hour)	518.56
Estimated remaining migration time (days:hh:mm:ss)	0:02:29:56

95%

Cancel Create Sample Report

Saturday 17:30

PACSSDM->EIDEV\_PRIORS - Migration Status

**Current Batch Condition**  
batch = 'MATCH\_STUDYUID+PID+ACCNR'

<b>Total Studies</b>	30387
<b>Total Number of Images Moved</b>	5117408
<b>Total Number of Studies Migrated</b>	20128
<b>Total Number of Studies For Retry</b>	0
<b>Total Number of Offline Studies</b>	0
<b>Total Number of Failed Studies</b>	0
<b>Current operational throttle %</b>	100
<b>Current number of operational threads</b>	12
<b>Current migration speed (studies/hour)</b>	506.67
<b>Estimated remaining migration time (days:hh:mm:ss)</b>	0:20:15:11

66%

Saturday 08:30

PACSSDM->EIDEV\_PRIORS - Migration Status

**Current Batch Condition**

batch = 'MATCH\_STUDYUID+PID+ACCNR'

Total Studies	30387
Total Number of Images Moved	3778355
Total Number of Studies Migrated	14594
Total Number of Studies For Retry	0
Total Number of Offline Studies	0
Total Number of Failed Studies	0
Current operational throttle %	100
Current number of operational threads	12
Current migration speed (studies/hour)	474.89
Estimated remaining migration time (days:hh:mm:ss)	1:09:15:10

Progress bar: 98%

Cancel      Create Sample Report

Kind Regards,

T +61 3 9756 4308 | F +61 2 9647 2742 | M

Australia Pty Ltd. Unit 18, 52 Holker St, Silverwater NSW 2128 Australia

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<http://blog.agfahealthcare.com>

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From:

To: "(Health)"

Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>

Date: 22/06/2018 11:17

Subject: Re: FW: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Yes DICOM load is running and at 12 Threads as requested.

PACSSDM->EIDEV\_PRIORS - Migration Status

**Current Batch Condition**  
batch = 'MATCH\_STUDYUID+PID+ACCNR'

Total Studies	30387
Total Number of Images Moved	427793
Total Number of Studies Migrated	1690
Total Number of Studies For Retry	0
Total Number of Offline Studies	0
Total Number of Failed Studies	0
Current operational throttle %	100
Current number of operational threads	12
Current migration speed (studies/hour)	178.80
Estimated remaining migration time (days:hh:mm:ss)	6:16:29:45

5%

Cancel Create Sample Report

Kind Regards,

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<http://blog.agfahealthcare.com>

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From: (Health)"  
 To:  
 Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>,  
 Date: 22/06/2018 11:05  
 Subject: FW: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Are you able to confirm that the RIS load did complete and that the DICOM load is now running? The RISPACS team has checked PACS load and it is elevated but running within limits, but that doesn't tell us whether that is just normal daily use.

Thanks

██████████ | IDIS Delivery Manager - UCPH Digital Solutions Program  
 Phone: 02 6174 8768 ██████████ ██████████  
 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](http://www.act.gov.au)

From: ██████████ [\[mailto:██████████\]](mailto:██████████)

Sent: Friday, 22 June 2018 1:51 AM

To: ██████████ (Health) <██████████> ██████████ (Health) <██████████>  
 ██████████ <██████████>

Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████ <nick.██████████> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ██████████ <██████████>

Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

@All,

The HL7 migration was started towards EI, but the large volume of data in this extract has limited my time. Also the amount of attachment is very high already, and that is slowing down the migration. The amount of attachment has a linear effect on the performance of HL7 messages to EI.

Executed:

- The ORM migration is completed (didn't have time to verify for errors, but nothing obvious)
- Started the ORU migration (should be done +/- 05h00 local time)
- Start the DICOM migration for studies going directly from the source to EI (without updates) (tested with 1 study to be sure)

@██████████

- Procedure codes: This did not 'solve' all the studies with procedure code = 'NM', the remaining have been ignored
- Pipe in content: I did replace those
- NULL content: I removed these from the migration
- 2 missing attachment: Ok, I got the message for this (and only for these)

Extra

- Attachment codes: DEXAQFORM & MIGRATED\_DOCS in the extract don't exist in EI. I have created these in EI.

Things I wasn't able to complete in time:

- Process the sheet with PIDs to updated (they should be excluded until I active them)
- Check the 2 AccNo with the DICOM based order (they are not in the running batch either)

Kind Regards,

██████████ ██████████ ██████████  
 ██████████ ██████████ ██████████  
 T ██████████

→ Low availability: June 25<sup>th</sup> – June 29<sup>th</sup>  
 → Holiday alert: July 25<sup>th</sup> – August 15<sup>th</sup>

██████████ NV, ██████████  
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**From:** ██████████ ██████████ (Health) [mailto:██████████@act.gov.au]

**Sent:** Thursday 21 June 2018 9:52

**To:** ██████████ ██████████ <██████████@act.gov.au> (Health) <██████████@act.gov.au>; ██████████ ██████████ <██████████@act.gov.au>

**Cc:** Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████ ██████████ <██████████@act.gov.au> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>

**Subject:** RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ██████████

I have attached a file with the ProcedureCode corrections, as mentioned the extract has codes and names from an older version of basedata, but the provided list should be from the most recent basedata collection.

Could you please replace the '|' in the text attachment with '\|', I will make a note of this and will replace any | in the data going forward.

Could you also exclude attachment records with no content, I will make a note of this too and exclude them on my end for future extracts.

I have also attached a sheet with StudyUIDs and patient mrns for patientID merges to be performed while migrating DICOM images.

The 2 PACS exception accession numbers for which the images need to be migrated as DICOM based images are as follows:

SDMMO35SHC

SDMFF4WRIC

Also, as a quick note that the attachments extract has 2 records for zSegment documents for accession numbers

██████████, but the actual documents for these records are missing. Please exclude them from migration at this stage.

Let me know if you need any further details, I will be here for the next half an hour or so,

Thanks,

██████████ | IDIS Data Migration Analyst - UCPH Digital Solutions Program  
 Mobile: ██████████ | Email: ██████████@act.gov.au

**From:** ██████████ ██████████ [mailto:██████████@act.gov.au]

**Sent:** Thursday, 21 June 2018 4:22 PM

**To:** ██████████ ██████████ (Health) <██████████@act.gov.au>; ██████████ ██████████ (Health) <██████████@act.gov.au>; ██████████ ██████████ <██████████@act.gov.au>

**Cc:** ██████████ ██████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████ ██████████ <██████████@act.gov.au> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; ██████████ ██████████ <██████████@act.gov.au>

**Subject:** [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi,

I'll wait for confirmation before I send data to EI.

Now preparing the data.

Kind Regards,

██████████ ██████████ | ██████████  
 ██████████ ██████████  
 ██████████ ██████████

→ Low availability: June 25<sup>th</sup> – June 29<sup>th</sup>  
 → Holiday alert: July 25<sup>th</sup> – August 15<sup>th</sup>