

Option 3: not suitable

- a. Testing in Pre-PROD is simply not acceptable and doesn't comply with ACT Change Management Processes
- b. We need migrated data in TEST for System and Integration (SIT) Testing and BI (reporting) testing.
- c. This will make SIT and BI testing invalid in TEST

Option 2: not suitable fully, but we can accept this approach temporarily to continue with data migration cycle 3 and 4 but for cycle 5 would require more than 2TB.

- 1. This approach requires clean-up of the data for each cycle to run.
  - a. Our preferred approach for this option would be to keep migrated RIS data in place with each cycle and just remove images to create space for next cycle.
  - b. I believe this is not possible
  - c. However, to continue with data migration testing this approach can be used. I have confirmation from the Testing Team this will not cause any issues for their testing plan
- 2. This approach will not ensure that we have sufficient RIS data for BI testing in TEST

**Q8. Why we were not proposed an option to use the Production disk temporarily in the similar manner to Option 2 (Option 2 proposed porting of 1TB from a different environment)**

- a. This will be our most preferred approach to resolve this issue.
- b. This will ensure sufficient temp storage for testing in TEST

PR3	Storage	The storage solution is scalable and upgradeable.	
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- c. This will give good approximate times for PRE-PROD data migration
- d. This approach will help us do bigger chunks of data migration as planned before.
- e. If production uses replicated storage – using a small portion of the replicated storage is an advantage
- f. As we are not using the PROD environment, temporary usage of the disc adds value
- g. **Q8. Is there a significant reason preventing Agfa do not want to take this approach**
- h. The project team would like to discuss further at any time.

Kind Regards,

Dev

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 Dev Arsavilli | Project Manager  
 Phone: 02 6174 8729 | Mobile: [REDACTED] | Email: [Dev.Arsavilli@act.gov.au](mailto: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](http://act.gov.au)

**From:** [REDACTED] [mailto:[REDACTED]]  
**Sent:** Wednesday, 14 March 2018 7:40 PM  
**To:** Duggan, Mark (Health) <[Mark.Duggan@act.gov.au](mailto:Mark.Duggan@act.gov.au)>  
**Cc:** Arsavilli, Dev <[Dev.Arsavilli@act.gov.au](mailto:Dev.Arsavilli@act.gov.au)>; [REDACTED] <[REDACTED]>; [REDACTED] <[REDACTED]>; [REDACTED] <[REDACTED]>  
**Subject:** TEST environment- Options to move forward.

Hi Mark

I have reviewed the issue, notes in email trail below, and both [REDACTED] have gone through the relevant project and commercial documentation.

I am not able to find any reference to the requirement to provision a TEST environment suitable to specifically support the migration testing strategy and approach that is currently being undertaken by ACT Health. In addition, I am not able to locate where there may be stated *any* requirements or direction articulated to Agfa in advance so as one would reasonable expect us to assess and provision an environment that supports this particular testing approach.

In the course of my internal discussions with the AGFA teams last night and this morning, it would appear we certainly have not been previously exposed to migration testing in this context and which required us to provision an environment to meet your particular needs. By no means is it a reflection of the testing quality and efficacy being undertaken, but it certainly would be

viewed as atypical from our perspective. As such, it was never planned for or considered. Our EI TEST environment, as [REDACTED] has articulate below, has been provisioned in line with our global best practice. Our design specifications of course are to support testing of our applications, and were never intended for supporting this type of migration testing. Although we inadvertently seemed to have gone down this path a ways with you in good faith.

**So going forward, we can propose three options for consideration:**

1. As [REDACTED] email from 09 March, we can turn on automatic purging of the data within the TEST storage cache. I understand this may have some impact on the testing approach and [REDACTED] can work through this with Dev and the migration teams.
2. We believe we can relatively easily assign 1TB of cache from one of the other environments temporarily. Although this will immediately allow you to progress the testing of DICOM throughput which has recently been stopped, I don't believe 2TB will be near sufficient to achieve the 20% of migrated data being sent to TEST. Essentially this too will fill up eventually.
3. ACT Health to change the testing approach to one which involves migrated data being testing in Pre-PROD. I know Dev has expressed some concerns about this approach (and we would be happy to discuss with him further what risks he sees here). I believe this was an approach that was perhaps suggested in the SoW documents in any case, but understand if that changes to approach may be valid through the course of any project.

Once you have reviewed these options, please let us know how you may wish to proceed. Of course if you need an out of session meeting to discuss, we can organise.

Kind Regards,

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-----[attachment "ACT Health Project - Migrations (as PDF).pdf" deleted by [REDACTED] NAWVR/AGFA] [attachment "[AUS - ACT] Performance during TEST migrations.xlsx" deleted by [REDACTED] NAWVR/AGFA]

**Heland, Rebecca (Health)**

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**From:** [REDACTED] [REDACTED] (Health)  
**Sent:** Wednesday, 11 April 2018 2:41 PM  
**To:** [REDACTED] [REDACTED]  
**Cc:** [REDACTED] [REDACTED] Arsavilli, Dev; [REDACTED] [REDACTED] (Health); Griffiths, Jessica (Health)  
**Subject:** RIS PACS Data Extraction Specifications [SEC=UNCLASSIFIED]  
**Attachments:** RIS PACS Data Extraction Specifications.docx

Hi [REDACTED]

As discussed in the meeting today, attached is a copy of the extraction specifications.

The following details are yet to be finalised:

Ordered and Scheduled Exam extraction details: Discussions have been initiated with the business, no decisions made yet.

Text Attachments: Gap analysis provided, business to identify data that needs to be extracted in the form of text attachments.

Please get back to me if you need any further information.

Thanks,

[REDACTED]

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

**Heland, Rebecca (Health)**

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**From:** [REDACTED] [REDACTED] (Health)  
**Sent:** Tuesday, 10 April 2018 11:37 AM  
**To:** [REDACTED] [REDACTED] (Health)  
**Subject:** RIS PACS Data Extraction Specifications for Siemens [SEC=UNCLASSIFIED]  
**Attachments:** Data Extraction Specifications.docx

Hi [REDACTED]

I have attached an initial draft of the extraction specifications.

Could you please review and provide some feedback.

Thanks,

[REDACTED]

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



## ACT Health Project - Integrations Meeting 20180410

Tuesday, 10 April 2018 17:00

### Agenda:

- Status Update
- Review of Open Actions
- New Items
- Next Meeting

### Attendees:

- ACT - Nick Crossley, Michael Cowey, Jessica Griffiths, [REDACTED], [REDACTED]
- Agfa - [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]
- Apologies: Dev Arsavilli,

### Status Update

Dev is working on a revised quote with Orion. Orion work is scheduled to commence next Monday although this is unlikely.

NE & JG will work together to generate some ORU messages for MC

- 1 x single procedure report
- Create an addendum
- 1 x multi procedure (3). Save, create, finalise plus addendum

Meeting scheduled for Thursday 19th - A/C & MC will push messages and answer questions etc

### Open Actions

Summary of open actions from previous meetings.

Item #	Description	Responsible	Action Date	Status	Comments
1	CIS interface	TP	20/11/17	Close	Decision on use still pending. TP to escalate for decision at next governance meeting. 16/01/18 - Final decision still pending 30/01/18 - Viewing results via CIS is not required by TCH. Pending decision by Calvary if this is needed. 6/2/2018 - Confirmation has been received from the Executive Sponsor that CIS is out of scope. DA will forward this confirmation to AW 20/02/2018 - No update 27/02/2018 - No update 06/03/2018 - AW to check with DA 03/04/2018 - AW to check with DA 10/04/2018 - DA can close
2	Use of CRIS	TP/MC	20/11/17	Pending	TP has advised that CPF system will be used.. However no spec is currently available. TP/MC to request interface spec from Vendor through Renee. (low priority). 16/01/18 -TP has reviewed specs but these are not detailed. No further information on CPF Go-live date 30/01/18 - TP meeting with Renee last week, current schedule has their go-live after our go-live. Mean will need both CRIS and CPF interfaces. TP - need to confirm if our PDF is standard (Yes) and this can be accepted by CRIS. Actual requirements still need to be added to specifications document.. MC commented it is more complex. TP to Follow up with Arnaud and Jenny Elliot and organise a meeting. 6/2/2018 - Integration will have to be built with CRIS in addition to CPF therefore TP has added this into to Integration Spec. MC is aware of the actions involved for this interface. TP will organise a meeting with Arnaud and Jenny Elliot before our next meeting 13/2/2018 - TP to meeting with Medical Records 20/02/2018 - No Update 27/02/2018 - No update 06/03/2018 - TP has contacted Jenny Elliot and arranged for a meeting this week. MC to also attend. 03/04/2018 - CRIS has been added to Spec, TP to make sure Doc Type and Procedures have been included as well as the procedure for getting the episode across. 10/04/2018 - TP has added to spec. Doc Types are the 10 Modality types Agfa to confirm whether episode number can be less than 10 Chars.
3	ACTPAS Reporting Team patient load \extract.	TP/MC/NC	20/11/17	In Progress	NC\TP to arrange for extract. TP asked Agfa to advise if Delta will be needed. Agfa - This will be a one off for production load. Format will be same as patient spec. Not needed for Dev testing. NE advised patients will come from ACTPAS, All current RIS Ids will need to match Siemens when Sync to ACTPAS (ADT) is established

					<p>NC - Quote is required by MKM, Sample extract to be provided by SSIT. A scrambled copy can be provided now but needs signoff. Meeting is scheduled 6th December for further discussion</p> <p>Requirements for ACTPAS DB\Patient Extract were discussed at meeting with TP, NC, SS and Travis Wu</p> <p>16/01/18 - no update</p> <p>30/01/18 - Meeting with Patient Master Index has been organised to see if cleansing activities can be leveraged.</p> <p>6/2/2018 - Approval has been received for Jason Smith from the PMI team to assist with validating the data. He has received samples and this will boost our cleansing of MRNs etc.</p> <p>13/2/2018 - sample has been sent to Jason and we are awaiting it's return</p> <p>20/02/2018 - No Update</p> <p>27/02/2018 - No update</p> <p>06/03/2018 - The project team has identified 9000 differences with patient names. 200 of these are a concern. To be discussed at PCWG meeting Thursday</p> <p>03/04/2018 - SS to review when new extract is available</p> <p>10/04/2018 - Issue is mostly with Calvary but not all. 400 MRNs in RIS but not in ACTPAS. &gt;8000 records that haven't been merged in RIS. Pending update on how this will be managed but no impact to Agfa.</p>
4	Faxing from new solution	NC/AW	20/11/17	In Progress	<p>Need a decision on how this will be done. MC advised Right Fax is current provider. This will be a new project for John Cordie. NC to scope out with vendor on what is required.</p> <p>Agfa to check tender requirements. Agfa advise no requirement for Agfa to provide fax server</p> <p>MC will need to work out with Rhapsody ORU with PDF transform</p> <p>NC has requested Agfa to investigate whether Agfa could provide the fax services (in progress)</p> <p>NC - Business requirements from [REDACTED] are being written and will need to schedule a meeting to define the path forward.</p> <p>16/01/18 - no update</p> <p>30/01/18 - Faxing by ACTH may require a different approach than sending an ORU out. Needs further discussion with Dev and whether a Change Request is needed for an Agfa solution.</p> <p>6/2/2018 - AC will provide message samples relating to ORU by Friday 9/2/2018. NE has contacted the applications team to compose scenarios to look at generating messages. DA/NC are composing an options paper for ACT Health Executive and require an estimate from AC by COB Thursday 8/2/2018.</p> <p>20/02/2018 - Pending feedback from Axiom. Axiom will configure as per Agfa requirements</p> <p>DA to engage Axiom to review messages to be configured. Right Fax test to be arranged</p> <p>27/02/2018 - DA external resources are being procured</p> <p>06/03/2018 - External resources are engaged but will need support from MKM / Orion. Samples to be sent by MC.</p> <p>03/04/2018 - MC's team is working on these. Need to connect interfaces so that messages can be generated</p>
5	Training environment outbound	TP	12/12/17	Pending	<p>TP to check what is required for the Training environment outbound, ACTPAS &amp; eOrders</p> <p>16/01/18 - no update</p> <p>30/01/18 - Further discussion is needed with Dev if and end to end live training environment is needed. MC has advised there are options but it needs to be define what the exact requirements are.</p> <p>6/2/2018 - DA is working with PR [REDACTED] pulling together business requirements with regards to integration within the training environment. If the business do not require the environment post "Go Live" we would like to keep integration and migration to a bare minimum</p> <p>20/02/2018 - DA to confirm the training environments for ACTPAS/CP/Rhapsody/ etc and if needs to be separate from Test</p> <p>06/03/2018 - pending Update from Dev</p> <p>03/04/2018 - pending Update from Dev</p> <p>10/04/2018 - DA confirms will need ACTPAS &amp; eOrders</p>
6	Orion Engagement	TP	30/1/2018	In progress	<p>Engagement with Orion and other vendors will be required (PRBC for DFT, Everlight, UMIC &amp; CPF)</p> <p>6/2/2018 - TP/NE to discuss and research billing requirements. Sandra Cook is discussing with the portal team and management on how to arrange</p> <p>13/2/2018 - DA has escalated to SC the constraints with Orion Health engagement. She will speak with KB on how to mitigate</p> <p>20/02/2018 - No Update</p> <p>27/02/2018 - Orion procurement in progress</p> <p>06/03/2018 - Dev is waiting for confirmation from Orion on engagement</p> <p>03/04/2018 - in progress</p> <p>03/04/2018 - pending Update from Dev</p> <p>10/04/2018 - Dev is working on a revised quote with Orion. Orion work is scheduled to commence next Monday although this is unlikely.</p>
7	Configuration Signoffs	DA	27/02/2018	Pending	<p>Dev to advise signoffs required or entry criteria for SIT</p> <p>06/03/2018 - pending Update from Dev</p>
8	Sample ORU Messages	NE/JG	12/04/2018	Pending	<p>NE &amp; JG will work together to generate some ORU messages for MC</p>

9	ACTPAS	NE	12/04/2018	Pending	NE to review ACTPAS messages and issues (eg mobile number)
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**New Items**

- NE to review ACTPAS messages and issues (eg mobile number)

**Issues & Risks:**

- Delays in providing the new instance of Clinical Portal will potentially delay dev setup & testing
- Shared Services Resource availability for Rhapsody Integrations work

**Actions for this week:****Next Meeting**

Next Meeting Scheduled, 17th April 2018 17:00

Notes submitted by: [REDACTED] [REDACTED]

**Heland, Rebecca (Health)**

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**From:** [REDACTED] <[REDACTED]>  
**Sent:** Tuesday, 17 April 2018 4:16 PM  
**To:** [REDACTED] (Health); Crossley, Nick; Cowey, Michael; Griffiths, Jessica (Health); [REDACTED]  
**Cc:** [REDACTED]; Arsavilli, Dev  
**Subject:** ACT Health Project - Integrations Meeting 20180410  
**Attachments:** ACT Health Project - Integration (as PDF).pdf

Kind Regards,

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

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## ACT Health Project - Migration Meeting 08/02/2018

Thursday, 8 February 2018 17:00

### Agenda:

- Status Update
- Review of Open Actions
- New Items
- Next Meeting

### Attendees:

- ACT - Nick Crossley, [REDACTED] Dev Arsavilli, [REDACTED]
- Agfa - [REDACTED]
- Apologies: [REDACTED]

### Status Update

- SS provided and update on current migration work.
- Siemens RIS Extract preparation has been finalised.
- PACS extract didn't validate so a new version has been requested and will be supplied by Siemens early next week.
- Complete RIS/PACS/Attachments 20% migration files to be handed over to Agfa on 16th Feb. NE advised co-ordination will be required so the files can be made available on the Agfa system early on the 16th
- JG is finalising work on Doctors file, to be ready next week

### Open Actions

Summary of open actions from previous meeting.

Item #	Description	Responsible	Action Date	Status	Comments
1	Doctor IDs & File	TP/SS	23/11/17	In Progress	<p>SS advised Siemens use a different doctor ID than the provider number. Need to discuss Doctors at meeting to be scheduled</p> <p>NE - Doctors need to be checked against ACTPAS (ref email)</p> <p>As Doctors are first to migrate it is essential data is cleansed and conforms to Agfa requirements. Decisions around how to map invalid numbers to be made ASAP.</p> <p>Agfa can delay Doctors load until business decisions is reached.</p> <p>11/01/18 - To be confirmed by business with JG</p> <p>18/01/18 - The doctor file is almost ready for loading, this needs to be loaded by Feb and before next test migration</p> <p>25/01/18 TP - Still being worked on</p> <p>08/02/18 - Still being worked on</p>
2	Patient Load (ACTPAS)	TP	18/01/18	In Progress	<p>Availability of patient load for testing is to be confirmed.</p> <p>18/01/17 -</p> <p>25/01/18 TP - Request in progress</p>

					08/02/18 - Pending final cleansing and checking with PMI team
3	20% Test Migration	TP	5th Feb	Pending	<p>Next test migration is estimated to be ready around 5th Feb for migration</p> <p>18/01/18 - waiting on PACS and due next Monday. TP to verify if correct ACTPAS Patient IDs are used and verify if all have ACN #s. If not then best option is to create using RIS order #</p> <p>25/01/18 On track to provide to Agfa 5th Feb. Final cleansed files Patient &amp; Doctor loads to be completed prior to test migration commencement</p> <p>01/02/18 - TP 20% ready for Agfa on Monday, including attachments.</p> <p>TP 20% load - will need to plan for what is required for PROD migration, deltas etc. Also discuss with RIS-PACS team on load \threads - Agfa to provide details of hours \no of threads, so can be setup in AMT. KP performance testing, TP yes, see how many threads we can run without impacting performance\production. Overnight threads can increase. Will start with a g 1 no &amp; add threads to see how many is OK without performance impact</p> <p>08/02/18 - Handover to Agfa delayed now due on 16th, further discussion needed on splitting of file Financial class sent to Agfa as Text attachment, can provide to Agfa, but won't be in the 20%</p> <p>TP to confirm the window and number of threads to be used</p>
4	DICOM Image Test	AW/KD	18/01/18	In Progress	<p>11/01/18 - RIS/PACS admin have now configured Siemens for DICOM transmission and a small test transfer should be planned in the early hours (05:00 - 08:00) to make sure there are no issues or impact to the existing Production PACS</p> <p>18/01/18 - Image migration test successful, remainder of Studies to be transferred.</p> <p>25/01/18 In progress and will be completed over weekend</p> <p>01/02/18 - TP partially migrated (AMT) needs to be tracked down (study ID) more work is needed with these</p> <p>TP Ones not visible in EI, [REDACTED] has found a null study date field, following up with Siemens. Image count appears correct</p> <p>KD If study date\time field, could be mapped, TP [REDACTED] has ID'd the null dates &amp; we can advise TP image count is incorrect in the partially migrated ones</p> <p>08/02/18 -</p>
5	Migration Attachments	TP	25/01/18	In Progress	<p>18/01/18 - Siemens currently on track to provide combined RIS/PACS/Attachments file to ACTH end of next week. This will be required to be load into Dev for testing during SIT.</p> <p>08/02/18 - Attachments are in the process of being validated</p>
6	Gap Analysis	TP	01/02/18	In Progress	<p>18/01/18 - ACTH are working with Siemens on Gap Analysis and mappings needed and waiting for further update</p> <p>25/01/18 In progress (see above)</p> <p>01/02/18 - TP RIS Gap from data files for migration and looking to take to business for approval, only 2</p>



					doubtful fields, patient financial class and 1 other (patent type) that don't map to anything. May be able to setup a query on the Siemens database
7	Issuer of PID	NE	25/01/18	Pending	18/01/18 - It was noted during Image transfer test that PID was not always PAS. This should be forced to use PAS in future 25/01/18 Last migration to be checked to confirm change worked
8	Migration Testing	TP	25/01/18	In Progress	18/01/18 - TP to check with Test Team how migration testing will be done 25/01/18 TP - In Progress
9	XA multi frame is not a DICOM image	TP	15/02/18	Pending	08/02/18 - KD confirms normally DICOM, TP to investigate further file types supplied
10	Migrating DICOM and no RIS orders	TP\NE	08/02/18	Pending	01/02/18 - TP where just DICOM and no RIS orders, will we create a dummy order? KP DICOM based order will automatically be created. NE DICOM base studies that are RIS based, ACT may need to create orders - would need to ID these records. TP\NE & SS to discuss 08/02/18 - Agfa recommendation is to create a RIS order
11	Attachments in Scheduling	AC	08/02/18	Pending	01/02/18 - TP attachment, one of each type migration, were just scheduling - KP need to upgrade to 6.3.1 & R&D still need to work on solution, awaiting R&D

### New Items

- SS noted issue with merges. Successful in RIS but not in PACS. KD - AMT check if ACN#, Study ID match & Patient ID match. If not any exceptions will need to be validated
- Best Practice Migration is to have complete HL7 migration before Go-Live. Migration can be split if needed.

### Issues & Risks:

The following Issues and Risks were noted.

### Next Meeting

Next Meeting Scheduled for Thursday 15th February 2018

Notes submitted by: [REDACTED]

## ACT Health Project - Migration Meeting 09/11/2017

Thursday, 9 November 2017 17:00

### Agenda:

- Status Update
- Review of Open Actions
- New Items
- Next Meeting

### Attendees:

- ACT - [REDACTED] Crossley, [REDACTED]
- Agfa - [REDACTED]
- Apologies:

### Status Update

- SS & TP provided an update on current migration work.
- KD has provided feedback on latest migration test (see email 08/11/2017)
- TP has advised Siemens has proposed a different approach to the PACS part of the migration, using what they say is a well-proven method that has successfully been used to migrate to Agfa systems. In brief it is outlined below – extracted from what they sent us.

#### Option 2: Smart Data Conversion (SDC) Migration - RECOMMENDED

- Siemens will drive the migration to Agfa End2End using SDC controller. Statement of work for that attached. I also have some slides with workflow diagram I will transfer to you.

Our team have a very mature and robust approach for migrating data from Syngo.Imaging given it is a legacy product. Hence we strongly suggest you consider option 2 for the following reasons:

- Migration will be performed directly from the syngo Imaging Centera archive – syngo Imaging application won't be touched with SDC (Agfa will use a DICOM C-MOVE approach)
- Performance with SDC up to 1 TB per day, with standard DICOM connection is usually < 100GB per day. So migration will run very long with option 1.
- Syngo Imaging STS Cache won't be filled with old priors during migration (that would be stored there after DICOM C-MOVE is triggered by Agfa)
- Syngo Imaging monitoring and throttling of migration
- Daily sync for new incoming studies VS syngo Imaging database
- Comparison between RIS orders and PACS examinations during migration
- Handling of obsolete / deleted objects in syngo Imaging
- Verification on patient / study / series and image level on the fly
- Weekly reporting and statistics
- Agfa will provide feedback on above but advise that Siemens have no known experience with EI and can only guarantee a quality outcome with Agfa's stated migration strategy.

### Open Actions

- No Solution so far with duplicate Study UIDs & ACNs numbers, with many ACN number having more than one study. *AC confirmed AHEI will not accept these - a solution is needed.*
- Pre Siemens RIS data different and does not contain filler order number. Confirmed ACN number can be used (with suffix). This must all match HL7 data. *SS advises this will take longer to prepare*
- SS advised Siemens use a different doctor ID than the provider number, *Pending*
- Next extracts for RIS still pending
- DICOM extract still waiting on Siemens work and Test DB to be setup on ACTH environment. ACTH have copy of DB but are unable to access as is Oracle. *Alternative solutions are being investigated.*
- SS - Issuer of order needs to be defined, *Pending*



## New Items

- NE questioned whether additional loads of migration data is warranted before master dater is entered as Test Migrations create rubbish Exam, Doctor, Room etc codes. Removing Configs is not easy. Decision is to hold off AMT > EI migrations.
- Meeting to discuss Doctors to be scheduled

## Issues & Risks:

- The following Issues and Risks were noted.
- Issue: Duplicate Study UIDs & ACNs numbers
- Risk: Delays with Migration extract analysis may impact go-live

## Next Meeting

Next Meeting Scheduled. November 16th 17:00

Notes submitted by: [REDACTED] [REDACTED]

## ACT Health Project - Migration Meeting 11/01/2018

Thursday, 11 January 2018 17:00

### Agenda:

- Status Update
- Review of Open Actions
- New Items
- Next Meeting

### Attendees:

- ACT - [REDACTED] Crossley, [REDACTED]
- Agfa - [REDACTED]
- Apologies: [REDACTED]

### Status Update

- TP & SS provided and update on current migration work.
- ACTH have received further extracts along with attachments from Siemens. Work on transforms has begun.
- The attachment file and future loads will be quite large so an alternative method (eg via external drive) is to be investigated. File size approx 330 mb.
- File should be ready for migration early next week
- Siemens currently on track to provide combined RIS/PACS/Attachments file to ACTH end of next week.
- This will be required to be load into Dev for testing during SIT
- RIS/PACS admin have now configured Siemens for DICOM transmission and a small test transfer should be planned in the early hours (05:00 - 08:00) to make sure there are no issues or impact to the existing Production PACS. The full DICOM images transfer for the current migration will be planned at a later date.
- The doctor file is almost ready for loading, this needs to be loaded by Feb
- ACTH are working with Siemens on Gap Analysis and mappings needed

### Open Actions

Summary of open actions from previous meeting.

Item #	Description	Responsible	Action Date	Status	Comments
1	Duplicate Study UIDs & ACNs numbers, with many ACN number having more than one study.	TP/SS	23/11/17	Closed	AC confirmed AHEI will not accept these - a solution is needed. Study UID needs to be unique. TP can provide a table with added suffixes that can be used SS will do the updates
2	Pre Siemens RIS data different and does not contain filler order number. Confirmed ACN number can be used (with suffix). This must all match HL7 data.	TP/SS	23/11/17	In Progress	SS advises this will take longer to prepare Ongoing TP - using CAN + suffix, KD confirmed the filler order # can be ACN# as long as it links all 11/01/18 - To be confirmed by business
3	Doctor IDs	TP/SS	23/11/17	In Progress	SS advised Siemens use a different doctor ID than the provider number. Need to discuss Doctors at meeting to be scheduled NE - Doctors need to be checked against ACTPAS (ref email ) As Doctors are first to migrate it is essential data is cleansed and conforms to Agfa requirements. Decisions around how to map invalid numbers to be made ASAP. Agfa can delay Doctors load until business decisions is reached. 11/01/18 - To be confirmed by business
4	New RIS Extracts	TP/SS	23/11/17	Closed	Siemens have provided new RIS extracts but information is incomplete and not conforming to Agfa templates TP - Pending new RIS/PACS extracts 11/01/18 - new extracts are OK
5	Initial DICOM extracts	TP/SS	23/11/17	Closed	DICOM extract still waiting on Siemens work and Test DB

					to be setup on ACTH environment. ACTH have copy of DB but are unable to access as is Oracle. Alternative solutions are being investigated. PACS extracts should match RIS Data set. New PACS DB Tool is now working and first test extracts should soon be available from SS. Siemens will still provide Production extracts
6	Siemens Migration Approach	TP/NC	23/11/17	Closed	Meeting with ACTH, Siemens and Agfa scheduled 23/11/17 18:00 Meeting with Siemens and Agfa was held. Siemens has present an option for PACS Migration using a SDC box (presentation provided in meeting)  ACTH will review proposal and decide on approach KD provided feedback that list of SDC/Agfa sites were Impax not EI. At this stage Agfa has not been involved in an SDC migration. Belgium site has not proceeded to his knowledge. Canadian site was Impax 11/01/18 - ACTH will not proceed with SDC option
9	DICOM Setup	TP	7/11/17	Closed	TP requested a DICOM setup to receive images from Production PACS to baseline retrieval performance. However this would result in real patient information in Dev and this is not allowed. (add to issues list) NC has requested permission to import PID into Dev there is no way to strip this from DICOM during the migration process
10	Healthlink ID	TP	7/11/17	Pending	NE - the field for listing the Healthlink ID needs to be defined.
11	Patient Load (ACTPAS)	TP	18/01/18	Pending	Availability of patient load for testing is to be confirmed.
12	File Transfers	NE	18/01/18	Pending	NE to advise file path to be used for future transfers. SS to include path in extracts to be migrated
13	20% Test Migration	TP	5th Feb	Pending	Next test migration is estimated to be ready around 5th Feb for migration

### New Items

Summarize the discussion for new issues, state the next steps and assign any action item.

### Issues & Risks:

The following Issues and Risks were noted.

- Issue: Duplicate Study UIDs & ACNs numbers
- Risk: Delays with Migration extract analysis may impact go-live

### Next Meeting

Next Meeting Scheduled. January 18th 17:00

Notes submitted by: [REDACTED] [REDACTED]

## ACT Health Project - Migration Meeting 16/11/2017

Thursday, 16 November 2017 17:00

### Agenda:

- Status Update
- Review of Open Actions
- New Items
- Next Meeting

### Attendees:

- ACT - [REDACTED]
- Agfa - [REDACTED] Deplae, [REDACTED]
- Apologies: [REDACTED] Crossley,

### Status Update

- SS & TP provided and update on current migration work.
- A meeting with Agfa and ACTH will be held 16/11/17 18:00 to provide update and feedback on proposed Siemens Migration approach

### Open Actions

Summary of open actions from previous meeting.

Item #	Description	Responsible	Action Date	Status	Comments
1	Duplicate Study UIDs & ACNs numbers, with many ACN number having more than one study.	TP/SS	23/11/17	Pending	AC confirmed AHEI will not accept these - a solution is needed. Study UID needs to be unique. TP can provide a table with added suffixes that can be used
2	Pre Siemens RIS data different and does not contain filler order number. Confirmed ACN number can be used (with suffix). This must all match HL7 data.	TP/SS	23/11/17	In Progress	SS advises this will take longer to prepare
3	Doctor IDs	TP/SS	23/11/17	Pending	SS advised Siemens use a different doctor ID than the provider number. Need to discuss Doctors at meeting to be scheduled NE - Doctors need to be checked against ACTPAS (ref email) As Doctors are first to migrate it is essential data is cleaned and conforms to Agfa requirements. Decisions around how to map invalid numbers to be made ASAP. Agfa can delay Doctors load until business decisions is reached.
4	New RIS Extracts	TP/SS	23/11/17	Pending	Siemens have provided new RIS extracts but information is incomplete and not conforming to Agfa templates
5	Initial DICOM extracts	TP/SS	23/11/17	Pending	DICOM extract still waiting on Siemens work and Test DB to be setup on ACTH environment. ACTH have copy of DB but are unable to access as is Oracle. Alternative solutions are being investigated. PACS extracts should match RIS Data set. New PACS DB Tool is now working and first test extracts should soon be available from SS. Siemens will still provide Production extracts
6	Issuer of order needs to be defined	TP/SS	23/11/17	Complete	Decision to use "System"
7	Meeting to discuss Doctors to be scheduled (Ref 3)	TP	23/11/17	In Progress	Meeting scheduled 21/11/17 (All Base Data)
6	Siemens Migration Approach	TP/NC	23/11/17	In Progress	Meeting with ACTH, Siemens and Agfa scheduled 23/11/17 18:00
9					
10					

### New Items

Summarize the discussion for new issues, state the next steps and assign any action item.

### Issues & Risks:

The following Issues and Risks were noted.

- Issue: Duplicate Study UIDs & ACNs numbers
- Risk: Delays with Migration extract analysis may impact go-live

### Next Meeting

Next Meeting Scheduled. November 23rd 17:00

Notes submitted by: [REDACTED]

## ACT Health Project - Migration Meeting 18/01/2018

Thursday, 18 January 2018 17:00

### Agenda:

- Status Update
- Review of Open Actions
- New Items
- Next Meeting

### Attendees:

- ACT - [REDACTED] Crossley, [REDACTED]
- Agfa - [REDACTED]
- Apologies:

### Status Update

- TP & SS provided and update on current migration work.
- ACTH have received further extracts along with attachments from Siemens. Work on transforms is continuing.
- For loading the attachments Agfa advise the validated method to be used is for the attachments to be migrated with HL7 migration. Loading after has not been previously done by Agfa. It was agreed to proceed next week with the attachment load and check if they are loaded correctly. TP advised for future (20% test and Prod) migrations the attachments will be loaded with HL7 migration.
- SS mentions that there will be a need further for Z attachments
- An issue has been noted coming from Siemens PACS extracts that don't have corresponding RIS orders. They don't come from a scheduled order. Agfa advise to generate a RIS record for PACS. If they are in DICOM they can be migrated without a HL7 order and EI will create and order and link together. TP has requested for a high level explanation with Pros & Cons so that a decision can be made by the business.

### Open Actions

Summary of open actions from previous meeting.

Item #	Description	Responsible	Action Date	Status	Comments
1	Pre Siemens RIS data different and does not contain filler order number. Confirmed ACN number can be used (with suffix). This must all match HL7 data.	TP/SS	23/11/17	In Progress	SS advises this will take longer to prepare Ongoing TP - using CAN + suffix, KD confirmed the filler order # can be ACN# as long as it links all 11/01/18 - To be confirmed by business 18/01/17 - Pending Confirmation
2	Doctor IDs	TP/SS	23/11/17	In Progress	SS advised Siemens use a different doctor ID than the provider number. Need to discuss Doctors at meeting to be scheduled NE - Doctors need to be checked against ACTPAS (ref email) As Doctors are first to migrate it is essential data is cleansed and conforms to Agfa requirements. Decisions around how to map invalid numbers to be made ASAP. Agfa can delay Doctors load until business decisions is reached. 11/01/18 - To be confirmed by business 18/01/18 - To be confirmed by business with JG
3	Healthlink ID	TP	7/11/17	Pending	NE - the field for listing the Healthlink ID needs to be



					defined. 18/01/17 - email address field will be utilised
4	Patient Load (ACTPAS)	TP	18/01/18	Pending	Availability of patient load for testing is to be confirmed. 18/01/17 -
5	File Transfers	NE	18/01/18	Ongoing	NE to advise file path to be used for future transfers. SS to include path in extracts to be migrated 18/01/17 - NE to advise file path
6	20% Test Migration	TP	5th Feb	Pending	Next test migration is estimated to be ready around 5th Feb for migration 18/01/18 - waiting on PACS and due next Monday. TP to verify if correct ACTPAS Patient IDs are used and verify if all have ACN #s. If not then best option is to create using RIS order #
7	DICOM Image Test	AW/KD	18/01/18	Pending	11/01/18 - RIS/PACS admin have now configured Siemens for DICOM transmission and a small test transfer should be planned in the early hours (05:00 - 08:00) to make sure there are no issues or impact to the existing Production PACS 18/01/18 - Image migration test successful, remainder of Studies to be transferred.
8	Migration Attachments	TP	25/01/18	Pending	18/01/18 - Siemens currently on track to provide combined RIS/PACS/Attachments file to ACTH end of next week. This will be required to be load into Dev for testing during SIT.
9	Doctor File	SS	01/02/18	Pending	18/01/18 - The doctor file is almost ready for loading, this needs to be loaded by Feb and before next test migration
10	Gap Analysis	TP	01/02/18	Pending	18/01/18 - ACTH are working with Siemens on Gap Analysis and mappings needed and waiting for further update
11	Issuer of PID	NE	25/01/18	Pending	18/01/18 - It was noted during Image transfer test that PID was not always PAS. This should be forced to use PAS in future
12	Migration Testing	TP	25/01/18	Pending	18/01/18 - TP to check with Test Team how migration testing will be done

## New Items

Summarize the discussion for new issues, state the next steps and assign any action item.

## Issues & Risks:

The following Issues and Risks were noted.

- Risk: Delays with Migration extract analysis may impact go-live

## Next Meeting

Next Meeting Scheduled. January 25th 17:00

Notes submitted by: [REDACTED]

## ACT Health Project - Migration Meeting 22/02/2018

Thursday, 22 February 2018 17:00

### Agenda:

- Status Update
- Review of Open Actions
- New Items
- Next Meeting

### Attendees:

- ACT - [REDACTED]
- Agfa - [REDACTED]
- Apologies: [REDACTED] Crossley, Dev Arsavilli,

### Status Update

- SS provided and update on current migration work.
- KD provided a summary of the results of the 1st iteration of 20% test migration (Ref email 21/02/18)

#### HL7 migration - Test migration summary

The HL7 test migration has completed (MFN/ADT/ORM/ORU) with an exception on 17 requested procedures.

The reason for this is a problem in the attachments. For +/- 84 attachments referenced in our current extract the file size is 0 bytes and not a valid tiff file (see screenshot). This is not accepted by EI and fails the complete order during the validation.

Is there a way to exclude these files ? Or, maybe they are an incorrect extract and they shouldn't be empty ?

This morning we already updated our tool to detect this before sending the message to EI, but we still need to mark the orders as failed at the end of the migration, because we couldn't migrate everything that was provided to us in the extracts.

Examples can easily be found on the share, we have 1050 files like this at the moment:

#### DICOM migration

The crosscheck against the orders in EI was executed and the studies have been marked for migration depending on their match with the orders in EI.

6774 studies have a full match (StudyUID + PID + AccNr)

1214 studies have an accession number with .01/.02 in the HL7 extract.

@All => In this case the accession number from the HL7 extracts needs to be used to update the DICOM headers, correct ?

17 studies have an order that was not migrated to EI because of the attachment problem mentioned above

15 studies have a study uid that is not in the HL7 extracts

[REDACTED]  
[REDACTED]

The migration for the batch 'MATCH\_STUDYUID+PID+ACCNR' was started (with the amount of threads as agreed)

#### To do

[REDACTED] - After current batch) Configure FlexMedGate (FMG) to update the accession numbers as agreed + execute the batch 'MATCH\_STUDYUID+PID-ACCNR'

[REDACTED] ?) Check why 15 records in DICOM extract don't have an entry in HL7 extracts

#### SS Feedback -

The 15 records in the DICOM extract do not have any entries in the RIS extract. These are the Studies that we have been discussing about. The given options were to migrate them as DICOM based images or create a corresponding RIS record for the same.

I have raised this question with the business and haven't had a decision yet. Could we migrate these studies as DICOM based images for this test cycle?

The blank/empty scanned documents can be ignored, I have asked Siemens to exclude them from the extract for the subsequent loads.

Could the orders be migrated ignoring the attachments for now?

[REDACTED] ? / Siemens ?) Have a look at the '0 bytes' attachments, extract problem or really something to ignore ?

• An update on from KD follow meeting 22/02/18.

**HL7 migration**

The 17 orders with 0 byte attachments have now been migrated without the 0 byte attachment. Correct attachments are still migrated towards EI and the linked reports also migrated.

**DICOM migration**

6791 studies with a full match (StudyUID + PID + AccNr) have been migrated towards EI  
 29 studies failed validation because the number of images in EI is less then in the extracts (expected to be the 'soft delete' issue)

15 studies without HL7 data have not been migrated

1214 studies that need an accession number update are currently being migrated

Performance status (as requested during the status meeting)



[AUS - ACT]  
 DICOM M...

**To do**

[REDACTED] Once the (FMG) migration is finished, provide a list with failed studies and/or validation errors.

**Open Actions**

Summary of open actions from previous meeting.

Item #	Description	Responsible	Action Date	Status	Comments
1	Doctor IDs & File	TP/SS	23/11/17	In Progress	SS advised Siemens use a different doctor ID than the provider number. Need to discuss Doctors at meeting to be scheduled NE - Doctors need to be checked against ACTPAS (ref email) As Doctors are first to migrate it is essential data is cleansed and conforms to Agfa requirements. Decisions around how to map invalid numbers to be made ASAP. Agfa can delay Doctors load until business decisions is reached. 11/01/18 - To be confirmed by business with JG 18/01/18 - The doctor file is almost ready for loading, this needs to be loaded by Feb and before next test



					<p>migration</p> <p>25/01/18 TP - Still being worked on</p> <p>08/02/18 - Still being worked on</p> <p>22/02/18 - JG is finalising work on Doctors file, to be ready next week</p>
2	Patient Load (ACTPAS)	TP	18/01/18	In Progress	<p>Availability of patient load for testing is to be confirmed.</p> <p>18/01/17 -</p> <p>25/01/18 TP - Request in progress</p> <p>08/02/18 - Pending final cleansing and checking with PMI team</p> <p>22/02/18 - No Update</p>
3	20% Test Migration	TP	5th Feb	Pending	<p>Next test migration is estimated to be ready around 5th Feb for migration</p> <p>18/01/18 - waiting on PACS and due next Monday. TP to verify if correct ACTPAS Patient IDs are used and verify if all have ACN #s. If not then best option is to create using RIS order #</p> <p>25/01/18 On track to provide to Agfa 5th Feb. Final cleansed files Patient &amp; Doctor loads to be completed prior to test migration commencement</p> <p>01/02/18 - TP 20% ready for Agfa on Monday, including attachments.</p> <p>TP 20% load - will need to plan for what is required for PROD migration, deltas etc. Also discuss with RIS-PACS team on load \threads - Agfa to provide details of hours \no of threads, so can be setup in AMT. KP performance testing, TP yes, see how many threads we can run without impacting performance\production. Overnight threads can increase. Will start with a given no &amp; add threads to see how many is OK without performance impact</p> <p>08/02/18 - Handover to Agfa delayed now due on 16th, further discussion needed on splitting of file Financial class sent to Agfa as Text attachment, can provide to Agfa, but won't be in the 20%</p> <p>TP to confirm the window and number of threads to be used</p> <p>22/02/18 - 1st Iteration completed, further tests will follow new test plan (see below)</p>
4	DICOM Image Test	AW/KD	18/01/18	In Progress	<p>11/01/18 - RIS/PACS admin have now configured Siemens for DICOM transmission and a small test transfer should be planned in the early hours (05:00 - 08:00) to make sure there are no issues or impact to the existing Production PACS</p> <p>18/01/18 - Image migration test successful, remainder of Studies to be transferred.</p> <p>25/01/18 In progress and will be completed over weekend</p> <p>01/02/18 - TP partially migrated (AMT) needs to be tracked down (study ID) more work is needed with these</p> <p>TP Ones not visible in EI, [REDACTED] has found a null study date field, following up with Siemens. Image count appears correct</p> <p>KD If study date\time field, could be mapped, TP [REDACTED] has ID'd the null dates &amp; we can advise</p> <p>TP image count is incorrect in the partially migrated ones</p> <p>08/02/18 - close</p>

5	Migration Attachments	TP	25/01/18	In Progress	18/01/18 - Siemens currently on track to provide combined RIS/PACS/Attachments file to ACTH end of next week. This will be required to be load into Dev for testing during SIT. 08/02/18 - Attachments are in the process of being validated
6	Gap Analysis	TP	01/02/18	In Progress	18/01/18 - ACTH are working with Siemens on Gap Analysis and mappings needed and waiting for further update 25/01/18 In progress (see above) 01/02/18 - TP RIS Gap from data files for migration and looking to take to business for approval, only 2 doubtful fields, patient financial class and 1 other (patient type) that don't map to anything. May be able to setup a query on the Siemens database
7	Issuer of PID	NE	25/01/18	Pending	18/01/18 - It was noted during Image transfer test that PID was not always PAS. This should be forced to use PAS in future 25/01/18 Last migration to be checked to confirm change worked
8	Migration Testing	TP	25/01/18	In Progress	18/01/18 - TP to check with Test Team how migration testing will be done 25/01/18 TP - In Progress 22/02/18 - Test team proposed a new approach for test migration and testing (see attached)  Testing approach ...
9	XA multi frame is not a DICOM image	TP	15/02/18	Pending	08/02/18 - KD confirms normally DICOM, TP to investigate further file types supplied
10	Migrating DICOM and no RIS orders	TP\NE	08/02/18	Pending	01/02/18 - TP where just DICOM and no RIS orders, will we create a dummy order? KP DICOM based order will automatically be created. NE DICOM base studies that are RIS based, ACT may need to create orders - would need to ID these records. TP\NE & SS to discuss 08/02/18 - Agfa recommendation is to create a RIS order
11	Attachments in Scheduling	AC	08/02/18	Pending	01/02/18 - TP attachment, one of each type migration, were just scheduling - KP need to upgrade to 6.3.1 & R&D still need to work on solution, awaiting R&D 22/02/18 - AC is working on a solution for attachments. 6.3.1 upgrade pending client deployment readiness
12	Merges				SS noted issue with merges. Successful in RIS but not in PACS. KD - AMT check if ACN#, Study ID match & Patient ID match. If not any exceptions will need to be validated

## New Items

- Best Practice Migration is to have complete HL7 migration before Go-Live. Migration can be split if needed.

## Issues & Risks:

The following Issues and Risks were noted.

**Next Meeting**

Next Meeting Scheduled for 17:00 Thursday 1st March 2018

Notes submitted by: [REDACTED] [REDACTED]

## ACT Health Project - Migration Meeting 22/03/2018

Thursday, 22 March 2018 17:00

### Agenda:

- Status Update
- Review of Open Actions
- New Items
- Next Meeting

### Attendees:

- ACT - [REDACTED] Crossley, Jess Griffiths
- Agfa - [REDACTED]
- Apologies: Dev Arsavilli, [REDACTED] Bart De Rammelaere

### Status Update

- 2nd test migration cycle was unable to be completed due to the assigned storage being full. Testing has been done on completed migration. Not necessary to complete this migration.
- AW advised options have been presented to executive on options for migrating further tests with limited storage capacity. It maybe that remainder of 20% (cycle 5) will be migrated to pre-Prod.
- Additional storage from "Test" has now been assigned to "Dev" and automatic purging of images has been enabled. Test migrations can now recommence
- The business want the DICOM migration to start in business hours as they want to monitor the performance with the increased threads,
- Cycle 3 can commence tonight (Today for KD). If RIS / HL7 is validated before end of day for KD then can schedule DICOM migration to commence 10:00 Friday morning local time. If not the 10:00 Monday. KD will confirm by email. (it took approx 3 hours for last cycle)

### Open Actions

Summary of open actions from previous meeting.

Item #	Description	Responsible	Action Date	Status	Comments
1	20% Test Migration	TP	5th Feb	In Progress	<p>Next test migration is estimated to be ready around 5th Feb for migration</p> <p>18/01/18 - waiting on PACS and due next Monday. TP to verify if correct ACTPAS Patient IDs are used and verify if all have ACN #s. If not then best option is to create using RIS order #</p> <p>25/01/18 On track to provide to Agfa 5th Feb. Final cleansed files Patient &amp; Doctor loads to be completed prior to test migration commencement</p> <p>01/02/18 - TP 20% ready for Agfa on Monday, including attachments.</p> <p>TP 20% load - will need to plan for what is required for PROD migration, deltas etc. Also discuss with RIS-PACS team on load \threads - Agfa to provide details of hours \no of threads, so can be setup in AMT. KP performance testing, TP yes, see how many threads we can run without impacting performance\production. Overnight threads can increase. Will start with a given no &amp; add threads to see how many is OK without performance impact</p> <p>08/02/18 - Handover to Agfa delayed now due on</p>

					<p>16th, further discussion needed on splitting of file Financial class sent to Agfa as Text attachment, can provide to Agfa, but won't be in the 20% TP to confirm the window and number of threads to be used</p> <p>22/02/18 - 1st Iteration completed, further tests will follow new test plan (see below)</p> <p>08/03/18 - Cycle 2 incomplete due to storage full</p> <p>22/03/18 - Cycle 2 does not need to be complete. Cycle 3 can now commence</p>
2	Attachments in Scheduling	AC	08/02/18	Pending	<p>01/02/18 - TP attachment, one of each type migration, were just scheduling - KP need to upgrade to 6.3.1 &amp; R&amp;D still need to work on solution, awaiting R&amp;D</p> <p>22/02/18 - AC is working on a solution for attachments.</p> <p>6.3.1 upgrade pending client deployment readiness</p> <p>01/03/18 - AC proceeding with a solution, should be ready for testing this week.</p> <p>08/03/18 - Attachment fix in progress should be complete next week</p> <p>22/03/18 - no update</p>
3	Merges	SS	08/03/18	In Progress	<p>SS noted issue with merges. Successful in RIS but not in PACS. KD - AMT check if ACN#, Study ID match &amp; Patient ID match. If not any exceptions will need to be validated</p> <p>08/03/18 - Work is progressing</p> <p>22/03/18 - Meeting held today with ACTPAS team, a solution is being worked on</p>
4	2nd HL7 Migration	KD	08/03/18	Close	<p>Starting 2nd HL7 Migration, 12k completed 600 errors to be investigated</p> <p>08/03/18 - HL7 Migration OK</p>
5	3rd Migration	AW	15/03/18	Complete	<p>AW to send KD Migration window and threads for next cycle to determine production migration estimation. The peak and off-peak times remain the same as for the previous cycles,</p> <p>Threads to run during the peak hours – 5</p> <p>Threads to run during the off-peak hours – 10</p> <p>*Peak hours - 5:00 am to 10:00pm Off peak hours - 10:00pm to 5:00am</p> <p>08/03/18 - TP - the next cycle will have increased threads and performance will be monitored. The objective will to increase the number of threads for an optimum result. (max throughput, min impact)</p> <p>22/03/18 - Cycle 3 can now commence, DICOM to commence in business hours (10:00)</p>
8	Cycle 5 - Fresh Extract?	TP/SS	22/03/18	Pending	<p>It is anticipated that Cycle 5 would now be a fresh Siemens extract with remediated data.</p> <p>22/03/18 - SS this is to be confirmed as it is not currently in the Siemens body of work</p>
	Attachments - scanned documents	SS	22/03/18	Pending	<p>Attachments - scanned documents (eg US worksheets) to be mapped with Siemens codes</p> <p>22/03/18 - JG is working on an updated spreadsheet</p>

### New Items:

SS asked if the DICOM will be complete in 24hrs now that the thread count is increased? KD advises it is impossible to predicts just now but should be close.

TP - Siemens have advised total image count >304 mil

**Issues & Risks:**

The following Issues and Risks were noted.

**Next Meeting**

Next Meeting Scheduled 29th March 2018 17:00



## ACT Health Project - Migration Meeting 23/11/2017

Thursday, 23 November 2017 17:00

### Agenda:

- Status Update
- Review of Open Actions
- New Items
- Next Meeting

### Attendees:


- ACT - [REDACTED] Crossley,
- Agfa - [REDACTED]
- Apologies:

### Status Update

- SS & TP provided and update on current migration work.
- PACS Extract was provided by Siemens but they failed to link series and instance objects and did not conform to the Agfa template provided.
- The PACS extract also did not match any previous RIS extracts
- A Tool to convert Oracle to SQL has been approved and needs to be installed so the PACS Test DB can be queried
- Base Data cleansing of Patients has been made priority over migration analysis
- The provider numbers records have been stored in an inconsistent manner and need cleansing

### Open Actions

Summary of open actions from previous meeting.

Item #	Description	Responsible	Action Date	Status	Comments
1	Duplicate Study UUIDs & ACNs numbers, with many ACN number having more than one study.	TP/SS	23/11/17	Pending	AC confirmed AHEI will not accept these - a solution is needed. Study UID needs to be unique. TP can provide a table with added suffixes that can be used SS will do the updates
2	Pre Siemens RIS data different and does not contain filler order number. Confirmed ACN number can be used (with suffix). This must all match HL7 data.	TP/SS	23/11/17	In Progress	SS advises this will take longer to prepare Ongoing
3	Doctor IDs	TP/SS	23/11/17	Pending	SS advised Siemens use a different doctor ID than the provider number. Need to discuss Doctors at meeting to be scheduled NE - Doctors need to be checked against ACTPAS (ref email) As Doctors are first to migrate it is essential data is cleansed and conforms to Agfa requirements. Decisions around how to map invalid numbers to be made ASAP. Agfa can delay Doctors load until business decisions is reached.
4	New RIS Extracts	TP/SS	23/11/17	Pending	Siemens have provided new RIS extracts but information is incomplete and not conforming to Agfa templates
5	Initial DICOM extracts	TP/SS	23/11/17	Pending	DICOM extract still waiting on Siemens work and Test DB to be setup on ACTH environment. ACTH have copy of DB but are unable to access as is Oracle. Alternative solutions are being investigated. PACS extracts should match RIS Data set. New PACS DB Tool is now working and first test extracts should soon be available from SS. Siemens will still provide Production extracts
6	Issuer of order needs to be defined	TP/SS	23/11/17	Complete	Decision to use "System"
7	Meeting to discuss Doctors to be scheduled (Ref 3)	TP	23/11/17	Complete	Meeting scheduled 21/11/17 (All Base Data)
6	Siemens Migration Approach	TP/NC	23/11/17	In Progress	Meeting with ACTH, Siemens and Agfa scheduled 23/11/17 18:00 Meeting with Siemens and Agfa was held. Siemens has present an option for PACS Migration using a SDC box (presentation provided in meeting)  SDC_Migrat Ion_Canb... ACTH will review proposal and decide on approach
9					
10					

### New Items

Summarize the discussion for new issues, state the next steps and assign any action item.

### Issues & Risks:

The following Issues and Risks were noted.

- Issue: Duplicate Study UIDs & ACNs numbers
- Risk: Delays with Migration extract analysis may impact go-live

### Next Meeting

Next Meeting Scheduled. November 30th 17:00

Notes submitted by: [REDACTED]



## ACT Health Project - Migration Meeting 25/01/2018

Thursday, 25 January 2018 17:00

### Agenda:

- Status Update
- Review of Open Actions
- New Items
- Next Meeting

### Attendees:

- ACT - [REDACTED] Crossley, [REDACTED]
- Agfa - [REDACTED] Bart De Rammelaere
- Apologies:

### Status Update

- TP & SS provided and update on current migration work.
- 25/01/18 Notes: Siemens have sent extracts for 20% migration test, the attachments need to be taken off the server for checking. SS to perform further checks on consistency etc
- Issue with images that do not have a corresponding RIS order needs further evaluation
- SS also working on base doctors file and mapping of doctors with ACTPAS. These will need to be signed off by business before loading into Agfa's systems
- TP work with JG and business to get business sign off on Gap Analysis on Siemens
- The test image transfers were successful
- ACTH have received further extracts along with attachments from Siemens. Work on transforms is continuing.

### Open Actions

Summary of open actions from previous meeting.

Item #	Description	Responsible	Action Date	Status	Comments
1	Pre Siemens RIS data different and does not contain filler order number. Confirmed ACN number can be used (with suffix). This must all match HL7 data.	TP/SS	23/11/17	Closed	SS advises this will take longer to prepare Ongoing TP - using CAN + suffix, KD confirmed the filler order # can be ACN# as long as it links all 11/01/18 - To be confirmed by business 18/01/17 - Pending Confirmation 25/01/18 TP - Business has confirmed
2	Doctor IDs	TP/SS	23/11/17	In Progress	SS advised Siemens use a different doctor ID than the provider number. Need to discuss Doctors at meeting to be scheduled NE - Doctors need to be checked against ACTPAS (ref email ) As Doctors are first to migrate it is essential data is cleansed and conforms to Agfa requirements. Decisions around how to map invalid numbers to be made ASAP. Agfa can delay Doctors load until business decisions is reached. 11/01/18 - To be confirmed by business 18/01/18 - - To be confirmed by business with JG 25/01/18 TP - Still being worked on
3	Healthlink ID	TP	7/11/17	Closed	NE - the field for listing the Healthlink ID needs to be

					defined. 18/01/17 - email address field will be utilised
4	Patient Load (ACTPAS)	TP	18/01/18	In Progress	Availability of patient load for testing is to be confirmed. 18/01/17 - 25/01/18 TP - Request in progress
5	File Transfers	NE	18/01/18	Closed	NE to advise file path to be used for future transfers. SS to include path in extracts to be migrated 18/01/17 - NE to advise file path 25/01/18 NE has provided path details to SS
6	20% Test Migration	TP	5th Feb	Pending	Next test migration is estimated to be ready around 5th Feb for migration 18/01/18 - waiting on PACS and due next Monday. TP to verify if correct ACTPAS Patient IDs are used and verify if all have ACN #s. If not then best option is to create using RIS order # 25/01/18 On track to provide to Agfa 5th Feb. Final cleansed files Patient & Doctor loads to be completed prior to test migration commencement
7	DICOM Image Test	AW/KD	18/01/18	In Progress	11/01/18 - RIS/PACS admin have now configured Siemens for DICOM transmission and a small test transfer should be planned in the early hours (05:00 - 08:00) to make sure there are no issues or impact to the existing Production PACS 18/01/18 - Image migration test successful, remainder of Studies to be transferred. 25/01/18 In progress and will be completed over weekend
8	Migration Attachments	TP	25/01/18	In Progress	18/01/18 - Siemens currently on track to provide combined RIS/PACS/Attachments file to ACTH end of next week. This will be required to be load into Dev for testing during SIT.
9	Doctor File	SS	01/02/18	In Progress	18/01/18 - The doctor file is almost ready for loading, this needs to be loaded by Feb and before next test migration 25/01/18 In progress (see above)
10	Gap Analysis	TP	01/02/18	In Progress	18/01/18 - ACTH are working with Siemens on Gap Analysis and mappings needed and waiting for further update 25/01/18 In progress (see above)
11	Issuer of PID	NE	25/01/18	Pending	18/01/18 - It was noted during Image transfer test that PID was not always PAS. This should be forced to use PAS in future 25/01/18 Last migration to be checked to confirm change worked
12	Migration Testing	TP	25/01/18	In Progress	18/01/18 - TP to check with Test Team how migration testing will be done 25/01/18 TP - In Progress

### New Items

An issue was not that there was some inconsistency in the results caused by an incorrect crosscheck between HL7 and DICOM data. KD will correct this in future tests.

KD provided status of current DICOM transfer. 6,925 so far migrated, only 800 left. Will finish

next day. No Errors noted

KD Issues with RIS orders not in PACS to be further investigated.

AC has confirmed migration records are now in scheduling

Agfa has noted an additional issue where only 2 attachments are available in the Scheduling application when migrated. All attachments are present in Enterprise Imaging. The investigation into this issue is in progress.

NE - Attachment codes are still to be confirmed by the project team and proposes for migration to use existing Siemens codes.

30/01/18 SS - Migration files handover to Agfa on target for 5th but need business confirmation on some issues. Outstanding still is confirmation on how to map Doctor Provider number, verification of Patient Data.

### **Next Meeting**

Next Meeting Scheduled Thursday 1st Feb 17:00

Notes submitted by: [REDACTED]

## ACT Health Project - Migration Meeting 01/03/2018

Thursday, 1 March 2018 17:00

### Agenda:

- Status Update
- Review of Open Actions
- New Items
- Next Meeting

### Attendees:

- ACT - [REDACTED]
- Agfa - [REDACTED] Jess Griffiths
- Apologies: [REDACTED] Crossley, Dev Arsavilli,

### Status Update

- SS provided and update on current migration work.
- Question asked around the so called optional columns from Siemens (eg Military rank)
- KD provided a summary of the results of the current migration. Now completed some minor issues
  1. HL7 Step 1 some failed to migrate due to 0 bytes. This has now been resolved.
  2. DICOM based on HL7. These migrated OK, 15 no found in HL7
- Starting 2nd HL7 Migration, 12k completed 600 errors to be investigated
- AW upgrade of environment is planned next Tuesday (6th) so migration will need to be suspended.

### Open Actions

Summary of open actions from previous meeting.

Item #	Description	Responsible	Action Date	Status	Comments
1	Doctor IDs & File	TP/SS	23/11/17	In Progress	<p>SS advised Siemens use a different doctor ID than the provider number. Need to discuss Doctors at meeting to be scheduled</p> <p>NE - Doctors need to be cross checked against ACTPAS (ref email)</p> <p>As Doctors are first to migrate it is essential data is cleansed and conforms to Agfa requirements. Decisions around how to map invalid numbers to be made ASAP.</p> <p>Agfa can delay Doctors load until business decisions is reached.</p> <p>11/01/18 - To be confirmed by business with JG</p> <p>18/01/18 - The doctor file is almost ready for loading, this needs to be loaded by Feb and before next test migration</p> <p>25/01/18 TP - Still being worked on</p> <p>08/02/18 - Still being worked on</p> <p>22/02/18 - JG is finalising work on Doctors file, to be ready next week</p> <p>01/03/18 - JG nearly finalised, just need to add roles. No further cleansing.</p>
2	Patient Load (ACTPAS)	TP	18/01/18	Close	<p>Availability of patient load for testing is to be confirmed.</p> <p>18/01/17 -</p>

					<p>25/01/18 TP - Request in progress  08/02/18 - Pending final cleansing and checking with PMI team  22/02/18 - No Update  01/03/18 - close</p>
3	20% Test Migration	TP	5th Feb	Pending	<p>Next test migration is estimated to be ready around 5th Feb for migration  18/01/18 - waiting on PACS and due next Monday. TP to verify if correct ACTPAS Patient IDs are used and verify if all have ACN #s. If not then best option is to create using RIS order #  25/01/18 On track to provide to Agfa 5th Feb. Final cleansed files Patient &amp; Doctor loads to be completed prior to test migration commencement  01/02/18 - TP 20% ready for Agfa on Monday, including attachments.  TP 20% load - will need to plan for what is required for PROD migration, deltas etc. Also discuss with RIS-PACS team on load \threads - Agfa to provide details of hours \no of threads, so can be setup in AMT. KP performance testing, TP yes, see how many threads we can run without impacting performance\production. Overnight threads can increase. Will start with a given no &amp; add threads to see how many is OK without performance impact  08/02/18 - Handover to Agfa delayed now due on 16th, further discussion needed on splitting of file Financial class sent to Agfa as Text attachment, can provide to Agfa, but won't be in the 20%  TP to confirm the window and number of threads to be used  22/02/18 - 1st Iteration completed, further tests will follow new test plan (see below)</p>
4	Migration Testing	TP	25/01/18	In Progress	<p>18/01/18 - TP to check with Test Team how migration testing will be done  25/01/18 TP - In Progress  22/02/18 - Test team proposed a new approach for test migration and testing (see attached)</p>  <p>Testing approach ...  01/03/18 - AW to send document separately</p>
5	Attachments in Scheduling	AC	08/02/18	Pending	<p>01/02/18 - TP attachment, one of each type migration, were just scheduling - KP need to upgrade to 6.3.1 &amp; R&amp;D still need to work on solution, awaiting R&amp;D  22/02/18 - AC is working on a solution for attachments.  6.3.1 upgrade pending client deployment readiness  01/03/18 - AC proceeding with a solution, should be ready for testing this week.</p>
6	Merges				<p>SS noted issue with merges. Successful in RIS but not in PACS. KD - AMT check if ACN#, Study ID match &amp; Patient ID match. If not any exceptions will need to be validated</p>

### New Items

- Once the (FMG) migration is finished, provide a list with failed studies and/or validation errors.

**Issues & Risks:**

The following Issues and Risks were noted.

**Next Meeting**

Next Meeting Scheduled 8th March 2018 17:00

Notes submitted by: [REDACTED]



## ACT Health Project - Migration Meeting 08/03/2018

Thursday, 8 March 2018 17:00

### Agenda:

- Status Update
- Review of Open Actions
- New Items
- Next Meeting

### Attendees:

- ACT - [REDACTED] Crossley, Jess Griffiths
- Agfa - [REDACTED] Bart De Rammelaere
- Apologies: Dev Arsavilli

### Status Update

- 2nd test migration cycle was unable to be completed due to the assigned storage being full. Options are being investigate to enable future test migrations
- HL7 migration was successful and no errors
- Timings observed...
  - The ORM migration (Performance: +/- 2,5 messages per second)
  - The ORU Migration (Performance: +/- 4 messages per seconds)
  - DICOM Migration incomplete
- AW to send KD Migration window and threads for next cycle to determine production migration estimation.

### Open Actions

Summary of open actions from previous meeting.

Item #	Description	Responsible	Action Date	Status	Comments
1	Doctor IDs & File	TP/SS	23/11/17	Close	<p>SS advised Siemens use a different doctor ID than the provider number. Need to discuss Doctors at meeting to be scheduled</p> <p>NE - Doctors need to be checked against ACTPAS (ref email )</p> <p>As Doctors are first to migrate it is essential data is cleansed and conforms to Agfa requirements. Decisions around how to map invalid numbers to be made ASAP.</p> <p>Agfa can delay Doctors load until business decisions is reached.</p> <p>11/01/18 - To be confirmed by business with JG</p> <p>18/01/18 - The doctor file is almost ready for loading, this needs to be loaded by Feb and before next test migration</p> <p>25/01/18 TP - Still being worked on</p> <p>08/02/18 - Still being worked on</p> <p>22/02/18 - JG is finalising work on Doctors file, to be ready next week</p> <p>01/03/18 - JG nearly finalised, just need to add roles. No further cleansing.</p>
2	20% Test Migration	TP	5th Feb	In Progress	Next test migration is estimated to be ready around 5th Feb for migration

					<p>18/01/18 - waiting on PACS and due next Monday. TP to verify if correct ACTPAS Patient IDs are used and verify if all have ACN #s. If not then best option is to create using RIS order #</p> <p>25/01/18 On track to provide to Agfa 5th Feb. Final cleansed files Patient &amp; Doctor loads to be completed prior to test migration commencement</p> <p>01/02/18 - TP 20% ready for Agfa on Monday, including attachments.</p> <p>TP 20% load - will need to plan for what is required for PROD migration, deltas etc. Also discuss with RIS-PACS team on load \threads - Agfa to provide details of hours \no of threads, so can be setup in AMT. KP performance testing, TP yes, see how many threads we can run without impacting performance\production. Overnight threads can increase. Will start with a given no &amp; add threads to see how many is OK without performance impact</p> <p>08/02/18 - Handover to Agfa delayed now due on 16th, further discussion needed on splitting of file Financial class sent to Agfa as Text attachment, can provide to Agfa, but won't be in the 20%</p> <p>TP to confirm the window and number of threads to be used</p> <p>22/02/18 - 1st Iteration completed, further tests will follow new test plan (see below)</p> <p>08/03/18 - Cycle 2 incomplete due to storage full</p>
3	Migration Testing	TP	25/01/18	Close	<p>18/01/18 - TP to check with Test Team how migration testing will be done</p> <p>25/01/18 TP - In Progress</p> <p>22/02/18 - Test team proposed a new approach for test migration and testing (see attached)</p>  <p>Testing approach ...</p> <p>01/03/18 - AW to send document separately</p>
4	Attachments in Scheduling	AC	08/02/18	Pending	<p>01/02/18 - TP attachment, one of each type migration, were just scheduling - KP need to upgrade to 6.3.1 P</p> <p>R&amp;D still need to work on solution, awaiting R&amp;D</p> <p>22/02/18 - AC is working on a solution for attachments.</p> <p>6.3.1 upgrade pending client deployment readiness</p> <p>01/03/18 - AC proceeding with a solution, should be ready for testing this week.</p> <p>08/03/18 - Attachment fix in progress should be complete next week</p>
5	Merges	SS	08/03/18	In Progress	<p>SS noted issue with merges. Successful in RIS but not in PACS. KD - AMT check if ACN#, Study ID match &amp; Patient ID match. If not any exceptions will need to be validated</p> <p>08/03/18 - Work is progressing</p>
6	2nd HL7 Migration	KD	08/03/18	In Progress	<p>Starting 2nd HL7 Migration, 12k completed 600 errors to be investigated</p> <p>08/03/18 - HL7 Migration OK</p>
7	3rd Migration	AW	15/03/18	Complete	<p>AW to send KD Migration window and threads for next cycle to determine production migration estimation. The peak and off-peak times remain the same as for the previous cycles,</p> <p>Threads to run during the peak hours – 5</p>



					Threads to run during the off-peak hours – 10
					*Peak hours - 5:00 am to 10:00pm Off peak hours - 10:00pm to 5:00am
8					

### New Items

TP - the next cycle will have increased threads and performance will be monitored. The objective will to increase the number of threads for an optimum result. (max throughput, min impact)  
 It is anticipated that Cycle 5 would now be a fresh Siemens extract with remediated data.  
 Attachments - scanned documents (eg US worksheets) to be mapped with Siemens codes  
 SS to check with NE on what optional columns might be needed for next test cycle  
 NE - exam codes are now cleaned up. SS will update the mappings

### Issues & Risks:

The following Issues and Risks were noted.

### Next Meeting

Next Meeting Scheduled 15th March 2018 17:00

Notes submitted by: [REDACTED]

**Heland, Rebecca (Health)**

---

**From:** [REDACTED] <[REDACTED]>  
**Sent:** Thursday, 29 March 2018 11:28 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED] (Health); [REDACTED] Arsavilli, Dev  
**Subject:** Re: DICOM migration [SEC=UNCLASSIFIED]

Hi [REDACTED]

I just had [REDACTED] check the migration, it is at 91% (4 hrs to go) 2.2 m images moved, no errors.

As you know we had to pause the migration this morning as the PACS system was having maintenance. It was restarted at 10:00.

We spoke to [REDACTED] last night and he will prepare a report when the migration is complete.

' will cancel today's call. See you next week.

Kind Regards,

[REDACTED]  
[REDACTED]

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[REDACTED] Australia Pty Ltd. Unit 18, 52 Holker St, Silverwater NSW 2128 Australia  
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**From:** [REDACTED] <[REDACTED]>  
**To:** [REDACTED] NAWVR/AGFA@AGFA  
**Date:** 29/03/2018 11:10  
**Subject:** DICOM migration [SEC=UNCLASSIFIED]

Hi [REDACTED]

How is the DICOM migration progressing?

Has the cycle 3 been completed, haven't seen any status reports from [REDACTED] yet?

Also, are we going ahead with the migration meeting today? [REDACTED] is away and being a long weekend I would like to leave earlier if possible.

Except for the DICOM migration and the status, I have nothing else to be discussed at the meeting today.

Thanks,  
[REDACTED]

This message is for the designated recipient only and may contain privileged, proprietary, or otherwise private information. If you have received it in error, please notify the sender immediately and delete the original. Any other use of the email by you is prohibited.

**Heland, Rebecca (Health)**

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**From:** [REDACTED] <[REDACTED]>  
**Sent:** Thursday, 29 March 2018 11:04 PM  
**To:** [REDACTED]  
**Cc:** Arsavilli, Dev; Griffiths, Jessica (Health); [REDACTED]  
 [REDACTED] Crossley, Nick; [REDACTED]  
**Subject:** [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]  
**Attachments:** [AUS - ACT] Performance during TEST migrations.xlsx

Hi All,

The DICOM migration for Cycle 3 has been completed.  
 All studies marked for migration have been migrated and validated successfully.

Based on the data from Cycle 3, the following performance number have been calculated. These number ONLY take the studies into account WITH dicom header updates, so we are comparing the same thing and the threads are the variable:

- 5 Threads: +/- 13,5 images / second
- 10 Threads: +/- 20 images / second

I don't have any number of images available for the total migration, but you can use this to easily get to a total needed time estimation. The current batch has an average of 240 images / study. Based on 2.000.000 studies => 480.000.000 images.

- 5 Threads: 427 days
- 10 Threads: 277 days

Performance details in the attached file, please let me know if you have any question on these performance numbers.

Kind Regards,

[REDACTED]  
 [REDACTED]  
 T [REDACTED]

[REDACTED] NV, [REDACTED]  
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---

From: [REDACTED] AXKQB/AGFA  
 To: [REDACTED] NAWVR/AGFA@AGFA  
 Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMT, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, [REDACTED]  
 [REDACTED] "Crossley, Nick" <[REDACTED]@act.gov.au>, [REDACTED] AXKQB/AGFA@AGFA  
 Date: 27/03/2018 11:28  
 Subject: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi All,

So far, all studies that don't need DICOM header updates have been migrated to EI (+/- 12.000 studies). All studies in this batch migrated without errors and have been validated after migration.

Earlier today I have started the batch of studies that need DICOM header updates (+/- 1900 studies to go). The rough estimation on the remaining time is +/- 2 days (after 5% was migrated in this batch).

Kind Regards,

[Redacted signature]

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

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From: [Redacted] AXKQB/AGFA  
To: [Redacted] NAWVR/AGFA@AGFA  
Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMT, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, [Redacted], [Redacted], [Redacted], [Redacted] "Crossley, Nick" <[Redacted]@act.gov.au>, [Redacted] AXKQB/AGFA@AGFA

Date: 26/03/2018 09:53  
Subject: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi [Redacted]

I just had a look at the running migration, this is the status:

- The migration of studies that don't need an update to the DICOM header is at 75% and is expected to run for another 20 hours to complete at the current rate.
- All migrated studies seem to validate successfully.
- We also still have +/- 2000 studies that need a DICOM header update and from previous tests we know that these studies are large (more MB per study to move).

So we will not be finished before the extra threads kick in.

Kind Regards,

[Redacted signature]

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

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From: [REDACTED]/NAWVR/AGFA  
 To: [REDACTED] AXKQB/AGFA@AGFA  
 Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMT, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, [REDACTED]

[REDACTED] "Crossley, Nick" <Nick.Crossley@act.gov.au>

Date: 26/03/2018 08:29

Subject: Re: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi [REDACTED]

So far migration has been going well.

At 17:00 (after 7 hrs) migration was at approx 60% and process 630k images.

It is likely this will finish before 22:00 when the additional threads would be used but if you can give us a report anyway when finished it would be appreciated.

Kind Regards,

[REDACTED] | [REDACTED]  
 [REDACTED]

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From: [REDACTED]/NAWVR/AGFA  
 To: [REDACTED] AXKQB/AGFA@AGFA  
 Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMT, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, [REDACTED]

[REDACTED] "Crossley, Nick" <Nick.Crossley@act.gov.au>

Date: 23/03/2018 19:52

Subject: Re: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi [REDACTED]

Thanks for confirming just now the HL7 migration was successful.

Please schedule the DICOM migration to commence **Monday 10:00** (our time) according to the following criteria...

- The peak and off-peak times remain the same as for the previous cycles,
- Threads to run during the peak hours – 5
- Threads to run during the off-peak hours – 10

\*Peak hours - 5:00 am to 10:00pm

Off peak hours - 10:00pm to 5:00am

We will monitor the initial DICOM performance with the PACS Admin team Monday to ensure no impact to the Siemens production system.

Kind Regards,

[REDACTED] | [REDACTED]

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From: [REDACTED] AXKQB/AGFA

To: [REDACTED] /NAWVR/AGFA@AGFA

Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMTMP, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, [REDACTED]

Date: 22/03/2018 21:19

Subject: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi All,

I can confirm that the HL7 migration of the 'Cycle 3' test extracts has now been completed towards EI. For the DICOM part of the migration, I'll wait for a signal that the validation was completed.

Performance is better then before, we are now using a multi threaded approach in a new version of the migration tools (2 services per Core Server). If the production EI has multiple CS servers, the performance should still be better then what is mentioned below.

- ORM => +/- 350ms per message
- ORU => +/- 250ms per message

Kind Regards,

[REDACTED] | Agfa HealthCare

[REDACTED] NV, [REDACTED]

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From: [REDACTED] /NAWVR/AGFA

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

Cc: "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, [REDACTED]

Date: 21/03/2018 19:52

Subject: RE: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi Dev,

Just confirming, [REDACTED] has reassigned the available cache from "Test" to "Dev" and turned on the purging.



On this afternoon's migration call we can confirm the time and date for the 3rd test migration. As per [REDACTED] advice the next test migration will have .....

- The peak and off-peak times remain the same as for the previous cycles,
- Threads to run during the peak hours – 5
- Threads to run during the off-peak hours – 10

\*Peak hours - 5:00 am to 10:00pm  
Off peak hours - 10:00pm to 5:00am

Kind Regards,

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

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From: [REDACTED] NAWVR/AGFA  
To: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMT  
[REDACTED] "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, "Duggan, Mark (Health)" <Mark.Duggan@act.gov.au>, "Barrett, Scott (Health)" <Scott.Barrett@act.gov.au> [REDACTED]  
Date: 20/03/2018 13:08  
Subject: RE: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi Dev,

Thanks for the confirmation.

I tried to find out overnight the details of the algorithm used. From the feedback so far it appears to be based on a FIFO but this is an algorithm designed for the incoming cache cleanup so a number of factors are used.

btw - I checked with [REDACTED] and he has confirmed the testing team have completed their testing on the first 2 cycles.

Kind Regards,

[REDACTED]  
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From: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>  
[REDACTED] "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, "Duggan, Mark (Health)" <Mark.Duggan@act.gov.au>, "Barrett, Scott (Health)" <Scott.Barrett@act.gov.au>  
Date: 20/03/2018 11:32  
Subject: RE: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi [REDACTED]

This looks to me like a bit of option 1 and option 2.

**I would like to understand the criteria behind auto purge.**

1. Is it first in first out?

If migrated RIS data can remain we would prefer this bridged approach.

Please proceed with the configuration of extra disk to TEST from the unused env.

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] [mailto:[REDACTED]]

**Sent:** Monday, 19 March 2018 5:19 PM

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

**Cc:** [REDACTED]; [REDACTED]; [REDACTED]

<[REDACTED]> Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; Duggan, Mark (Health)

<Mark.Duggan@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>

**Subject:** RE: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi Dev,

Just to confirm our discussion just now.

You are OK for Agfa to proceed now with Option 2 as Follows.

a) Agfa will reassign 1TB of Cache from "Test" (not currently in use) to the "Dev" environment. (Now designated as the TEST environment).

b) Agfa will configure the auto purging of images from Dev cache only. The RIS Data will remain.

I will try to find out if any particular rules can be applied and if the purging can be scheduled.

Kind Regards,

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

[REDACTED] "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, "Barrett, Scott (Health)" <Scott.Barrett@act.gov.au>, "Duggan, Mark (Health)" <Mark.Duggan@act.gov.au>

Date: 16/03/2018 01:25

Subject: RE: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi [REDACTED]

Thank you for taking time to review this issue and responding in detail.

My summary:

**It is a very simple and general expectation of ACT Health that we have a TEST environment that is fit for purpose. Here we have a TEST environment that is not fit for testing within the scope.**

**I do not agree with the reasoning that this approach was not made clear:**

I have reviewed this with the Project Team and asked them to look in to all initial discussions.

From the available minutes etc, this testing approach was being discussed in September/October 2017.

Agfa team were part of these discussions.

Please see attached; one of the items mentioned in this minute talks about subset of data migration testing being sufficient for ACT Health. It also mentions that as big as 10% of DB will be provided to Agfa for migration at one instance.

**Q1. Why was this issue not identified/thought/raised earlier?**

**Q2. Why have we discovered this in the middle of testing after the fact that the disk was full?**

. seems like the environment was not actively monitored. Are there any monitoring measures in place currently? If we are not monitoring disk space are we monitoring other issues?

**Nowhere in the BRS have we mentioned that we will accept Agfa's global best practice.**

Please see below:

S16	Compliance	Comply with the standards for hardware and software listed in the ACT reference manual.	
S17	Compliance	Comply with the ACT Health change management process.	
S12	Architecture	Complies with the ACT Government ICT Data Centre requirements.	

Agree that this approach of 20% of migration was not documented in the BRS as we normally consider 100% data migration in TEST as a standard. Imagine scoping of TEST environments for just 1.5% of data migration.

If this is the best practice I am really concerned.

I see the requirement in BRS mentioning Data Migration.

CC12	Installation	Data migration from the existing RIS-PACS to the new RIS-PACS should be included in the solution offered.	
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**Q3. Was Agfa unaware of the size of the database to be migrated from existing RIS-PACS to the new RIS-PACS?**

I agree that there is no mention of environments in this requirement,

**Q4. Does that mean data migration happens directly in Production environment?**

**Q5. Why was only production environment scoped for data migration when our environment description mentions TEST as well?**

CC1	Environment	The system will operate in the environments: <ul style="list-style-type: none"> <li>• Dev</li> <li>• Test</li> <li>• Pre Prod / Training; and</li> <li>• Prod</li> </ul>	•
-----	-------------	---	---

This clearly explains that we test any changes before migrate to Production.  
 It is a standard practice if there is a data migration involved, the storage space in TEST and PROD be configured at similar capacity. In some instances we configure non-replicated storage in test for testing purposes but with matching disk capacity.

PR2	Storage	Provide enough short term storage to house a minimum of 3 years data.	Current date minus 3 years plus capacity to store pre-fetched historical (archived) images.
-----	---------	---	---

**Q6. How did Agfa see similar requirements for PROD env only?**

**Q7. Was 'testing' for data migration not scoped at all?**

We are really concerned that testing of data migration was not considered.  
 This should have been checked as part of milestone 1 completion.

I am also concerned that there is a reference to SoW and a Pre-Prod testing approach. Currently I am not able to view the SoW but would like to read it myself. If this statement is correct, then we have agreed on a poor quality criteria.

**Coming to the options proposed:**

Option 1: not suitable

- a. This option proposes different approach for TEST and PROD and this is not considerable
- b. This option may delete images before completion of testing

Option 3: not suitable

- a. Testing in Pre-PROD is simply not acceptable and doesn't comply with ACT Change Management Processes
- b. We need migrated data in TEST for System and Integration (SIT) Testing and BI (reporting) testing.
- c. This will make SIT and BI testing invalid in TEST

Option 2: not suitable fully, but we can accept this approach temporally to continue with data migration cycle 3 and 4 but for cycle 5 would require more than 2TB.

1. This approach requires clean-up of the data for each cycle to run.

a. Our preferred approach for this option would be to keep migrated RIS data in place with each cycle and just remove images to create space for next cycle.

b. I believe this is not possible

c. However, to continue with data migration testing this approach can be used. I have confirmation from the Testing Team this will not cause any issues for their testing plan

2. This approach will not ensure that we have sufficient RIS data for BI testing in TEST

**Q8. Why we were not proposed an option to use the Production disk temporarily in the similar manner to Option 2 (Option 2 proposed porting of 1TB from a different environment)**

a. This will be our most preferred approach to resolve this issue.

b. This will ensure sufficient temp storage for testing in TEST

PR3	Storage	The storage solution is scalable and upgradeable.	
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c. This will give good approximate times for PRE-PROD data migration

d. This approach will help us do bigger chunks of data migration as planned before.

e. If production uses replicated storage – using a small portion of the replicated storage is an advantage

f. As we are not using the PROD environment, temporary usage of the disc adds value

**g. Q8. Is there a significant reason preventing Agfa do not want to take this approach**

h. The project team would like to discuss further at any time.

Kind Regards,

Dev

Phone: 02 6174 8729 | Mobile [REDACTED] | Email: [Dev.Arsavilli@act.gov.au](mailto:Dev.Arsavilli@act.gov.au)  
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**From:** [REDACTED] [mailto:[REDACTED]]

**Sent:** Wednesday, 14 March 2018 7:40 PM

**To:** Duggan, Mark (Health) <[Mark.Duggan@act.gov.au](mailto:Mark.Duggan@act.gov.au)>

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

**Subject:** TEST environment- Options to move forward.

Hi Mark

I have reviewed the issue, notes in email trail below, and both [REDACTED] have gone through the relevant project and commercial documentation.

I am not able to find any reference to the requirement to provision a TEST environment suitable to specifically support the migration testing strategy and approach that is currently being undertaken by ACT Health. In addition, I am not able to locate where there may be stated *any* requirements or direction articulated to Agfa in advance so as one would reasonable expect us to assess and provision an environment that supports this particular testing approach.

In the course of my internal discussions with the AGFA teams last night and this morning, it would appear we certainly have not been previously exposed to migration testing in this context and which required us to provision an environment to meet your particular needs. By no means is it a reflection of the testing quality and efficacy being undertaken, but it certainly would be viewed as atypical from our perspective. As such, it was never planned for or considered. Our EI TEST environment, as [REDACTED] has articulate below, has been provisioned in line with our global best practice. Our design specifications of course are to support testing of our applications, and were never intended for supporting this type of migration testing. Although we inadvertently seemed to have gone down this path a ways with you in good faith.

**So going forward, we can propose three options for consideration:**

1. As [REDACTED] email from 09 March, we can turn on automatic purging of the data within the TEST storage cache. I understand this may have some impact on the testing approach and [REDACTED] can work through this with Dev and the migration teams.
2. We believe we can relatively easily assign 1TB of cache from one of the other environments temporarily. Although this will immediately allow you to progress the testing of DICOM throughput which has recently been stopped, I don't believe 2TB will be near sufficient to achieve the 20% of migrated data being sent to TEST. Essentially this too will fill up eventually.
3. ACT Health to change the testing approach to one which involves migrated data being testing in Pre-PROD. I know Dev has expressed some concerns about this approach (and we would be happy to discuss with him further what risks he sees here). I believe this was an approach that was perhaps suggested in the SoW documents in any case, but understand if that changes to approach may be valid through the course of any project.

Once you have reviewed these options, please let us know how you may wish to proceed. Of course if you need an out of session meeting to discuss, we can organise.

Kind Regards,

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-----[attachment "ACT Health Project - Migrations (as PDF).pdf" deleted by [REDACTED] NAWVR/AGFA]

**Heland, Rebecca (Health)**

---

**From:** [REDACTED] <[REDACTED]>  
**Sent:** Tuesday, 27 March 2018 8:28 PM  
**To:** [REDACTED]  
**Cc:** Arsavilli, Dev; Griffiths, Jessica (Health); [REDACTED] (Health); [REDACTED] (Health); [REDACTED]  
 [REDACTED] Crossley, Nick; [REDACTED]  
**Subject:** [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi All,

So far, all studies that don't need DICOM header updates have been migrated to EI (+/- 12.000 studies). All studies in this batch migrated without errors and have been validated after migration.

Earlier today I have started the batch of studies that need DICOM header updates (+/- 1900 studies to go). The rough estimation on the remaining time is +/- 2 days (after 5% was migrated in this batch).

Kind Regards,

[REDACTED]  
 T [REDACTED]

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

---

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

**From:** [REDACTED] AXKQB/AGFA  
**To:** [REDACTED] NAWVR/AGFA@AGFA  
**Cc:** "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMT, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, [REDACTED] (Health)"  
 [REDACTED]  
 [REDACTED] "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED] AXKQB/AGFA@AGFA  
 Date: 26/03/2018 09:53  
 Subject: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi [REDACTED]

I just had a look at the running migration, this is the status:

- The migration of studies that don't need an update to the DICOM header is at 75% and is expected to run for another 20 hours to complete at the current rate.
- All migrated studies seem to validate successfully.
- We also still have +/- 2000 studies that need a DICOM header update and from previous tests we know that these studies are large (more MB per study to move).

So we will not be finished before the extra threads kick in.

Kind Regards,

[REDACTED]  
 T [REDACTED]



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From: ██████████ NAWVR/AGFA  
 To: ██████████ AXKQB/AGFA@AGFA  
 Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMT, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, ██████████ (Health)"  
 ██████████  
 ██████████ "Crossley, Nick" <Nick.Crossley@act.gov.au>  
 Date: 26/03/2018 08:29  
 Subject: Re: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi ██████████

So far migration has been going well.

At 17:00 (after 7 hrs) migration was at approx 60% and process 630k images.

It is likely this will finish before 22:00 when the additional threads would be used but if you can give us a report anyway when finished it would be appreciated.

Kind Regards,

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From: ██████████ NAWVR/AGFA  
 To: ██████████ AXKQB/AGFA@AGFA  
 Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMT, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, ██████████ (Health)"  
 ██████████  
 ██████████ "Crossley, Nick" <Nick.Crossley@act.gov.au>  
 Date: 23/03/2018 19:52  
 Subject: Re: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi ██████████

Thanks for confirming just now the HL7 migration was successful.

Please schedule the DICOM migration to commence **Monday 10:00** (our time) according to the following criteria...

- The peak and off-peak times remain the same as for the previous cycles,
- Threads to run during the peak hours – 5
- Threads to run during the off-peak hours – 10

\*Peak hours - 5:00 am to 10:00pm  
Off peak hours - 10:00pm to 5:00am

We will monitor the initial DICOM performance with the PACS Admin team Monday to ensure no impact to the [REDACTED] production system.

Kind Regards,

[REDACTED] Australia Pty Ltd. Unit 18, 52 Holker St, Silverwater NSW 2128 Australia  
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From: [REDACTED] AXKQB/AGFA  
To: [REDACTED] /NAWVR/AGFA@AGFA  
Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMT, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, [REDACTED]

[REDACTED] AXRKB/AGFA@AGFA  
Date: 22/03/2018 21:19  
Subject: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi All,

I can confirm that the HL7 migration of the 'Cycle 3' test extracts has now been completed towards EI. For the DICOM part of the migration, I'll wait for a signal that the validation was completed.

Performance is better then before, we are now using a multi threaded approach in a new version of the migration tools (2 services per Core Server). If the production EI has multiple CS servers, the performance should still be better then what is mentioned below.

- ORM => +/- 350ms per message
- ORU => +/- 250ms per message

Kind Regards,

[REDACTED] NV,  
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From: [REDACTED] /NAWVR/AGFA  
To: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMT, [REDACTED] (Health)" <[REDACTED]@act.gov.au>  
Cc: [REDACTED]

Date: 21/03/2018 19:52  
 Subject: RE: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

---

Hi Dev,

Just confirming, [REDACTED] has reassigned the available cache from "Test" to "Dev" and turned on the purging.

On this afternoon's migration call we can confirm the time and date for the 3rd test migration. As per [REDACTED] advice the next test migration will have .....

- The peak and off-peak times remain the same as for the previous cycles,
- Threads to run during the peak hours – 5
- Threads to run during the off-peak hours – 10

\*Peak hours - 5:00 am to 10:00pm  
 Off peak hours - 10:00pm to 5:00am

Kind Regards,

[REDACTED]  
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From: [REDACTED] NAWVR/AGFA  
 To: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMT  
 Cc: [REDACTED] <[REDACTED]@agfa.onmicrosoft.com>, [REDACTED]  
 [REDACTED] AWWWQG/AGFA@AGFA, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, "Duggan, Mark (Health)" <Mark.Duggan@act.gov.au>, "Barrett, Scott (Health)" <Scott.Barrett@act.gov.au>, [REDACTED] (Health)" <[REDACTED]>  
 Date: 20/03/2018 13:08  
 Subject: RE: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

---

Hi Dev,

Thanks for the confirmation.

I tried to find out overnight the details of the algorithm used. From the feedback so far it appears to be based on a FIFO but this is an algorithm designed for the incoming cache cleanup so a number of factors are used.

btw - I checked with [REDACTED] and he has confirmed the testing team have completed their testing on the first 2 cycles.

Kind Regards,

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