l. GM to tentatively schedule resources for January

5. PACS Extract

m. [redacted] request a new single PACS database extract be produced by Siemens. [redacted] will investigate if possible

n. [redacted] requested a network drive

6. Timeline clarification

o. [redacted] asked for clarification of how migration activity sits on critical path of the project

p. [redacted] confirmed important that there is sufficient time for 2 years studies to be migrated prior to Agfa go-live

q. [redacted] indicated a successfully partial migration needs to be completed by 2nd Feb

r. Plan is to test full test migration during Feb

s. Production migration to begin start of March

Best regards

[redacted]

Siemens Healthcare Pty Ltd (Australia)
885 Mountain Highway
Bayswater, 3153
Mobile: [redacted]
Work: +61 (0)3 9721 7507
mailto[redacted]
www.healthcare.siemens.com.au
<< OLE Object: Picture (Device Independent Bitmap) >>

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Heland, Rebecca (Health)

From: [redacted] (Health)
Sent: Friday, 15 December 2017 12:20 PM
To: [redacted] Crossley, Nick; [redacted] (Health); [redacted] (Health)
Cc: [redacted] (Health); Duggan, Mark (Health); [redacted]
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]

Importance: High

Hi [redacted]

Thank you for your quick response!

I have highlighted my question in **red**.

Warm Regards,
[redacted]

From: [redacted] [mailto[redacted]
Sent: Friday, 15 December 2017 11:05 AM
To: [redacted] (Health) <[redacted]act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] <[redacted] (Health) <[redacted]act.gov.au>; [redacted] (Health) <[redacted]
Cc: [redacted] (Health) <[redacted]act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; [redacted] <[redacted]
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]

Hi All

Please find below amended minutes as per feedback from [redacted]

I have also included updates for the items flagged for today in **brown**.

1. **RIS/PACS Test Extract**
    a. New extract sent by Siemens 8th December
    b. [redacted] sent feedback 13th December
    c. [redacted] stepped through the questions relating to the RIS extract in her feedback
    d. [redacted] stepped through the questions relating to the PACS extract in her feedback
    e. **ACTION –** [redacted] to send sample data for the topics discussed in c) and d) above by **COB 13th December.**
    Complete
    f. **ACTION** – Siemens to get clarification on all topics and confirm date revised extracts will be delivered. **Target – 15th December**
        i. **GM – Clarifications are in progress between [redacted] We will deliver updated extracts no later than Wednesday 20th December.**
        PR – thank you. Due to Christmas holiday, we will need to have extracts the earliest the possible by Monday 18th. As we officially shut down on Thursday, and [redacted] will need time to analyse, transform, digest the information and forward to AGFA and loaded on Dev by the 22nd Dec 2017.
        ACTION – Siemens to confirm delivery date of mapping documentation as per SoW. **Target – 15th December**

ii. GM – Mapping document to be delivered by Wednesday 20th December.
PR – Excellent!

Duplicate Accession Number Issue

g. [redacted] updated team on [redacted] questions from last meeting regarding transformation of accession numbers ID to make unique
h. [redacted] highlighted data transformations are out of scope as per the SoW
i. **ACTION** - Siemens to verify position on modifying Accession Numbers to make unique for subsequent extracts by **15th December.**
    i. **GM – Our data migration team are uncomfortable with changing the accession number. Reason being is that this is the unique number that links to the report. This number is created by the RIS and is then sent on to downstream systems (i.e. PACS, HIS) and is referred to on Radiology Report that may be with a patient. I want to find a solution for you here. Could we have a technical discussion with Agfa to try and find a path forward?**

    PR – We understand why Siemens would be uncomfortable, unfortunately, this is the only approach we have in having Siemens modify accession numbers we have and we have discussed this with AGFA. The modified accession number and approach to deal with related image migration, has been discussed previously with AGFA. They are aware of the work involved. Thank You.

    ([redacted] to escalate to [redacted] if Siemens unable to make this modification as per SoW)

2. **PACS Test System**
    a. [redacted] confirmed that to create a Test PACS system, we require a VM with an oracle license. Then the back-up could be important into the VM.
    b. **ACTION** – Siemens to provide a quote to create a Test PACS VM including Professional Services and an Oracle license. **Target – Wednesday 20th December**
    c. **ACTION** – Nick to confirm a storage location to store the attachments. **Target – Wednesday 20th December**

    PR – Target is for 2nd of January 2018 as the samples will be delivered by the 3rd of January 2018.

    d. [redacted] requested in interim, whether an export of the tables used in the PACS migrations was possible to a CSV.
    e. **ACTION** – [redacted] to confirm whether CSV exports of tables used in PACS extract is possible by **15th December.**
        i. **GM – This is possible but quite a bit of work involved from our side to make happen. There would also be a limitation with Excel when opening the CSV due to size of the tables so you won't be able to work with it in Excel. The best and fastest option is to go with the oracle option. From my understanding of oracle licensing, you can install oracle and start work whilst the purchase happens in the background to move forward. Has ACT health got any arrangement in place with Oracle directly?**
        ii. **PR – ACT Health does not have an Oracle agreements in place, the csv is going to be loaded into sql server, excel will not be used to analyse, so therefore size is not an issue.**
3. **RIS Extract Part 2 - Attachments**
    a. [redacted] requested an example of each type of attachment file (Interactive documents, protocol documents, clinical alerts & scanned images)a head of the target delivery date of 12th January as per SoW.
    b. **ACTION** – [redacted] to request and confirm an indicative date by **15th December.**
        i. **GM – I can confirm we can deliver this on 3rd January.**
        ii. **PR – [redacted] and [redacted] will be away until the 8th of January. This is fine.**
    c. **Following the meeting [redacted] requested whether this could be delivered by 20th December.**
        i. **GM – The SoW has this task due 12th Jan. I have resource allocated to do this from 2nd January and can confirm this sample set will be delivered by 3rd January. Due to planned**

leave next week and being the week before Xmas it will be difficult for me to find an alternate resource to meet 20th December. Can you work with this timing? (We have provided a good sample set of attachments previously which maybe a good start. You may also be able to get the info you required from your System Administrator?).

ii. **PR - fine.**

4. **New Test Extract request**
   a. [redacted] requested a new test extract for RIS (including attachments) and PACS to be delivered by 19th January which contains 20% of total data
   b. [redacted] confirmed it would be great if we can secure 2 months data from each year to make up the 20% extract
   c. **ACTION** – [redacted] to confirm whether 2 months of each year is viable option or suggest an alternative. **Target – Wednesday 20th December**
   d. **ACTION** – [redacted] to confirm whether this date is achievable. **Target – Wednesday 20th December**

Best regards
[redacted]

From: [redacted] (Health) [mailto[redacted]act.gov.au]
Sent: Wednesday, 13 December 2017 4:11 PM
To: [redacted] Crossley, Nick; [redacted] (Health); [redacted] (Health); [redacted]
Cc: [redacted] (Health); Duggan, Mark (Health)
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]

Thank You [redacted] I look forward in speaking with you and [redacted] on Friday with excellent feedback from our conversation today.

[redacted] will be providing examples/samples for [redacted] today from our conversations this afternoon.

Have a lovely day mate.

Warm Regards,
[redacted]

From: [redacted] [mailto[redacted]
Sent: Wednesday, 13 December 2017 4:05 PM
To: Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>; [redacted] (Health) <[redacted] (Health) <[redacted]act.gov.au>
Cc: [redacted] (Health) <[redacted]act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Subject: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17

Hi All

Minutes and actions from today's meeting. Please let me know if any amendments.

1. **RIS/PACS Test Extract**

a. New extract sent by Siemens 8th December

b. [redacted] sent feedback 13th December

c. [redacted] stepped through the questions relating to the RIS extract in her feedback

d. [redacted] stepped through the questions relating to the PACS extract in her feedback

ACTION - [redacted] to send sample data for the topics discussed in c) and d) above by **COB 13th December.**
ACTION – Siemens to get clarification on all topics. **Target – 15th December**

2. **Duplicate Accession Number Issue**

e. [redacted] updated team on [redacted] questions from last meeting regarding transformation of accession numbers ID to make unique

f. [redacted] highlighted data transformations are out of scope as per the SoW

g. **ACTION** - Siemens to verify position on modifying Accession Numbers to make unique for subsequent extracts by **15th December.**

([redacted] to escalate to [redacted] if Siemens unable to make this modification as per SoW)

3. **PACS Test System**

h. [redacted] confirmed an export of oracle DB to single file is possible. For this to occur the production database would need to be taken down.

i. [redacted] confirmed that to create a Test PACS system, we require a VM with an oracle license. Then the back-up could be important into the VM.

j. **ACTION** – Siemens to provide a quote to create a Test PACS VM including Professional Services and an Oracle license. **Target – Wednesday 20th December**

k. **ACTION** – Nick to confirm a storage location to store the PACS Database Export. **Target – Wednesday 20th December**

l. [redacted] requested in interim, whether an export of the tables used in the PACS migrations was possible to a CSV.

m. **ACTION** – [redacted] to confirm whether CSV exports of tables used in PACS extract is possible by **15th December.**

4. **RIS Extract Part 2 - Attachments**

n. [redacted] requested an example of each type of attachment file (Interactive documents, protocol documents, clinical alerts & scanned images)a head of the target delivery date of 12th January as per SoW.

o. **ACTION** – [redacted] to request and confirm an indicative date by **15th December**

5. **New Test Extract request**

p. [redacted] requested a new test extract for RIS (including attachments) and PACS to be delivered by 19th January which contains 20% of total data

q. [redacted] confirmed it would be great if we can secure 2 months data from each year to make up the 20% extract

r. **ACTION** – [redacted] to confirm whether 2 months of each year is viable option or suggest an alternative. **Target – Wednesday 20th December**

s. **ACTION** – [redacted] to confirm whether this date is achievable. **Target – Wednesday 20th December**

Best regards

[redacted]

From: [redacted]
Sent: Friday, 8 December 2017 1:21 PM
To: 'Crossley, Nick'; [redacted] (Health); [redacted] (Health); [redacted] (Health)
Cc: [redacted] (Health); Duggan, Mark (Health)
Subject: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 6/12/17

Hi [redacted]

Please find attached my notes from the meeting on Wednesday.

Further to this, I can confirm as of today we are still awaiting an error free extract to be delivered for both RIS and PACS. We are hoping to have these to you early next week.

With regards to 3. below, I was asked to investigate whether we could modify the extract and modify the accession numbers so these are unique. As per the SoW, as Siemens cannot guarantee the quality of data if changes like this are made, we encourage this change to be made at the Agfa end. There was an out of scope topic in the SoW as per the below.

Transition-Out Activities and Documents Not In-Scope	
Execution of any data transformation during the extract process.	ACT Health will be responsible for any transformation of data prior to loading into the Agfa system

In saying that, happy to discuss further though if this is not viable.

Meeting Minutes – 6th December 2017

Attendees: [redacted]

1. [redacted] will cover [redacted] whilst on leave so all correspondence to include both [redacted] and [redacted]

2. RIS/PACS Test Extract

a. [redacted] updated team on progress since last week

i. Test extract triaged by [redacted] Friday last week

ii. Errors found in both RIS and PACS extracts

iii. Received new PACS extract Monday, further issues found

iv. Received new RIS extract Tuesday, further issues found

v. Expect new extracts Thursday, if all OK can send through Friday (earliest)

b. Team discussed accuracy of extracts being an issue, and [redacted] seeing firsthand what [redacted] was facing with earlier extracts

c. [redacted] confirmed this is the most time consuming task of the process. Once test extract in place and accurate, further extracts will be easy to generate

d. Team acknowledged we need to ensure the extract is correct from the source, as opposed to modifying the extracts themselves to meet timelines.

e. [redacted] confirmed timeline of 12th Dec on track

f. [redacted] confirmed date of 12th Dec in SoW should have indicated a completion of the test migration as opposed to delivery of test extract

3. Duplicate Accession Number Issue

g. [redacted] asked whether Siemens can modify extract make accession numbers unique

h. [redacted] agreed to investigate

4. PACS Migration

i. [redacted] indicated SDC pilot proposal likely to proceed

j. Siemens will need to receive requests from the Agfa RIS to move studies in that order

k. SDC Pilot likely to be requested for Jan

l. GM to tentatively schedule resources for January

5. PACS Extract

m. [redacted] request a new single PACS database extract be produced by Siemens. [redacted] will investigate if possible

n. [redacted] requested a network drive

6. Timeline clarification

o. [redacted] asked for clarification of how migration activity sits on critical path of the project

p. [redacted] confirmed important that there is sufficient time for 2 years studies to be migrated prior to Agfa go-live

q. [redacted] indicated a successfully partial migration needs to be completed by 2nd Feb

r. Plan is to test full test migration during Feb

s. Production migration to begin start of March

Best regards

[redacted]

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www.healthcare.siemens.com.au
<< OLE Object: Picture (Device Independent Bitmap) >>

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Heland, Rebecca (Health)

From: [redacted] (Health)
Sent: Thursday, 14 December 2017 5:33 PM
To: [redacted] (Health)
Cc: [redacted] (Health); [redacted] Crossley, Nick; [redacted] (Health); Duggan, Mark (Health)
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hi [redacted]
AGFA has got back to us with answers for the below, answers in red

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 Study UID be NULL for such procedures? Cancelled procedures to be migrated with a NULL StudyUID, no result records needed for such procedures
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? Modalities to be separated with '/'
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). '.' to be used for sequence suffix
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? Original accession number to be used in PACS

Regards,
[redacted]

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

From: [redacted] (Health)
Sent: Thursday, 14 December 2017 10:37 AM
To: [redacted] (Health) <[redacted]
Cc: [redacted] (Health) <[redacted]act.gov.au>; [redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Thanks [redacted]
I have also forwarded the following questions to AGFA,

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?
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?
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).
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?

I know a decision needs to be made on the accession numbers, not sure if it's going to be implemented by your team at this stage, but have raised the question with AGFA and I will get back to you as soon as I hear from them.
Thanks,
[redacted]

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

From: [redacted] [mailto[redacted]
Sent: Thursday, 14 December 2017 10:28 AM
To: [redacted] (Health) <[redacted]act.gov.au>; [redacted] (Health) <[redacted]
Cc: [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted]Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hello [redacted]

Just to let you know that I have provided feedback to the respective teams and will update you as soon as possible.

Kind Regards,

[redacted]

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Email: [redacted]
Internet: www.healthcare.siemens.com.au

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From: [redacted] (Health) [mailto[redacted]act.gov.au]
Sent: Wed, 13 December 2017 4:32 PM
To: [redacted] (Health)
Cc: [redacted] (Health); [redacted] Crossley, Nick; [redacted] (Health); Duggan, Mark (Health)
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hi [redacted]
As requested, I have attached a sheet with data samples for the following issues:

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?
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)

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.

Let me know if you need any further details.

Regards,
[redacted]

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

From: [redacted] (Health)
Sent: Wednesday, 13 December 2017 12:13 PM
To: [redacted] (Health) <[redacted]
Cc: [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hi [redacted]
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).

Duplicate patient data to be removed from the extract.

Leading 0s to be removed from PatientID (PatientID from RIS does not match PatientID from PACS)

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)

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 '|'

Accession numbers sequencing was requested as .01 and .02(can this be corrected)?
Example
Original Accession number: [redacted], Modified: [redacted] and [redacted]

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?

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?

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

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?

Will the accession numbers be modified in the results file for the next extract?

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)

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.

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

Study_description and Series_description is blank for some records.

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

Is the series number meant to be unique for a study?

Is the image number meant to be unique for a series?

Will the optional fields be included in the next extract?

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

Regards,

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

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

Hi [redacted] and [redacted]

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,

[redacted]

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Email: [redacted]
Internet: www.healthcare.siemens.com.au

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

Hello [redacted] and [redacted]

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.: 19202-1921790001002) 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,

[redacted]

Siemens Healthcare Pty Ltd
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Macquarie Park NSW 2113

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Email: [redacted]
Internet: www.healthcare.siemens.com.au

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

Hello [redacted]

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

[redacted]

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,

[redacted]

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Mobile: [redacted]
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Internet: www.healthcare.siemens.com.au

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From: [redacted] (Health)[redacted]
Sent: Thu, 7 December 2017 3:15 PM
To: [redacted]
Cc: [redacted] (Health); [redacted] Crossley, Nick; [redacted] (Health); [redacted] Tony (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
[redacted]

Report
Accession number Report Body
[redacted] Patient: ** Result: Normal
[redacted] 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,
[redacted]

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

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

[redacted]

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
[redacted]

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

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

Hello [redacted]

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,

[redacted]

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From: [redacted] (Health) [mailto[redacted]
Sent: Thu, 30 November 2017 11:03 AM
To: [redacted] (HC APC AUS DI)
Cc: [redacted] (Health); [redacted] (Health); [redacted] Crossley, Nick; Nick [redacted]
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Thanks [redacted]

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: [redacted] with 3 Study UIDS, and one report 'abc' that covers all 3 studies.
In the report file, it will be:
Modified: [redacted] UID 1 Report abc
[redacted] UID 2 Report abc
[redacted] UID 3 Report abc

Thanks
[redacted]

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

---

From: [redacted] [mailto[redacted]
Sent: Thursday, 30 November 2017 12:51 AM
To: [redacted] (Health) <[redacted]
Cc: [redacted] (Health) <[redacted]act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] <[redacted]
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Hello [redacted]

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 [redacted] 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,

[redacted]

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

Yes, that should be OK for now.

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

---

From: [redacted] [mailto[redacted]
Sent: Wednesday, 29 November 2017 1:58 PM
To: [redacted] (Health) <[redacted]
Cc: [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted]com>; Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] <[redacted] (Health) <[redacted]act.gov.au>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Thank you [redacted]

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 [redacted] process to massage the data?

Kind Regards,

[redacted]

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

[redacted]

[redacted] 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 [redacted] will look to massage it while she is doing other field transforms prior to sending it to Agfa.

Regards
[redacted]

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

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

Hi [redacted]

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,
[redacted]

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

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

Hello [redacted]

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,

[redacted]

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From: [redacted] (Health) [mailto[redacted]
Sent: Tue, 28 November 2017 4:51 PM
To: [redacted]
Cc: [redacted] (Health); Duggan, Mark (Health); [redacted] (Health); Crossley, Nick; Nick[redacted]
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

[redacted]

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:

[redacted]

Becomes:

[redacted]

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
[redacted]

[redacted] | **IDIS Delivery Manager - UCPH Digital Solutions Program**
Phone: |Mobile: [redacted] | Email: [redacted]
uture Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

From: [redacted] [mailto[redacted]
Sent: Tuesday, 28 November 2017 8:28 AM
To: [redacted] (Health) <[redacted] (Health)
<[redacted]act.gov.au>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Hello[redacted] and[redacted]

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,

[redacted]

[redacted]

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Heland, Rebecca (Health)

From: [redacted] <[redacted]>
Sent: Thursday, 14 December 2017 10:43 AM
To: [redacted] (Health); [redacted] (Health)
Cc: [redacted] (Health); [redacted] Crossley, Nick; [redacted] (Health); Duggan, Mark (Health)
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hello [redacted]

Just a small comment about the Multi-modality topic. See below

Kind Regards,

[redacted]

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Macquarie Park NSW 2113

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From: [redacted] (Health) [mailto[redacted]act.gov.au]
Sent: Thu, 14 December 2017 10:37 AM
To: [redacted] (Health)
Cc: [redacted] (Health); [redacted] Crossley, Nick; [redacted] (Health); Duggan, Mark (Health)
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Thanks [redacted]
I have also forwarded the following questions to AGFA,

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?

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?

[ME] I noticed that the series and image counts varies between the modalities....how do you want to deal with this if only 1 record is desired?

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).
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?

I know a decision needs to be made on the accession numbers, not sure if it's going to be implemented by your team at this stage, but have raised the question with AGFA and I will get back to you as soon as I hear from them.
Thanks,

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

From: [redacted] [mailto:[redacted]
Sent: Thursday, 14 December 2017 10:28 AM
To: [redacted] (Health) <[redacted]act.gov.au>; [redacted] (Health) <[redacted]
Cc: [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hello [redacted]

Just to let you know that I have provided feedback to the respective teams and will update you as soon as possible.

Kind Regards,

[redacted]

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From: [redacted] (Health) [mailto[redacted]act.gov.au]
Sent: Wed, 13 December 2017 4:32 PM
To: [redacted] (Health)
Cc: [redacted] (Health); [redacted] Crossley, Nick; [redacted] (Health); Duggan, Mark (Health)
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hi [redacted]
As requested, I have attached a sheet with data samples for the following issues:

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?
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)
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.

Let me know if you need any further details.

Regards,
[redacted]

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

From: [redacted] (Health)
Sent: Wednesday, 13 December 2017 12:13 PM
To: [redacted] (Health) <[redacted]
Cc: [redacted] (Health) <[redacted]act.gov.au>; [redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hi [redacted]
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).

Duplicate patient data to be removed from the extract.

Leading 0s to be removed from PatientID (PatientID from RIS does not match PatientID from PACS)

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)

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 '|'

Accession numbers sequencing was requested as .01 and .02(can this be corrected)?
Example
Original Accession number: [redacted], Modified: [redacted]

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?

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?

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

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?

Will the accession numbers be modified in the results file for the next extract?

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)

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.

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

Study_description and Series_description is blank for some records.

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

Is the series number meant to be unique for a study?

Is the image number meant to be unique for a series?

Will the optional fields be included in the next extract?

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

Regards,

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

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

Hi [redacted] and [redacted]

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,

[redacted]

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

Hello [redacted] and [redacted]

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.: 19202-1921790001002) 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,

[redacted]

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

Hello [redacted]

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

[redacted]

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,

[redacted]

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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
[redacted]

Report
Accession number Report Body
[redacted] Patient: ** Result: Normal
[redacted] 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,
[redacted]

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

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

[redacted]

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
[redacted]

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

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

Hello [redacted]

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,

[redacted]

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From: [redacted] (Health) [mailto[redacted]
Sent: Thu, 30 November 2017 11:03 AM
To: [redacted]
Cc: [redacted] (Health); [redacted] (Health); [redacted] Crossley, Nick; Nick [redacted]
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Thanks [redacted]

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: [redacted] with 3 Study UIDS, and one report 'abc' that covers all 3 studies.
In the report file, it will be:
Modified: [redacted] UID 1 Report abc
[redacted] UID 2 Report abc
[redacted] UID 3 Report abc

Thanks
[redacted]

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

From: [redacted] [mailto:[redacted]
Sent: Thursday, 30 November 2017 12:51 AM
To: [redacted] (Health) <[redacted]act.gov.au>
Cc: [redacted] (Health) <[redacted]act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] <[redacted]
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Hello [redacted]

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 [redacted] 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,

[redacted]

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

Yes, that should be OK for now.

[redacted] | **IDIS Delivery Manager - UCPH Digital Solutions Program**

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From: [redacted] [mailto[redacted]
Sent: Wednesday, 29 November 2017 1:58 PM
To: [redacted] (Health) <[redacted]
Cc: [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted] Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] <[redacted] [redacted] (Health) <[redacted]act.gov.au>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Thank you [redacted]

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 [redacted] process to massage the data?

Kind Regards,

[redacted]

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

[redacted]

[redacted] 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 [redacted] will look to massage it while she is doing other field transforms prior to sending it to Agfa.

Regards
[redacted]

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

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

Hi [redacted]

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,
[redacted]

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

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

Hello [redacted]

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,

[redacted]

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From: [redacted] (Health) [mailto[redacted]act.gov.au]
Sent: Tue, 28 November 2017 4:51 PM
To: [redacted] (Health); Duggan, Mark (Health); [redacted] (Health); Crossley, Nick; Nick [redacted]
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

[redacted]

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:

[redacted]

Becomes:

[redacted]

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
[redacted]

[redacted] | **IDIS Delivery Manager - UCPH Digital Solutions Program**
Phone: |Mobile: [redacted] | Email: [redacted]k@act.gov.au
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Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

From: [redacted] [mailto:[redacted]
Sent: Tuesday, 28 November 2017 8:28 AM
To: [redacted] (Health) <[redacted] (Health)

<[redacted]act.gov.au>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Hello [redacted] and [redacted]

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,

[redacted]

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Heland, Rebecca (Health)

From: Duggan, Mark (Health)
Sent: Thursday, 14 December 2017 10:40 AM
To: Cook, Sandra (Health); O'Halloran, Peter (Health)
Subject: FW: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

FYI.

Cheers,

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

From: [redacted] (Health)
Sent: Thursday, 14 December 2017 10:37 AM
To: [redacted] (Health) <[redacted]>
Cc: [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted]com>; Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Thanks [redacted]
I have also forwarded the following questions to AGFA,

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?
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?
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).
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?

I know a decision needs to be made on the accession numbers, not sure if it's going to be implemented by your team at this stage, but have raised the question with AGFA and I will get back to you as soon as I hear from them.
Thanks,

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

From: [redacted] [mailto[redacted]
Sent: Thursday, 14 December 2017 10:28 AM
To: [redacted] (Health) <[redacted]act.gov.au>; [redacted] (Health) <[redacted]>
Cc: [redacted] (Health) <[redacted]act.gov.au>; [redacted] <[redacted]>; Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] (Health) <[redacted]act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]