

The migration strategy (document attached) described a scenario for HL7 that is a little bit different. The difference is that we would like to receive the patient/doctor/order/report data at the same time, with data until the cut-off point that was chosen.

Your question is still valid in this scenario, but it shouldn't cause for a problem:

- 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)

What I also want to add is the scenario where a patient is updated by the live feed and old data is still present to be migrated in the HL7 migration database:

- In this case, the patient will be known with more recent (correct) data in EI and known with old (incorrect) data in the HL7 migration database.
- The migrator tool will also handle this, by always checking if a patient is already present in EI and actually reading the data from EI, to generate the HL7 migration messages. So this avoid overwriting correct data with old data.

Kind Regards,

[REDACTED]

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

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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Wednesday 13 June 2018 8:50
To: [REDACTED]
Cc: [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] Arsavilli, Dev
Subject: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi [REDACTED]
 Could you please look into the below data migration question relating to ACTPAS integration.

From what I understand so far, the migration activities involved are as following:
 All patient data up to a specific cut-off date will be extracted, cleansed and transformed.
 While the patient data is being worked on, all ADT messages will be queued from the cut-off date onwards.
 Patient data will then be provided to AGFA and will be loaded.
 ACTPAS interface will then be turned on and the queued messages will be applied to keep the data up-to-date.
 RIS data up till the same cut-off date will be extracted/transformed and provided to AGFA for loading (note the time lag between the patient data load and the RIS data load).
 Any patient merges applied on the patient data from the cut-off date up till the RIS data load will now have to be implemented on the RIS data.
 Question: If PatientID [REDACTED] is merged to PatientID [REDACTED] in the time lag between patient data load and RIS data load, the provided RIS data will have services/procedures against the old PatientID [REDACTED]. Will this RIS data be identified and merged to the new PatientID as part of data migration?

Thanks,

[REDACTED]

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

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Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Thursday, 21 June 2018 4:22 PM
To: [REDACTED] (Health); [REDACTED] (Health); [REDACTED]
Cc: [REDACTED]; Arsavilli, Dev; [REDACTED] Mandapati, Sirisha (Health); Barrett, Scott (Health); Crossley, [REDACTED]
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,

[REDACTED]

→ Low availability: June 25th – June 29th
 → Holiday alert: July 25th – August 15th

[REDACTED] NV, [REDACTED]
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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Thursday 21 June 2018 8:19
To: [REDACTED] <[REDACTED]> (Health) <[REDACTED]>
 <[REDACTED]>
Cc: [REDACTED] Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED]
 <[REDACTED] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>
Subject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi [REDACTED]
 Thanks for the feedback.

Could you hold on from loading the RIS data into EI and Scheduling for now as our test team is still working on the patient merges?
 I will let you know when the merges have been finalised for you to go ahead with the load.

The test work has been delayed as we thought the patients had not been loaded into the system yet, now that we have confirmation, the testers are working on it.

I will look into your comments and get back to you soon.

Thanks,

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Thursday, 21 June 2018 4:13 PM
To: [REDACTED] (Health) <[REDACTED]>
Cc: [REDACTED] Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED]
 <[REDACTED] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; [REDACTED]
 (Health) <[REDACTED]@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick
 <Nick.Crossley@act.gov.au>; [REDACTED] <[REDACTED]>
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi All,

I'm importing the data for the Cycle 5 and noticed the following:

- Attachment file
 - Has 2 entries that contain a pipe (|) sign in the actual text in the extract. These need to be escaped / replaced with \F\.
 - +/- 50.000 entries have an empty 'content', I removed these during import
- Req proc
 - The procedure code and description for code 'NM' is not unique. I'm not sure this was mentioned before as we didn't have any issues with this so far I think. But the procedure code and descriptions need to be unique combinations for EI migrations.

Kind Regards,

[REDACTED]
 [REDACTED]

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From: [REDACTED] (Health) [mailto:[REDACTED]]
Sent: Thursday 21 June 2018 7:12
To: [REDACTED] <[REDACTED]>
Cc: [REDACTED] Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED]
 <[REDACTED] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; [REDACTED]
 (Health) <[REDACTED]@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick
 <Nick.Crossley@act.gov.au>
Subject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

[REDACTED]
 We would like to run Cycle 5 image migration as follows:

- Process to begin at 08:00 (our time) Friday 22 June or as soon as possible afterwards once RIS migration complete.
- Peak and off-peak hours to remain as before, i.e. peak 5:00 – 22:00, off-peak 22:00 to 05:00, all Saturday and Sunday to be off-peak until 05:00 Monday.
- Run 12 threads during peak hours and 20 threads off-peak.

- Scott Barrett to have a support number to call in case the process must be paused due to adverse system impacts.

Mark Duggan will be notifying MI users that the test will be in progress.

Thanks

██████████ | IDIS Delivery Manager - UCPH Digital Solutions Program
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 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: ██████████ [mailto:██████████]
Sent: Thursday, 21 June 2018 2:18 PM
To: ██████████ <██████████>
Cc: ██████████, Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ██████████ (Health) <██████████@act.gov.au>; ██████████ (Health) <██████████>
Subject: Re: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ██████████

I placed the rest of the files to be migrated to the folder "██████████Cycle 5\Cycle 5 Files 20062018" on the desktop of the migration server.

Hi ██████████

Please confirm.....

DICOM migration, Start time, peak/off-peak hours and number of threads to be confirmed.

Kind Regards,

██████████ | ██████████
 T +61 3 9756 4308 | F +61 2 9647 2742 | M ██████████
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To: ██████████ NAWVR/AGFA@AGFA, "Dev.Arsavilli@act.gov.au" <Dev.Arsavilli@act.gov.au>
Cc: ██████████ OFFICE365EXT, "Mandapati, Sirisha (Health)" <Sirisha.Mandapati@act.gov.au>, ██████████ (Health) <██████████>, ██████████ (Health) <██████████>, ██████████ OFFICE365EXT,
Date: 20/06/2018 22:57
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi All,

The EI database was cleaned earlier today and the patient migration is currently running.

It should be finished in +/- 1 hour.

Kind Regards,

[REDACTED]
[REDACTED]
T [REDACTED]

→ Low availability: June 25th – June 29th

→ Holiday alert: July 25th – August 15th

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

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

Sent: Wednesday 20 June 2018 4:33

To: Dev.Arsavilli@act.gov.au

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

Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi Dev,

I checked with [REDACTED] and the clearing out of the Test data in Dev will impact the BI work that is being done by [REDACTED] and a global resource. However I think it is best to put this work on hold and proceed as planned with the clearing of the DBs and migration tasks. The BI work can recommence after this.

Kind Regards,

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

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<http://www.agfahealthcare.com>
<http://blog.agfahealthcare.com>

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

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

To: [REDACTED] NAWVR/AGFA@AGFA
 Cc: [REDACTED] OFFICE365EXT, [REDACTED] (Health)" <[REDACTED]@act.gov.au> [REDACTED] (Health)"
 [REDACTED] OFFICE365EXT, "Mandapati, Sirisha (Health)" <Sirisha.Mandapati@act.gov.au>
 Date: 20/06/2018 11:22
 Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi [REDACTED]

Please see the activities outlined below by [REDACTED] for Cycle 5 Data Migration.

Day 1(Wed – 20/06/2018)

AGFA

- Wipe off all data from the existing environment. (Testing team have given their approval, [REDACTED] to confirm if any of the BI activities might need the existing data).
- Load Patient data.

Day 2(Thursday – 21/06/2018)

Health

- Test team to work on a few patient merges to test the process that has been outlined in the email below (Migrated RIS data to reference current active Patient IDs).
- [REDACTED] to provide RIS and PACS extract files.
- [REDACTED] to provide a list of accession numbers to the test team for on demand image pull testing.
- DICOM migration, Start time, peak/off-peak hours and number of threads to be confirmed.

AGFA

- Load RIS data into EI and Scheduling.
- Schedule DICOM image migration for Friday morning our time.
- [REDACTED] to provide details/steps to perform on demand image pull.

Day 3(Fri – 22/06/2018) onwards (for a week)

Health

- Test team to test on demand image pull. Continue with the test cases related to RIS data migration and DICOM image migration.

Any issues please could you let me know?

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: [REDACTED] (Health)

Sent: Wednesday, 20 June 2018 7:56 AM

To: [REDACTED]

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

<[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]>

Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

OK, thanks [REDACTED] We'll let you know the detail in the next few days as we prepare for the next round.

[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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Tuesday, 19 June 2018 7:00 PM
To: [REDACTED] (Health) <[REDACTED]>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED@act.gov.au>; [REDACTED] <[REDACTED]>
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi [REDACTED]

I have never reached the theoretical limit, but indeed, at some point the performance will decline. We normally execute migration on well performing systems with anything between 10 and 32 threads. If you can provide me an overview of the amount of threads and the time window to be configured I can easily set that up during the next tests.

Kind Regards,

[REDACTED]
 → Low availability: June 25th – June 29th
 → Holiday alert: July 25th – August 15th

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

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From: [REDACTED] (Health) [mailto:[REDACTED]]
Sent: Tuesday 19 June 2018 2:51
To: [REDACTED] <[REDACTED]>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED@act.gov.au>; [REDACTED] <[REDACTED]>
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

[REDACTED]

As part of Test cycle 5 we would also like to further test the potential limits on the number of threads we run for image migration during peak and off-peak times. This will also hopefully include increased off-peak hours. To assist us to decide on thread counts, is there a theoretical maximum number of threads that we could run? I would expect that at some point adding threads would be counter-productive because of the load.

At this point we are thinking of running 10-12 threads during peak and monitoring impact closely, and 20-25 threads during off-peak, depending on whether those numbers are feasible.

Your advice would be appreciated.

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

From: [REDACTED] (Health)
Sent: Tuesday, 19 June 2018 10:24 AM
To: [REDACTED] <[REDACTED]> [REDACTED] <[REDACTED]>

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

Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi,
As part of our next round of testing (test cycle 5), we would like to test the below scenario by loading patient data first and getting our test team to merge a few Patient IDs before loading the related RIS/PACS data.

[REDACTED] I would like to hand over the patient data file for this cycle which is about 2 MB in size. An ftp location was to be provided by AGFA for this cycle of test data, could you please pass on the details to me and I will upload the file very soon.

[REDACTED] Could you please look into wiping off all existing data in EI and Scheduling and load the first batch of Patient data for test cycle 5.

Thanks,

[REDACTED] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile: [REDACTED] Email: [REDACTED]

From: [REDACTED] [mailto:[REDACTED]]
Sent: Wednesday, 13 June 2018 9:09 PM
o: [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi [REDACTED]

The migration strategy (document attached) described a scenario for HL7 that is a little bit different. The difference is that we would like to receive the patient/doctor/order/report data at the same time, with data until the cut-off point that was chosen.

Your question is still valid in this scenario, but it shouldn't cause for a problem:

- 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.
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What I also want to add is the scenario where a patient is updated by the live feed and old data is still present to be migrated in the HL7 migration database:

- In this case, the patient will be known with more recent (correct) data in EI and known with old (incorrect) data in the HL7 migration database.
- The migrator tool will also handle this, by always checking if a patient is already present in EI and actually reading the data from EI, to generate the HL7 migration messages. So this avoid overwriting correct data with old data.

Kind Regards,

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[REDACTED]

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Sent: Wednesday 13 June 2018 8:50
To: [REDACTED] <[REDACTED]>
Cc: [REDACTED] <[REDACTED]> (Health) <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>
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Thanks,

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

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Sent: Thursday, 21 June 2018 2:18 PM
To: [REDACTED]
Cc: [REDACTED] Arsavilli, Dev; [REDACTED] Mandapati, Sirisha (Health); [REDACTED] (Health); [REDACTED] (Health)
Subject: Re: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi [REDACTED]

I placed the rest of the files to be migrated to the folder "[REDACTED]Cycle 5\Cycle 5 Files 20062018" on the desktop of the migration server.

Hi [REDACTED]

Please confirm.....

DICOM migration, Start time, peak/off-peak hours and number of threads to be confirmed.

Kind Regards,

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Cc: [REDACTED] OFFICE365EXT, "Mandapati, Sirisha (Health)" <Sirisha.Mandapati@act.gov.au>, [REDACTED] (Health)" <[REDACTED]@act.gov.au>, [REDACTED] (Health)" <[REDACTED]@act.gov.au>, [REDACTED] OFFICE365EXT,
 [REDACTED] OFFICE365EXT
Date: 20/06/2018 22:57
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi All,

The EI database was cleaned earlier today and the patient migration is currently running.

It should be finished in +/- 1 hour.

Kind Regards,

[REDACTED]
 [REDACTED]
 T [REDACTED]

→ Low availability: June 25th – June 29th

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

I checked with ██████████ and the clearing out of the Test data in Dev will impact the BI work that is being done by ██████████ and a global resource. However I think it is best to put this work on hold and proceed as planned with the clearing of the DBs and migration tasks. The BI work can recommence after this.

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From: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>
To: ██████████ NAWVR/AGFA@AGFA
Cc: ██████████ "Mandapati, Sirisha (Health)" <Sirisha.Mandapati@act.gov.au>
Date: 20/06/2018 11:22
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ██████████

Please see the activities outlined below by ██████████ for Cycle 5 Data Migration.

Day 1(Wed – 20/06/2018)

- AGFA
- Wipe off all data from the existing environment. (Testing team have given their approval, ██████████ to confirm if any of the BI activities might need the existing data).

- Load Patient data.

Day 2(Thursday – 21/06/2018)

Health

- Test team to work on a few patient merges to test the process that has been outlined in the email below (Migrated RIS data to reference current active Patient IDs).
- [REDACTED] to provide RIS and PACS extract files.
- [REDACTED] to provide a list of accession numbers to the test team for on demand image pull testing.
- DICOM migration, Start time, peak/off-peak hours and number of threads to be confirmed.

AGFA

- Load RIS data into EI and Scheduling.
- Schedule DICOM image migration for Friday morning our time.
- [REDACTED] to provide details/steps to perform on demand image pull.

Day 3(Fri – 22/06/2018) onwards (for a week)

Health

- Test team to test on demand image pull. Continue with the test cases related to RIS data migration and DICOM image migration.

Any issues please could you let me know?

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: [REDACTED] (Health)

Sent: Wednesday, 20 June 2018 7:56 AM

To: [REDACTED]

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

Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

OK, thanks [REDACTED]. We'll let you know the detail in the next few days as we prepare for the next round.

[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: [REDACTED] [mailto:[REDACTED]]

Sent: Tuesday, 19 June 2018 7:00 PM

To: [REDACTED] (Health) <[REDACTED]>

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

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From: ██████████ (Health) [mailto:██████████]
Sent: Tuesday 19 June 2018 2:51
To: ██████████ <██████████>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████ <██████████> (Health)
 <██████████@act.gov.au>; ██████████ <██████████>
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

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From: ██████████ (Health)
Sent: Tuesday, 19 June 2018 10:24 AM
To: ██████████ <██████████>
Cc: ██████████ (Health) <██████████> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████
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██████████ | IDIS Data Migration Analyst - UCPH Digital Solutions Program
 Mobile: ██████████ | Email: ██████████

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

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Sent: Wednesday 13 June 2018 8:50
To: [REDACTED] <[REDACTED]>
Cc: [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>
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Heland, Rebecca (Health)

From: Arsavilli, Dev
Sent: Wednesday, 20 June 2018 11:22 AM
To: [REDACTED]
Cc: [REDACTED] (Health); [REDACTED] (Health); [REDACTED]
Subject: Mandapati, Sirisha (Health)
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T [REDACTED]

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Attachments: [AUS - ACT] Data Migration Strategy - v4b.docx

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[REDACTED] Could you please look into wiping off all existing data in EI and Scheduling and load the first batch of Patient data for test cycle 5.

Thanks,

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Wednesday, 13 June 2018 9:09 PM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi [REDACTED]

The migration strategy (document attached) described a scenario for HL7 that is a little bit different. The difference is that we would like to receive the patient/doctor/order/report data at the same time, with data until the cut-off point that was chosen.

Your questions is still valid in this scenario, but it shouldn't cause for a problem:

- 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)

What I also want to add is the scenario where a patient is updated by the live feed and old data is still present to be migrated in the HL7 migration database:

- In this case, the patient will be known with more recent (correct) data in EI and known with old (incorrect) data in the HL7 migration database.

- The migrator tool will also handle this, by always checking if a patient is already present in EI and actually reading the data from EI, to generate the HL7 migration messages. So this avoid overwriting correct data with old data.

Kind Regards,

[REDACTED]
T [REDACTED]

[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] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Wednesday 13 June 2018 8:50
To: [REDACTED] <[REDACTED]>
Cc: [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>
Subject: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi [REDACTED]

Could you please look into the below data migration question relating to ACTPAS integration.

From what I understand so far, the migration activities involved are as following:

All patient data up to a specific cut-off date will be extracted, cleansed and transformed.

While the patient data is being worked on, all ADT messages will be queued from the cut-off date onwards.

Patient data will then be provided to AGFA and will be loaded.

ACTPAS interface will then be turned on and the queued messages will be applied to keep the data up-to-date.

RIS data up till the same cut-off date will be extracted/transformed and provided to AGFA for loading (note the time lag between the patient data load and the RIS data load).

Any patient merges applied on the patient data from the cut-off date up till the RIS data load will now have to be implemented on the RIS data.

Question: If PatientID [REDACTED] is merged to PatientID [REDACTED] the time lag between patient data load and RIS data load, the provided RIS data will have services/procedures against the old PatientID [REDACTED], Will this RIS data be identified and merged to the new PatientID as part of data migration?

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: Tuesday, 19 June 2018 10:24 AM
To: [REDACTED]
Cc: [REDACTED] (Health); Arsavilli, Dev; [REDACTED]
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi,
 As part of our next round of testing (test cycle 5), we would like to test the below scenario by loading patient data first and getting our test team to merge a few Patient IDs before loading the related RIS/PACS data.

[REDACTED] I would like to hand over the patient data file for this cycle which is about 2 MB in size. An ftp location was to be provided by AGFA for this cycle of test data, could you please pass on the details to me and I will upload the file very soon.

Kevin: Could you please look into wiping off all existing data in EI and Scheduling and load the first batch of Patient data for test cycle 5.

Thanks,

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Wednesday, 13 June 2018 9:09 PM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: [REDACTED] <[REDACTED]@act.gov.au> [REDACTED] (Health) <[REDACTED]@act.gov.au> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au>
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Kind Regards,

[REDACTED]

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

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Sent: Wednesday 13 June 2018 8:50
To: [REDACTED] <[REDACTED]>
Cc: [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>
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[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: Devries, Melissa (Health) on behalf of Duggan, Mark (Health)
Sent: Wednesday, 20 June 2018 10:02 AM
To: 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] [REDACTED] (Health); Crossley, Nick; [REDACTED] [REDACTED] Row, Darcy (Health); Duggan, Mark (Health)
Subject: IDIS PCWG Meeting Papers
Attachments: Agenda - IDIS PCWG 26 June 2018.pdf; Minutes - IDIS PCWG 29 May 2018.pdf; Project Status Report - IDIS - 17 June 2018.pdf; Risk Issues Actions Decisions Log 190618.xlsx

Hi all

Please see attached the meeting papers for the next IDIS project control working group meeting for Tuesday 26 June.

Thanks
Mel

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



Integrated Diagnostic Imaging Solution (IDIS) - Agenda

Project Control Working Group Meeting

3:00 PM – 4:00 PM, Tuesday 26th 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: 24th of July 2018

Attendance/Apologies

Name	Role	Y, 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	
Bridie Player	BP	CHHS Radiographer	
Dev Arsavilli	DA	IDIS Project Manager	
Jessica Griffiths	JG	IDIS Project - SME	
██████████	██	IDIS Project – Delivery Manager	
Nick Crossley	NC	SS-ICT Project Manager	
██████████	██	Agfa Project Manager	
Secretariat			
Darcy Row	DR	IDIS Project – Project Coordinator	

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Integrated Diagnostic Imaging Solution (IDIS) - Minutes

Project Control Working Group Meeting

3:00 PM – 4:00 PM, Tuesday 29th of May 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.

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9	Other Business	Discuss	All	
10	Meeting Close		Chair	

Next meeting: 26th of June 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	✓

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	Ap
Hammam Hijazi	HH	CH Director of Medical Imaging	✓
Bridie Player	BP	CHHS Radiographer	✓
Dev Arsavilli	DA	IDIS Project Manager	✓
Jessica Griffiths	JG	IDIS Project - SME	✓
■■■■■	■■	IDIS Project – Delivery Manager	✓
Nick Crossley	NC	SS-ICT Project Manager	✓
■■■■■	■■	Agfa Project Manager	✓
Phil Suthern	PS	Acting CH ICT Manager	✓
Secretariat			
Darcy Row	DR	IDIS Project Coordinator	✓

2. Attendance & Apologies

- Apologies: HG

3. Minutes from previous meeting

- Minutes from previous meeting confirmed.

4. Action & Status report

- DA Action 1 from 3/4/2018 PCWG: Data migration speeds.
- ■■■ The most recent data migration speeds indicated an estimated 126 days to complete data migration. This figure will likely be lower when we actually complete the migration as we can up the thread count during off-peak hours (night-time and weekends).
- DA We estimate that the data migration activities into PROD will commence early July. ■■■ Two years of RIS migration has to occur before we can start PACS migration. Knowing we can use weekends to increase migration speeds, then I estimate we would need no more than 3 months to complete all of this.

20180529-01	■■■ to report to POH with a plan to have data migration completed by 20 September
-------------	---

- MD 40% of all studies are now completed outside normal business hours. This means there is less people using the system, but higher proportions are for reporting. There is

increasingly less downtime. Our working model has significantly changed in the past 12 months, leaving some weeknights with no downtime. Need to keep this in mind and be ready to adjust migration speeds if there is system performance degradation.

5. Project update

- DA The Agfa system configuration has been completed, with integration and data migration activities continuing. We have done several cycles of data migration, identifying a number of data integrity issues prior to us starting PROD migration. We are still scoping another TEST data migration cycle to ensure no issues for PROD migration.
- DA We are testing the interfaces sequentially one by one, aiming to have this completed by mid to end of August. There will be a separate team completing the eOrders work.
- DA By the end of August we will have the integration completed and then can start image migration. POH This will mean the project deliverables by end of August? DA Yes, with UAT occurring after that.
- DA We have two weeks of UAT after that, then a month of end user training.
- Confirmed to POH that DA is confident that with continued access to integration resources, he thinks the October 1 2018 go-live is achievable, with the majority of PACS migration completed.
- MD How much contingency is built into this schedule for non-access to Michael Cowey or other integration resources? DA None at this point in time. POH From next week, the two priorities for DSD are CRIS/CPF and IDIS. We will also have more resources available for this work moving forward too.
- ■ There may be configuration changes stemming from the UCH go-live. JG There will be extra LSPNs and workflows that need to be instituted into both the Siemens and Agfa systems to accommodate UCH.
- MD Can we not do a go-live on a public holiday weekend? Long weekends have increased throughput compared to normal weekends. POH If you don't want a go-live on a long weekend then you need to advise us in the next few days. The weekend before is football finals and the weekend after is daylight savings. We also have the ACT Health split starting from October 1.

20180529-02	■/DA/MD/HH to report back to this group within 24 hours if they foresee any significant risks or issues with a 1 October go-live
-------------	--

- HH I don't foresee any issues with this go-live but will confirm.
- ■ I haven't socialised the October 1 go-live with the broader Agfa team, but I don't foresee any issues.
- MD I am happy with a 1 October go-live, will confirm if otherwise.
- MD Do we have any real concerns about access to integration resources knowing that DA said there was no contingency in the schedule?
- NC As long as we have Tim Panoho (■a) then I think this go-live is achievable. POH You have direct access to TPa if you need him, and he knows that.

20180529-03	SC to confirm with Julia from MKM their resource commitments and constraints
-------------	--

- DA Tim and Michael met with MKM last week to confirm the scope of work and how they will go about completing it.
- ■ If you are going to change the external third party reporting we would need to know very shortly. If it's changing from Everlight, we will need to know within the week.

- MD I have written the draft report, will finalise this week.

20180529-04	MD to advise the project team of the third party reporting procurement results within a weeks' time
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- MD Would like to reiterate that we don't want to put the go-live beyond mid-October. After mid-October, the MI department workload increases significantly and introducing a new RIS-PACS at this time would be very difficult.

6. Agfa update

- ■ Agfa have now completely upgraded our applications in all four environments and have tested the configurations in DEV/TEST/TRAIN environments. We are yet to have this configuration signed off, and we can't put this into PROD as yet. This is a big step and there is a bit of work involved with this.
- ■ There is some work going on with BI reporting as it came to light that some customisation was needed to meet ACT Health requirements. This is mostly completed now and will soon be handed over to JG for testing.
- ■ We have been working on the integration points, but some are waiting to be tested in earnest as Michael hasn't had PRIP time allocated for it.
- ■ We have our integration/solution expert on-site this week to get the AD/LDAP setup by the end of the week, and hand it over to testers. This work has been a little delayed by network access issues, but should be completed shortly.
- ■ We are in a bit of a holding pattern until the eOrders work is commenced and the other integrations testing is fully underway.
- ■ The other piece of work that still needs to be done is setting up Engage Suite in the DMZ (NC to help). Since the project go-live has been delayed, we will now be able to use the latest version of Engage Suite.

7. Risks and Issues report

- DA The biggest risk we have in the register is access to Clinical Portal/integration team resources.
- DA There are a few data migration issues that are amber, but are actively being reduced.

8. IDIS CUWG

- JG Nothing to report explicitly from the CUWG. We advised the clinical group of the delayed go-live and ran through some specific configurations that have been made.
- JG There will be a document about the training plan that will be circulated with the CUWG group, and then brought to PCWG for endorsement.
- DA Next PCWG meeting, we will be bringing the Transition and Training Plans for endorsement.
- MD I will be replacing the clinicians currently on the CUWG with other clinicians.

9. Any other business

- No other business raised.

10. Meeting ended 3:44pm

DIGITAL SOLUTIONS DIVISION



UCPH Digital Solutions Program IDIS Actions Log

Date	Meeting	Agenda Item	Minute Reference	Action	Action Owner	Target Completion Date	Actual Completion Date	Progress/Comments	Action Status
21/08/2017	DIAB	7	20170821-01	Will the current Siemens Accession numbers for historical data be migrated to the Agfa solution?	Jess Griffiths	21/09/2017	21/09/2017	Siemens accession numbers will not change when migrated.	Completed
20/09/2017	DIAB	4	20170920-01	Update Terms of Reference as per the minutes	[REDACTED]	04/10/2017			Completed
21/09/2017	DIAB	4	2017921-02	MD to send an email to all DIAB committee members explaining the importance of this meeting and that attendance is necessary	Mark Duggan	05/10/2017			Completed
21/09/2017	DIAB	6	20170921-03	All members review and endorse the IPS	All Members	04/10/2017	28/09/2017	IPS has been endorsed by DIAB members	Completed
21/09/2017	DIAB	7	20170921-04	MD to discuss the CIS interface at the Calvary meeting held on Friday 22 September	Mark Duggan	28/09/2017		Calvary meeting was postponed to Friday 29 September 2017	Completed
21/09/2017	DIAB	7	20170921-05	JG to discuss the CIS interface at the Project Control Working Group	Jess Griffiths	04/10/2017			Completed
28/09/2017	DIAB	3	20170928-06	JG to update CMP with feedback	Jess Griffiths	05/10/2017			Completed
28/09/2017	DIAB	3	20170928-07	JG to create a survey on change readiness to set a baseline	Jess Griffiths	12/10/2017		MS and JS emailed survey to key users	Completed
04/10/2017	PCWG	7	20171004-01	AW to investigate options to potentially reduce the schedule	[REDACTED]	18/10/2017			Completed
04/10/2017	PCWG	7	20171004-02	Project team to look at options to reduce timeframes as well as identify any impacts and ways to mitigate risks and impacts	[REDACTED]	18/10/2017			Completed
04/10/2017	PCWG	7	20171004-03	Add IDIS Schedule issues to program PCWG agenda before 6 October	[REDACTED]	18/10/2017			Completed
04/10/2017	PCWG	7	20171004-04	Book out session PCWG for 17 October to further discuss options	[REDACTED]	16/10/2017			Completed
04/10/2017	PCWG	7	20171004-05	Add to risk register the need to ensure a consistent approach to support and training. Currently both sites have their own support teams leading to inconsistencies	Jess Griffiths	16/10/2017			Completed
18/10/2017	PCWG	5	20171018-01	MS and KN to complete work on a Highlight Report for the next meeting	[REDACTED] Karen Norman	31/10/2017			Completed
18/10/2017	PCWG	6	20171018-02	Book meeting room with a monitor for next meeting	Karen Norman	31/10/2017			Completed
18/10/2017	PCWG	6	20171018-03	Update and review the risks and issues log	Karen Norman	31/10/2017			Completed
18/10/2017	PCWG	7	20171018-04	Business Analysts to investigate the clinical workflow	Chloe Caldwell	01/11/2017			Completed
18/10/2017	PCWG	7	20171018-05	Project Team to acquire information on CIS	[REDACTED]	01/11/2017			Completed
18/10/2017	PCWG	7	20171018-06	Understand technical information to put forward a data engagement paper to the ICT Executive	[REDACTED]	17/11/2017		AW to explore the possibility of CIS continuing as there will need to be further interfacing	In Progress
18/10/2017	PCWG	7	20171018-07	JS & JG need to assess what change management needs to be developed in order to move from current to future state	Jess Griffiths & Jen Smith	01/11/2017			Completed

18/10/2017	PCWG	8	20171018-08	MD to provide a list of consultants to include in the Agfa IPS	Mark Duggan	28/10/2017			Completed
18/10/2017	PCWG	8	20171018-09	MS to provide updated Agfa IPS to members by COB	[REDACTED]	18/10/2017	19/10/2017		Completed
18/10/2017	PCWG	8	20171018-10	Members to review and provide feedback or endorse the Agfa IPS by COB 23/10/2017	All Members	23/10/2017	24/10/2017		Completed
18/10/2017	PCWG	9	20171018-11	AW to differentiate between risks and issues in the log and add information on how decisions are being managed and the assistance required to mitigate and control	[REDACTED]	27/10/2017			Completed
18/10/2017	PCWG	9	20171018-12	NC to ensure HG is involved during technical conversations	Nick Crossley	27/10/2017			Completed
24/10/2017	Executive Management Meeting	3	20171024-01	MS to discuss with SN to ensure she is comfortable with evidence provided for Milestone 1	[REDACTED]	25/10/2017	25/10/2017		Completed
24/10/2017	Executive Management Meeting	3	20171024-02	MS to get the Siemens Statement of work complete in order to allow Agfa to move on with the data migration	[REDACTED]	30/10/2017	08/11/2017		Completed
24/10/2017	Executive Management Meeting	3	20171024-03	TP to engage with Siemens re gaining access to PACS data	[REDACTED]	30/10/2017	07/11/2017	TP encountering difficulties in engaging with Siemens to receive acceptable data. MS to call Siemens Project Manager	Completed
03/11/2017	PCWG	5	20171103-01	MS to discuss the scope with MD & SC with regards to what will be required at UCPH	[REDACTED]	07/11/2017		MD confirmed that UCPH will have a screening room and workflow to map CHHS screening room	Completed
03/11/2017	PCWG	5	20171103-02	Add new agenda item at 12 once a month to discuss the Budget	Karen Norman	15/11/2017	03/11/2017		Completed
03/11/2017	PCWG	7	20171103-04	JS & JG to liaise with Hammam re Calvary forums	Jess Griffiths/Jen Smith	15/11/2017			Completed
03/11/2017	PCWG	8	20171103-05	SC & MD to communicate changes to schedule with POH upon his return	Sandra Cook/Mark Duggan	09/11/2017			Completed
03/11/2017	PCWG	10	20171103-06	NC, TP and SB to ensure that the issues with data cleansing are dealt with in the Data Migration Plan	Nick Crossley [REDACTED] Scott Barrett	15/11/2017		Data issues are being investigated with RISPACS team and all items will be included in the Data Migration specification. This is ongoing. Specification continually updated as issues are resolved	Completed
22/11/2017	PCWG	5	20171122-01	TP to highlight with POH and MD if Siemens slip by even a day in their deliverables and they will escalate	[REDACTED]			Current action with Siemens to manage slippage. POH and MD to be copied on emails. Currently ongoing. Siemens deliver much improved but still requires close management	Completed
22/11/2017	PCWG	6	20171122-02	KN to update the risks and issues log	Karen Norman	13/12/2017			Completed
22/11/2017	PCWG	8	20171122-03	TP to organise a meeting with POH to agree on how long ACT Health should keep the administrative environment for queries	[REDACTED]	13/12/2017		Awaiting completion of Migration Gap Analysis to determine the need for access to archived database for queries	Completed
22/11/2017	PCWG	8	20171122-04	TP to liaise with NC to load converting software on a stand alone PC	[REDACTED] & Nick Crossley	01/12/2017			Completed
22/11/2017	PCWG	10	20171122-05	MD to send out a thank you email to all those involved in prototyping	Mark Duggan	27/11/2017			Completed
22/11/2017	PCWG	10	20171122-06	JS to send list of all prototyping participants to MD	Jen Smith	24/11/2017			Completed
22/11/2017	PCWG	10	20171122-07	JG to arrange meeting with MD and DSB to run through the design document	Jess Griffiths	30/11/2017			Completed
22/11/2017	PCWG	10	20171122-08	TP & NC to schedule regular technical meetings with Calvary	[REDACTED] & Nick Crossley	30/11/2017		JS/PR meeting with Calvary (HH/HG) 10/1/18. Communications occurring regularly	Completed
22/11/2017	PCWG	11	20171122-09	MS to meet with MD and SC to discuss the budget	[REDACTED]	01/12/2017			Completed
30/11/2017	CUWG	3	20171130-01	KN to update Terms of Reference and email to group for comment or endorsement by COB 6/12	Karen Norman	06/12/2017			Completed
30/11/2017	CUWG	4	20171130-02	JS to organise a meeting with the management teams of TCH and Calvary to discuss collecting previous/current data to measure future benefits.	Jen Smith	01/01/2018		Discussions continue at the IDIS CUWG meetings. 22/5 - Mark asked that the project team revisit this work.	In Progress
30/11/2017	CUWG	5	20171130-03	DSB will liaise with LB re the appointment letters to be loaded into the new Agfa solution	Dr Stuart Berry	06/12/2017		Loaded into Agfa solution and Mark agreed to close this item at 22/5 CUWG	Completed
30/11/2017	CUWG	5	20171130-04	HH will liaise with JS on who to contact with regards to training for Calvary	Jen Smith	06/12/2017			Completed

30/11/2017	CUWG	5	20171130-05	JG to look into the possibility of a non-mandatory retrospective time field for specific modalities	Jess Griffiths	08/12/2017		Completed per JG, and she is presenting this at the MI Communication meeting	Completed
16/01/2018		6	20180116-01	POH to discuss with Peter Jeffery the resourcing for integration	Peter O'Halloran	19/01/2018		Project now using PRIP to gain access to required resources. POH of the resource constraints	Completed
16/1/2018		6	20180116-02	TP to add the lineage migration from Siemens to Agfa to the risk register in order to monitor moving forward	████████	19/01/2018			Completed
16/01/2018		7	20180116-03	SC will obtain data on Clinical Portal use at TCH for HG to use in order to back up his argument on Clinical Portal use at Calvary	Sandra Cook	23/01/2018			In Progress
16/01/2018		7	20180116-04	JS to meet with HG to pass on extra information on Clinical Portal use as opposed to CIS	Jen Smith	30/01/2018		MD met with HG to pass on information	Completed
16/01/2018		8	20180116-05	Project Manager to update the PBS on a regular basis to keep track on what is being produced	Dev Arsavilli	05/02/2018		27/3 - DA unsure of what this is	Not Required
16/01/2018		9	20180116-06	AW to arrange meeting with Project Manager, SC and MD to discuss upcoming update to the Agfa solution	████████	30/01/2018		Meeting held and approval received for connectivity upgrade 6.3.1	Completed
16/01/2018		10	20180116-07	HH and HG to complete a cost analysis on integrating the stand alone Cardio Ultrasound machine at Calvary with the Agfa solution	Hakkan and Hammam	30/01/2018			In Progress
16/01/2018		10	20180116-08	HH to liaise with Philips with regards to the messaging between the Cardio Ultrasound machine and the Agfa solution	Hammam Hijazi	30/01/2018			In Progress
16/01/2018		10	20180116-09	Project manager to cost with Agfa integrating another machine and also liaise with SS-ICT on how this can be achieved	Dev Arsavilli	15/02/2018		27/3 - If this is for Calvary then this has been parked for phase 2	In Progress
16/01/2018		10	20180116-10	POH will explore how to fund the Cardio Ultrasound machine integration with Agfa	Peter O'Halloran	15/02/2018			In Progress
30/01/2018		4a	20180130-01	AW, DA, SC and MD to discuss how training of 2 RISPACS staff can be achieved	Dev Arsavilli, Mark Duggan, Sandra Cook, ██████████	13/02/2018		27/3 - All training dates confirmed and accepted	Completed
30/01/2018		4b	20180130-02	DA, SC and MD to discuss the different environments to decide if ACT Health should host a TEST environment post Go Live	Dev Arsavilli, Sandra Cook, Mark Duggan	13/02/2018		27/3 - DA advised that a test environment will remain after go-live	Completed
30/01/2018		7	20130130-03	DA to update on the schedule at the next meeting	Dev Arsavilli	13/02/2018			Completed
13/02/2018	CUWG	4	20180213-01	JS to send Key User Roles and Responsibilities document to the group for feedback and/or comment by 21st February 2018	Jen Smith	21/02/2018		Document sent to group 13/2/2018. 22/5 Could find no record of this document being sent, will resend and get approval	Completed
13/02/2018	CUWG	5	20180213-02	MD to send out details of Key User Training sessions	Mark Duggan	16/02/2018			Completed
13/02/2018	CUWG	7	20180213-03	MD and JS to consider the possibility of changing the time of the CUWG to 2-3pm if possible	Mark Duggan/Jen Smith	23/02/2018		Darcy and Mel have booked PCWG and CUWG up until June with dates agreed to by Mark.	Completed
13/02/2018	CUWG	7	20180213-04	AW to confirm that when specialists use Engage Suite they can still utilise the orthopaedic tools in Xero	████████	23/02/2018		████████ confirmed at 22/5 CUWG that orthopods will be able to use the required tools in Xero whether they are using Clinical Portal or Engage Suite	Completed
20/02/2018	Integration Meeting	2	20180220-01	DA to discuss with Sandra Cook the scope of Orion Health RFQ.	Dev Arsavilli	21/02/2018	21/02/2018	RFQ sent to MKM, DXC and Orion 21/2/2018	Completed
20/02/2018	Integration Meeting	3	20180220-02	MC to send his review of the ISD and TP to review the document whilst on leave	Michael Cowey	21/02/2018	21/02/2018	DR has compiled TP and MC comments and redistributed the document for further review.	Completed
20/02/2018	Integration Meeting	5	20180220-03	DA to consult with ██████████ and ask him for answers to questions posed last week	Dev Arsavilli	23/02/2018		AW sent this 22/2 to DA	Completed
20/02/2018	Integration Meeting	5	20180220-04	DA to discuss Agfa slow response times at Executive Management Meeting	Dev Arsavilli	23/02/2018		DA raised this at most recent Executive Management Meeting. Will be tracked	Completed
20/02/2018	Integration Meeting	5	20180220-05	DA, Sandra Cook and Kristina Carroll to discuss allocation of hours with Travis Wu	Dev Arsavilli, Sandra Cook, Kristina Carroll	28/02/2018		Ongoing discussions are taking place on this point, per DA	Completed
23/02/2018	Discussion	NA	NA	Dev to discuss with Nick Crossley and ██████████ about maintaining Siemens database.	Dev Arsavilli	07/08/2018		DA met with Siemens 8/3	Completed
23/02/2018	Project Team	2	20180221-01	DR to send out update Project Schedule for team to review and provide tasks and dependencies.	Dev Arsavilli	21/02/2018	21/02/2018	DR sent out schedule to project team 21/2/18	Completed