Sent: Thu, 21 December 2017 2:49 PM  To:
Thanks We are awaiting reply from AGFA and we are also getting in touch with the RIS PACS admin team for some of the questions below.  But here are a few that I have answers for
In cases where Activity.ord_for_dtime or Activity.proc_dtime is unavailable default it with the value For records where Series_Number is unavailable default it with '0'(zero).
I will get in touch with you regarding the other outstanding questions when we hear from AGFA and the admin team.
Have a good break!! Talk to you in the New Year!
Thanks,    IDIS Data Migration Analyst - UCPH Digital Solutions Program   Email:
Sent: Wednesday, 20 December 2017 9:44 AM  To: (Health) < act.gov.au>; (Health)  Cc: (Health) < act.gov.au>; (Health) < act.go
Hello
Please find my response below.
Kind Regards,
Siemens Healthcare Pty Ltd 160 Herring Road Macquarie Park NSW 2113
Email: nternet: www.healthcare.siemens.com.au





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From:	(Health) [mailto:	act.gov.au]
Sent: Tue, 19 [	December 2017 5:51 PM	
		CONTRACTOR PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERT
		Crossley, Nick; (Health)
Subject: RE: M	lodified Accession numbers in the re	port file [SEC=UNCLASSIFIED]

Hi

Thanks for the RIS mapping and the extracts.

I haven't had a chance to look at the mapping yet, but the extracts are looking better.

Some outstanding issues from my previous feedback and some issues discovered while I was working on the transformations for AGFA are listed below:

What date time column have the files been filtered on? The only date that I found in the file was the CreatedDateTime in the result file where the date ranges outside the 01-Jan to 20-Jan 2013, some dates are in 2014?(this will help me validate coverage of the extracts on my end).

[ME] field valued: activity.proc\_dtime (This is the time the exam was ended by the technician)

[SS]Thanks, that will help me with my analysis. But is it valid for an exam ended in the month of Jan 2013 to have reports created in 2014(CreatedDateTime ranges from 2013-2014 in the extrcats)

[ME] Reports will need to be read to work out what happened

OrderCreationDateTime and ScheduledStudydateTime(many dates in the Activity and Activity info tables) – which dates correspond to these?? What are our alternatives? (You have suggested using End procedure Date Time, will confirm with AGFA). The exam file has an additional '|', the ScheduledStudyDateTime therefore shows as '|' [ME] Currently these 2 fields have been left empty until further notice. The extra '|' issue has been addressed on the new extracts

[SS]Can we have OrderCreationDateTime mapped to Activity.ord\_for\_dtime and ScheduledStudydatetime mapped to Activity.proc\_dtime

[ME] what if both are purged or no data available.....what is the fall back?

Study UIDs duplicated where same study is associated to linked accession numbers, does PACS have the studies associated to all the accession numbers or just the one linked accession number, we need the Study UIDs to be unique, can this be discussed further?

[ME] In most cases where exams have been linked in RIS, PACS will hold 1 record (chosen SUID depends on order chosen at the modality). we do not have a way to tell which exams have a reference in PACS and which do not, doing this maybe a risk. This should be a task for your team and AGFA as you will have both the RIS and PACS extracts in hand and therefore minimizing any risks to the equation for such scenario.

[SS] Thanks, this will be discussed with AGFA

I think cancelled exams with no results should be excluded from the exam file (will confirm with AGFA). Status 'P' stands for preliminary, which I think will be used for results which have been drafted but not validated yet.

[ME] we left the CM exams with 'P' status on in the report file until further notice

[ME] Please also note that some 'CA' exams have a real report attached to them. We have decided to include these in the extract until further notice

[SS] All result records which are not a real report should be excluded from the extract.

Is it valid to have procedures with no studies but associated reports?

This will be discussed with the business as well.

Activity.ord\_for\_dtime has not been answered, what value does this field store [ME] it is not activity, it is visit\_activity.ord\_for\_dtime, and that is the time the exam was set to be performed.

[SS]Both visit\_activity and activity tables have a column called ord\_for\_dtime. As far as I understand the activity table is a complete copy of all activities (the one which does not get purged and therefore should be used for our extracts)

[ME] what if both are purged or no data available....what is the fall back?

Study\_description and Series\_description is blank for some records.

[ME] No changes until further notice

[SS] where no description available in the system, this can be defaulted to 'unknown'

[ME] Ok

Some Study\_UIDs in the RIS extract do not have corresponding PACS Study records and some Study\_UIDs in PACS have no information in the RIS extract.

[SS]RIS PACS mismatch has not been resolved yet. The most recent extracts have the same number of mismatching records as the previous one.

[ME]Again this should be part of your QA. There is no way for us to tell what is what in either systems as they each are independent. Note that this behaviour is not uncommon. However With the extracts in hand, your team and Agfa should identify these. Using the front end apps should also help in this process. Please also note that not all exams have study uid's or results, not every exam in the system is resulted and may or may not have images attached to them. That is just normal workflows.

#### Some additional feedback:

In the extracts a linefeed has been replaced with '\br.\'. AGFA's specifications indicate the linefeed needs to be replaced with \.br\, can that be corrected [ME] Ok

The series extract has a few records with a missing Series\_number, I am guessing the reason why they are missing is because they are unavailable in the system, I will confirm with AGFA if this can be defaulted with some value.

Let me know if you need any further details.

Thanks,

		UCPH Digital Solutions Program		
From:	[mailto			
Sent: Monday, 18 De	cember 2017 2:42 I	PM		
To:	(Health) <	act.gov.au>;	(Health)	
<				
Cc: (He	ealth) <	act.gov.au>;	<	
<u>com</u> >; C	Crossley, Nick < Nick.	Crossley@act.gov.au>;	(Health) <	act.gov.au>
		s in the report file [SEC=UNCL		
Hello				

Please find my responses below.

I will send a separate email to access RIS/PACS extracts and Mappings Document.

As always, please review and advise of any issues.

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



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From:	(Health) [mailto			act.gov.au]	
Sent: Wed, 13	December 2017 12:13 PM				
To:					
Cc:				Crossley, Nick;	(Health)
Subject: RE: Mo	odified Accession numbers i	n the i	report file	e [SEC=UNCLASSIFIED]	

Hi

Thanks for the extracts and thank you for validating the extracts on your end. The RIS and the PACS extract formats are now looking good.

I do have some feedback/questions on the extracts. We have got the data in the format that we wanted, my feedback is more about the data itself.

#### RIS

What date time column have the files been filtered on? The only date that I found in the file was the CreatedDateTime in the result file where the date ranges outside the 01-Jan to 20-Jan 2013, some dates are in 2014?(this will help me validate coverage of the extracts on my end).

ME] field valued: activity.proc dtime (This is the time the exam was ended by the technician)

Duplicate patient data to be removed from the extract.

[ME] This has been addressed on the new extracts

Leading Os to be removed from PatientID (PatientID from RIS does not match PatientID from PACS) [ME] This has been addressed on the new extracts

Requesting Physician details (missing for most of the services) (We haven't received the mappings yet, but my guess is that the requesting physician details come from the ordering doctor, the system seems to have ordering doctor details for more records than what's in the extract)

[ME] This has been addressed on the new extracts

OrderCreationDateTime and ScheduledStudydateTime(many dates in the Activity and Activity info tables) — which dates correspond to these?? What are our alternatives? (You have suggested using End procedure Date Time, will confirm with AGFA). The exam file has an additional '|', the ScheduledStudyDateTime therefore shows as '|' [ME] Currently these 2 fields have been left empty until further notice. The extra '|' issue has been addressed on the new extracts

Accession numbers sequencing	was requested as .01	and .02(can this	be corrected)?
Example		•	
Original Accession number:	, Modified:	and	
[MF] This has been addressed of	n the new extracts		

Study UIDs duplicated where same study is associated to linked accession numbers, does PACS have the studies associated to all the accession numbers or just the one linked accession number, we need the Study UIDs to be unique, can this be discussed further?

[ME] In most cases where exams have been linked in RIS, PACS will hold 1 record (chosen SUID depends on order chosen at the modality). we do not have a way to tell which exams have a reference in PACS and which do not, doing this maybe a risk. This should be a task for your team and AGFA as you will have both the RIS and PACS extracts in hand and therefore minimizing any risks to the equation for such scenario.

Some exams are missing a StudyInstance UID, I understand the ones with a Status 'CA' (cancelled) will not have one, but what about the completed (Status - CM) ones?

[ME] Will get back to you on that

Again, I understand cancelled exams with no results but what about the completed exams, why are they missing a result body?

[ME] Exams have not been performed and there could be many reasons for this. Please check with Business I think cancelled exams with no results should be excluded from the exam file (will confirm with AGFA). Status 'P' stands for preliminary, which I think will be used for results which have been drafted but not validated yet.

[ME] we left the CM exams with 'P' status on in the report file until further notice

[ME] Please also note that some 'CA' exams have a real report attached to them. We have decided to include these in the extract until further notice

The TranscriptionistFirstName seems to have been populated with the first and last name and the TranscriptionistLastName seems like a code value or ID for the same, can this be fixed? [ME] This has been addressed on the new extracts

Will the accession numbers be modified in the results file for the next extract? [ME] This is still on hold

Activity.ord\_for\_dtime has not been answered, what value does this field store [ME] it is not activity, it is visit\_activity.ord\_for\_dtime, and that is the time the exam was set to be performed.

#### PACS

Some Study\_UIDs in the RIS extract do not have corresponding PACS Study records and some Study\_UIDs in PACS have no information in the RIS extract.

The study file specification indicates multiple Modalities to be extracted under the same column 'Modality'. The study extract has different rows for studies under different modalities, this needs to be fixed. The modalities can be comma separated. (I will confirm with AGFA if ',' is their preferred separator)

[ME] This has been addressed on the new extracts

There are some records where the study\_ref, modality, Study\_UID has been duplicated, I would have expected the study\_ref to be unique for the study records.

[ME] This has been addressed on the new extracts

The accession numbers in PACS have not been modified (Will confirm with AGFA if the PACS is expected to have the modified accession numbers).

[ME] No changes

Study\_description and Series\_description is blank for some records. [ME] No changes until further notice

Institution name is the same as the department name in the study file?

[ME] Same data in DB

Is the series number meant to be unique for a study? [ME] will get back to you on that

Is the image number meant to be unique for a series? [ME] will get back to you on that

Will the optional fields be included in the next extract? [ME] No, still working on that

We can discuss all of this in detail at our regular meeting today at 2:00pm.

m	600		12-
KA	σa	ra	C
Re	Би	14	0,

	IDIS Data Migration Analyst	- UCPH Digital Solutions Program		
Mobile:	Email:	et.gov.au		
From:	[mailto			
Sent: Frida	ay, 8 December 2017 3:18 PM			
To:	(Health) <	act.gov.au>;	(Health)	
<	act.gov.au>			
Cc:	(Health) <	act.gov.au>;	<	
	com>; Crossley, Nick < Nick	Crossley@act.gov.au>;	(Health) <	act.gov.au>
Subject: R	E: Modified Accession number	rs in the report file [SEC=UNC	LASSIFIED]	

I also forgot to mention that PACS extracts will not contain optional fields at this stage as further investigation is required to work out proper mapping with the Agfa spec.

Kind Regards,



and

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From: Sent: Fri, 8 December 2017 3:05 PM			
To: (Health)';	(Health)'		
Cc: (Health)'; Subject: RE: Modified Accession numb		'Crossley, Nick'; NCLASSIFIED]	(Health)'
Hello and			
Please find on a separate email a link to	access both RIS and DACS no	awest extracts	

Extracts Date Range for both PACS and RIS: 01/01/2013 – 20/01/2013

As previously discussed, all efforts were spent making sure the extracts meet as close as possible the Agfa spec document.

We have replaced the FillerOrderNumber by the Accession Number as requested but I was also advised that many exams do contain the FillerOrderNumber from ACT/CAL which seem to have its own combination hence why the IssuerOfFillerOrderNumber was 'Siemens' or 'PAS' depending on where it came from originally. Either way it does not play a role for PACS but maybe something for you and your team to think about.

The ScheduledStudyDateTime is a required field on the procedure file but I was advised that this is data we purge from our side and therefore will be blank. We can set this up to be the 'End procedure DateTime', Please check with Agfa and let me know if the workaround works for you?

Finally, Exams where a report do not exist were set with a status 'P' to keep up with the Spec document.

Please thoroughly examine the files and let me know if this works for you or if anything was missed

Thank you kindly for your patience throughout this process!

Kind Regards,

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From:	
Sent: Thu, 7 December 2017 3:50 PM	
To: (Health)'	
Cc:	Crossley, Nick; (Health);
(Health)	
Subject: RE: Modified Accession numbers in the rep	oort file [SEC=UNCLASSIFIED]

I can confirm that the modified accession numbers will be available on the request file as seen below.



As for the Report file, this will need to be discussed internally but will most likely not be available on the next batch of extracts.

About the FillerOrderNumber topic, what do you want to appear under the IssuerOfFillerOrderNumber? currently 'Siemens' and 'PAS' are the values. I cannot also promise that this will be made available in the next batch but will push for it.

Kind Regards,

Hello



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

Sent: Thu, 7 December 2017 3:15 PM
To: (HC APC AUS DI)

1454
Cc: Crossley, Nick; (Health);
(Health)  Subject: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]
We have discussed this with AGFA and it has been confirmed that the 'requested procedure' and the 'report' files will both need the modified accession numbers.  This will ensure referential integrity on Agfa's side, as accession numbers in both files will directly match up.  Example:  Requested Procedure  Accession number Study UID
Report Accession number Report Body Patient: ** Result: Normal Patient: ** Result: Normal Therefore the same result body will be duplicated across multiple rows, when the result is associated to multiple studies.
Though it will be good to have this worked out for the coming extract, if not workable in the given timeframes, I can work with a file with duplicate accession numbers which can then be modified on our end to add the sequencing.
The other thing that we discussed with AGFA was regarding this question that I had raised previously, Question from me - FillerOrderNumber mapped as acc_itn + ord_no + seq_no, is this the same combination used as FillerOrderNumber in PACS as well?  Answer from Siemens: No it is not the case on PACS. Accession number is the ID used between RIS and PACS and therefore should match. The combination was created for the purpose of the RIS extracts as Agfa expects a FillerOrderNumber.
Since the FillerOrderNumber is not used to match RIS and PACS, the filler order numbers can be populated with the accession number only, instead of the acc_itn + ord_no + seq_no.  The FillerOrderNumber will always be the non-modified accession number (all 3 files Service Request, Requested Procedure and Report).  Again though it will be good to have this implemented in the coming extracts, if not possible, I could work on this update as part of my transformations for now.
Let me know if you need any further details.
Thanks,
IDIS Data Migration Analyst - UCPH Digital Solutions Program  Mobile : Email: Email:
From: (Health) Sent: Wednesday, 6 December 2017 2:37 PM

act.gov.au>;

(Health)

(Health)

Crossley, Nick

To:

<Nick.Crossley@act.gov.au>;



As discussed today, we will run through the scenario again with Agfa tomorrow at our regular meeting, and confirm the approach that will work best for them. We will then confirm with you in writing.

## Regards

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

From:	[mailto			
Sent: Frida	y, 1 December 2017 3:45 PM			
To:	(Health) <			
Cc:	(Health) <	act.gov.au>;	(Health)	
<	act.gov.au>;	<		Crossley, Nick
<nick.cross< td=""><td>sley@act.gov.au&gt;;</td><td>&lt;</td><td>25.11 (2.3.111.25</td><td></td></nick.cross<>	sley@act.gov.au>;	<	25.11 (2.3.111.25	
Subject: RE	PACS Extract [SEC=UNCLASSIF	IED]		

Hello

I went back to the team about this and the feedback is that we can generate the necessary records to the request file where multiple Study UID's exist for an accession number. However we are not comfortable with generating these records to the other files such as the result file for dummy accession numbers.

Kind Regards,



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From: (Health) [mailto]  Sent: Thu, 30 November 2017 11:03 AM  To: (Health); (Health); (Crossley, Nick; Nick)  Subject: RE: PACS Extract [SEC=UNCLASSIFIED]
Thanks
The Service request file is OK as is, because it just has the FillerOrderNumber. The one row there is fine.
However, if you can create the additional rows in the Report file that will mean that each accession number in the requested procedure will be linked to a report record, even though it will be the same report for each of the generated accession numbers. For example:
Original accession number: with 3 Study UIDS, and one report 'abc' that covers all 3 studies.  In the report file, it will be:  Modified: UID 1 Report abc  UID 2 Report abc  UID 3 Report abc
Thanks
IDIS Delivery Manager - UCPH Digital Solutions Program   Phone:   Mobile:     Email:   Pederick@act.gov.au     Future Capability & Governance   Digital Solutions Division   Health Directorate   ACT Government   Level 10, Building 1, TCH, Garran ACT   PO Box 11, Woden ACT 2606   www.act.gov.au
From: [mailto: Sent: Thursday, 30 November 2017 12:51 AM To: [Health] (Health) (Health) (Health) (Health) (Health) (Cc: [act.gov.au]); (Health) (Crossley.au]); (Mick.Crossley@act.gov.au]; (Subject: RE: PACS Extract [SEC=UNCLASSIFIED])
Hello
Currently we are creating a record in the service, request and result files per each accession number. For multiple Study UID's per accession number, are you expecting an additional record on all 3 files? This is because the Filler order number and all the other information would stay the same.
Please find below answer to question FillerOrderNumber mapped as acc_itn + ord_no + seq_no, is this the same combination used as FillerOrderNumber in PACS as well? Answer: No it is not the case on PACS. Accession number is the ID used between RIS and PACS and therefore should match. The combination was created for the purpose of the RIS extracts as Agfa expects a FillerOrderNumber.
Kind Regards.

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From: (Health) [mailto] Sent: Wed, 29 November 2017 2:17 PM To: (Health)  Crossley, Nick; Nick  Which is the sent and the
Yes, that should be OK for now.
IDIS Delivery Manager - UCPH Digital Solutions Program  Phone:   Mobile:   Email:
From:  Sent: Wednesday, 29 November 2017 1:58 PM  o: (Health) < act.gov.au>;  com>; Crossley, Nick < Nick.Crossley@act.gov.au>;  (Health) < act.gov.au>;  (Health) < act.gov.au>;  Subject: RE: PACS Extract [SEC=UNCLASSIFIED]
Thank you
I will pass along the information and will let you know.
If the outcome remains the same from our side, are you happy to keep things as is and use massage the data?
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





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From: (Health) [mailto: Sent: Wed, 29 November 2017 1:03 PM
To: Cc: (Health); Crossley, Nick; Nick Subject: FW: PACS Extract [SEC=UNCLASSIFIED]  (Health)
has done some work in this space (see below for her explanation) as part of our own investigations of the issue. While we have been working with an older copy of the database until we install the most recent copy you provided, if you restrict your extract to before July this year then what she has provided should allow you to match the rows and replace with her data.
Let us know if that option will work, otherwise just send the extract with duplicate accession number rows and will look to massage it while she is doing other field transforms prior to sending it to Agfa.
Regards
IDIS Delivery Manager - UCPH Digital Solutions Program   Phone:   Mobile:   Email:   Email:
From: (Health)
Sent: Wednesday, 29 November 2017 12:50 PM To: Health) <
Subject: FW: PACS Extract [SEC=UNCLASSIFIED]

I have worked out the sequencing for all accession numbers with multiple Studies. (production backup from July 2017)

Attached is a list of all such accession numbers and the associated Study UIDs.

I have used a '.' to separate the acc\_itn and the seqno, but will send through an updated list depending on the feedback from AGFA (AGFA yet to confirm the special character to be used as a separator).

Will this help, can we get this included in the next extract?

Regards,

IDIS Data Migration Analyst - UCPH Digital Solutions Program   Mobile :   Email:   act.gov.au
From: [mailto: Sent: Wednesday, 29 November 2017 10:41 AM To: (Health) < (Hea
Hello
I was advised that this can be done but adds a very high level of complexity from our side. This logic will not be applied in the next batch of extracts.
Please advise when you get further information from Agfa about this topic
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 ::
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From: (Health) [mailto act.gov.au]  Sent: Tue, 28 November 2017 4:51 PM  Duggan, Mark (Health);  (Health); Crossley, Nick; Nick  Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

I have confirmed with Agfa that they do need the Study UID's to be in separate records where there are more than one Study UID for a given accession number. The preferred method of ensuring uniqueness of accession numbers is currently being confirmed by Agfa, but it is expected that it will be something like the following:

Original:		
10.00	10000	
Becomes:		

This will ensure that the unique accession numbers generated do not conflict with existing values. We have done a quick analysis of current data and an approach like this will not introduce issues.

I will confirm Agfa's preferred approach as soon as I get their feedback.

Regard	S
1301	IDIS
Phone:	
Future C	apability &
1 140	Building 1,

| IDIS Delivery Manager - UCPH Digital Solutions Program

From:	[mailto:	4000
Sent: Tueso	lay, 28 November 2017 8:28 AM	
To:	(Health) <	(Health)
<	act.gov.au>	
C.Li DE	- DACC E- t + [CEC LINICI ACCIEIED]	

Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Hello

I was advised by our headquarters that creating a separate record per Study UID is a major risk as the new accession numbers may already exist in the database. Preferred method would be to separate the Study UID by a delimiter of your choice (, . -) or to create a separate file for records containing multiple Study UID's. Can you please advise on how you want to proceed with this?

Kind Regards,



Siemens Healthcare Pty Ltd 160 Herring Road Macquarie Park NSW 2113

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## Heland, Rebecca (Health)

From:

Sent:

Thursday, 25 January 2018 2:41 PM

To:

(Health); Crossley, Nick;

(Health);

Subject:

ACT Health Project - Migration Meeting 18/01/2018

Attachments:

ACT Health Project - Migration M (as PDF).pdf

Kind Regards,



`gfa HealthCare Australia Pty Ltd. Unit 18, 52 Holker St, Silverwater NSW 2128 Australia <a href="http://www.agfahealthcare.com">http://www.agfahealthcare.com</a> <a href="http://blog.agfahealthcare.com">http://blog.agfahealthcare.com</a>

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

From:	(Health)
Sent:	Wednesday, 24 January 2018 1:11 PM
To:	(Health)
Subject:	RE: Mappings [SEC=UNCLASSIFIED]
Attachments:	RIS and PACS Migration Load Files (002).docx
Hi Here is an updated copy Thanks,	of the mapping.
Mobile :   IDIS Data N	Aligration Analyst - UCPH Digital Solutions Program act.gov.au
<b>Sent:</b> Tuesday, 23 January (O: (He	alth) < act.gov.au>
Subject: Mappings [SEC=	JNCLASSIFIED]

The Word document just contains our knowledge of the mappings for all the Agfa files. Only RIS has been done to date. I've highlighted a number of the comments fields where we still need confirmation. There are also some other elements that I've set the text to red that I also have queries about.

The Siemens mapping spreadsheet is also attached. You are probably aware of my colour coding scheme there.

Can you check both for completeness and consistency? Then I'll send it to Siemens if you are happy.

T

Heland, Rebecca (Health)

| IDIS Delivery Manager - UCPH Digital Solutions Program

Phone: 02 6174 8768 | Mobile: | Email: | Email: | Liture Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

Heland, Rebecca (Health)	
From: Sent: To: Cc: Subject: Attachments:	(Health)  Monday, 15 January 2018 2:12 PM  (Health)  (Health)  RE: Gap Analysis etc [SEC=UNCLASSIFIED]  GapAnalysis_activities.xlsx
Hi lave added my comment Regards,	s to the Activity tab.
IDIS Data Mig Mobile : Email:	gration Analyst - UCPH Digital Solutions Program act.gov.au
rom: (Heal Sent: Monday, 15 January 770: (Heal Subject: Gap Analysis etc [5]	2018 8:58 AM  th  <
	to have a quick look and where I got to with the Db fields file from Siemens, before we want them to provide next. Can you quickly check whether there is anything obvious
\\act.gov.au\act health\CO Solution\Data Migration\Si	MMON\Projects\IM&IT\UCPH Digital Solutions Program\Integrated Diagnostic Imaging iemens\Gap Analysis
Т	
Phone: 02 6174 8768   Mobile: Future Capability & Governance	anager - UCPH Digital Solutions Program   Email:   Email:   Digital Solutions Division   Health Directorate   ACT Government   PO Box 11, Woden ACT 2606   www.act.gov.au

## Heland, Rebecca (Health)

quicker if possible.....

From: Sent: To: Subject:	Arsavilli, Dev Wednesday, 24 January 2018 10:15 PM Duggan, Mark (Health); Cook, Sandra (Health) RE: Dev - Project Update [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]	
Thank you Mark,		
Will keep progressing with the gu	idance and support.	
Kind Regards,		
Dev		
Dev Arsavilli   Project Manager hone: 02 6205 0359   Mobile Future Capability and Governance Brand 2-6 Bowes Street, Phillip ACT   GPO Bo	Email: Dev.Arsavilli@act.gov.au ch   Digital Solutions Division   Health Directorate   ACT Government x 825, Canberra ACT 2601   act.gov.au	
From: Duggan, Mark (Health) Sent: Wednesday, 24 January 202 To: Cook, Sandra (Health) <sandr -="" <dev.arsavilli@a="" arsavilli,="" cc:="" dev="" project="" re:="" subject:="" th="" update<=""><th>a.Cook@act.gov.au&gt;</th></sandr>	a.Cook@act.gov.au>	
Good Evening.		
Thanks to you both for your effor	ts.	
Dev, good overview and support	Sandra's view.	
Sandra, I am around all day tomorrow if you need a signature. I do have meetings but all are in my office (except nidday - 1pm).		
Cheers		
Mark Duggan Acting Manager Medical Imaging Mobile:		
Sent from my iPhone		
On 24 Jan 2018, at 9:59 pm, Cook	x, Sandra (Health) < <u>Sandra.Cook@act.gov.au</u> > wrote:	
Hi Dev,	w.	
	- let's keep for the next 4 weeks to complete the tasks you have to move him off after this.	
I will push to get signatur	res on a page from Peter O and Mark tomorrow on the SSICT	

documentation so we can progress labour and work to get the Portal Dev environments moving as there are no other options but I think we should push to see if we can get the tasks performed

#### Kind Regards,

Sandra Cook | Director Future Capability & Governance

Phone: 02 6205 1451 | Mob.

Email: sandra.cook@act.gov.au

Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government

Canberra Hospital, Garran ACT | PO Box 11, Woden ACT 2606 | act.gov.au

From: Arsavilli, Dev

Sent: Wednesday, 24 January 2018 8:09 AM

To: Cook, Sandra (Health) < Sandra.Cook@act.gov.au>; Duggan, Mark (Health)

<Mark.Duggan@act.gov.au>

Subject: RE: Dev - Project Update [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hi Sandra and Mark,

I had a discussion with yesterday on his work load:

- 1. He joined the project to cover during his leave in December
- 2. He was more successful in engaging with Siemens
- 3. On certain days he doesn't have sufficient work
- He is generally doing a second project officer role for the integration and data migration team

In relation to PMO Stage Gate 3, there is around four to five weeks of a resource requirement.

- 5. I will be meeting with Kristina and Narelle next week to do a PMO spot check on the project.
  - a. Any gaps in PMO work may impact go-live
- 6. Stage Gate 2 was incomplete (from PMOs perspective) and needs review
- 7. Stage Gate 3 is due soon but we need all the plans prepared, reviewed and endorsed
- 8. My current estimate is 4 weeks
- 9. We could use for this work because we are behind on this task
- 10. However, the new project officer should pick up on this to progress further

I also discussed with on his work levels:

- Asked him to pass all the tasks relating to migration to that he be able to concentrate on the integration work
- 2. Identified number of gaps and gave him three week to complete the specifications
- 3. He was positive about this change

Apart from that I am reviewing the schedule:

- 1. Review Schedule with the master scheduler (today)
- 2. Next week review Schedule with
  - a. Vendor
  - b. SSICT
    - i. Integration
    - ii. Clinical Portal
    - iii. Infrastructure teams work
    - iv. And IAM
  - c. Testing Team
- 3. Review further with Master Scheduler
- 4. Review with Peter, Mark and Sandra (hoping for the end of next week).

About the Clinical Portal – DEV environment work I will be meeting with Peter Jeffery to see if there is any way we could reduce the six to eight weeks projection and to set dates.

Thank you for your ongoing support.
Kind Regards,
Dev
Dev Arsavilli   Project Manager Phone: 02 6205 0359   Mobile   Email: Dev.Arsavilli@act.gov.au Future Capability and Governance Branch   Digital Solutions Division   Health Directorate   ACT Government 2-6 Bowes Street, Phillip ACT   GPO Box 825, Canberra ACT 2601   act.gov.au
From: Cook, Sandra (Health)  Sent: Sunday, 21 January 2018 9:17 PM  To: Arsavilli, Dev < Dev.Arsavilli@act.gov.au>; Duggan, Mark (Health) < Mark.Duggan@act.gov.au>  Subject: RE: Dev - Project Update [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]
Hi Dev,
Thank you for this.
I would also be happy if you asked to concentrate on integration for the next 5-6 weeks and got to lead the migration.
Did you have a feel for the work that is doing – would you like him to continue to assist in the migration and integration areas?
Kind Regards,
Sandra Cook   Director Future Capability & Governance Phone: 02 6205 1451   Mob. Email: sandra.cook@act.gov.au Future Capability & Governance   Digital Solutions Division   Health Directorate   ACT Government Canberra Hospital, Garran ACT   PO Box 11, Woden ACT 2606   act.gov.au
From: Arsavilli, Dev  Sent: Friday, 19 January 2018 5:28 PM  To: Duggan, Mark (Health) < Mark.Duggan@act.gov.au >; Cook, Sandra (Health) < Sandra.Cook@act.gov.au >  Subject: Dev - Project Update [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hi Mark and Sandra,

I had a good productive day at the project team.

Most of the day I was independently meeting the teams and taking feedback.

Today morning I met with Michael Cowey (Integration Team Manager) and discussed integration work in detail and took note of his concerns. He was very happy that I met him.

Also I met with and

- 1. Data migration side I see that the work is progressing.
  - a. I identified some gaps and gave some guidelines on how they progress
  - b. Had a separate meeting with on the work she is doing as well

- i. There is a need to maintain version control and documentation of the data migration scripting which is not happening now.
- ii. Explained the importance to and and they have agreed to work on that.
- There is a need to verify the quality of the work being done (testers would validate but there is a need for business validation before UAT)
- d. There is a risk as only knows and understands her scripts.
  - In any unexpected situation we would require someone else to take it forward
  - ii. I asked her to document the development work and suggested that I would bring an external consultant to see and verify the documentation.
  - iii. Provided an example from my previous project to look at the documentation
- Integration side I see serval gaps (this will be the key for go-live and I have to put a lot of energy in to it – also this is the area I understand fully)
  - I am waiting to see the integration specifications that will be delivered by AGFA today.
  - b. Interface specifications are not sufficiently developed for interface build
  - c. There are assumptions made in relation whose responsibility it is to put documentation together.
  - d. agrees that he needs to work on this and agreed to take my help.
    - i. I will work with him in the next few weeks to get the up to speed.
    - ii. I will provide examples of interface specifications to him to work on.
  - e. Your Guidance:
    - I feel that should concentrate on Integration work at least for the next
       weeks
    - ii. If can manage Migration independently (I could help her as much as possible)
- 3. I met with Jes on the configuration work
  - a. Very comfortable with the work and the progress in this aspect.
  - b. They are on schedule
- 4. Met with Scott
  - a. Had a good discussion on BAU aspects and the project progress
- 5. Met with the test lead
  - a. Discussed several issues and will work with them
  - b. On the configuration side they are working well with Jes and team.
  - c. Integration side we need to work with them and help
  - d. On the whole good progress so far and are on schedule
- Change Management
  - a. Had good discussion with Jen very comfortable with the work that is going on
  - b. Provided an example training plan from my previous project
  - c. I am yet to discuss in detail the change management and transition work

I will update when I catch up on Monday.

Please feel free to give me a ring at any time ( to discuss.

Kind Regards,

Dev

Dev Arsavilli | Project Manager

Phone: 02 6205 0359 | Mobile | Email: <u>Dev.Arsavilli@act.gov.au</u>

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)

Arsavilli, Dev

Wednesday, 24 January 2018 8:09 AM

From:

Sent:

To: Subjec	Cook, Sandra (Health); Duggan, Mark (Health)  RE: Dev - Project Update [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]
Hi Sand	dra and Mark,
1. 2. 3. 4. In relat 5.	discussion with yesterday on his work load:  He joined the project to cover during his leave in December  He was more successful in engaging with Siemens  On certain days he doesn't have sufficient work  He is generally doing a second project officer role for the integration and data migration team  ion to PMO Stage Gate 3, there is around four to five weeks of a resource requirement.  I will be meeting with Kristina and Narelle next week to do a PMO spot check on the project.  a. Any gaps in PMO work may impact go-live
7. 8. 9.	Stage Gate 2 was incomplete (from PMOs perspective) and needs review  Stage Gate 3 is due soon but we need all the plans prepared, reviewed and endorsed  My current estimate is 4 weeks  We could use for this work because we are behind on this task  However, the new project officer should pick up on this to progress further
1. 2.	iscussed with on his work levels:  Asked him to pass all the tasks relating to migration to that he be able to concentrate on the integration work  Identified number of gaps and gave him three week to complete the specifications  He was positive about this change
1. 2.	rom that I am reviewing the schedule:  Review Schedule with the master scheduler (today)  Next week review Schedule with  a. Vendor  b. SSICT  i. Integration  ii. Clinical Portal  iii. Infrastructure teams work  iv. And IAM  c. Testing Team  Review further with Master Scheduler  Review with Peter, Mark and Sandra (hoping for the end of next week).
	the Clinical Portal – DEV environment work I will be meeting with Peter Jeffery to see if there is any way we educe the six to eight weeks projection and to set dates.
Thank	you for your ongoing support.
Kind Re	egards,
Dev	
Dev Arsa	avilli   Project Manager

iii. Provided an example from my previous project to look at the documentation

2.	Integration side I see serval gaps (this will be the key for go-live and I have to put a lot of energy in to it -
	also this is the area I understand fully)

- a. I am waiting to see the integration specifications that will be delivered by AGFA today.
- b. Interface specifications are not sufficiently developed for interface build
- c. There are assumptions made in relation whose responsibility it is to put documentation together.
- d. agrees that he needs to work on this and agreed to take my help.
  - i. I will work with him in the next few weeks to get the up to speed.
  - ii. I will provide examples of interface specifications to him to work on.
- e. Your Guidance:
  - i. I feel that should concentrate on Integration work at least for the next 5 weeks
  - ii. If can manage Migration independently (I could help her as much as possible)
- 3. I met with Jes on the configuration work
  - a. Very comfortable with the work and the progress in this aspect.
  - b. They are on schedule
- 4. Met with Scott
  - a. Had a good discussion on BAU aspects and the project progress
- 5. Met with the test lead
  - a. Discussed several issues and will work with them
  - b. On the configuration side they are working well with Jes and team.
  - c. Integration side we need to work with them and help
  - d. On the whole good progress so far and are on schedule
- 6. Change Management
  - a. Had good discussion with Jen very comfortable with the work that is going on
  - b. Provided an example training plan from my previous project
  - c. I am yet to discuss in detail the change management and transition work

I will update when I catch up on Monday.  Please feel free to give me a ring at any time ( to discuss.
'ind Regards,
Dev
Dev Arsavilli   Project Manager Phone: 02 6205 0359   Mobile   Email: Dev.Arsavilli@act.gov.au
Future Capability and Governance Branch   Digital Solutions Division   Health Directorate   ACT Government

Heland, Rebecca (Health)			
From: Sent: To: Cc: Subject:	Tuesday, 23 January 2018 8:19 PM  Pearce, Christopher (Health); Arsavilli, Dev; (Health); Crossley, Nick; Barrett, Scott (Health); (Health); (Health); [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED]		
Hi All,			
I have updated the time frame for We had 964 studies that have be	or the migration as mentioned in email. een migrated last night, no errors.		
Kind Regards,			
T			
NV, Septestraat 27, 2640 Mortsel, Belgium <a href="http://www.agfahealthcare.com">http://www.agfahealthcare.com</a> <a href="http://blog.aqfahealthcare.com">http://blog.aqfahealthcare.com</a>			
IBAN Customer Account BE20375104	l, Belgium   RLE Antwerp   VAT BE 0403.003.524   IBAN Operational Account BE81363012356224   4592856   ING Belgium NV, B-1000 Brussels imer: http://www.agfahealthcare.com/maildisclaimer		
Cc: "Pearce, Christopher (Health)" < Christopher.Pearce@act.gov.au>, "Arsavilli, Dev" < Dev.Arsavilli@act.gov.au>, "Barrett, Scott (Health)" <			
**************************************			
Чi			
status of "Discontinued State" tl	nt OK however there maybe be issue on the Siemens side with Studies that have a hat will need checking in Siemens PACS. Can provide us a list of images transferred aber so this can further investigated.		
PS - will confirm soon a w	ridening of the transfer window.		
Kind Regards,			
T +61 3 9756 4308   F +61 2 9647	2742   M		
Australia Pty Ltd, Unhttp://www.agfahealthcare.com http://blog.agfahealthcare.com	nit 18, 52 Holker St, Silverwater NSW 2128 Australia		
Click on link to read important discla	imer: http://www.agfahealthcare.com/maildisclaimer		

	1505
To: Cc: "Pearce, Christopher (Health)" <christopher.pearce@act.gov.au>, "Arsavilli, Dev" <dev.arsavilli@act.gov.au>, "Crossley, Nick" <nick.crossley@act.gov.au>, "Barrett. Scott.Barrett@act.gov.au&gt;, "Barrett. Scott.Barrett. Scott.Barrett</nick.crossley@act.gov.au></dev.arsavilli@act.gov.au></christopher.pearce@act.gov.au>	Scott (Health)"
Hi All,	
I have configured:	
<ul> <li>A mapping on EI that will set the 'Issuer of PID' to 'PAS' for all migrated DICOM images</li> <li>A migration batch that will run between 5h30 and 8h00 (local time) starting 23/01/2017.</li> <li>If the batch isn't finished at 8h00, it will continue the next day at 5h30.</li> </ul>	
Kind Regards,	
http://www.agfahealthcare.com http://blog.agfahealthcare.com	
R.O.: Septestraat 27, B-2640 Mortsel, Belgium   RLE Antwerp   VAT BE 0403.003.524   IBAN Operational Account IBAN Customer Account BE20375104592856   ING Belgium NV, B-1000 Brussels Click on link to read important disclaimer: <a href="http://www.aqfahealthcare.com/maildisclaimer">http://www.aqfahealthcare.com/maildisclaimer</a>	t BE81363012356224
Cc: "Pearce, Christopher (Health)" <christopher.pearce@act.gov.au>, "Arsavilli, Dev" <dev.arsavilli@act.gov.au>, "  "Crossley, Nick" <nick.crossley@act.gov.au>, "Barrett, S  Date: 19/01/2018 05:38  Subject: RE: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED]</nick.crossley@act.gov.au></dev.arsavilli@act.gov.au></christopher.pearce@act.gov.au>	cott (Health)"
Hi	
Can you please schedule image transfer for the remainder of the DICOM images between 5:30 and time beginning next Tuesday 23 Jan. At this stage we need to operate in this window and ensure stopped by 08:00.	nd 8:00 am our e the task is
Also as per earlier email from ACTH has confirmed that the only Patient "Assigning Authority that they will be sending using is a value of PAS, which can be configured as a hard coded value for migration to handle any instances when another value is used.	"/IssuerOfPatientID or the image
Kind Regards,	
T +61 3 9756 4308   F +61 2 9647 2742   M	
Australia Pty Ltd. Unit 18, 52 Holker St, Silverwater NSW 2128 Australia http://www.agfahealthcare.com http://blog.agfahealthcare.com	

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

From: " (Health)" < To Co: "Pearce, Christopher (Health)" < Christopher.Pearce@act.gov.au>, "Arsavilli, Dev" < Dev.Arsavilli@act.gov.au>, "Crossley, Nick" < Nick.Crossley@act.gov.au>, "Barrett, Scott (Health)" < Scott.Barrett@act.gov.au> Date: 19/01/2018 15:10 Subject: RE: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED]			
Scott has requested that we do not start earlier at this time, for operational reasons. He has provided an explanation below.			
Regards			
IDIS Delivery Manager - UCPH Digital Solutions Program Phone: 02 6174 8768   Mobile:   Email:   Future Capability & Governance   Digital Solutions Division   Health Directorate   ACT Government vel 10, Building 1, TCH, Garran ACT   PO Box 11, Woden ACT 2606   www.act.gov.au			
Sent: Friday, 19 January 2018 9:58 AM  To (Health) < (Health) < (Cc: Pearce, Christopher (Health) < Christopher Pearce@act.gov.au>; Arsavilli, Dev < Dev.Arsavilli@act.gov.au>; (Health) <			
Hi			
As we discussed yesterday, is it possible to schedule the transfer start time earlier than 05:30? We can make sure activity stops at 08:00.			
Kind Regards,			
[ +61 3 9756 4308   F +61 2 9647 2742   M			
Australia Pty Ltd. Unit 18, 52 Holker St, Silverwater NSW 2128 Australia <a href="http://www.agfahealthcare.com">http://www.agfahealthcare.com</a> <a href="http://blog.agfahealthcare.com">http://blog.agfahealthcare.com</a>			
Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer			
From: '			

Great thanks.

to schedule image transfer between 5:30 and 8:00 am our time beginning next Tuesday 23 Jan. If required, he can continue on Wednesday at the same time.
Hopefully that will be sufficient for this initial test, but we can look at extending it if needed.
We can look to plan image load and performance testing for the 20% extract once this test has been evaluated.
Regards
IDIS Delivery Manager - UCPH Digital Solutions Program   Phone: 02 6174 8768   Mobile:   Femail:   Pederick@act.gov.au     Future Capability & Governance   Digital Solutions Division   Health Directorate   ACT Government   Level 10, Building 1, TCH, Garran ACT   PO Box 11, Woden ACT 2606   www.act.gov.au
From: Barrett, Scott (Health)  Sent: Friday, 19 January 2018 9:37 AM  To: (Health) < (Health) < (Act.gov.au); Crossley, Nick <nick.crossley@act.gov.au); (christopher.pearce@act.gov.au);="" (dev.arsavilli@act.gov.au)="" (health)="" -="" <="" [aus="" [sec="UNCLASSIFIED]&lt;/td" act]="" arsavilli,="" christopher="" dev="" extract="" pacs="" pearce,="" re:="" ris="" subject:=""></nick.crossley@act.gov.au);>
Hi en
Tuesday between 5:30 and 8 is no problems.
I'd be reluctant to start any earlier than that as there will be overnight IP cases taking place and PACS will be being frequently accessed by the Radiologists and Radiographers. We normally try to perform maintenance between 5am and 8am because that time has proven to be the quietest for the department historically.
Thanks
Scott
Scott Barrett   Manager Direct Phone: 02 6174 8039   Direct Email: scott.barrett@act.gov.au Diagnostic Imaging Systems   Diagnostic & Medication Systems Hub   Phone: 02 6174 8750   Email: DSD.DIS@act.gov.au Technology Operations Branch   Digital Solutions Division   Health Directorate   ACT Government Level 10, Building 1, Canberra Hospital, Garran ACT   GPO Box 825, Canberra City ACT 2601   act.gov.au
From: (Health)  Sent: Friday, 19 January 2018 9:01 AM  To: Barrett, Scott (Health) < Scott.Barrett@act.gov.au>  Cc: (Health) < (Heal
Scott,
We would like to do the next stage of testing of image transfer in Dev as early as possible next week. Do you see any issues in scheduling it for early Tuesday morning our time? Agfa can set it up to finish by 8:00 am. If it is possible to start earlier than 5:30 please let us know.
Thanks
IDIS Delivery Manager - UCPH Digital Solutions Program   Phone: 02 6174 8768

From: Barrett, Scott (Health)

1000
Sent: Tuesday, 9 January 2018 2:07 PM  To: (Health) < (Health) < (Health) < (Anti-Action of the Control of the
Hi
Generally the best time to do this type of texting would be any day between 5:30am and 8:00am. This is the time the department generally quiet and it's the window we use for any planned maintenance/downtime.
We can put out some coms to let people know there may be some slowness.
Thanks
Scott
Scott Barrett   Manager Direct Phone: 02 6174 8039   Direct Email: <a href="mailto:scott.barrett@act.gov.au">scott.barrett@act.gov.au</a> Diagnostic Imaging Systems   Diagnostic & Medication Systems Hub   Phone: 02 6174 8750   Email: <a href="mailto:DSD.DIS@act.gov.au">DSD.DIS@act.gov.au</a> Technology Operations Branch   Digital Solutions Division   Health Directorate   ACT Government Level 10, Building 1, Canberra Hospital, Garran ACT   GPO Box 825, Canberra City ACT 2601   act.gov.au
rom: (Health)
Sent: Tuesday, 9 January 2018 11:36 AM
Cc:
The state of the s
Ε,
The Siemens system should be configured ready to test Image transfer. Are you able to check that it's visible to EI without actually impacting the Prod system (e.g. just via a ping or similar)?

Scott, can we identify the best time to do some test image retrieves to ensure that we don't adversely affect current Prod? The first test should probably just be to check that we can successfully retrieve and load images for a few of the patients already loaded; more formal timing tests would need to wait until we have our next load of a larger set of data from Siemens.

Nick C, we discussed just before shutdown the need to submit a request for approval to have prod images loaded into Dev. I'm till thinking we do need it.

| IDIS Delivery Manager - UCPH Digital Solutions Program
Phone: 02 6174 8768 | Mobile: 0418 815 806 | Email:
Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

From: Pearce, Christopher (Health)

Sent: Tuesday, 9 January 2018 11:16 AM

To: (Health) < Subject: RE: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED]

Hi

The Agfa AMT is setup on the Siemens PACS.

Chris

Chris Pearce | PACS Administrator
Direct Phone: 02 61747961 | Direct Email: <a href="mailto:Christopher.Pearce@act.gov.au">Christopher.Pearce@act.gov.au</a>
Diagnostic Imaging Systems | Diagnostic & Medication Systems Hub | Phone: 02 6174 8750 | Email: <a href="mailto:DSD.DIS@act.gov.au">DSD.DIS@act.gov.au</a>
Technology Operations Branch | Digital Solutions Division | Health Directorate | ACT Government

1507 Level 10, Building 1, Canberra Hospital, Garran ACT | GPO Box 825, Canberra City ACT 2601 | act.gov.au From: (Health) Sent: Tuesday, 9 January 2018 10:43 AM To: Pearce, Christopher (Health) < Christopher.Pearce@act.gov.au> Subject: RE: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED] Great, thanks. | IDIS Delivery Manager - UCPH Digital Solutions Program Phone: 02 6174 8768 | Mobile: | Email: Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au From: Pearce, Christopher (Health) Sent: Tuesday, 9 January 2018 10:41 AM (Health) < Subject: RE: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED] Hi OK. The IP Address & FQDN has indicated for the AMT appears to be correct: cimigration01.act.gov.au Name: Address: 10.24.2.38 Chris Chris Pearce | PACS Administratr Direct Phone: 02 61747961 | Direct Email: Christopher.Pearce@act.gov.au Diagnostic Imaging Systems | Diagnostic & Medication Systems Hub | Phone: 02 6174 8750 | Email: DSD.DIS@act.gov.au Technology Operations Branch | Digital Solutions Division | Health Directorate | ACT Government Level 10, Building 1, Canberra Hospital, Garran ACT | GPO Box 825, Canberra City ACT 2601 | act.gov.au From: (Health) Sent: Tuesday, 9 January 2018 10:36 AM To: Pearce, Christopher (Health) < Christopher.Pearce@act.gov.au > Subject: FW: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED] Chris, confirmation of the IP address, but all the remainder should be fine.

Apparently the AMT does need to be set up. See below for the detail - note that from Agfa is seeking final

| IDIS Delivery Manager - UCPH Digital Solutions Program Phone: 02 6174 8768 | Mobile: | Email:

Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government

Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

[mailto:nick Sent: Tuesday, 9 January 2018 10:07 AM To: (Health) <

Cc: act.gov.au>; Crossley, Nick

<Nick.Crossley@act.gov.au>

Subject: Re: FW: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED]

Both devices need to be added to Siemens PACS.

/	I have copied the AMT servers details from email below and have also included the hostname/FQDN. The IP address he provided appears to be incorrect.
	AMT
	<ul> <li>AE Title: AMT</li> <li>IP Address: eimigration01.act.gov.au (10.24.2.38)</li> <li>Port: 104</li> </ul>
	Kind Regards,
	T +61 3 9756 4645   F +61 7 3356 6683
	http://www.agfahealthcare.com http://blog.agfahealthcare.com
	lick on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer
	Date: 09/01/2018 07:15 AM Subject: FW: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED]
	I note that Chris hasn't copied this to you, though you are probably aware of the detail since Chris has spoken with you. Can you work with to get things set up ready for a test of the image transfer and then we will look to schedule with Chris.
	Thanks
	IDIS Delivery Manager - UCPH Digital Solutions Program   Phone: 02 6174 8768   Mobile:   Email:   Pederick@act.gov.au   Future Capability & Governance   Digital Solutions Division   Health Directorate   ACT Government   Level 10, Building 1, TCH, Garran ACT   PO Box 11, Woden ACT 2606   www.act.gov.au
	From: Pearce, Christopher (Health)  Sent: Monday, 8 January 2018 4:41 PM  (Health) <
	HI
	I have spoken to & to clarify what the AMT device is below.
	has said only the EI needs to be setup in the Siemens PACS.
	I have setup the EI in the Siemens PACS as per below details to allow Q/R to be performed.

Let me know if the AMT also needs to be setup after all - I will need to be supplied with the AMT hostname/FQDN for this.

#### The details for the Siemens PACS:

Hostname: PACS-SDM

FQDN: pacs-sdm.rispacs.siemens

AET: PACSSDM PORT: 2002

IP Address: 147.212.128.97

When you are ready to attempt a Q/R of images I would recommend that we arrange a mutual time for this so that I can check the Siemens PACS logs in real-time and we can troubleshoot any issues.

Primary culprit for DICOM communication blocks - ? Has the Medical Imaging Firewall configured to allow the EI to query/ PACS to return the images to EI?

Regards,

Chris

Chris Pearce | PACS Administrator

Direct Phone: 02 61747961 | Direct Email: Christopher.Pearce@act.gov.au

Diagnostic Imaging Systems | Diagnostic & Medication Systems Hub | Phone: 02 6174 8750 | Email: DSD.DIS@act.gov.au

Technology Operations Branch | Digital Solutions Division | Health Directorate | ACT Government

Level 10, Building 1, Canberra Hospital, Garran ACT | GPO Box 825, Canberra City ACT 2601 | act.gov.au

From: Barrett, Scott (Health)

Sent: Monday, 8 January 2018 2:33 PM

To: Alam, Azwer (Health) < Azwer. Alam@act.gov.au >; Pearce, Christopher (Health) < Christopher. Pearce@act.gov.au >

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

<Nick.Crossley@act.gov.au>

Subject: FW: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED]

Gents,

Please can you assist with the below request.

Thanks

Scott

Scott Barrett | Manager

Direct Phone: 02 6174 8039 | Direct Email: scott.barrett@act.gov.au

Diagnostic Imaging Systems | Diagnostic & Medication Systems Hub | Phone: 02 6174 8750 | Email: DSD.DIS@act.gov.au

Technology Operations Branch | Digital Solutions Division | Health Directorate | ACT Government Level 10, Building 1, Canberra Hospital, Garran ACT | GPO Box 825, Canberra City ACT 2601 | act.gov.au

From: (Health)

Sent: Monday, 8 January 2018 2:30 PM

To: Barrett, Scott (Health) < Scott.Barrett@act.gov.au>

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

Subject: FW: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED]

Scott,

Does your team have the information on setting up connections to the Siemens DICOM image store as mentioned below by from Agfa? My understanding is that the Agfa connection points need to be defined in Siemens and the Siemens equivalent provided to Agfa, but my level of knowledge here is precisely zero so will take your advice on whether this needs to go to Siemens for resolution.

| IDIS Delivery Manager - UCPH Digital Solutions Program
Phone: 02 6174 8768 | Mobile: Email:

Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | <a href="https://www.act.gov.au">www.act.gov.au</a>

From:	[mailto			
Sent: Wedne	esday, 20 December 20	017 5:41 PM		
To:	(Health) <	act.gov.au>		
Cc:	<	(Health) <	act.gov.au>;	\$
<	Cross	sley, Nick < Nick.Crossley@act.gov.au >;	(Health) <	act.gov.au>;
	(Health) <	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
Subject: [AU	S - ACT] RIS PACS Extra	act [SEC=UNCLASSIFIED]		

Hi

The HL7 data has been migrated for the provided period.

For the DICOM migration I have only executed the validation of the files. I don't think I have received the actual DICOM connection information for the Siemens PACS to direct my C-MOVE migration requests to.

To be sure, I'll add the AMT and EI DICOM details again so that they can also be checked/created in Siemens:

## AMT

AE Title: AMT

IP Address: 10.69.32.20

Port: 104

### EI

AE Title: EIDEV PRIORS

IP Address: eidc1devcs.act.gov.au (10.24.2.66)

Port: 104

The 46 reports that didn't pass validation failed, because they are linked to the 46 StudyUIDs in req proc that failed to validate. These failed because of the duplicate StudyUID.

Kind Regards,

HE/IITS Data Migrations & Adv. Customization

#### Holiday alerts:

- 18/12/2017 until 21/12/2017 only 50% available

- 22/12/2017 until 29/12/2017 not available

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

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

<Nick.Crossley@act.gov.au>,

Date: 20/12/2017 01:24

, "Crossley, Nick"

Subject: RE: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED]

	_		_
HI			

Thanks for the feedback.

Just a quick confirmation, has HL7 and DICOM been migrated to Dev EI. We see numbers for the RIS data (Patients, Orders and Reports), but not for Studies..

Report: 46 linked to a failed reference in Req Proc. Are these report records missing a reference in requested procedure because the requested procedure records with non-unique StudyUIDs have been excluded from the load??

## Thanks,

Mobile : Langita and any av
Mobile:   Email:   act.gov.au    From:   (Health)    Sent: Wednesday, 20 December 2017 11:16 AM  To:   (Health)    Cc:   (Health)    Crossley, Nick < Nick.Crossley@act.gov.au >;    Subject: RE: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED]
That looks like a pretty good outcome. If needs any additional information on specific records we'll come back to you.
Phone: 02 6174 8768   Mobile:   Email:   Email:
From: [mailto]  Sent: Tuesday, 19 December 2017 8:23 PM  To: (Health) < act.gov.au > (Health) < act.gov.au >; (Health) <

Hi All.

I have imported the received extracts into our tools, a summary below.

## HL7

### Validation results:

- Physician: No file, so I created a dummy physician
- · Patients: All good
- Service Request: All good
- Requested Proc: 46 StudyUID not unique (known issue)
- · Report: 46 linked to a failed reference in Reg Proc
- · Attachments: No file provided

## Migration to EI:

The data that was validated has now been migrated to the DEV El cluster.

These are the totals of the migrated data, no migration or validation errors have been detected.

Patients: 4593Orders: 8280Reports: 8190

## DICOM

This was the first test to import the DICOM format. All 3 flat files have the correct format and have been imported correctly into the AMT database.

#### Validation:

(No crosschecks with the HL7 data have been made yet)

- Accession Number checks: 166 duplicate accession numbers detected
- Patient ID checks: No problems detected
- StudyUID checks: No problems detected

No checks on patient names have been executed, because the data is anonimized

Kind Regards,



### Holiday alerts:

- 18/12/2017 until 21/12/2017 only 50% available
- 22/12/2017 until 29/12/2017 not available

NV,

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.agfahea/thcare.com/maildisclaimer

"Crossley, Nick"

<<u>Nick.Crossley@act.gov.au</u>>
Date: 19/12/2017 07:00
Subject: RIS PACS Extract [SEC=UNCLASSIFIED]

Hi

Below are the details for the extract handed over:

Service Request, Requested Procedure, and Report: The extract contains data for a 20 day period from the 01/Jan/2013 to 20/Jan/2013

Where a study is associated to multiple linked Accession numbers, no modifications have been implemented yet, therefore Study UIDs will not be unique in the Requested Procedure file. RIS has multiple accession numbers with the same study, but PACS has the study associated to one of the accession numbers only. Need to discuss this further with AGFA to find a resolution for the StudyUIDs to be unique in the RequestedProcedures file.

Some procedures are missing a StudyUID but have an associated report, questions will be raised with Siemens to clarify its validity. (62 records)

Some procedures with valid StudyUIDs have no associated reports, this will be confirmed with Siemens too. (4 records)

Some studies in RIS have no corresponding records in PACS, this will be discussed with Siemens. (119 records)

Blank study and series descriptions have been defaulted to 'Unknown'

There were some records with a blank series\_number, this will be raised with Siemens, but for now they

have been defaulted to 0.

T	h	a	n	k	S

Mobile:	Er	nail:	act.gov.au	324
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This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.

## Heland, Rebecca (Health)

From:

Barrett, Scott (Health)

Sent:

Tuesday, 23 January 2018 1:13 PM

To:

(Health)

Cc:

Pearce, Christopher (Health)

Subject:

FW: Agfa Image transfer from Siemens PACS to EI\_DEV [SEC=UNCLASSIFIED]



See below from Chris. Happy to open the window if you'd like.

Thanks

Scott

#### Scott Barrett | Manager

rect Phone: 02 6174 8039 | Direct Email: scott.barrett@act.gov.au

يانagnostic Imaging Systems | Diagnostic & Medication Systems Hub | Phone: 02 6174 8750 | Email: DSD.DIS@act.gov.au

Technology Operations Branch | Digital Solutions Division | Health Directorate | ACT Government Level 10, Building 1, Canberra Hospital, Garran ACT | GPO Box 825, Canberra City ACT 2601 | act.gov.au

From: Pearce, Christopher (Health)

Sent: Tuesday, 23 January 2018 12:04 PM

To: Barrett, Scott (Health) <Scott.Barrett@act.gov.au>

Subject: Agfa Image transfer from Siemens PACS to EI\_DEV [SEC=UNCLASSIFIED]

Hi Scott,

RE: Agfa Image transfer from Siemens PACS to EI\_DEV

A couple of 24hr statistic graphs from PACS below.

Window could probably be extended to Midnight to 08:00 our time without too much impact on system/users. There was quite a large de-archiving involved in today's transfer, which is resource intensive. This really won't change as the current timeframe for images on the short term storage is around 20.5 months before images need to be brought back from the long term storage.

Agfa were only using 1 thread – if window increased we probably need to see how this goes before considering an increase in number of threads.

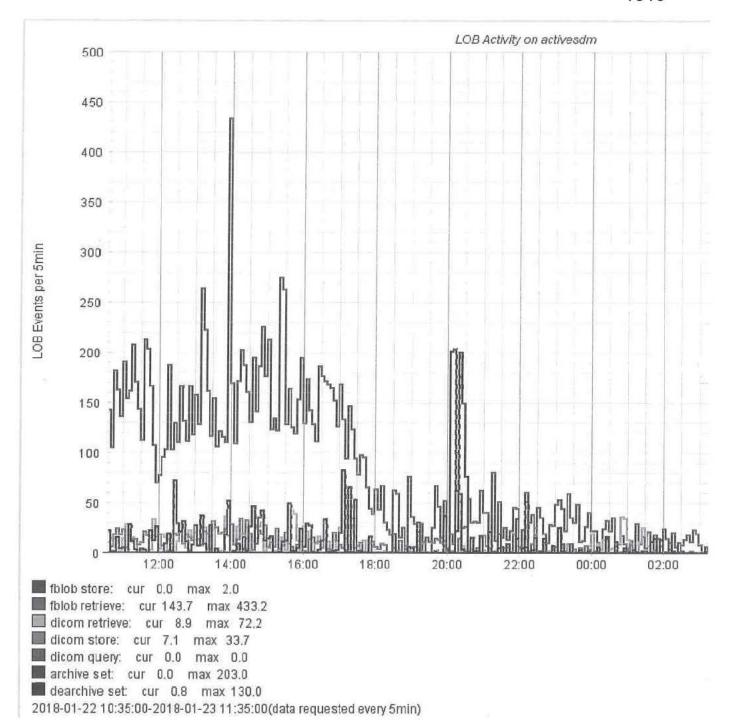
Chris

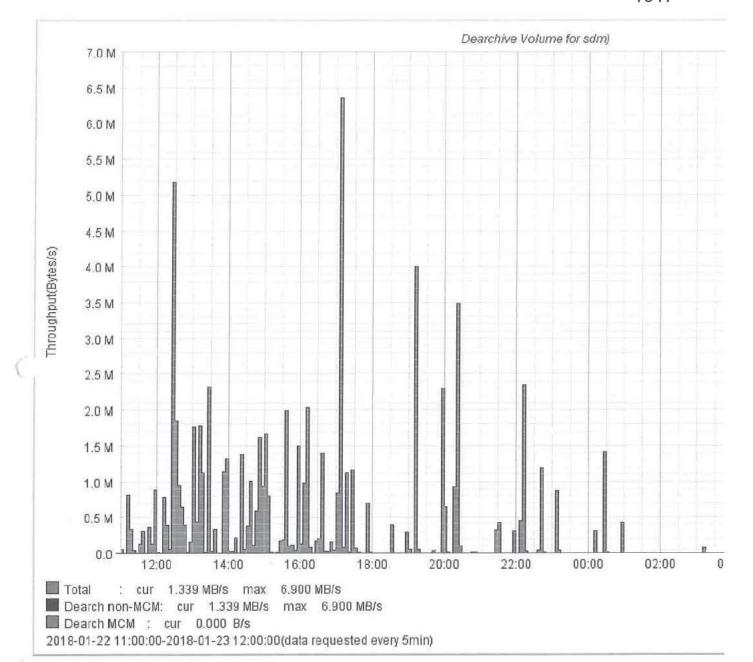
### Chris Pearce | PACS Administrator

Direct Phone: 02 61747961 | Direct Email: Christopher.Pearce@act.gov.au

Diagnostic Imaging Systems | Diagnostic & Medication Systems Hub | Phone: 02 6174 8750 | Email: DSD.DIS@act.gov.au

Technology Operations Branch | Digital Solutions Division | Health Directorate | ACT Government Level 10, Building 1, Canberra Hospital, Garran ACT | GPO Box 825, Canberra City ACT 2601 | act.gov.au





Heland, Rebecca (Health)	
From: Sent: To: Cc: Subject:	Tuesday, 23 January 2018 9:58 AM Arsavilli, Dev (Health); Crossley, Nick RE: ACTPAS data access [SEC=UNCLASSIFIED]
	scrambled data, scrambled data will not help me with my data cleansing activities. nstance with patient identifiable data.
should be able to provide your Thanks,	ou details about the extract request.
Mobile : Email:	Analyst - UCPH Digital Solutions Program act.gov.au
From: Arsavilli, Dev Sent: Monday, 22 January 2018 : To: (Health) < Cc: (Health) < Subject: RE: ACTPAS data access	act.gov.au> Crossley, Nick < Nick.Crossley@act.gov.au>
Hi	
	on if this would be possible or not. e access request is for the DEV instance only?
Who is looking after the extract r	request and how far are we with that?
Kind Regards,	
Dev	
Dev Arsavilli   Project Manager Phone: 02 6205 0359   Mobile Future Capability and Governance Bran 2-6 Bowes Street, Phillip ACT   GPO Box	Email: <u>Dev.Arsavilli@act.gov.au</u> ch   Digital Solutions Division   Health Directorate   ACT Government  825, Canberra ACT 2601   act.gov.au
From: (Health)  Sent: Monday, 22 January 2018 3  To: Arsavilli, Dev < Dev. Arsavilli@  Cc: (Health) <  Subject: ACTPAS data access [SEC	3:16 PM  act.gov.au>  Crossley, Nick < Nick.Crossley@act.gov.au>

Hi Dev,

As discussed at today's meeting, I would like to have read access to an ACTPAS database with patient identifiable data. The data from ACTPAS can then be used to cleanse the patient data in Siemens RIS.

Though access to the database is my preference, we could also look at requesting an extract from ACTPAS (with identifiable patient data), which I can then load and analyse.

Arrangements are in place (I think a request has been raised, not sure if it has been approved) for an extract from ACTPAS to be loaded into AGFA's system in the production environment. It will help to have an earlier extract, as the

data can then be used for RIS patient cleansing and also to verify the process of getting an extract from ACTPAS and loading into AGFA.

Let me know if you need any further details.

Thanks,

Heland, Rebecca (Health)	
From: Sent: To: Subject:	Pearce, Christopher (Health) Thursday, 25 January 2018 8:56 AM  (Health); Barrett, Scott (Health) RE: Agfa Image transfer from Siemens PACS to EI_DEV [SEC=UNCLASSIFIED]
Hi	
The 4x .dat file from earlier this v	veek have been deleted.
Chris	
Technology Operations Branch   Digital	il: <u>Christopher.Pearce@act.gov.au</u> c & Medication Systems Hub   Phone: 02 6174 8750   Email: <u>DSD.DIS@act.gov.au</u> Solutions Division   Health Directorate   ACT Government Garran ACT   GPO Box 825, Canberra City ACT 2601   act.gov.au
I've had a brief update on last nig	ht's image migration, Sounds like it went OK.
	he attachments that go with the last RIS data they sent. They will aim to use the if so could you please delete the last RIS files to give them the greatest possible
Thanks	
Phone: 02 6174 8768   Mobile: Future Capability & Governance   Digita	UCPH Digital Solutions Program   Email:     Email:
	::13 PM <a href="mailto:christopher.Pearce@act.gov.au"> christopher.Pearce@act.gov.au</a> from Siemens PACS to EI_DEV [SEC=UNCLASSIFIED]
Hi	
See below from Chris. Happy to o	pen the window if you'd like.

Scott Barrett | Manager

Thanks

Scott

Direct Phone: 02 6174 8039 | Direct Email: <a href="mailto:scott.barrett@act.gov.au">scott.barrett@act.gov.au</a>
Diagnostic Imaging Systems | Diagnostic & Medication Systems Hub | Phone: 02 6174 8750 | Email: <a href="mailto:DSD.DIS@act.gov.au">DISD.DIS@act.gov.au</a>
Technology Operations Branch | Digital Solutions Division | Health Directorate | ACT Government
Level 10, Building 1, Canberra Hospital, Garran ACT | GPO Box 825, Canberra City ACT 2601 | act.gov.au

From: Pearce, Christopher (Health)

Sent: Tuesday, 23 January 2018 12:04 PM

To: Barrett, Scott (Health) < Scott.Barrett@act.gov.au>

Subject: Agfa Image transfer from Siemens PACS to EI DEV [SEC=UNCLASSIFIED]

Hi Scott,

RE: Agfa Image transfer from Siemens PACS to EI\_DEV

A couple of 24hr statistic graphs from PACS below.

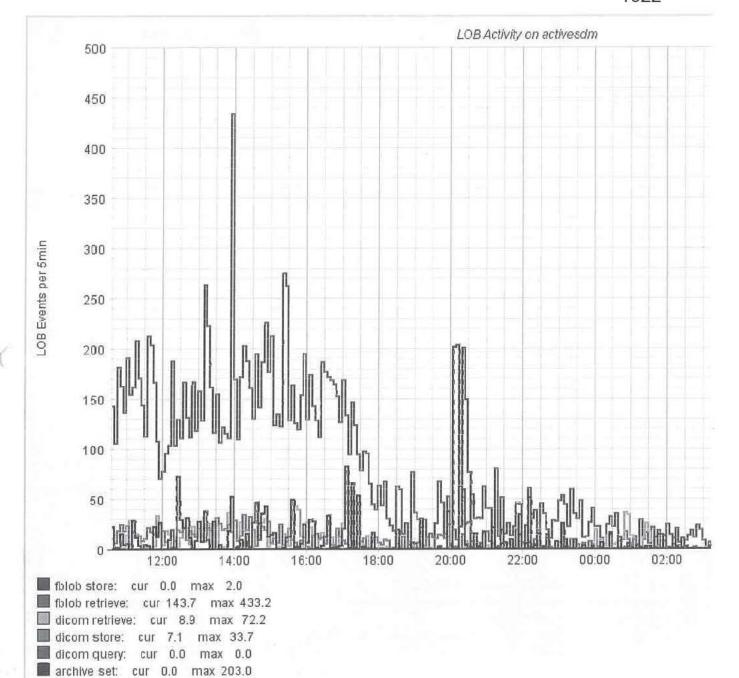
Window could probably be extended to Midnight to 08:00 our time without too much impact on system/users. There was quite a large de-archiving involved in today's transfer, which is resource intensive. This really won't change as the current timeframe for images on the short term storage is around 20.5 months before images need to be brought back from the long term storage.

Agfa were only using 1 thread – if window increased we probably need to see how this goes before considering an increase in number of threads.

#### Chris

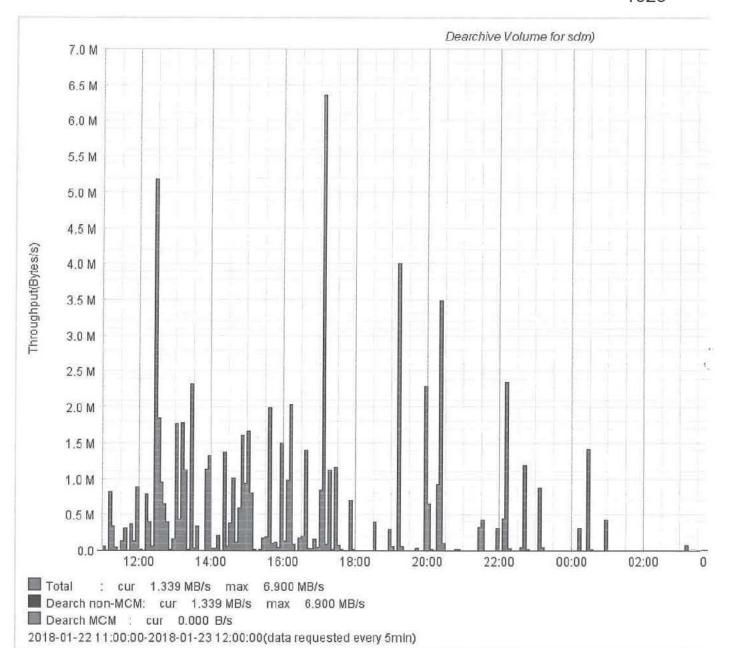
#### Chris Pearce | PACS Administrator

Direct Phone: 02 61747961 | Direct Email: <a href="mailto:Christopher.Pearce@act.gov.au">Christopher.Pearce@act.gov.au</a>
Diagnostic Imaging Systems | Diagnostic & Medication Systems Hub | Phone: 02 6174 8750 | Email: <a href="mailto:DSD.DIS@act.gov.au">DSD.DIS@act.gov.au</a>
Technology Operations Branch | Digital Solutions Division | Health Directorate | ACT Government
Level 10, Building 1, Canberra Hospital, Garran ACT | GPO Box 825, Canberra City ACT 2601 | act.gov.au



dearchive set: cur 0.8 max 130.0

2018-01-22 10:35:00-2018-01-23 11:35:00(data requested every 5min)



# From: Arsavilli, Dev Sent: Monday, 22 January 2018 11:11 PM To: (Health) (Health); Crossley, Nick Cc: RE: ACTPAS data access [SEC=UNCLASSIFIED] Subject: Hi I will ask the relevant managers on if this would be possible or not. Could you please confirm that the access request is for the DEV instance only? Who is looking after the extract request and how far are we with that? Kind Regards, )ev Dev Arsavilli | Project Manager | Email: Dev.Arsavilli@act.gov.au Phone: 02 6205 0359 | Mobile 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: (Health) Sent: Monday, 22 January 2018 3:16 PM To: Arsavilli, Dev <Dev.Arsavilli@act.gov.au> Crossley, Nick < Nick. Crossley@act.gov.au> (Health) < Subject: ACTPAS data access [SEC=UNCLASSIFIED] Hi Dev, As discussed at today's meeting, I would like to have read access to an ACTPAS database with patient identifiable data. The data from ACTPAS can then be used to cleanse the patient data in Siemens RIS. Though access to the database is my preference, we could also look at requesting an extract from ACTPAS (with identifiable patient data), which I can then load and analyse. Arrangements are in place (I think a request has been raised, not sure if it has been approved) for an extract from ACTPAS to be loaded into AGFA's system in the production environment. It will help to have an earlier extract, as the data can then be used for RIS patient cleansing and also to verify the process of getting an extract from ACTPAS and loading into AGFA. Let me know if you need any further details. Thanks, | IDIS Data Migration Analyst - UCPH Digital Solutions Program Email: act.gov.au

Heland, Rebecca (Health)