From: ████ ████ [mailto:████████████████████████████]
Sent: Wednesday, 29 November 2017 10:41 AM
To: ████ ████ (Health) <████████████████████████>
Cc: ████ ████ <████████████████████████████ ████ ████ (Health)
<████ A ████ act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; ████ ████ (Health)
<████████████ act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; ████ ████
<████████████████>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

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

From: ████ ████ (Health) [mailto:████████████████████]
Sent: Tue, 28 November 2017 4:51 PM
To: ████████████████████████
Cc: ████████████████████████ ████ ████ (Health); 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:

████████ ████████

████████ ████████

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.

Regards

██

██ ████ | **IDIS Delivery Manager - UCPH Digital Solutions Program**
Phone: |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: Tuesday, 28 November 2017 8:28 AM
To: ████████ (Health) <████████████████ ████ ████ (Health)
<████████ act.gov.au>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Hello ████ and ████

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

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

SIEMENS
Healthineers

Heland, Rebecca (Health)

From:	███████ █████ (Health)
Sent:	Thursday, 21 December 2017 2:37 PM
To:	███ ████
Cc:	███ ████ ██ ████ (Health); ██ ████ ███ ████ (Health); ██████ ████ (Health)
Subject:	RE: [AUS - ACT] RIS PACS Migration questions [SEC=UNCLASSIFIED]

Hi ████

Thanks for the information.

It is good to know that the duplicate StudyUIDs can be handled at your end.

The most recent test RIS and PACS extract provided was for the same time period (1st to the 20th of Jan 2013).

So could we test this exercise on the 46 Requested Procedure records which were excluded from being loaded due to duplicate StudyUIDs.

For StudyUIDS which have matches in PACS could they be marked as good and loaded into the dev environment.

We can exclude the ones which do not have a match in PACS at this stage, as we are trying to investigate if this is a genuine possibility or has happened due to a mismatch in extract dates between RIS and PACS.

Thanks,

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

From:	████ █████ [mailto█████ ██████████]
Sent:	Wednesday, 20 December 2017 7:10 PM
To:	██████ █████ (Health) <████████████act.gov.au>
Cc:	██ ████ <████████████ ████ █████ (Health) <████████act.gov.au>; ██ ████ <████████████████ ████ ████ (Health) <████████act.gov.au>; ████ ████ <████████████████
Subject:	[AUS - ACT] RIS PACS Migration questions [SEC=UNCLASSIFIED]

Hi ████

The solution that I can provide is the follow:

- If you can provide the HL7 extracts <u>with</u> the duplicate accession number + study uid combinations
- If you can provide the DICOM extracts at the same moment of the HL7 extracts
- I can use our HL7 Validation tool to identify (= flag in the database) the duplicates in the database
- Based on these 'marked' studies, I can then cross-check the study that is actually in the DICOM extract with the accession number + study uid combination and set it back to 'good for migration'.
- For the remaining 'duplicate' that is <u>not</u> in the DICOM extract I can do one of the following:
  - Not migrate the record
  - Remove the StudyUID from this record, so that EI can generate it's own StudyUID and add a fixed value to the accession number. So that the order is at least in EI, linked to the patient.

<u>Important:</u>

For this to work I will need to receive the HL7 and DICOM extracts at the same time !

Kind Regards,

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

1

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

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IBAN Customer Account BE20375104592856 | ING Belgium NV, B-1000 Brussels
Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer

Date: 20/12/2017 07:14
Subject: RE: RIS PACS Migration questions [SEC=UNCLASSIFIED]

Hi █████

Another migration question

Multiple accession number with the same StudyUID – RIS has multiple accession numbers associated to the same study (such accession numbers are linked, indicated by a linked accession number in the system). But PACS has the StudyUID associated to one of the linked accession numbers. There is no consistent way of telling what accession number the Study gets associated to in PACS out of all available accession numbers in RIS.

AGFA's requirement is for the StudyUIDs to be unique in RIS, how do we handle this?

Example

RIS Requested Procedure data

Accession number Procedure code StudyUID

PACS Study data

Accession number StudyUID

I was initially thinking of excluding the accession numbers from the RIS extract which do not have a reference in PACS. But the accession numbers have details of the procedures performed, even though they associate to a common study, the procedure details for each of the accession numbers are different. Please let me know how you would like this to be handled, we can discuss this further during our meeting on Thursday.

Thanks,

████

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

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

From: ████ █████ [mailto██████████████]
Sent: Monday, 18 December 2017 5:58 PM
To: ██████ █████ (Health) <██████████████act.gov.au>
Cc: ████ ████ <████████████ ████ █████ (Health) <████████████act.gov.au>; ██
████ <████████████ ████ █████ (Health) <████████act.gov.au>

Subject: RE: RIS PACS Migration questions [SEC=UNCLASSIFIED]

Hi ████

The easiest solution would be to put them to a fixed values.
So Unknown would be a good solution.

Kind Regards,

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

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| IBAN Operational Account BE81363012356224 | IBAN Customer Account
BE20375104592856 | ING Belgium NV, B-1000 Brussels
Click on link to read important disclaimer:
http://www.agfahealthcare.com/maildisclaimer

From: "████████ ████ (Health)" <████████████act.gov.au>
To: ██
Cc: ██████████████████████████ "████ ████ (Health)"
<████████████act.gov.au>, "████ ████ (Health)" <████████act.gov.au>
Date: 18/12/2017 00:18
Subject: RE: RIS PACS Migration questions [SEC=UNCLASSIFIED]

Hi ████ and ████
Here is another question raised from Siemens' PACS extract
The Study_description and the Series_description are mandatory fields in the Study and Series files, But
Siemens' extract have some records with blank descriptions as no descriptions exist in the database and
the DICOM tag.
Should such descriptions be left blank or do we want them to be defaulted with some value like
'Unknown'?
Thanks,

████████

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

3

From: ████ ██████ [mailto████████████████████]
Sent: Thursday, 14 December 2017 5:18 PM
To: ████ ██████ <████████████████
Cc: ████ ██████ (Health) <████████████act.gov.au>; ████ ██ <████████████████
████ ██████ (Health) <████████████act.gov.au>; ███ ██ (Health) <████████act.gov.au>;
███ ██ <████████████████
Subject: RIS PACS Migration questions [SEC=UNCLASSIFIED]

1. The Siemens' RIS keeps track of cancelled procedures, such procedures do not have a study or a result associated. Should such procedures be migrated, if yes, can the StudyUID be NULL for such procedures?
NE: The decision to migrate cancelled procedures would be a business decision. StudyUID is used specifically to link up imaging, therefore if no images will be migrated and expected to be linked to these procedures then StudyUID can be left blank. ████ can you please confirm that this is the case?

KEV: We normally don't migrate cancelled orders, their is no reason for EI to know of these.

2. If a study associates to multiple modalities, do we want the modalities to be comma separated and reported under the field Modality in the PACS Study file?
NE: ████ can you please confirm how the customer identifies a migrated study record that contains series/images for multiple modality types?

KEV: Within EI the modalities are split using /.
I'm not sure if I have ever send in modalities into EI in this format with HL7, so we'll need to verify this during the next test.

3. We are still waiting on the special character to be used for the modified accession numbers (decimal point used in the current test extracts).
NE: At other sites I have seen both the "." and the "-" characters used in the accession number without issue. I would recommend either of those characters as they are easily human readable and not know to cause issues with any modality vendors that I know of.

KEV: The accession number is a string value, we have seen both option be used.

4. The accession numbers will be modified in the procedures and reports data on the RIS side, do we want the accession numbers to be modified in the Study data on the PACS side as well?
NE: ████ can you confirm if a requirement exists for the accession numbers on the PACS data needs to be altered? I remember this being raised in one of our meetings and I think the decision was to leave it unchanged as we would then know the studies that had different accession numbers and could be channelled through our DICOM transformation process.

KEV: Multiple options are possible, but by default our AMT tool can execute DICOM tag morphing, so we can update Accession Numbers
in the DICOM files during the migration. The DICOM flat file extract should always contain the same values/information as what is currently
in the PACS system (so the original, not updated, accession number).

To update the accession numbers in the AMT tool, we then need (one of the following):

- A list with StudyUIDs and the correct new Accession Number
- The 'rules' that are used to determine the correct information

25

- We can use the HL7 extracts (requested procedure file) to populate the tag morphing tables (So basicly, if we have the HL7 data, then we don't need extra data)

Kind Regards,

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

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

██ ██
██
█████████████████████████ "███ █████ (Health)"
<████████████act.gov.au>, "██████ (Health)" <███████████act.gov.au>
Date: 14/12/2017 03:22
Subject: Re: RIS PACS Migration questions [SEC=UNCLASSIFIED]

Hi ██████

I have provided some comments in Blue below. ██████ can you also confirm any additional things to be considered.

Kind Regards,

████████ | ████████
████████████████████████
T +61 3 9756 4645 | F +61 7 3356 6683 | M +███████████
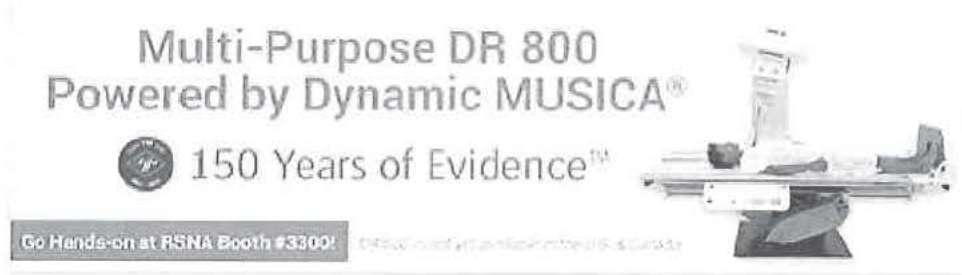
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From:

Cc: (Health)" <   act.gov.au>,
" (Health)" < act.gov.au>
Date: 13/12/2017 04:14 PM
Subject: RIS PACS Migration questions [SEC=UNCLASSIFIED]

Hi

Could you please look into the following that has come up from extracts that we have received from Siemens?

1. The Siemens' RIS keeps track of cancelled procedures, such procedures do not have a study or a result associated. Should such procedures be migrated, if yes, can the StudyUID be NULL for such procedures?
NE: The decision to migrate cancelled procedures would be a business decision. StudyUID is used specifically to link up imaging, therefore if no images will be migrated and expected to be linked to these procedures then StudyUID can be left blank. ▮▮▮ can you please confirm that this is the case?

2. If a study associates to multiple modalities, do we want the modalities to be comma separated and reported under the field Modality in the PACS Study file?
NE: ▮▮▮ can you please confirm how the customer identifies a migrated study record that contains series/images for multiple modality types?

3. We are still waiting on the special character to be used for the modified accession numbers (decimal point used in the current test extracts).
NE: At other sites I have seen both the "." and the "-" characters used in the accession number without issue. I would recommend either of those characters as they are easily human readable and not know to cause issues with any modality vendors that I know of.

4. The accession numbers will be modified in the procedures and reports data on the RIS side, do we want the accession numbers to be modified in the Study data on the PACS side as well?

6

NE: ▮▮▮▮ can you confirm if a requirement exists for the accession numbers on the PACS data needs to be altered? I remember this being raised in one of our meetings and I think the decision was to leave it unchanged as we would then know the studies that had different accession numbers and could be channelled through our DICOM transformation process.

Thanks,

▮▮▮▮

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

Mobile : ▮▮▮▮▮▮ Email: ▮▮▮▮▮▮▮act.gov.au

Heland, Rebecca (Health)

From:	Barrett, Scott (Health)
Sent:	Thursday, 21 December 2017 11:44 AM
To:	▮▮▮▮▮▮ (Health)
Cc:	▮▮▮▮▮▮ (Health); ▮▮▮ ▮▮▮ (Health)
Subject:	RE: Data Migration questions for RIS PACS system admin team [SEC=UNCLASSIFIED]

Hi ▮▮

No problem at all, we are all back on deck by that point.

Looking at the questions, they all look like plausible scenarios within the system that are associated to poor work practice or administrative errors.

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: Thursday, 21 December 2017 11:37 AM
To: Barrett, Scott (Health) <Scott.Barrett@act.gov.au>
Cc: ▮▮▮▮▮▮ (Health) <▮▮▮▮▮▮▮act.gov.au>; ▮▮▮ ▮▮▮ (Health) <▮▮▮▮▮▮act.gov.au>
Subject: FW: Data Migration questions for RIS PACS system admin team [SEC=UNCLASSIFIED]

Scott,

Can we request some time with your team early in the New Year to discuss a few questions we have around the validity of the data we are getting from Siemens for migration? The below are the short forms of the questions; we can fully explain each one at the time.

We also have some questions around the use of some of the RIS user fields; if your team has any information on what is contained in them we can discuss that as well.

Any time you are available from the 8th would be great.

Thanks

▮▮

▮▮▮▮▮ | ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮
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: ▮▮▮▮▮▮ (Health)
Sent: Thursday, 21 December 2017 11:13 AM
To: ▮▮▮▮ (Health) <▮▮▮▮▮▮▮▮▮

Cc: ██████ █████ (Health) <████████████act.gov.au>
Subject: Data Migration questions for RIS PACS system admin team [SEC=UNCLASSIFIED]

Hi █████
Below are a few questions that I can think of

Are the below scenarios valid
Cancelled procedures with no associated Study images but have valid results?
Completed procedures to not have any associated Studies or results?
Completed procedures with no associated Study images but have valid results?
Completed procedures with valid study images but no results?
Study details in PACS with no corresponding accession number or StudyUID details in RIS?
Completed procedures with valid study details in RIS but no corresponding images in PACS?

Regards,

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

Heland, Rebecca (Health)

From:	████ ████████ (Health)
Sent:	Thursday, 21 December 2017 9:03 AM
To:	████ ████ (Health); ████████ ████ (Health); ████████ ████ (Health)
Subject:	FW: Accession numbers

FYI

██████████ **Project Director - Integrated Diagnostic Imaging Solution Project**
Phone: 02 6174 8729 |Mobile: ████████████ |Mail : ████████████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

From:	████ ████████ [mailto ██████████████████████
Sent:	Wednesday, 20 December 2017 3:03 PM
To:	████ ████████ (Health) <████████████act.gov.au>
Cc:	████ ████ <████████████████
Subject:	Re: Accession numbers

Hi ████████

We require that each study has a unique accession numbers. If there are multiple studies that contain the same accession number then we can only import one of those.
It is a case of referential integrity in our system and that we enforce accession numbers to be unique.
Our suggestion is that if two studies contain the same accession number, eg ████████████, then we suggest that they are transformed to ████████████ and ████████████

Kind Regards,

████ ████████ | ████████████████
████████████ | ████████████
T +61 3 9756 4645 | F +61 7 3356 6683 | ████████████████

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http://blog.agfahealthcare.com

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From: ██
██████████████████████████
Date: 20/12/2017 12:45 PM
Subject: Accession numbers

What is the risk of not providing unique accession numbers?

- If this is not done, will it affect the ability to search accession numbers?
Will searches not return the expected results for the modified accession numbers?

Can you please provide more details?

Thank you ☺

M

▉▉▉▉ | **Project Director - Integrated Diagnostic Imaging Solution Project**
Phone: 02 6174 8729 |Mobile ▉▉▉▉▉ | E-Mail : ▉▉▉▉▉ act.gov.au
Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
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▉▉▉▉ | **Project Director - Integrated Diagnostic Imaging Solution Project**
Phone: 02 6174 8729 |Mobile ▉▉▉▉▉ | E-Mail : ▉▉▉▉▉ 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

Heland, Rebecca (Health)

From:	Crossley, Nick
Sent:	Thursday, 21 December 2017 11:42 AM
To:	██████ ██████ (Health)
Cc:	██████ ██████ (Health); ██████ ██████ (Health)
Subject:	RE: Patient load from ACTPAS [SEC=UNCLASSIFIED]

Yep, I am trying to get. Worse case is I won't be able to get it till 8/1

Rgds

Nick Crossley
Project Manager MAIPM, CPPM | Shared Services ICT Health
Phone: +61 2 6207 8919 | Mob████████
Shared Services | Chief Minister, Treasury and Economic Development Directorate | **ACT Government**
Building 1, Lv 10 Canberra Hospital, Garran ACT | PO Box 11, WODEN ACT 2606 | www.act.gov.au

From: ██████ ██████ (Health)
Sent: Wednesday, 20 December 2017 12:00 PM
To: Crossley, Nick <Nick.Crossley@act.gov.au>
Cc: ██████ ██████ (Health) <██████████████████████ ██████ (Health) <██████ act.gov.au>
Subject: Patient load from ACTPAS [SEC=UNCLASSIFIED]

Hi Nick,
Attached is a list of Patient medical record numbers that the ACTPAS extract needs to be filtered on.
Thanks,

██████

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

From: ██████ ██████ (Health)
Sent: Thursday, 14 December 2017 2:56 PM
To: Londero, ██████ <██████ Londero@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>
Cc: Berry, Nicola <Nicola.Berry@act.gov.au>
Subject: RE: Emailing - HL7_Data_Migration_CSV_Layout.pdf [SEC=UNCLASSIFIED]

Hi ██████
10am is fine with me.

Regards,

██████

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

From: Londero, ██████
Sent: Thursday, 14 December 2017 2:46 PM
To: Crossley, Nick <Nick.Crossley@act.gov.au>
Cc: ██████ ██████ (Health) <██████████ act.gov.au>; Berry, Nicola <Nicola.Berry@act.gov.au>
Subject: RE: Emailing - HL7_Data_Migration_CSV_Layout.pdf [SEC=UNCLASSIFIED]

Not a problem.

███████ would you be free at 10am for a WebEx session?

Regards, ████

From: Crossley, Nick
Sent: Thursday 14 December 2017 14:39
To: Londero, ████ <████Londero@act.gov.au>
Cc: ████████ ███████ (Health) <███████████████act.gov.au>
Subject: Emailing - HL7_Data_Migration_CSV_Layout.pdf [SEC=UNCLASSIFIED]

Hey Lonners

See attached, page 6 & 7. Agfa want this patient info extracted in this format.

Can we maybe do a remote session with ████████ tomorrow morning before lunch (say for an hour) to have a look at the ACTPAS DB, then if you or her can extract this info out?

How does this sound?

Cheers
Nick

Heland, Rebecca (Health)

From:	████ ████ <████████████
Sent:	Wednesday, 20 December 2017 5:41 PM
To:	████ ████ (Health)
Cc:	████ ██ ██ ████ (Health); ██ ██████ Crossley, Nick; ████ ██ (Health); ████ ██ (Health); ████ ██
Subject:	[AUS - ACT] RIS PACS Extract [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 ๅ 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,

████ ██████ | ██████████
T ████

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

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

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,

▮▮▮

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

From: ▮▮▮ (Health)
Sent: Wednesday, 20 December 2017 11:16 AM
To: ▮▮▮ <▮▮▮ ▮▮▮ (Health) <▮▮▮ act.gov.au>
Cc: ▮▮▮ <▮▮▮ ▮▮▮ (Health) <▮▮▮ act.gov.au>; ▮▮▮
▮▮▮ <▮▮▮ Crossley, Nick <Nick.Crossley@act.gov.au>; ▮▮▮ (Health)
<▮▮▮ act.gov.au>
Subject: RE: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED]

Thanks ▮▮▮

That looks like a pretty good outcome. If ▮▮▮ needs any additional information on specific records we'll come back to you.

▮▮▮

▮▮▮ ▮▮▮ | **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: Tuesday, 19 December 2017 8:23 PM
To: ▮▮▮ (Health) <▮▮▮ act.gov.au>
Cc: ▮▮▮ <▮▮▮ (Health) <▮▮▮ act.gov.au>; ▮▮▮
▮▮▮ <▮▮▮ Crossley, Nick <Nick.Crossley@act.gov.au>; ▮▮▮ (Health)
<▮▮▮ act.gov.au>; ▮▮▮ (Health) <▮▮▮
<▮▮▮
Subject: [AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED]

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 Req Proc
- Attachments: No file provided

Migration to EI:

The data that was validated has now been migrated to the DEV EI cluster.
These are the totals of the migrated data, no migration or validation errors have been detected.

- Patients: 4593
- Orders: 8280
- Reports: 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,

███████ I ████████████
████████████████████████
T██████████████

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

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

Thanks,

████████

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

Heland, Rebecca (Health)

From:	▆▆▆▆ ▆▆▆ (Health)
Sent:	Wednesday, 20 December 2017 12:00 PM
To:	Crossley, Nick
Cc:	▆▆▆▆ ▆▆▆ (Health); ▆▆▆ ▆▆▆ (Health)
Subject:	Patient load from ACTPAS [SEC=UNCLASSIFIED]
Attachments:	PatientIDs_For_ACTPASExtract.xlsx

Hi ▆▆▆

Attached is a list of Patient medical record numbers that the ACTPAS extract needs to be filtered on.

Thanks,

▆▆▆▆

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

From: ▆▆▆▆ ▆▆▆ (Health)
Sent: Thursday, 14 December 2017 2:56 PM
To: ▆▆▆ ▆▆▆ <▆▆▆▆▆@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>
Cc: Berry, Nicola <Nicola.Berry@act.gov.au>
Subject: RE: Emailing - HL7_Data_Migration_CSV_Layout.pdf [SEC=UNCLASSIFIED]

Hi ▆▆▆

10am is fine with me.

Regards,

▆▆▆▆

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

From: ▆▆▆, ▆▆▆
Sent: Thursday, 14 December 2017 2:46 PM
To: Crossley, Nick <Nick.Crossley@act.gov.au>
Cc: ▆▆▆▆▆▆▆▆▆▆▆▆▆▆▆▆▆ Berry, Nicola <Nicola.Berry@act.gov.au>
Subject: RE: Emailing - HL7_Data_Migration_CSV_Layout.pdf [SEC=UNCLASSIFIED]

Not a problem.

▆▆▆▆ would you be free at 10am for a WebEx session?

Regards, ▆▆▆

From: Crossley, Nick
Sent: Thursday 14 December 2017 14:39
To: ▆▆▆ ▆▆▆ <▆▆▆Londero@act.gov.au>
Cc: ▆▆▆ ▆▆▆ (Health) <▆▆▆▆▆▆ act.gov.au>
Subject: Emailing - HL7_Data_Migration_CSV_Layout.pdf [SEC=UNCLASSIFIED]

Hey ▆▆▆

See attached, page 6 & 7. Agfa want this patient info extracted in this format.

Can we maybe do a remote session with ███████ tomorrow morning before lunch (say for an hour) to have a look at the ACTPAS DB, then if you or her can extract this info out?

How does this sound?

Cheers

██

Heland, Rebecca (Health)

From:	███████ ██████ (Health)
Sent:	Wednesday, 20 December 2017 11:57 AM
To:	██ █████ (Health); ███████ ██ (Health); ██ ███ (Health)
Subject:	RE: Accession numbers [SEC=UNCLASSIFIED]

Hi ████████
This is a question for AGFA I think, it was AGFA's suggestion to modify the accession numbers to make sure the migrated data confirms to their specification.
Will this affect the ability to search on accession numbers, is not something that we will be able to answer.
Regards,

████████

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

From: ███ ████████ (Health)
Sent: Wednesday, 20 December 2017 11:50 AM
To: ████████ ██████ (Health) <████████████ act.gov.au>; ███████ ███ (Health) <████████████████ ███ ███ (Health) <████████ act.gov.au>
Subject: FW: Accession numbers

Can you please provide some words to answer the below request from Mark.

████████

████████ **| Project Director - Integrated Diagnostic Imaging Solution Project**
Phone: 02 6174 8729 | ████████████████ | E-Mail : ████████████ 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

From: Duggan, Mark (Health)
Sent: Wednesday, 20 December 2017 11:36 AM
To: ███ ████████ (Health) <████████████ act.gov.au>; Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>
Cc: Cook, Sandra (Health) <Sandra.Cook@act.gov.au>
Subject: Accession numbers

Hi ████████ and Jess,

I understand that this piece of work is being reviewed but I just need to clarify how important it is that any issues with accession numbers are brought to our attention as soon as possible. Being able to draw on previous reports and images by the current accession number is a show stopper.

Thanks,

Mark Duggan
Ag Manager
Medical Imaging
Canberra Hospital & Health Services
mark.duggan@act.gov.au
Phone: 6174 7254
Mobile: ████████

Heland, Rebecca (Health)

From:	██████ █████ (Health)
Sent:	Tuesday, 19 December 2017 5:51 PM
To:	████ ████ ██████ ███ (Health)
Cc:	████ █████ (Health); ██████ ████ Crossley, Nick; ████ ███ (Health)
Subject:	RE: Modified Accession numbers in the report 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)

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

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)

Study_description and Series_description is blank for some records.

1

[ME] No changes until further notice
[SS] where no description available in the system, this can be defaulted to 'unknown'

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.

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
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,

████████

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

From: █████ ████ [mailto:████████████████████████]
Sent: Monday, 18 December 2017 2:42 PM
To: █████ █████ (Health) <████████████act.gov.au>; █████ ████ (Health) <████████████
Cc: ███ ████████ (Health) <████████act.gov.au>; █████ ████ <████████████████ ████████com>; Crossley, Nick <Nick.Crossley@act.gov.au>; ████ ████ (Health) <████████act.gov.au>
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

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

SIEMENS
Healthineers

From: ▓▓▓▓▓ ▓▓▓▓ (Health) [mailto▓▓▓▓▓▓▓▓▓▓act.gov.au]
Sent: Wed, 13 December 2017 12:13 PM
To: ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓ ▓▓▓▓ ▓▓ (Health)
Cc: ▓▓ ▓▓▓▓ (Health); ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓ Crossley, Nick; ▓▓▓▓ ▓▓▓ (Health)
Subject: RE: Modified Accession numbers in the report file [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 0s 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 ▓▓▓▓▓▓▓▓▓▓▓▓
[ME] This has been addressed on 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.

Regards,

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

From: ████ ████ [mailto:████████████████████████]
Sent: Friday, 8 December 2017 3:18 PM
To: ████████ (Health) <████████████act.gov.au>; ████████ (Health)
<████████████████████
Cc: ████ ████ (Health) <████████████act.gov.au>; ████████ <████████████████████
████████com>; Crossley, Nick <Nick.Crossley@act.gov.au>; ████ ████ (Health) <████████act.gov.au>
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hi ████ and ████

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,

████████

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

From: ██████████████████████
Sent: Fri, 8 December 2017 3:05 PM
To: ████████ (Health)'; ████████ (Health)'
Cc: ████████ (Health)'; ██████████████████████ ████ ████ 'Crossley, Nick'; ████ ████ (Health)'
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hello ████ and ████

Please find on a separate email a link to access both RIS and PACS newest 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 (i.e.: ███ ████████ 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,

███████████
███████████

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 :·:

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

Hello ████████

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

[REDACTED]

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,

[REDACTED]

Siemens Healthcare Pty Ltd
160 Herring Road
Macquarie Park NSW 2113

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

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From: [REDACTED] (Health) [mailto:[REDACTED]act.gov.au]
Sent: Thu, 7 December 2017 3:15 PM
To: [REDACTED]
Cc: [REDACTED] (Health); [REDACTED] Crossley, Nick; [REDACTED] (Health); [REDACTED] (Health)
Subject: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hi [REDACTED]
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:████████████ act.gov.au

From: ████████ (Health)
Sent: Wednesday, 6 December 2017 2:37 PM
To: ████████ <████████████████████████
Cc: ████████ (Health) <████████████ act.gov.au>; ███ ███████ (Health)
<████████████ act.gov.au>; ████ ████ <████████████████████████ Crossley, Nick
<Nick.Crossley@act.gov.au>; ████ █████ <████████████████████ ███ ███ (Health)
<████████████ act.gov.au>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

████

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: Friday, 1 December 2017 3:45 PM
To: ████████ (Health) < ████████████████████
Cc: ████████ ██████ (Health) < ████████████ act.gov.au>; ███ ███████ (Health)
< ████████████ act.gov.au>; ████████ ██ < ██████████████████████████████████ Crossley, Nick
<Nick.Crossley@act.gov.au>; ███ ███████ < ██████████████████████████
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

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,

████████████

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

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

From: ████████ ████ (Health) [mailto ████████████████████████]
Sent: Thu, 30 November 2017 11:03 AM
To: ████████████████████
Cc: ████████ ██ (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
▮▮▮▮▮ 2 Report abc
▮▮▮▮UID 3 Report abc

Thanks

▮▮▮

▮▮▮▮▮▮ | IDIS Delivery Manager - UCPH Digital Solutions Program
Phone: |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: Thursday, 30 November 2017 12:51 AM
To: ▮▮▮▮ ▮▮ (Health) <▮▮▮▮▮▮▮▮>
Cc: ▮▮▮ ▮▮▮ (Health) <▮▮▮▮▮▮act.gov.au>; ▮▮ ▮▮▮▮ (Health)
<▮▮▮▮▮act.gov.au>; ▮▮▮ ▮▮▮ <▮▮▮▮▮▮▮▮▮▮▮ Crossley, Nick
<Nick.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,

▮▮▮▮▮

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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Healthineers ⁘

From: ████ ██ (Health) [mailto ████████████
Sent: Wed, 29 November 2017 2:17 PM
To: ████████████████████
Cc: ████ ████ (Health); ██████████████████████████ Crossley, Nick; Nick ████████ ████████
████ (Health)
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

es, that should be OK for now.

██ **Pederick | IDIS Delivery Manager - UCPH Digital Solutions Program**
Phone: |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: Wednesday, 29 November 2017 1:58 PM
To: ████ ██ (Health) < ████████████████
Cc: ██ ████ (Health) < ████████ act.gov.au>; ████████ ██ < ████████████████
████████ com>; Crossley, Nick <Nick.Crossley@act.gov.au>; ██ ████ < ████████████
████ ████ (Health) < ████████████ act.gov.au>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Thank you ████

ı 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 ████████ process to 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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Healthineers ⸰⸳⸳

From: ▇▇▇▇ ▇▇ (Health) [mailto ▇▇▇▇▇▇▇▇▇▇▇▇▇
Sent: Wed, 29 November 2017 1:03 PM
To: ▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇
Cc: ▇▇ ▇▇▇▇ (Health); Crossley, Nick; Nick ▇▇▇▇ ▇▇▇▇ ▇▇▇ (Health)
Subject: FW: PACS Extract [SEC=UNCLASSIFIED]

▇▇▇▇

▇▇▇▇ 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: ▇▇▇▇▇▇▇▇
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: ▇▇▇▇ ▇▇▇ (Health)
Sent: Wednesday, 29 November 2017 12:50 PM
To: ▇▇▇▇ ▇▇ (Health) < ▇▇▇▇▇▇▇▇▇▇
Subject: FW: PACS Extract [SEC=UNCLASSIFIED]

Hi ▇▇▇

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) <████████████████████>
Cc: ████ ████ <████████████████████████████ ████ ████ (Health)
<████████act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; ████ ████ (Health)
<████████████act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; ██ ████████
<████████████████>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

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

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From: ████████ ████ (Health) [mailto:████████████████████]
Sent: Tue, 28 November 2017 4:51 PM
To: ████████████████████
Cc: ████████████████████████████ ████ ████ (Health); 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:

████████ ██ ██ ████████

██████████ ██████████

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.

Regards

████

████████ | **IDIS Delivery Manager - UCPH Digital Solutions Program**
Phone: |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: Tuesday, 28 November 2017 8:28 AM
To: ████ ████ (Health) <███████████████ ████ ████ (Health)
<███████████act.gov.au>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Hello ████ and ██████

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

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

SIEMENS
Healthineers

Heland, Rebecca (Health)

From:	Duggan, Mark (Health)
Sent:	Wednesday, 20 December 2017 11:23 AM
To:	Cook, Sandra (Health); O'Halloran, Peter (Health)
Subject:	Data migration
Attachments:	IDIS Team Data Migration Status Report 15Dec2017_PR.DOCX

Importance: High

Hi Guy's,

Following yesterday's meeting I wanted to understand for myself how we had such a positive report regarding data migration yesterday. To be honest I don't understand given that the data migration status report for week 11- 15 December 2017 has at RED status yet on the 19th of December (during our exec meeting) we are told we are on track. The reason I ask is that in the Overall status is indicates that the project has turned RED and that potential for the schedule to slip with a target date unknown at this stage and in activities planned next period we can see that
"Siemens to provide answers on data extracts for RIS and PACS, attachments, accessions numbers, cvs file format, other associated key tasks from last week's migration meeting with Siemens"

My concern is that our project director (██████ has supported the AGFA proposition that we are now on track despite us as the executive (or the project team) seeing no evidence to support this statement. I am very concerned that the project team are not asking the questions that should be asked as representatives of ACT Health.

We have two options, that is to accept the claim made yesterday and seek an updated IDIS migration status report or reject the statement made yesterday and seek urgent validation.

Happy to discuss.
Cheers,
Mark.

Mark Duggan
.g Manager
Medical Imaging
Canberra Hospital & Health Services
mark.duggan@act.gov.au
Phone: 6174 7254
Mobile: ██████

IDIS PROJECT MIGRATION STATUS
REPORT

Period Ending:	Week of December 15th 2017
Project Name:	IDIS Project Migration Status Project
Project Manager:	███ ██
Reporting Period:	11th of December through 15th of December 2017

Status Summary

Current Phase: Planning	Overall Status
- Migration are in planning phase for IDIS for activities for month of December 2017 - Migration Phase: **Planning/Validation/Cleansing**, Transformation, Implementation. - Siemens, AGFA and ACT Health continuing collaboration through phases	R

Overall Status

- Project has turned Red.
- Schedule potential slipped – Target date is unknown at present time.
- Siemens has provided gap analysis but no mappings, have requested this week.
- IDIS Migration team have requested a number of key task from Siemens for update on Friday 15th December 2017

Activities achieved this period

- Working through scope of work with Siemens, SSICT, AGFA on data migration tasks;
- Migration meeting 13 December 2017 reviewed minutes, and action items with Siemens;
- Reviewed migration tasks on project schedule meeting with Teresa McKenzie;
- ███ worked on the RIS and PACS extracts provided by Siemens and provided comments back to Siemens;
- **Standard Attachments** listed on SoW and associated attachments have been requested;
- Nick Crossley will contact SSICT on hosting attachment files in a shared location;
- ███ and ██ are collaborating daily on key tasks from Migration meetings;
- It was decided that an Oracle PACS tables to be converted to a cvs file;
- Siemens to put forward proposal for VMWare with Oracle license for PACS Test Database instance;
- **Accession numbers** – Siemens exploring if they can create a 'unique' number from AGFA requirements this Friday 15th December 2017;
- PROCA – ███ provided Jessica with provider number corrections, and RIS doctors and waiting on response on RIS doctors to be corrected;
- HealthLink – Waiting on AGFA to make a decision what their approach and solutions will be;
- Siemens has provided 'gap analysis' for ACT Health to review and have requested document to be refined and include 'clinical significance';
- ███████ to provide status reporting to ████ on progress and issues for migration on weekly basis, no tolerances on schedule;

Activities planned next period

- Migration meeting for Thursday 21st December 2017;
- Siemens to provide answers on data extracts for RIS and PACS, attachments, accessions numbers, cvs file format, other associated key tasks from last week's migration meeting with Siemens.
- ███ to review RIS and PACS extract ready for comments;

G	Project is travelling well with issues managed	Y	Project has issues that could impact launch date and/or project quality.	R	Project has critical issues that will impact launch date greater than 1 week and/or project quality.	✓	Project / Task / Milestone complete

Activities not completed this period (must include a reason)

- **Mappings** was not provided (SoW page 10) Siemens to provide, expectation is for Siemens to provide a confirmation date;
-

Risk and Issues

- Conversion tool for Oracle to sql has been identified as an issue; - closed
- We have received a **RIS** and *PACS extract*, however had a few outstanding technical questions. - Ongoing
- The quality of this extract has improved however there is still issues with the data.
- We have received the gap analysis for RIS only. Documentation is superficial and content lacks quality.
- Potential project schedule slippage for data migration leaves no tolerances for dates for 2018.

Project Status

Phase/Milestone	Timeframe Start	Timeframe End	Status
AGFA RISPACS Dev Load	December 19th 2017	December 21st 2017	Ongoing
Migration Approach PACS – Images		Option 2	On Going
Data Migration Specs	December 5th 2017	19th January 2018	On Going
Data Migration Extracts (20% data load in TEST)	December 12th 2017	31st January 2018	On Going
Providers (PROCA)	December 5th 2017	31st of January 2018	On Going
Providers (Health Link ID) – (depending on doctors)	December 5th 2017	January ? 2018	On Going
Attachments (samples) - 20% due by 12/01/2018	13th December 2017	31st December 2017	On Going
Data Mapping (getting update on Friday 15th December, 2017)	13th December 2017	-----	On Going
AGFA Dev environment ready with base data load	--------	23rd November 2017	Complete
Base data loaded	---------	-------	Complete
Testing Complete	February 22nd 2018	1st March 2018	On Going
Siemens PACS SoW	18th October 2017	31st October 2017	Complete
Siemens PACS SoW feedback	18th October 2017	31st October	Complete
Data Migration – Transform definitions	1 November 2017	13th November 2017	Complete

G Project is travelling well with issues managed	**Y** Project has issues that could impact launch date and/or project quality.	**R** Project has critical issues that will impact launch date greater than 1 week and/or project quality.	✓ Project / Task / Milestone complete

Project Status Report   Page 3 of 2

	Project is travelling well with issues managed		Project has issues that could impact launch date and/or project quality.		Project has critical issues that will impact launch date greater than 1 week and/or project quality.		Project / Task / Milestone complete
G		**Y**		**R**		✓	

Heland, Rebecca (Health)

From:	███████ ██████ (Health)
Sent:	Tuesday, 19 December 2017 5:00 PM
To:	█████ ███
Cc:	██████ ████ ████████ (Health); ████ ████ (Health); ████ ████ (Health); Crossley, Nick
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.
.IS 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.

Thanks,
Sunitha

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

1

Heland, Rebecca (Health)

From:	███ ████ <█████████████
Sent:	Tuesday, 19 December 2017 8:23 PM
To:	██████ █████ (Health)
Cc:	███ ███ ███ █████ (Health); ██ █████ Crossley, Nick; ███ ██ (Health); ████ ███ (Health); ███ ██
Subject:	[AUS - ACT] RIS PACS Extract [SEC=UNCLASSIFIED]

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 Req Proc
- Attachments: No file provided

Migration to EI:

The data that was validated has now been migrated to the DEV EI cluster.
These are the totals of the migrated data, no migration or validation errors have been detected.

- Patients: 4593
- Orders: 8280
- Reports: 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,

███████ ██ ██
T███████

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

From:

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

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.

Thanks,

Mobile : | Email: act.gov.au

Heland, Rebecca (Health)

From:	████ ████ <████████████████████>
Sent:	Tuesday, 19 December 2017 2:48 PM
To:	████ ████ (Health); ████ ████ (Health)
Cc:	████ ████ (Health); ████ ████
Subject:	RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]

Hello ████

Yes that is correct. We will figure out what went wrong with the image file processing and will let you know.

Kind Regards,

████████

Siemens Healthcare Pty Ltd
160 Herring Road
Macquarie Park NSW 2113

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

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From: ████ ████ (Health) [mailto:████████████act.gov.au]
Sent: Tue, 19 December 2017 2:44 PM
To: ██████████████████████████████████████
██ ████ ████ ████████████████████████
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]

Hi ████
Thanks for the PACS DB extracts, but just a quick confirmation, the extracts are for the following tables patient, patientsname, study and series. Shouldn't there be one for Images?
Thanks,

████

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

From: ████ ████ [mailto:████████████████████
Sent: Tuesday, 19 December 2017 12:53 PM

To: ▓▓ ▓▓ (Health) <▓▓▓▓▓▓▓act.gov.au>
Cc: ▓▓▓▓ ▓▓ (Health) <▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓ ▓▓▓ ▓▓ <▓▓▓▓▓▓▓▓▓▓▓▓
▓▓▓▓▓▓com>; ▓▓▓▓ ▓▓▓ (Health) <▓▓▓▓▓▓▓▓▓act.gov.au>
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]

Hi ▓▓

As per ▓▓▓ email, PACS DB extracts are now available on: SIEOPM1\d$\backups\PACS_DBFullExtracts

Please liaise with ▓▓ on how to pick up the files.

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: Tue, 19 December 2017 11:14 AM
To: ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓ ▓▓ ▓▓ ▓▓▓
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Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]

Hi ▓▓▓

Thanks for the extracts and mappings for RIS (apologies). Thank you and we look forward in seeing the csv files. Yes, everything is looking 'ok' so far, but with regards to the gap analysis it reads very light in content. Can Siemens provide us with more information on the database, quite a bit that's missing?

Also, as for the Accession numbers, with the 'script' and time/material for Siemens to make those changes, can we explore how much effort will your technical resource be able to commit as an option to make those changes? ▓▓▓ and ▓▓▓▓ will get back to you. As for the attachments, how much of a push back are we seeing, in days, weeks?

Many thanks ▓▓▓

Warm Regards,

▓▓▓

From: ███████ ███ [mailto ████████████████████████████]
Sent: Tuesday, 19 December 2017 9:25 AM
To: ███ ███ (Health) <████████act.gov.au>
Cc: ████████ █████ (Health) <██████████████act.gov.au>; ███████ ███ <████████████████████████
████████████

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]

Hi ███

I received some CSV files for the 4 PACS DB tables overnight. ████ is triaging now to see what was provided. Will update you shortly and send through if OK.

Not sure what you are referring to in the GAP analysis? The mapping table for RIS was provided yesterday. Did you receive this OK?

The other item I had on my list was the accession number change which is currently out of scope in the SoW. I phoned you yesterday to discuss. Basically, it is possible but quite a lot of effort to script such a change. It requires a lot of testing. This will required additional effort, and likely require a change request to SoW and impact subsequent delivery dates in the SoW. i.e. 12th January for Attachments may need to push back if this task was prioritised.

I am awaiting confirmation of the impact, if a day or two I am sure you are OK with this but if more it may be an issue. As I mentioned previously, my RIS resource is on leave this week so I may not get a response to the 2nd January. In saying that he has occasionally being checking emails for me.

What are you initial thoughts?

Best regards
███ ████████

From: ███ ███ (Health) [mailto ████████act.gov.au]
Sent: Tuesday, 19 December 2017 9:13 AM
To: ███████ ███ (HC APC AUS SV-CS IT)
Cc: ████████ █████ (Health)
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]

Hi Mate.

Any updates on the gap analysis? Csv files?

Many Thanks.

████

From: ████████ ███ [mailto ████████████████████████████]
Sent: Monday, 18 December 2017 10:45 AM
To: ███ ███ (Health) <████████act.gov.au>; ███ ███ <████████████████████████
Cc: ███ ████████ (Health) <██████████act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>;
████████ ███ <████████████████████████████ Crossley, Nick <Nick.Crossley@act.gov.au>;
████ ███ (Health) <██████████████ ████ ███ (Health) <████████████act.gov.au>
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]

Hi ███

Good news, we received new extracts over the weekend for both RIS and PACS. ████ is currently triaging and will send through today.