████████████████████████████ "Crossley, Nick"
<Nick.Crossley@act.gov.au>, ████ ████ (Health)" ◄████████████████████████
Date: 19/02/2018 09:11
Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi All,

I have been working on the HL7 test migration, but I have not been able to finish the test migration.
The following steps have been executed:

- Removing all data from the EI DEV cluster (database and caches)
- Removing all data from the migration server database (HL7 and DICOM schema's)
- Import / validation of the HL7 extracts
  - Here I noticed the problem that was reported by ████ in another email.
    Basically the HL7 service request file is a copy of the DICOM 'study' file.

Kind Regards,

████████ | ████████
T ████████

████████ NV, ██████████████████
http://www.agfahealthcare.com
http://blog.agfahealthcare.com

'████ ████ (Health)" ---08/02/2018 04:29:04---Hi ████ The PatientID for the Study in RIS is 220480.

██
██ Crossley, Nick"
<Nick.Crossley@act.gov.au>, ████ ███ ████ ██████████
Date: 08/02/2018 04:29
Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi ████
The PatientID for the Study in RIS is ████████.
The PatientID for the same study in PACS is ████████
It looks like the PatientID for this patient was merged from ████████ to ████████ The merge seems to have
happened successfully in RIS, but not in PACS and hence the difference
I will discuss this with the business to understand how a merge works and also analyse the data for such
mismatches.

I will get back to you with more details and we can then work out a solution for such studies.

Thanks,

████

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

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

From: ████ ████ [mailto ████████████████]
Sent: Tuesday, 6 February 2018 7:59 PM
To: ████████ █████ (Health) <████████████ act.gov.au>
Cc: █████████ <██████████████████████ <█████████████████ ██ ███
<█████████████████████ Crossley, Nick <Nick.Crossley@act.gov.au>; ████████ ████ (Health)
<████████████████████ ███ ███ <████████████████
Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi,

After checking the 'Not visible in EI' studies that the images are indeed in EI (as the migration tools reported).
The problem is that they don't match up with the HL7 order with the same Study UID and EI has created a
'DICOM based' order with it's of Study UID.

<0.276E.gif>
HL7 extract:

<0.58B6.gif>

DICOM extract:

<0.6264.gif>

Would it be possible to check the Siemens system for this StudyUID and check what the Patient ID is ?
Maybe this patient is merged or updated somewhere during our process ?

Kind Regards,

████ ████ | ████████████████
████████████████████████████
T █████████████████

████████████ NV, ████████████████████
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From: "████████ █████ (Health)" <████████████████ act.gov.au>
To: ████ █████████████████████████████
Cc: "Crossley, Nick" <Nick.Crossley@act.gov.au>, ███ ████████████████████████

Date: 05/02/2018 23:52
Subject: RE: ACTH IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi ███

Below are the details for the sample set of studies :

- XA multi frame

████████████████████████ AMT => 2 EI => 1 (1 frame) - 1 image and 1 Exam Protocol sent from modality – not DICOM image. Stored but can't be viewed in Siemens PACS.
████████████████████████ AMT => 5 EI => 4 (220 frames) - 4 images and 1 Exam Protocol sent from modality
`his will be discussed with Siemens, to identify the exam protocols and exclude them from the count of images for a Study

- Partial migrated (AMT + EI image count for reference):

████████████████████████ AMT => 6 EI => 5 - Only 5 images exist for this Study UID not 6
████████████████████████ AMT => 4 EI => 2 - Only 2 images exist for this Study UID not 4
This will also be discussed with Siemens, to identify the mismatch between the number indicated by the database and the actual number of images

- Not visible in EI:

████████████████████████ AMT => 2 EI => null - 2 images exist for this Study UID
████████████████████████ AMT => 2 EI => null - 2 images exist for this Study UID
████████████████████████ AMT => 337 EI => null - 337 images exist for this Study UID
Could you please look into these, the images do exist for these studies?
Let me know if you need any further details.

Regards,

████

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

From: ████ ████ [mailto:████████████]
Sent: Tuesday, 30 January 2018 3:35 PM
To: ████ ████ (Health) <████████████
Cc: ████ ████ (Health) <████████act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>;
███ ████████ <████████████ ███ ███ <████████████
<████████

Subject: ACTH IDIS Project > Migration Analysis Feedback

Hi ███

Please see feedback below from ███ following the analysis of the studies migrated so far. Could you please perform the checks as requested below and provide feedback to ███ ....

[KD] - I took a closer look at the migrated studies with this as result:

- We know that the HL7 <> DICOM crosscheck didn't work as expected and we have some studies in the EI DEV that didn't have a migrated order in EI. This crosscheck will be tested on the 20% extract
- In total we had 7871 studies that had to be moved and 166 that had been marked as 'IGNORE' because of the issue with duplicate StudyUIDs (discussed on last call)
  - We had no failed moves (so all studies from Siemens at least moved something to EI)
  - 7825 studies have been migrated successfully and are validated (same amount of images for each StudyUID)
  - 46 studies have been migrated, but don't validate correctly (no error codes during migration received).
    We have 3 types of problems:
    - 5 XA studies don't validate because they are multiframe. In the extract we have the amount
      of instances as 'DICOM objects'. We always seem to get 1 object less from Siemens, but they
      are multiframe in EI, so hard to match up. Need to know correct amount in Siemens to be sure.
    - 13 studies have images in EI, but the amount doesn't match up with the extracts.
      These are 'partial migrated', but maybe the number of images in the extract is just incorrect.
    - 28 studies don't have any images in EI

Could you ask the customer to check the actual amount of objects and/or images for these random
studies from the 46 studies that don't validate:

- XA multiframe
  - ████████████████████████ => 2 EI => 1 (1 frame)
  - ████████████████████████ 5 EI => 4 (220 frames)
- Partial migrated (AMT + EI image count for reference):
  - 1█████████████████ AMT => 6 EI => 5
  - ████████████████ AMT => 4 EI => 2
- Not visible in EI:
  - ████████████████ AMT => 2 EI => null
  - ████████████████ => 2 EI => null
  - ████████████████ AMT => 337 EI => null

Kind Regards,

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

██████████████ Australia Pty Ltd. Unit 18, 52 Holker St, Silverwater NSW 2128
Australia
http://www.agfahealthcare.com
http://blog.agfahealthcare.com

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

Heland, Rebecca (Health)

From:	Row, Darcy (Health)
Sent:	Monday, 19 February 2018 5:15 PM
To:	O'Halloran, Peter (Health); Duggan, Mark (Health); Cook, Sandra (Health); Arsavilli, Dev; ██████████ ██████ ██████████ ████████ ████████
Subject:	IDIS Executive Management Meeting Agenda [SEC=UNCLASSIFIED]
Attachments:	Executive Management Minutes 13 Feb 2018.pdf; Executive Management Agenda 20 Feb 2018.pdf

Good afternoon,

Please find attached the minutes of Tuesday afternoon's Executive Management Meeting with Agfa, and the agenda for tomorrow's Executive Management Meeting.

Kind regards,

Darcy

Darcy Row | Project Officer - Integrated Diagnostic Imaging Solution Project
Phone: 02 6174 8732 | Mobile: ██████ | Email: darcy.row@act.gov.au
Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
Building 1, Lv 10 Canberra Hospital, Garran ACT | PO Box 11, WODEN ACT 2606 | www.act.gov.au

Digital Solutions Division

Integrated Diagnostic Imaging Solution (IDIS) Project

ACT Government | **ACT Health**

Executive Management Meeting Minutes

16:00 – 17:00, Tuesday 11 December 2018

Venue: Bowes Street Level 2 Conference room, and Teleconference

2. Attendance and apologies

- Apologies: MD. Darcy Row has now left the project team.

Name		Role	✓,Ap, or ✖
Peter O'Halloran	POH	Chief Information Officer	✓
Mark Duggan	MD	Medical Imaging, Director, Executive Sponsor	Ap
Sandra Cook	SC	Director, Future Capability & Governance - Chair	✓
Dev Arsavilli	DA	IDIS Project Manager	✓
███████████	■	Agfa Health Care National Sales Manager	✓
█████████	■	Agfa Health Care Service Manager Oceania	✓
███████	■	Agfa Health Care Managing Director Oceania	✓
████████	■	Agfa Health Care Project Manager	✓
██████	■	Agfa IT Marketing Manager	✓
Secretariat			
Monica Coleman	DR	IDIS Project – Project Officer	✓

3. Minutes and actions

- Minutes from previous meeting confirmed.

• Action Number	Action Description	Person Responsible	Due Date	Status
20181030-01	DAd to discuss with MD what he would like to see in an Engage Suite demonstration to allow Agfa to tailor one accordingly. (not completed)	██ ██		MD is on leave and no update required at this stage
20181030-02	DL to organise meeting with project team and Engage Suite team to work	██ ██		Can be closed

Digital Solutions Division

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Integrated Diagnostic Imaging Solution (IDIS) Project

	through the two outstanding questions from Jess			
20181030-03	DA to check with Jess if she has any record of the Engage Suite requirements being confirmed by ▮▮▮	Dev Arsavilli		Can be closed
20181030-04	MK to organise a meeting with MD, Jess and the Engage Suite team for next week or the week after, to demonstrate the Engage Suite product and how it meets ACT Health's requirements. (Not completed)	▮▮▮▮▮		MD is on leave and no update required at this stage
.20181030-05	DA to share ACT Health requirements for Engage Suite with this group	Dev Arsavilli		Can be closed

a) Engage Suite

- POH What is the update on Engage Suite?
- DL Received communication from the project team that that the Engage Suite Servers are built. From Agfa's perspective, we are still aligning storage requirements.
- POH When can we expect the storage realignment to be completed? DL We expect the storage realignment to be completed next week. We will provide an update to Dev on the core environment without additional capacity. Agfa have a bit of work to do on the database side of the Engage Suite product. SC Do we have a timeline for the Engage Suite Completion, and when will you have the database installed and completed? DL We are working on this but have limited resources – no timeline at this stage.
- POH We need to know the resource assignment from Agfa for the Engage Suite work still to be completed. When will this work be completed, we are now months overdue on the changes needed to the Engage Suite architecture. DL We are hoping to complete build and testing by mid to late January 2019. SC With the current delays, it looks like you won't have this completed before February 2019. We need to know dates of when the Engage Suite environment and infrastructure has been configured so we can arrange another lot of Security PEN testing. DL Work has been delayed by our staff going on leave, and we can't request our staff with families to work on weekends. We will have the test environment set up in mid to late January 2019.
- POH We need a suitable answer on the resource assignment. Testing has already been delayed by four weeks. ACTION DL to provide resource assignment over the Christmas/ New Year holiday period. This is due COB tomorrow to DA and SC.

20181211-01	DL to organise and provide resource assignment during the Christmas and New Year holiday period, and to provide this by COB 17:00pm EST 12/12/2018 to DA and SC.

Digital Solutions Division

Integrated Diagnostic Imaging Solution (IDIS) Project

4. Project update

- DA Reported there is a defect with the Health link interface, it is providing an email address instead of Health Link ID. This blocks us from continuing with the System Integration Testing. DL There were two issues blocking SIT – One was the Placer ID issue and the other was the Health Link ID issue. The Placer ID issue was resolved yesterday and was tested by Agfa prior to being provided to ACT Health today. ▮▮▮ is now looking into the Health Link ID issue.

- SC ▮▮▮ we still have investigations to do that are blocking us from having a working system integration test (SIT) environment. We are now 4 weeks behind schedule and this has further impact on progression of our other projects. Earlier last week I had asked for clarification around the configuration management from DEV into the TEST environment including Agfa Rhapsody configuration. Is there a process of configuration, or documentation for moving configuration between environments? DL As a general Agfa approach, noting that this is different for every project, we test to baseline configuration, and then the environment is copied from one environment to the next. This is seamless as the data base copy of enterprise imaging from one environment to the next is the same as the copy of interface scheduling from one environment to another. POH If this is the case, how did we go so wrong with the preparation of the SIT environment? DL Peter, we were in the middle of test and determined that the DEV environment was not a suitable environment. We could just configure the DEV environment and move to TEST environment. POH Noting this, how do we explain the defects that occurred? And secondly, how do we ensure that this will work? There has been no evidence provided to the Territory despite repeated requests to get an understand of the Agfa process. We have constantly sent Agfa requests for information and have not had replies sent, and when we have called, we have not had answers. The responses we have had from Agfa have not been suitable and have not addressed questions or our requests for information. Deliverables have not met the expectations documented in the contract.

- DL There are a lot of questions in that statement Peter. DAd This is not productive and won't bring us any closer to where we need to be. POH We need this fixed urgently. We lost ▮▮▮ and experienced delays. ▮▮▮ went on leave and now we are four weeks late for testing. There are no people from Agfa available to work weekends, or public holidays. Our ACT Health teams must work overtime and public holidays to try to reduce the delays. This testing should have been completed weeks ago and has not been able to be done due to delays in a working environment being delivered by Agfa. SC ACT Health have over 72 projects running with release processes Requiring core applications like ACTPAS and clinical portal and the IDIS project is stopping all our other projects from progressing. This is costing us in time and resourcing, which is approximately fifty-five thousand dollars a week. DAd Why are we waiting on this one defect to be resolved before we move into SIT. SC This is a blocker for us. DAd Knowing that ▮▮▮▮▮ will be back on Monday and should resolve the Health Link issue reasonably quickly, can we progress with SIT. SC ▮▮▮ this workflow is completely blocking us from progressing other projects and to progress ahead with system integration testing. DAd Why can't we just validate this; there are other tests that we can progress with. DA When we test in the TEST environment, we specifically

have mapped his leave around go live support. We may move or cancel ███ leave. We will discuss moving or cancelling his leave on Monday.

- POH How will you ensure integration with engage suite over the month of January with ███ ████████ proposed leave? Is he a key integration specialist required for this work and over go live? DL No, he is not a pivotal resource, and we will get back to you on this.

c) Completed External Reports not triggering from IDIS to downstream systems

- POH How are we progressing with the completed reports; Dev are the downstream systems connecting? DA The external radiologist reports that are received by IDIS are not being sent to clinical portal, CRIS or billing. If the report is completed in IDIS the reports at the point of completion automatically trigger messages to downstream system but external reports are not for example reports from Everlight. Our requirement is same for internally completed or externally completed, we require IDIS to recognise this and trigger to send this through to clinical portal. Manual triggering in IDIS is possible but we send around 200 reports to external agencies a day. SC So this is a manual trigger for over 200 reports for Doctors and billing on a daily basis? DA Any external reports are not triggering to downstream systems automatically. DA the information we have so far is that Agfa have informed that nothing can be done to resolve this issues. DL I will just provide general information around the comment that nothing can be done in relation to this. We reviewed this internally and have the option that we can work on this internally with a workaround. This could be an additional service pack for you to add that can go into the system. DA We have not heard of this before. DL This would be Service Pack 4. It is scheduled for release mid-January and will have new API's in the system. I can't explain API's to you because I don't know what they are myself, but we confirm we do have further applications in the system to work around this. ████████ has tested this in beta and believes that there is a suitable work around for this. When the service pack goes into the test environment he believes that this would be fine to work with. It is not an immediate resolution and doesn't fix the current state, but we do believe that this is a viable work around for ACT Health. DA We can't have a service pack after testing. DL We will park this as a viable option at the moment, even though this may not be a palatable option. Should we have to delay or redo testing, we will talk to the business. The business would most likely want the option of the Service pack. POH I advise that you don't ask. DL Peter, this would be a better option. POH We won't discuss the Service pack with our worries about resources.

- POH I am still worried about resourcing noting that ████ is not available until the 10th of January. DL The resource schedule is not open on my end. I can't see that. DAd ████ is off from 17 December to mid-January 2019. POH So ████ will have a complete handover to ██ Emmanuel or ████████ We need to have someone who understand this and can continue to work on it during Christmas and New Year. DAd We will work on having handover. POH Can you confirm that we will have someone that can work on this over Christmas/ New Year period. DL We don't have a schedule for this yet. POH We are looking forward to advice on this. We would hate to not have anyone available to work on this. DL We will get this to you.

Digital Solutions Division

Integrated Diagnostic Imaging Solution (IDIS) Project

6. Meeting closed

- POH Is there anything else to discuss? DL Nothing here.
- POH Thank you. We will discuss this next week.
- CLOSED 3:31pm
- Next meeting: 18 December 2018

Heland, Rebecca (Health)

From:	▓▓ ▓▓ <▓▓▓▓▓▓▓▓
Sent:	Tuesday, 20 February 2018 9:04 PM
To:	▓▓ ▓▓▓▓▓
Cc:	▓▓▓▓ ▓▓ ▓▓▓▓▓ Crossley, Nick; ▓▓▓▓ ▓▓▓ (Health); ▓▓▓▓ ▓▓ (Health)
Subject:	Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]
Attachments:	Missing_Physicians.txt

Hi,

This is the full list

ʌind Regards,

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http://www.agfahealthcare.com
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R.O.: Septestraat 27, B-2640 Mortsel, Belgium | RLE Antwerp | VAT BE 0403.003.524 | IBAN Operational Account BE81363012356224 | IBAN Customer Account BE20375104592856 | ING Belgium NV, B-1000 Brussels
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"Crossley, Nick" <Nick.Crossley@act.gov.au>, ▓▓▓▓▓▓▓▓▓▓▓▓▓▓
Date: 20/02/2018 10:55
Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi ▓▓▓▓
Can you provide a list of all the missing doctor codes?

Sent from my iPhone

On 20 Feb 2018, at 8:14 pm, ▓▓▓ ▓▓▓▓ <▓▓▓▓▓▓▓▓▓▓▓▓ wrote:

Hi All,

I have been working with the HL7 extracts set with the new RIS_service.txt file.

Import / validation results:

- Physicians: All good
- Patients: All good

1

- Service Request: **+/- 4000 records have a 'Requesting Physician ID' that is not in the Physician extract (examples: 4574812J,0227762B,0271098J,409984AW,0271098J)**
- Request Proc: Ok, failed records are linked to failed service reqeusts
- Reports: Ok, failed records are linked to failed service reqeusts

To continue we will need an updated physician file that contains the missing data.

Kind Regards,

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███████████ NV, ████████████████████
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████ ████████19/02/2018 09:11:40---Hi All, I have been working on the HL7 test migration, but I have not been able to finish the test m

███ AWGEJ/AGFA@AGFA, "Crossley, Nick"
<Nick.Crossley@act.gov.au>, ███████████████████████████████
Date: 19/02/2018 09:11
Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

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The following steps have been executed:

- Removing all data from the EI DEV cluster (database and caches)
- Removing all data from the migration server database (HL7 and DICOM schema's)
- Import / validation of the HL7 extracts
  - Here I noticed the problem that was reported by ████ in another email.
    Basically the HL7 service request file is a copy of the DICOM 'study' file.

Kind Regards,

████ █████ | ████████████

T███████████████

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

"████ █████ (Health)" ---08/02/2018 04:29:04---Hi ████ The PatientID for the Study in RIS is 220480.

███ "Crossley, Nick"
<Nick.Crossley@act.gov.au>, ████ ████ | (Health)" <████████████
Date: 08/02/2018 04:29
Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

2

Hi ███,
The PatientID for the Study in RIS is 220480.
The PatientID for the same study in PACS is 18043430.
It looks like the PatientID for this patient was merged from 18043430 to 220480. The merge seems to have happened successfully in RIS, but not in PACS and hence the difference
I will discuss this with the business to understand how a merge works and also analyse the data for such mismatches.

I will get back to you with more details and we can then work out a solution for such studies.

Thanks,

███████

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

From: ███ █████ [mailto:███████████████]
Sent: Tuesday, 6 February 2018 7:59 PM
To: ██████ █████ (Health) <███████████act.gov.au>
Cc: █████ ██ <██████████ █████ <██████ ██ ██ ██████
<████████████████ Crossley, Nick <Nick.Crossley@act.gov.au>; █████ ███ (Health)
<███████████ ██ ███ <██████████████
Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi,

After checking the 'Not visible in EI' studies that the images are indeed in EI (as the migration tools reported).
The problem is that they don't match up with the HL7 order with the same Study UID and EI has created a
'DICOM based' order with it's of Study UID.

<0.276E.gif>
HL7 extract:

<0.58B6.gif>

DICOM extract:

<0.6264.gif>

Would it be possible to check the Siemens system for this StudyUID and check what the Patient ID is ?
Maybe this patient is merged or updated somewhere during our process ?

Kind Regards,

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

T █████████████████

████████████ NV, ████████████████████
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Click on link to read important disclaimer:
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███

Cc: "Crossley, Nick" <Nick.Crossley@act.gov.au>, ███████████████████████
█████████████████████████████████

Date: 05/02/2018 23:52
Subject: RE: ACTH IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi █████
Below are the details for the sample set of studies :

- XA multi frame

1.2.840.113696.838383.500.831919.20130117124538 AMT => 2 EI => 1 (1 frame) - 1 image and 1
Exam Protocol sent from modality – not DICOM image. Stored but can't be viewed in Siemens PACS.
1.2.840.113696.838383.500.813615.20121214112914 AMT => 5 EI => 4 (220 frames) - 4 images
and 1 Exam Protocol sent from modality
This will be discussed with Siemens, to identify the exam protocols and exclude them from the count of
images for a Study

- Partial migrated (AMT + EI image count for reference):

████████████████████████████ 6 EI => 5 - Only 5 images exist
for this Study UID not 6
████████████████████████████ AMT => 4 EI => 2 - Only 2 images exist
for this Study UID not 4
This will also be discussed with Siemens, to identify the mismatch between the number indicated by the
database and the actual number of images

- Not visible in EI:

████████████████████████████ AMT => 2 EI => null - 2 images exist for
this Study UID
████████████████████████████ AMT => 2 EI => null - 2 images exist for
this Study UID

4

██ AMT => 337 EI => null - 337 images exist
for this Study UID
Could you please look into these, the images do exist for these studies?
Let me know if you need any further details.

Regards,

████

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

From: ████ ████ [mailto ████████████████]
Sent: Tuesday, 30 January 2018 3:35 PM
To: ████ ████ (Health) ◄████████████████████
Cc: ████ ████ (Health) ◄████████████ act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>;
██ ████████ ◄███████████████████ ██ ████ ◄██████████████ ██ ████
◄████████ ████████
Subject: ACTH IDIS Project > Migration Analysis Feedback

Hi ████

Please see feedback below from ████ following the analysis of the studies migrated so far. Could
you please perform the checks as requested below and provide feedback to ████ ....

[KD] - I took a closer look at the migrated studies with this as result:

- We know that the HL7 <> DICOM crosscheck didn't work as expected and we have
  some studies in the EI DEV that didn't have a migrated order in EI. This crosscheck
  will be tested on the 20% extract
- In total we had 7871 studies that had to be moved and 166 that had been marked as
  'IGNORE' because of the issue with duplicate StudyUIDs (discussed on last call)
  - We had no failed moves (so all studies from Siemens at least moved something to
    EI)
  - 7825 studies have been migrated successfully and are validated (same amount of
    images for each StudyUID)
  - 46 studies have been migrated, but don't validate correctly (no error codes during
    migration received).
    We have 3 types of problems:
    - 5 XA studies don't validate because they are multiframe. In the extract we
      have the amount
      of instances as 'DICOM objects'. We always seem to get 1 object less from
      Siemens, but they
      are multiframe in EI, so hard to match up. Need to know correct amount in
      Siemens to be sure.
    - 13 studies have images in EI, but the amount doesn't match up with the
      extracts.
      These are 'partial migrated', but maybe the number of images in the extract is
      just incorrect.
    - 28 studies don't have any images in EI

Could you ask the customer to check the actual amount of objects and/or images for these
random
studies from the 46 studies that don't validate:

5

- XA multiframe
  - 1.2.840.113696.838383.500.831919.20130117124538 AMT => 2 EI => 1 (1 frame)
  - 1.2.840.113696.838383.500.813615.20121214112914 AMT => 5 EI => 4 (220 frames)
- Partial migrated (AMT + EI image count for reference):
  - 1.3.12.2.1107.5.8.7.1308.1357257193164.1058027593 AMT => 6 EI => 5
  - 1.3.12.2.1107.5.8.7.1308.1357184160157.1057712456 AMT => 4 EI => 2
- Not visible in EI:
  - 1.2.840.113696.838383.500.825470.20130107102725 AMT => 2 EI => null
  - 1.3.12.2.1107.5.8.7.1308.1358504868212.1066547294 AMT => 2 EI => null
  - 1.3.12.2.1107.5.8.7.1308.1357864581805.1061175595 AMT => 337 EI => null

Kind Regards,

████████ | ████████████

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

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

Heland, Rebecca (Health)

From:	Arsavilli, Dev
Sent:	Monday, 19 February 2018 5:06 PM
To:	O'Halloran, Peter (Health)
Cc:	Cook, Sandra (Health)
Subject:	IDIS Executive Management Meeting Tuesday 20th Feb 4:30pm [SEC=UNCLASSIFIED]

Hi Peter and Sandra,

Dot points for the IDIS Executive Management Meeting tomorrow:

1. **Minutes & Actions form previous meeting**
   a. RISPACS team training
      - Agfa proposed two options
      - DA to speak to Scott Barratt and identify the option that is most suitable to BAU and schedule
   b. Scheduled Agfa full upgrade in the middle of implementation
      - A full upgrade has been scheduled in the middle of the IDIS implementation
      - Agfa aren't sure on what changes or improvements this will involve
      - This upgrade should either happen before implementation work or after go-live
      - Action: Agfa to prepare a delta report for ACT Health.
        1. We did not get this yet
   c. Agfa onsite resource
      - Agfa are supposed to provide an onsite resource and it has been delayed already
      - Action: DA to identify if Citizenship is required for the resource.

2. **Any Other Business**
   a. On-demand data migration after go-live
      - For Go-live we would migrate 100% RIS data, 100% PACS data but we could only scope 2 year equivalent images for migration.
      - After go live the image migration of the older images would continue for the next six months
      - During this period, if there is an urgent request, the migration interface needs to prioritise this work based on the demand.
        1. For example if an older image is required the data migration engine should be able to prioritise
   b. Integration work priority
      - Work on integration specification has been going on for the last six to seven months
      - This week we need to finalise it for the interface build
      - ACTH integration team are waiting for answers from Agfa
      - All efforts should be in place this week to bring this document to completion

If you need any further information please could you let me know?

Kind Regards,

Dev

--

Dev Arsavilli | Project Manager
Phone: 02 6174 8729 | Mobile ████████ | Email: Dev.Arsavilli@act.gov.au
Future Capability and Governance Branch | Digital Solutions Division | Health Directorate | ACT Government

2-6 Bowes Street, Phillip ACT | GPO Box 825, Canberra ACT 2601 | act.gov.au

Heland, Rebecca (Health)

From:	██████ ◄████████
Sent:	Wednesday, 14 February 2018 6:34 PM
To:	████ █ (Health); Crossley, Nick; ██████ ████ (Health); ██ ████ ██ █ ████ █ ████ (Health); Arsavilli, Dev
Cc:	Aziza Omer
Subject:	ACT Health Project - Migration Meeting 08/02/2018
Attachments:	ACT Health Project - Migration M (as PDF).pdf

Kind Regards,

████ ████ ██ ████████ ██ ████

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http://www.agfahealthcare.com
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Heland, Rebecca (Health)

From:	▮▮▮ ▮▮ (Health)
Sent:	Tuesday, 13 February 2018 4:02 PM
To:	▮▮▮ ▮▮
Cc:	▮▮▮ ▮▮ (Health)
Subject:	RE: PACS Image migration [SEC=UNCLASSIFIED]

Thanks ▮▮
We will now go to the business and to AGFA with the information we have, to understand what needs to be migrated and what numbers need to be extracted in the PACS metadata extract.
The updated PACS extract that is being currently worked on can include the total counts (visible + invisible) for now. Once we have answers from the business, we can get the future extracts to reflect the needed numbers.
Thanks,

▮▮▮

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

From: ▮▮▮ ▮▮ [mailto:▮▮▮]
Sent: Tuesday, 13 February 2018 10:11 AM
To: ▮▮▮ ▮▮ (Health) <▮▮▮act.gov.au>
Cc: ▮▮▮ ▮▮ (Health) <▮▮▮>
Subject: RE: PACS Image migration [SEC=UNCLASSIFIED]

Hello ▮▮

I received feedback around this and will require your input as to how you want to proceed.

Syngo Imaging knows two image/SOP counts. Number of visible instances(SOPs) and Number of (total) instances(SOPs).

Before generating new extracts, can you please advise us on how to handle the two image/SOP counts? Shall we supply the new PACS extract with one of the two image/SOP counts or shall we add the column "Number of visible instances" to the extract as well for comparison to the Number of (total)instances already supplied?

- XA multi frame contains images with SOP class CSni (non image) – this will be transferred but will not be visible in syngo Imaging
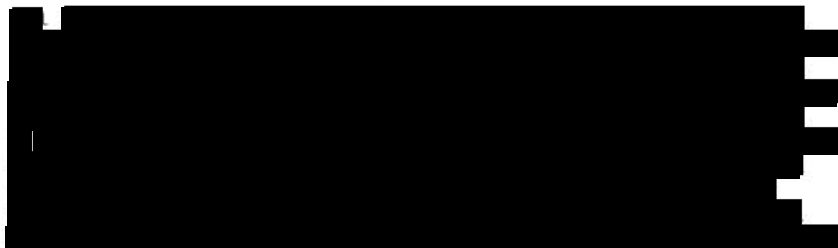
XA multi frame

▮▮▮ AMT => 2 EI => 1 (1 frame) - 1 image and 1 Exam Protocol sent from modality – not DICOM image. Stored but can't be viewed in Siemens PACS.

1 images SOPclass: XAi and 1 CSni

▮▮▮

XA multi frame

▮▮▮ T => 5 EI => 4 (220 frames) - 4 images and 1 Exam Protocol sent from modality

1

4 images SOPclass: XAi and 1 CSni

[redacted]

- Partial migrated (AMT + EI image count for reference) – syngo Imaging distinguishes between visible and invisible SOPs. Invisible SOPs are SOPs that have been "logically deleted" in syngo Imaging. These SOPs are still present, but are not visible to the user in the viewer. These "soft deleted" SOPs can be made visible again by users with dedicated grants. The image counts of the supplied DB extracts are based on the total image count, including the invisible SOPs.

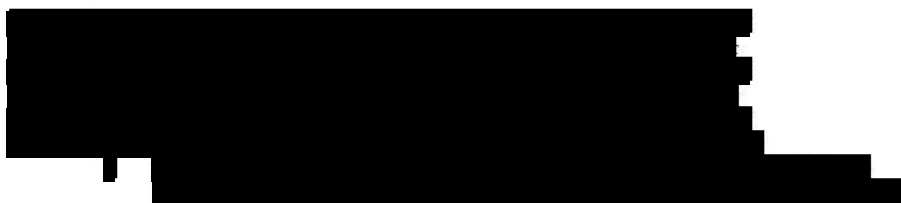**Partial migrated (AMT + EI image count for reference):**

[redacted] => 6 EI => 5 - Only 5 images exist for this Study UID not 6

One Image is Soft-deleted
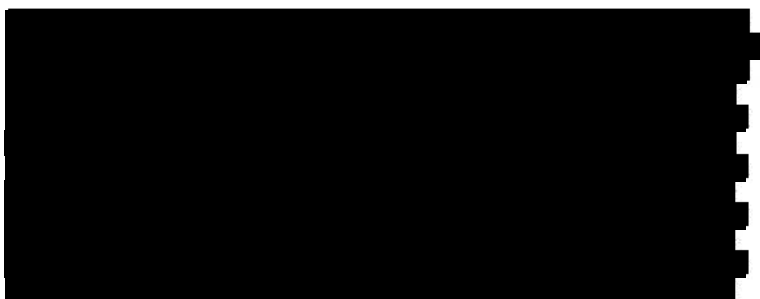
[redacted]

1.3.12.2.1107.5.8.7.1308.1357184160157.1057712456 AMT => 4 EI => 2 - Only 2 images exist for this Study UID not 4

Two images are soft-deleted

[redacted]

Kind Regards,

[redacted]

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Macquarie Park NSW 2113

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SIEMENS ⋰
Healthineers ⋱

🌲 **Please consider the environment before printing this email**

From: ████████ ██████ (Health) [mailto:████████████████act.gov.au]
Sent: Tue, 6 February 2018 3:21 PM
To: ████████ ████ ████████████████████
Cc: ████████ ████ (Health)
Subject: RE: PACS Image migration [SEC=UNCLASSIFIED]

Hi ████

The number indicated by AMT is the value from the PACS database, the number indicated by EI is the actual number of images that have migrated for that study into AGFA's system (EI).
Our RISPACS team have confirmed that the images in EI are the actual number of images in the Siemens store.
We are now trying to analyse why the metadata in the database does not match the actual number of images in the store.

Though the migration is successful as number of images in the store is equal to number of images in AGFA's EI, the migration looks incomplete, as the metadata in the PACS database does not match up.
I hope this clarifies my query.

Thanks,

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

From: ████████ ████ [mailto:████████████████████████]
Sent: Tuesday, 6 February 2018 1:33 PM
To: ████████ ██████ (Health) <████████████████act.gov.au>
Cc: ████████ ████ (Health) <████████████████████
Subject: RE: PACS Image migration [SEC=UNCLASSIFIED]

Hello ████████

It is possible that the non-viewable images on the Siemens PACS may in fact be viewable on the Agfa PACS. Where does the EI value come from, is this from the PACS front UI?

Kind Regards,

████████ ██████

Siemens Healthcare Pty Ltd
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SIEMENS ∴·
Healthineers ·:·°

From: ████████ ███████ (Health) [mailto:████████████████act.gov.au]
Sent: Tue, 6 February 2018 10:12 AM
To: ███████████████████████████████████
Cc: █████████ ███████ (Health)
Subject: PACS Image migration [SEC=UNCLASSIFIED]

Hi ██████

We have been testing AGFA's image migration process and below are a few sample studies which have not migrated as expected.
We had our RISPACS team analyse the Studies for us and their comments have been included in green.

- XA multi frame

    █████████████████████████████████████ AMT => 2 EI => 1 (1 frame) - 1 image and 1 Exam Protocol sent from modality – not DICOM image. Stored but can't be viewed in Siemens PACS.

    █████████████████████████████████████ AMT => 5 EI => 4 (220 frames) - 4 images and 1 Exam Protocol sent from modality

    The metadata for the studies in the PACS database (indicated by the number against AMT) does not match the actual number of image stored in PACS (indicated by EI). As indicated by the RISPACS team, the reason being an exam protocol, can an exam protocol be differentiated from an actual image in the PACS database, if yes can they be excluded from the count of images for a Study and can they be excluded from the image extract?

- Partial migrated (AMT + EI image count for reference):

    ███████████████████████████████ AMT => 6 EI => 5 - Only 5 images exist for this Study UID not 6

    ███████████████████████████████ AMT => 4 EI => 2 - Only 2 images exist for this Study UID not 4

    The metadata for the studies in the PACS database (indicated by the number against AMT) does not match the actual number of image stored in PACS (indicated by EI). Can this mismatch be analysed?

Let me know if you need any further details?

Thanks,

██████

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

Mobile : ███████ | Email ████████████████

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DIGITAL SOLUTIONS DIVISION

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Integrated Diagnostic Imaging Solution (IDIS)
Agenda
IDIS Executive Management Meeting Number 9

4:30 PM – 5:15 PM, Tuesday 13th February 2018
Venue: WebEx and TCH Level 10 Conference room 10.2

Item	Agenda Item	Name	Papers
1	Welcome	Chair	
2	Attendance & Apologies	Chair	
3	Minutes & Actions from previous meeting a) RISPACS team training b) Licence for Engage Suite c) Planned Agfa upgrade RIS 6.3.1 connectivity d) Agfa onsite resource	Chair	✓
4	Project & Schedule Update	Dev Arsavilli	
5	Agfa Project Update	▉▉▉	
6	Any Other Business a) Scheduled Agfa full upgrade during implementation	Chair	
7	Meeting Close	Chair	

Next meeting: 20th February 2018

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ACT Government Health

2. Attendance/Apologies

Name		Role	✓,Ap, or ✗
Peter O'Halloran	POH	Chief Information Officer - Chair	✓
Mark Duggan	MD	Ag Manager, Medical Imaging, Executive Sponsor	✓
Sandra Cook	SC	Director, Future Capability & Governance	✓
Dev Arsavilli	DA	Project Director, Integrated Diagnostic Imaging Solution (IDIS) Project	✓
██████████	██	Agfa Health Care National Sales Manager	✓
██████████	██	Agfa Health Care Service Manager Oceania	✓
██████████	██	Agfa Health Care Managing Director Oceania	✓
██████████	██	Agfa Health Care Project Manager	✓
Secretariat			
Karen Norman	KN	IDIS Project - Project Coordinator	✓

3. Minutes & Actions from previous meeting
Minutes of the last meeting were accepted as a true record

a) RISPACS team training

- AW reminded the group of the two options for training the remaining BAU team members as discussed in the last meeting:
  - The training could be conducted on site at TCH at an additional cost for the training
  - 2 or 3 members of BAU team to attend generic training in an Agfa training centre either in Melbourne or Brisbane however at this stage there is no planned courses as these are based on demand
- One solution would be for Agfa to organise a training course in their offices and offer to other clients but the price is scaled on the number of participants up to a maximum of six and the training would be quite generic
- MD asked when the two weeks on site could be arranged and if it would be before Go Live
- AW advised this would be challenging for Agfa and would need some internal discussion. He will report back to the group by the end of the week
- POH asked if there was a chance the training may not be completed before go live
- AW advised that he would have to talk to Aziza with regards to when the training could be scheduled
- MD advised that we need a decision before the next meeting
- GD promised to have information back to ACT Health by Friday 16th February

20180213-01	AW & GD to investigate how and when training of 2-3 members of BAU team can be achieved before Go Live by Friday 16th February

b) Licence for Engage Suite

- Agfa have provided an indicative price for the TEST Licence for engage suite
- DA is looking at ACT Health requirements and what is required infrastructure wise ie do we need a server or a VM? This would be a variation in the solution design
- We need price for the licence and also the cost of infrastructure

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Government
Health

- JO advised that an indicative price has been sent and asked if ACT Health would like a formal quotation
- SC advised that if DA was comfortable with what environments we need to progress the project then we should progress to a formal quote
- JO will provide a formal quote of the software only (not for the environment) by end of week (16th February)
- DA advised that an ACT environment will be required

| 20180213-02 | JO to provide a formal quote for an Engage Suite Test Licence by 16th February 2018 |

c) *Planned Agfa upgrade RIS 6.3.1 connectivity*

- AW advised that it was approved at the last meeting to go ahead with upgrade and this will occur once the packaging team can deploy the workstations
- DA advised that this needs to be completed in next two weeks so he will work with ▇ Crossley (SS-ICT PM) to ensure this happens
- AW advised that this should be a quick upgrade

| 20180213-03 | DA to work with ▇ Crossley to ensure the client packages are ready for the planned Agfa upgrade |

d) *Agfa onsite resource*

- GD advised that an experienced candidate has been identified and they are in the final discussions with him to assess his suitability. Although there is no timeline for this to be completed as yet he did not think it would take too long
- POH asked DA to check contract around clearances as the candidate is not an Australian Citizen
- JO advised that from memory he does not think this is an issue however DA will check and report back to the group
- This person is working with the Global Support Network at the moment so has been cleared internally from a security point of view

| 20180213-04 | DA to check the contract around citizenship of the Agfa onsite resource and if it would pose a problem if they were not an Australian Citizen to report back by 20th February |

4. *Project & Schedule Update*

- DA advised that we have completed the config as per the schedule
- Integration has slipped 3 weeks already with the dependency being on clinical portal.
- The portal was cloned last Friday and that instance is being worked on now
- DA and MD are working on the project schedule however we are still not sure how long the work will take but should have an estimate soon
- There will be an exception report coming

5. *Agfa Project Update*

- AW in agreement with DA with regards to integration slippage and dependencies
- Migration has been a little delayed, as the 20% file should have been given to Agfa last Friday
- We have finished the config and began the PVT last week
- Two pieces of build to go as the cleansed doctors file needs to be loaded once completed and yet to set up the LDAP Active Directory integration as there has been a delay in DEV AD set up
- DA advised that he is meeting with all parties this week to understand how mapping can be done and the doctors cleansed data is close to completion
- AW advised that the applications team have conducted a functional test on system and should be completed in next day or two

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- Last Thursday we ran the first PVT Demos at TCH to a group of key users and radiologists. MD was very happy with how things went and the feedback received. Hoping for same reaction at Calvary on Friday

6. *Any Other Business*

   a) *Scheduled Agfa full upgrade during implementation*
   - Current schedule has a full system upgrade during implementation that cannot be done as testing would then be invalid. This must be done before integration work or after Go Live
   - AW explained that the updates have two core components Enterprise Imaging and Scheduling. EI 8.1.1 will be upgraded to 8.1.2 however the release date is not available at the moment. The scheduling software has now been released and info can be provided to ACT Health on what it involves
   - AW will prepare a Delta report for ACT Health to explain what this upgrade will mean for the next meeting. Early indications are that there will be upgrades that would benefit act health
   - DA advised that this could impact our schedule and therefore Go Live
   - POH not comfortable with not knowing what the upgrades are and whether we do them both together, one at a time, or not at all
   - Clarity around what the functionality benefits are and release dates would be appreciated as ACT Health needs to understand what the upgrades mean
   - DA and AW will meet to discuss and work out what is needed so we can make a decision on what to upgrade. There can be no upgrade in middle of implementation
   - SC is interested to know if there are any dependencies. If we update one module (say EI) and not another (Scheduling) what would the impact be? We need to understand how products work together and if there are any incompatibility issues
   - AW advised that he can report on that easily and would take all compatibility/dependency issues into consideration

| 20180213-05 | AW to prepare a delta report for ACT Health to explain what the connectivity upgrade will mean for the project |
| 20180213-06 | DA and AW to discuss what upgrades are required and report back to the group next week |

7. *Meeting close – 5.14pm*

Heland, Rebecca (Health)

From:	███████ ██████ (Health)
Sent:	Monday, 12 February 2018 12:15 PM
To:	Griffiths, Jessica (Health)
Cc:	██████ ██ (Health); Arsavilli, Dev
Subject:	RE: Data Migration [SEC=UNCLASSIFIED]

Hi Jess,
Discussions from today

Scheduled/ordered exams to be migrated
AGFA's specifications has no provision to migrate 'ordered' exams.
No provision to migrate the various steps and times involved in an activity flow (Eg. Ordered,scheduled, Exam started, Exam Ended)

Report addendum
AGFA's specifications has no provision to migrate addendum date/time.
A few examples of reports with addendum to be verified – Action Item for ██████

Patient merges in RIS and PACS
To be analysed using the cleansed data from the PMI team – Action item for █████
A decision will then have to be made to complete these merges in the system – either manually or through ACTPAS merge messages or Siemens system updates

Exam protocol and DICOM images – Should the exam protocols be migrated or should they be excluded from the image counts

RIS based image vs DICOM based image – Should the RIS records be recreated for such studies or are we OK to have these studies migrated as DICOM images?

NM Codes – How do we translate the Siemens exam codes to the new NM exam codes for ordered and scheduled exams?

Thanks,

██████

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

From: ████████ ██████ (Health)
Sent: Tuesday, 6 February 2018 2:45 PM
To: Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>
Cc: ██████ ███ (Health) <████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
Subject: Data Migration [SEC=UNCLASSIFIED]

Hi Jess,
Here is what was discussed in today's meeting, just putting it down in an email, so we can keep track of where we are with each of the items.

Performing doctor, author, and validator – I have attached a copy with all internal doctor numbers and names for you/your team to map them to valid Provider numbers.

Requesting doctor –

1

Provider numbers will be migrated where a match can be found, doctor names will not be considered, as this will require a lot of manual checking and validating. (a list of provider numbers with mismatching names has been attached, these examples are from the 20% data)

Where Provider numbers do not exist or where Provider numbers cannot be matched, inactive doctor records will be created as 'SD' + 6 char internal doctor number, again names will not be matched on as the process involves manual work (a list of internal doctor numbers with mismatching names has been attached, these examples are from the 20% data)

Also discussed, raising a task for ACTPAS to update doctor's data that has been corrected as part of the base data collection.

Completed/Cancelled exams in the Siemens RIS system have the following dates stored ord_for_dtime and proc_dtime(Sample Accession numbers and dates attached). AGFA's migration expects OrderCreationdtime and ScheduledStudydtime. Please confirm mapping.
Working with Siemens to identify the dates available for ordered and scheduled exams.

ResultCreationdtime will be extracted from sign-off dtime, where results are in a preliminary state ResultCreationdtime will be NULL.

Order Priority mapping, please confirm
Siemens order priority
URGENT 'T' --Time critical(high)
TODAY 'A' -- ASAP(high)
ROUTINE 'R' -- Routine(low)
XREADBIL 'S' -- Stat (Normal)
XREADONL 'S' -- Stat (Normal)
WAITLIST 'C' -- Callback (Low)
NULL 'C' -- Callback (Low)

Exam room – resource mapping for exams that have been scheduled but not yet performed. How can the Siemens exam rooms be mapped to AGFA resources?

Jess, I think I have covered off all the points discussed at the meeting today, feel free to add to the list if I have missed something.

Let me know if you need anything from me.

Thanks,

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

2

Heland, Rebecca (Health)

From:	███████ ████ (Health)
Sent:	Thursday, 8 February 2018 2:29 PM
To:	███ █████
Cc:	███ ███ ███ ███ █████ Crossley, Nick; ██████ ████ (Health)
Subject:	RE: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi ███,
The PatientID for the Study in RIS is ██████.
The PatientID for the same study in PACS is ██████
It looks like the PatientID for this patient was merged from ████████ ██ █████. The merge seems to have happened successfully in RIS, but not in PACS and hence the difference
I will discuss this with the business to understand how a merge works and also analyse the data for such mismatches.

I will get back to you with more details and we can then work out a solution for such studies.

Thanks,

████████

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

From:	████ █████ [mailto:████████████████]
Sent:	Tuesday, 6 February 2018 7:59 PM
To:	████████ █████ (Health) <████████act.gov.au>
Cc:	████ ██ <████████████ ████ <████████████ ██ █████ <████████████ Crossley, Nick <Nick.Crossley@act.gov.au>; ████████ ████ (Health) <████████████ ████ ████ <████████████
Subject:	[AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi,

After checking the 'Not visible in EI' studies that the images are indeed in EI (as the migration tools reported). The problem is that they don't match up with the HL7 order with the same Study UID and EI has created a 'DICOM based' order with it's of Study UID.

Study UID	Patient ID	Accession number	Proce
████████████████	██████	██████	Completed
████████████████	██████	██████	

HL7 extract:

T patientid	T accessionnumber	T studyinstanceuid
██████	██████	████████████

DICOM extract:

T patient_id	T accession_no	T study_instance_uid
██████	██████	████████████

Would it be possible to check the Siemens system for this StudyUID and check what the Patient ID is ?
Maybe this patient is merged or updated somewhere during our process ?

1

Kind Regards,

██████ | ████████
█████████████████████
T ███████████

████████ NV, ███████████████
http://www.agfahealthcare.com
http://blog.██████████.com

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

████████████████████████
Cc: "Crossley, Nick" <Nick.Crossley@act.gov.au>, ████████████████████████
Date: 05/02/2018 23:52
Subject: RE: ACTH IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi ████

Below are the details for the sample set of studies :

- XA multi frame

███████████████████████ AMT => 2 EI => 1 (1 frame) - 1 image and 1
Exam Protocol sent from modality – not DICOM image. Stored but can't be viewed in Siemens PACS.
████████████████████████ AMT => 5 EI => 4 (220 frames) - 4 images
and 1 Exam Protocol sent from modality
This will be discussed with Siemens, to identify the exam protocols and exclude them from the count of
images for a Study

- Partial migrated (AMT + EI image count for reference):

██████████████████████ => 6 EI => 5 - Only 5 images exist
████████████████████ AMT => 4 EI => 2 - Only 2 images exist
for this Study UID not 4
This will also be discussed with Siemens, to identify the mismatch between the number indicated by the
database and the actual number of images

- Not visible in EI:

████████████████████████ EI => null - 2 images exist for
this Study UID
████████████████████ AMT => 2 EI => null - 2 images exist for
this Study UID
██████████████████████ AMT => 337 EI => null - 337 images exist
for this Study UID
Could you please look into these, the images do exist for these studies?
Let me know if you need any further details.

Regards,

███

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

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

From: ████ ███ [mailto: ███████████]
Sent: Tuesday, 30 January 2018 3:35 PM
To: ██████ ████ (Health) < ████████████
Cc: ████████ ████ (Health) < ██████████act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>;
██ ███████ < ████████████████████ ████ < ████████████████████ ███
< ████████ ████████

Subject: ACTH IDIS Project > Migration Analysis Feedback

Hi ███

Please see feedback below from ████ following the analysis of the studies migrated so far. Could you please perform the checks as requested below and provide feedback to ███ ....

[KD] - I took a closer look at the migrated studies with this as result:

- We know that the HL7 <> DICOM crosscheck didn't work as expected and we have some studies in the EI DEV that didn't have a migrated order in EI. This crosscheck will be tested on the 20% extract
- In total we had 7871 studies that had to be moved and 166 that had been marked as 'IGNORE' because of the issue with duplicate StudyUIDs (discussed on last call)
    - We had no failed moves (so all studies from Siemens at least moved something to EI)
    - 7825 studies have been migrated successfully and are validated (same amount of images for each StudyUID)
    - 46 studies have been migrated, but don't validate correctly (no error codes during migration received).
    We have 3 types of problems:
        - 5 XA studies don't validate because they are multiframe. In the extract we have the amount
        of instances as 'DICOM objects'. We always seem to get 1 object less from Siemens, but they
        are multiframe in EI, so hard to match up. Need to know correct amount in Siemens to be sure.
        - 13 studies have images in EI, but the amount doesn't match up with the extracts.
        These are 'partial migrated', but maybe the number of images in the extract is just incorrect.
        - 28 studies don't have any images in EI

Could you ask the customer to check the actual amount of objects and/or images for these random
studies from the 46 studies that don't validate:

- XA multiframe
    - ████████████████████████████████ 3 AMT => 2 EI => 1 (1 frame)
    - ████████████████████████████████ 5 EI => 4 (220 frames)
- Partial migrated (AMT + EI image count for reference):

- ◇ ███████████████████████████ AMT => 6 EI => 5
  - ○ ███████████████████████████ AMT => 4 EI => 2
- Not visible in EI:
  - ○ ███████████████████████████ AMT => 2 EI => null
  - ○ ███████████████████████████ AMT => 2 EI => null
  - ○ ███████████████████████████ AMT => 337 EI => null

Kind Regards,

██████████ | ████████████
███

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

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Australia
http://www.agfahealthcare.com
http://blog.agfahealthcare.com

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

Heland, Rebecca (Health)

From:	██████ <██████████████████████>
Sent:	Wednesday, 7 February 2018 3:52 PM
To:	██████ ███ ███ ██ (Health); Crossley, Nick; ██████ ████ (Health); ██████ █ (Health); Arsavilli, Dev
Subject:	RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 31/01/18

Hi All

Please find below notes from this week's meeting.

Participants:
ACT Canberra Hospital: ████ ██████ ███ ██████ and ████ ███
Siemens: ███ ████

Apologies:
.CT Canberra Hospital: ███ Crossley, Dev Arsavilli
Siemens: ███ ██████

Deliverables:
1. **RIS/PACS 20% Test Extract**
   a. PACS
      - Issue raised – Delimiters incorrect. Siemens to fix.
        [ME] new extracts delivered on 01/02/2018 with delimiter fixed. ██████ advised it is fixed – **Closed**

      - Issue raised – Misc feedback for rest to be sent today. ████ to send
        [ME] Sent all PACS feedbacks to PACS team . Advised that we are resource challenged this week and may not get resolution until next week.

   b. RIS
      a. RAW data delivered and triaged by Canberra
         i. **ACTION (Canberra)** Report file mapping queries outstanding – ████ to send through this afternoon
            [ME] – ████ advised this can be closed – **Closed**

         ii. **ACTION (Siemens)** Query – Need to understand where the scheduled procedures reside and require a process to bring them across.
            [ME] – ████ and ██████ want to understand data flow from visit tables to activity tables. They have indicated that they want all studies regardless of status in the RIS extracts. Currently only completed and cancelled studies are provided. They have advised that this is crucial towards gap analysis. ████ **to follow up**

         iii. **ACTION (Siemens to investigate)** – Performing Drs not having provider numbers, but have an internal number only. (DFT Billing message is sent). Not ideal for Canberra to use these internal Dr numbers that are currently being included in the extracts.
            [ME] ████ working with business. At this stage, internal Dr numbers is ok

         iv. **ACTION (Siemens)** – Audit Count info to be included with extracts. Need primarily for final extracts.
            1. i.e. 1.5M extracted, 1.4M extracted, 100k not extracted because they had no study associated with it. Merged patients. Should be in logic.
   c. Alignment of RIS/PACS Extracts – Some accession numbers missing on PACS extract that exist in RIS but not in PACS and vice versa

[ME] ▮▮▮ indicated that if all mismatches on PACS extracts can be fixed and ok to leave the study with null study date out for the 20% extracts. However all of these will be required for last upload. ▮▮ **to follow up**

    1. **ACTION (Siemens, when required)** - Canberra requested Siemens provide delta extract for any missing accession numbers for both RIS and PACS

b. **RIS GAP Analysis / Data Mapping**
    i. Feedback provided by ▮▮ 24/1, Siemens to action – Complete.
       [ME] ▮▮ and ▮▮▮ are happy with both RIS Gap analysis and RIS Data mapping document - **Closed**
    ii. Once queries answered re mappings, milestone can be considered met
       [ME] Closed
    iii. Canberra may have further queries about some fields if they cannot find in GUI with help from Sys Admin team

    iv. Any additional data may need to come via attachments (if any) (outside scope of current project)
       [ME] Based on the information provided in the above documents, they have advised that an additional extract will be required around the patient financial class. ▮▮ to provide details about this extra extract.

    v. **ACTION (Canberra)** - RIS Report File Comments are missing. Canberra to send file back removing comments now resolved.
       [ME] Closed

c. **PACS Gap Analysis / Data Mapping**
    i. Feedback provided by ▮▮ 24/1 - Complete.
    ii. **ACTION (Act Health)** Missing Info for Data Mapping for the optional fields in Agfa files and Gaps Analysis missing. Siemens to re-issue.
       [ME] updated document was sent on 02/02/2018. DB Schema sent on 25/01/2018. ▮▮ to review documents and confirm if this item can be closed
    iii. **ACTION (ACT Health)** ACT health to resend their document with other possible fields that we should include in our file.

d. **RIS Part B – Attachments**
    i. 20% load has completed
    ii. Attachments have now fully been generated. Hopefully complete by tomorrow.
       ▪ For consideration with bulk extract
           ● Could take 1 month to generate the entire bulk extract of attachments, 100,000 per day currently generated).
           ● Will need to generate the bulk attachments ahead of time ready for bulk migration commencement date. Siemens to initiate as soon as all is in place.
       [ME] ▮▮ has indicated that the attachment extract records do not match the provided attachment files. ▮▮ **to follow up**

e. **RIS Part C – Z Segments**
    i. Require a date for this, close to 25/1 as possible
    ii. Delivered ahead of schedule
    iii. Canberra has not fully reviewed as yet but looks OK.
       [ME] still in review process by ▮▮ and ▮▮▮

Kind Regards,

▮▮▮▮▮

Siemens Healthcare Pty Ltd
160 Herring Road
Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009
Mobile: ▇▇▇ ▇▇▇
Email: ▇▇▇▇▇▇▇▇▇▇
Internet: www.healthcare.siemens.com.au

SIEMENS .·.
Healthineers ·:·

Sent: Wed, 7 February 2018 3:48 PM
To: ▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇ Crossley, Nick; ▇▇▇▇ ▇▇▇▇ (Health); ▇▇▇▇ ▇▇▇ (Health); Arsavilli, Dev
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 31/01/18

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Siemens: ▇▇▇ ▇▇▇▇

Apologies:
ACT Canberra Hospital: Nick Crossley, Dev Arsavilli
Siemens: ▇▇▇ ▇▇▇▇▇

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