Hello ▮▮▮

Thank you for the update!

From our side, we are still on track to provide the data by end of week. As discussed, I am hoping that some data will be made available by the 19th and the bulk of data to be delivered by the 20th.

I will keep you posted throughout the week about any changes.

Kind Regards,

▮▮▮

Siemens Healthcare Pty Ltd
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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: Mon, 15 January 2018 2:44 PM
To: ▮▮▮
Cc: ▮▮▮ (Health); ▮▮▮ (Health); ▮▮▮ (Health)
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Good Morning Gents.

Hope you have had a nice weekend and welcome back ▮▮▮

Are we still on track for the 19th January?

Also, have an answer for you regarding shared location, we do have an external drive, and do have space availability and we will coordinate with you on exact location soon. Either ▮▮▮ or I will get back to you on location path.

Many Thanks.

Warm Regards,

▮▮▮

From: ▮▮▮ [mailto:▮▮▮
Sent: Thursday, 11 January 2018 2:19 PM
To: ▮▮▮ (Health) <▮▮▮act.gov.au>

16

Cc: ▓▓▓▓ (Health) < ▓▓▓▓▓▓▓▓▓▓▓▓ (Health)
< ▓▓▓▓▓ act.gov.au>; ▓▓▓▓ < ▓▓▓▓▓▓▓▓▓▓▓▓
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Hello ▓▓

The most important delivery is the 20% by end of next week. Both ▓▓ and ▓▓ are happy with the current extracts. Therefore as we stand, I believe we are on track to meet the 20% delivery by the 20th Jan.

Please note that if further changes are required, this could potentially delay the delivery date.

I have provided feedback to my team in regards to the Gap Analysis document and I am hoping to have an updated version for you next week.

On the other hand, Can I please ask you for an ETA about the share location necessary for the 20% delivery? We do not want to use local resources as this could have a negative impact on the current operational systems.

Kind Regards,

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Sent: Thu, 11 January 2018 1:36 PM
To: ▓▓▓▓▓▓▓▓▓▓▓▓
Cc: ▓▓▓▓ (Health); ▓▓▓▓ (Health)
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]
Importance: High

Hi ▓▓

Hope you are going well mate. How are we tracking for next week deliverables?

Warm Regards,
▓▓

17

From: ████ ████ [mailto ████████████████████]
Sent: Wednesday, 10 January 2018 3:04 PM
To: ████ ████ < ██████████████████████ > (Health)
< ████████ act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; ████████ (Health)
< ████████ act.gov.au>; ████████ (Health) < ██████████████████████ > (Health)
< ████████ act.gov.au>; ████ ████ < ██████████████ >
Cc: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; ████████ < ████████
████ com>
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18

Hi All

Please see my Meeting Notes following our meeting today (in blue).

MEETING NOTES:

1. **RIS/PACS Test Extract**

    a. ME 10/01 - New RIS extracts, RIS PDF attachments, RIS scans delivered by Siemens on 09/01/18

    b. **ACTION** – Siemens to get clarification on all topics and confirm date revised extracts will be delivered. **Target – 15ᵗʰ December**
        i. GM 15/12 – Clarifications are in progress between ████████ We will deliver updated extracts no later than Wednesday 20ᵗʰ December.
        ii. PR 15/12 – 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 ████ will need time to analyse, transform, digest the information and forward to AGFA and loaded on Dev by the 22ⁿᵈ Dec 2017.
        iii. GM 20/12 – New extracts have been provided for both RIS and PACS on Monday 18ᵗʰ December
        iv. 20/12 – Canberra team confirmed most data loaded well into the Agfa system. Canberra would like to better understand why something may not be in RIS but in PACS. ████ confirmed very difficult for Siemens to explain this and Canberra should leverage knowledge of their System Administrator whom are responsible for data in and out of RIS/PACS since go-live. ACT Health to discuss variations with RIS/PACS Administrators.

    c. **ACTION** – Siemens to confirm delivery date of mapping documentation as per SoW. **Target – 15ᵗʰ December**
        i. GM 15/12 – Mapping document to be delivered by Wednesday 20ᵗʰ December.
        ii. PR 15/12 – Excellent!
        iii. GM 18/12 – Delivered Monday 18th December
        iv. PR 15/12 – Excellent
        v. PR 19/12 –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?
        vi. GM 19/12 – Can you provide some examples of what you think is missing? I am not familiar with the front end so wondering if you could provide examples of other fields that are not being migrated to the Agfa system that may be of use? As this is a subjective exercise of what is clinically important, if you have some examples from your side that will help.
        vii. GM 20/12 – ████ sent through feedback for Mapping File and Gap Analysis. I will feedback and request updated copies of both documents. Timing of these documents dependant on prioritisation against other deliverables.

viii. 20/12 – Canberra team confirm this is priority #2, and asked us to target for delivery on 8ᵗʰ Jan. ███ confirmed a good source of information for the gap analysis is the original document he put together at the outset of the project. ███ highlighted that leveraging the System Administrators knowledge of the front-end would be a valuable source of information for any clinically relevant data.

ix. ME 10/01 – Gap Analysis, DB Fields and Data Retention tool documents delivered on 10/01/2018

x. TP 10/01 – ███ advised that GAP Analysis DB Fields file can be used as both mapping and Gap analysis document. Require and extra Mapping column highlighting fields mapped to Agfa. PB and SS to provide further feedback.

xi. TP/SS 10/01 – ███ and ███ are happy with latest extracts and are confident with upcoming 20% test data upload. Do not envisage any changes to latest extracts. Advised not to include period of 01-01-2013 to 20-01-2013 in 20% delivery to avoid duplication

xii. ME 10/01 – Advised that we will need confirmation ASAP about extracts to get ball rolling for the 20% delivery. Advised that delivery will happen on 20/01 if no changes are required.

xiii. TP 10/01 – ███ advised to send deliverables as part of the 20% that are ready prior to 20/01/18

xiv. ME 10/01 – Advised that I will bring this up with the team but cannot promise any deliveries before 20/01/18

2. Duplicate Accession Number Issue

a. Siemens delivered new RIS extracts containing changes to the Accession Number on the Result file on 9ᵗʰ January 2018

b. ███ provided feedback on the 10/01/18 advising that change to Accession number works

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

i. GM 15/12 – 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?

ii. PR 15/12 – 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.

iii. PB 19/12 - 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?

iv. GM 19/12 – As mentioned below, I may not know until the 2nd January. I would however expect days, not weeks. I just need to understand how to prioritise the tasks, whether this tasks precedent over the Part 2 Test migration scheduled for 12th Jan.

v. GM – 20/12 – Overnight our Data Migration resource confirmed approximately 3 additional days effort to do this change and also indicated up to 2 weeks delay in delivery

of remaining items in SoW. Canberra to prioritise which tasks our Data Migration resource should focus on from 2nd January.

vi. 20/12 – Canberra confirmed that this change is priority #3 and asked us to deliver this with the 20% test data extract requested by 19th January. Siemens confirmed this timing is fine.

vii. ME – Closed

3. PACS Test System

a. ▮ 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**

    i. GM 20/12 – Siemens has supplied the CSV DB export of key tables from DB as interim measure. Siemens unable to provide a quotation for an oracle license for a test server. As Imaging PACS is a legacy system, Siemens no longer have an arrangement in place with Oracle we can leverage for short term use license.

    ii. 20/12 - All agreed to park this for now and use the CSV method for PACS DB. ▮ confirmed we can supply refreshed CSV's for the 5 PACS tables upon request in place of the PACS back-ups mentioned in the SoW.

c. **ACTION** – ▮ to confirm a storage location to store the attachments. **Target – Wednesday 20th December**

    i. PR 15/12 – Target is for 2nd of January 2018 as the samples will be delivered by the 3rd of January 2018.

ii. ME 09/01 – Requested details of the share. Advised that this will be required for the 20% and final deliveries. Advised we need this ASAP

    iii. NC 10/01 – ▮ working on this

d. ▮ requested in interim, whether an export of the tables used in the PACS migrations was possible to a CSV.

e. **ACTION** – ▮ to confirm whether CSV exports of tables used in PACS extract is possible by 15th December.

    i. GM 15/12 – 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 15/12 – 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.

    iii. GM 20/12 – CSV extracts provided 19/11/17.

    iv. 20/12 – ▐ to finish loading CSV files. All looks OK so far and good solution.

f. ACTION – ▐ to confirm whether CSV exports of tables used in PACS extract is possible by 15th December.

g. ME 10/01 - Closed

4. RIS Extract Part 2 - Attachments

a. ▐ 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 – ▐ to request and confirm an indicative date by 15th December.

    i. GM 15/12 – *I can confirm we can deliver this on 3rd January.*

    ii. PR 15/12 – ▐ and ▐ will be away until the 8th of January. This is fine.

    iii. Following the meeting ▐ requested whether this could be delivered by 20th December.

    iv. 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?).*

    v. PR 15/12 - Fine

    vi. GM 20/12 – Needs to be prioritised against the accession number change on 2) above.

    vii. 20/12 – Canberra agreed this task is #1 priority, this will be commenced on 2nd January by Siemens resource when back from leave. This will be ready for Canberra team when back on 8th January.

    viii. ME 09/01 – Siemens delivered attachment files on the 09/01/18.

    ix. PB/SS 10/01 - ▐ and ▐ are happy with the delivered attachments. Non-Standard PDFs are not in scope for 20% delivery but want to know when will the work start and when can they expect delivery.

5. New Test Extract request

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

b. ▐ confirmed it would be great if we can secure 2 months data from each year to make up the 20% extract

c. **ACTION** – ▮▮▮ to confirm whether this date is achievable. **Target – Wednesday 20ᵗʰ December**

    I. GM 20/12 – Needs to be prioritised against the accession number change on 2) above.

    II. GM 20/12 – Priority # 3, will be delivered by 19ᵗʰ January. Part A is priority only for 19ᵗʰ January. This deliverable has been prioritised over the Part B – Attachments Test Extract due for 12ᵗʰ January in the SoW.

d. **ACTION** - Siemens to confirm new timing for delivery of the Part B – Attachments Test Extract by 8ᵗʰ January 2018.

e. ME 10/01 - Closed

6. **SDC trial**

    a. Siemens confirmed that we need to know by Xmas if a SDC trial is required during January due to set-up tasks/prep.

    b. ▮▮▮ confirmed PO is still in progress and with Mark.

    c. Canberra team confirmed to put on hold until further notice

7. **leave**

    a. ▮▮▮ back on 15ᵗʰ Jan

8. **Next meeting**

    a. Wed 17ᵗʰ Jan

Kind Regards,

▮▮▮

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Email: ▮▮▮
Internet: www.healthcare.siemens.com.au

SIEMENS .·.
Healthineers `·.`°
`··`

Sent: Wed, 20 December 2017 3:05 PM
To: ▮▮▮▮ (Health); Crossley, Nick; ▮▮▮▮
Cc: Duggan, Mark (Health); ▮▮▮▮
Subject: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 20/12/17

Hi All

Please see my Meeting Notes following our meeting today (in purple).

Further to the notes/actions, we prioritised the deliverables for our RIS data migration resource upon return on 2nd Jan as follows:

1. Attachments Samples (3rd Jan)

2. Mapping Document & Gap Analysis (8th Jan)

3. Accession Number Change (on 19th Jan with 20% migration for RIS/PACS) – Part A

4. Test Data Extract - Part B – Attachments

's always, please let me know if any corrections.

MEETING NOTES:

1. **RIS/PACS Test Extract**

   a. New extract sent by Siemens 8th December

   b. ▮▮▮ sent feedback 13th December

   c. ▮▮▮ stepped through the questions relating to the RIS extract in her feedback

   d. ▮▮▮ stepped through the questions relating to the PACS extract in her feedback

   e. **ACTION** – Sunitha 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 15/12 – Clarifications are in progress between ▮▮▮▮▮▮ We will deliver updated extracts no later than Wednesday 20th December.

ii. PR 15/12 – thank you. Due to Christmas holiday, we will need to have extracts the earliest the possible <u>by Monday 18th</u>. As we officially shut down on Thursday, and ▮▮▮ will need time to analyse, transform, digest the information and forward to AGFA and loaded on Dev by the 22nd Dec 2017.

iii. GM 20/12 – New extracts have been provided for both RIS and PACS on Monday 18th December

iv. 20/12 – Canberra team confirmed most data loaded well into the Agfa system. Canberra would like to better understand why something may not be in RIS but in PACS. ▮▮▮ confirmed very difficult for Siemens to explain this and Canberra should leverage knowledge of their System Administrator whom are responsible for data in and out of RIS/PACS since go-live. ACT Health to discuss variations with RIS/PACS Administrators.

g. ACTION – Siemens to confirm delivery date of mapping documentation as per SoW. **Target – 15th December**

    i. GM 15/12 – Mapping document to be delivered by Wednesday 20th December.

    ii. PR 15/12 – Excellent!

    iii. GM 18/12 – Delivered Monday 18th December

    iv. PR 15/12 – Excellent

    v. PR 19/12 –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?

    vi. GM 19/12 – Can you provide some examples of what you think is missing? I am not familiar with the front end so wondering if you could provide examples of other fields that are not being migrated to the Agfa system that may be of use? As this is a subjective exercise of what is clinically important, if you have some examples from your side that will help.

    vii. GM 20/12 – ▮▮▮ sent through feedback for Mapping File and Gap Analysis. I will feedback and request updated copies of both documents. Timing of these documents dependant on prioritisation against other deliverables.

    viii. 20/12 – Canberra team confirm this is priority #2, and asked us to target for delivery on 8th Jan. ▮▮▮ confirmed a good source of information for the gap analysis is the original document he put together at the outset of the project. ▮▮▮ highlighted that leveraging the System Administrators knowledge of the front-end would be a valuable source of information for any clinically relevant data.

2. Duplicate Accession Number Issue

a. ▮▮▮ updated team on ▮▮▮ questions from last meeting regarding transformation of accession numbers ID to make unique

b. ▮▮▮ highlighted data *transformations* are out of scope as per the SoW

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

    i. GM 15/12 – 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?

    ii. PR 15/12 – 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.

    iii. PB 19/12 - 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?

    iv. GM 19/12 – As mentioned below, I may not know until the 2nd January. I would however expect days, not weeks. I just need to understand how to prioritise the tasks, whether this tasks precedent over the Part 2 Test migration scheduled for 12th Jan.

    v. GM – 20/12 – Overnight our Data Migration resource confirmed approximately 3 additional days effort to do this change and also indicated up to 2 weeks delay in delivery of remaining items in SoW. Canberra to prioritise which tasks our Data Migration resource should focus on from 2nd January.

    vi. 20/12 – Canberra confirmed that this change is priority #3 and asked us to deliver this with the 20% test data extract requested by 19th January. Siemens confirmed this timing is fine.

3. PACS Test System

    a. ▮ 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**

        i. GM 20/12 – Siemens has supplied the CSV DB export of key tables from DB as interim measure. Siemens unable to provide a quotation for an oracle license for a test server. As Imaging PACS is a legacy system, Siemens no longer have an arrangement in place with Oracle we can leverage for short term use license.

        ii. 20/12 - All agreed to park this for now and use the CSV method for PACS DB. ▮ confirmed we can supply refreshed CSV's for the 5 PACS tables upon request in place of the PACS back-ups mentioned in the SoW.

    c. **ACTION** – ▮ to confirm a storage location to store the attachments. **Target – Wednesday 20th December**

        i. PR 15/12 – Target is for 2nd of January 2018 as the samples will be delivered by the 3rd of January 2018.

    d. ▮ requested in interim, whether an export of the tables used in the PACS migrations was possible to a CSV.

    e. **ACTION** – ▮ to confirm whether CSV exports of tables used in PACS extract is possible by 15th December.

        i. GM 15/12 – 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 15/12 – 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.

iii. GM 20/12 – CSV extracts provided 19/11/17.

iv. 20/12 – ▮▮▮▮ to finish loading CSV files. All looks OK so far and good solution.

4. RIS Extract Part 2 - Attachments

a. ▮▮▮▮ 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 –** ▮▮▮ to request and confirm an indicative date by 15ᵗʰ December.

 i. GM 15/12 – I can confirm we can deliver this on 3ʳᵈ January.

 ii. PR 15/12 – ▮▮▮ and ▮▮▮ will be away until the 8ᵗʰ of January. This is fine.

 iii. Following the meeting ▮▮▮ requested whether this could be delivered by 20ᵗʰ December.

 iv. 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?).

 v. PR 15/12 - Fine

 vi. GM 20/12 – Needs to be prioritised against the accession number change on 2) above.

 vii. 20/12 – Canberra agreed this task is #1 priority, this will be commenced on 2ⁿᵈ January by Siemens resource when back from leave. This will be ready for Canberra team when back on 8ᵗʰ January.

5. New Test Extract request

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

b. ▮▮▮▮ confirmed it would be great if we can secure 2 months data from each year to make up the 20% extract ·

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

 i. GM 20/12 – This is viable.

 ii. GM 20/12 – Closed.

d. ACTION — ███ to confirm whether this date is achievable. **Target – Wednesday 20th December**

    i. GM 20/12 – Needs to be prioritised against the accession number change on 2) above.

    ii. GM 20/12 – Priority # 3, will be delivered by 19th January. Part A is priority only for 19th January. This deliverable has been prioritised over the Part B – Attachments Test Extract due for 12th January in the SoW.

e. ACTION - Siemens to confirm new timing for delivery of the Part B – Attachments Test Extract by 8th January 2018.

6. **SDC trial**

a. Siemens confirmed that we need to know by Xmas if a SDC trial is required during January due to set-up tasks/prep.

b. ███ confirmed PO is still in progress and with Mark.

c. Canberra team confirmed to put on hold until further notice

7. **Xmas period leave**

a. ███ – back on 2nd Jan

b. Canberra team – back on 8th Jan.

c. ███ – back on 15th Jan

8. **Next meeting**

a. Wed 10th Jan

Best regards

███

From: ███ (Health) [mailto:███act.gov.au]
Sent: Friday, 15 December 2017 12:20 PM
███ Crossley, Nick; ███
Cc: ███ (Health); Duggan, Mark (Health); ███
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]
Importance: High

Hi ███

Thank you for your quick response!

I have highlighted my question in red.

Warm Regards,

███

From: ███ [mailto:███
Sent: Friday, 15 December 2017 11:05 AM

To: ▮▮▮ (Health) ◂▮▮▮act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; ▮▮▮ ▮▮▮ ◂▮▮▮ ▮▮▮ (Health) ◂▮▮▮act.gov.au>; Pederick, ▮▮▮ (Health) ◂▮▮▮

Cc: ▮▮▮ (Health) ◂▮▮▮act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; ▮▮▮ ◂▮▮▮

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 ▮▮▮

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. ▮▮▮ sent feedback 13th December

    c. ▮▮▮ stepped through the questions relating to the RIS extract in her feedback

    d. ▮▮▮ stepped through the questions relating to the PACS extract in her feedback

    e. **ACTION** – ▮▮▮ to send sample data for the topics discussed in c) and d) above by **COB 13**th December.
    Complete

    f. **ACTION** – Siemens to get clarification on all topics and confirm date revised extracts will be delivered. **Target – 15**th December

        i. GM – Clarifications are in progress between ▮▮▮ 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 ▮▮▮ 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 – 15**th December

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

    Duplicate Accession Number Issue

    g. ▮▮▮ updated team on ▮▮▮ questions from last meeting regarding transformation of accession numbers ID to make unique

    h. ▮▮▮ 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 **15**th **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.

(███████ to escalate to ███████ if Siemens unable to make this modification as per SoW)

2. PACS Test System

a. ███ 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** – ███ 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. ███ requested in interim, whether an export of the tables used in the PACS migrations was possible to a CSV.

e. **ACTION** – ███ 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. ███ 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** – ███ to request and confirm an indicative date by 15th December.

    i. GM – I can confirm we can deliver this on 3rd January.

    ii. PR -███ and ███ will be away until the 8th of January. This is fine.

c. Following the meeting ███ 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. ████ requested a new test extract for RIS (including attachments) and PACS to be delivered by 19th January which contains 20% of total data

    b. ████ confirmed it would be great if we can secure 2 months data from each year to make up the 20% extract

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

    d. **ACTION** – ███ to confirm whether this date is achievable. **Target – Wednesday 20th December**

Best regards

████ ████

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

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

███████ will be providing examples/samples for ████ today from our conversations this afternoon.

Have a lovely day mate.

Warm Regards,

████

From: ████████ [mailto ████████████
Sent: Wednesday, 13 December 2017 4:05 PM
To: Crossley, Nick <Nick.Crossley@act.gov.au>; ██████ ◄ ██████████
████ (Health) ◄ ██████ act.gov.au>; ██████ (Health) ◄ ██████████
███████ ◄ ███████████ (Health)
◄ ████ act.gov.au>
Cc: ██████ (Health) ◄ ██████ 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. ███████ sent feedback 13th December

c. ███████ stepped through the *questions relating to the RIS extract* in her feedback

d. ███████ stepped through the *questions relating to the PACS extract* in her feedback

ACTION – ███████ 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. ███ updated team on ███ questions from last meeting regarding transformation of accession numbers ID to make unique

f. ███ 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.**

(███████ to escalate to ███████ if Siemens unable to make this modification as per SoW)

3. PACS Test System

h. ███ 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. ███ 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 – ███ to confirm a storage location to store the PACS Database Export. **Target – Wednesday 20th December**

l. ███ requested in interim, *whether an export of the tables used in the PACS migrations was possible* to a CSV.
(

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

4. RIS Extract Part 2 - Attachments

n. ███████ 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 – ███ to request and confirm an indicative date by **15th December**

5. New Test Extract request

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

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

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

s. ACTION – ▮▮ to confirm whether this date is achievable. Target – Wednesday 20ᵗʰ December

Best regards

▮▮▮ ▮▮▮▮

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

Hi ▮▮▮▮▮

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: ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮

1. ▮▮▮ will cover ▮▮▮ whilst on leave so all correspondence to include both ▮▮▮ and ▮▮▮

2. RIS/PACS Test Extract

a. ▮▮▮ updated team on progress since last week

i. Test extract triaged by ▮▮▮ 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 ▮▮▮ seeing firsthand what ▮▮▮ was facing with earlier extracts

c. ▮▮▮▮▮▮ 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. ▮▮▮ confirmed timeline of 12th Dec on track

f. ▮▮▮ 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. ▮▮▮ asked whether Siemens can modify extract make accession numbers unique

h. ▮▮▮ ag agreed to investigate

4. PACS Migration

i. ▮▮▮ 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. ▮▮▮ request a new single PACS database extract be produced by Siemens. ▮▮▮ will investigate if possible

n. ▮▮▮ requested a network drive

6. Timeline clarification

o. ▮▮▮ asked for clarification of how migration activity sits on critical path of the project

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

q. ▮▮▮ 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

▮▮▮▮▮▮▮▮▮▮

Siemens Healthcare Pty Ltd (Australia)

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<< OLE Object: Picture (Device Independent Bitmap) >>

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Heland, Rebecca (Health)

From:	▮▮▮ ▮ ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮
Sent:	Friday, 2 February 2018 1:53 PM
To:	▮▮▮ ▮▮ (Health); ▮▮▮ ▮▮ (Health)
Cc:	▮▮▮ ▮▮ Crossley, Nick; ▮▮▮ ▮▮ (Health)
Subject:	RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hello ▮▮▮

New RIS extracts for 'Patient and Service' have been generated to resolve the ScheduledStudyDateTime, HomeMobileNumber and Patient.DeceasedDateTime issues (Highlighted in Yellow below)

Can you please review and let me know if this is resolved for you.

Files are available on siesdm2:/data/mnt/syspart1/syngo

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

Please consider the environment before printing this email

▮▮▮ ▮▮▮▮▮▮▮▮▮

Sent: Wed, 31 January 2018 5:56 PM
▮▮▮ ▮▮▮ ▮▮ Crossley, Nick; ▮▮▮ ▮▮ (Health)
Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Thank you ▮▮▮ I have forwarded your feedback to the team

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 ▮ act.gov.au]
Sent: Wed, 31 January 2018 5:16 PM
▮ Crossley, Nick; ▮ (Health)
Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hi ▮
I have verified the RIS data for the below updates, please find my response below

[ME] The Agreement was to provide data for the months of JAN and FEB of every year which was assumed to be about 20%. I will raise the missing records with the team and get back to you on that.
[ME] There was a misunderstanding where data was generated up to 2001. Prior data should now be available on the new extracts
[SS] Fixed, records from the missing years have been included

Activity.ord_for_dtime to be mapped to OrderCreationdatetime and Activity.proc_dtime to be mapped to ScheduledStudydatetime – this was confirmed in the below email trail
[ME] Ok, will take this back to the team
[ME] This should be resolved on the new extracts
[SS] ScheduledStudyDateTime not mapped as expected (50% of the data seems to have the right mapping, but not the rest, not sure what's happening)
Example:
Acc_itn scheduledstudydtime proc_dtime
3362989 200901091909 2000-01-09 11:02:00
3362993 200901091909 2006-01-05 20:54:00
3363002 200901091909 2003-01-30 13:39:00
3363003 200901091909 2003-01-30 16:09:00
3363008 200901091909 2006-01-05 15:17:00

pat_demo.alt_phone to be mapped to Patient.HomeMobileNumber, this has been mentioned in the mapping document as well.
[ME] Ok, will take this back to the team
[ME] This should be resolved on the new extracts
[SS] HomeMobileNumber has only been added to the header of the file, data does not exist for any patient

2

pat_info.pt_death_dtime to be mapped to Patient.DeceasedDateTime, we understand that this hasn't been consistently recorded, but we would like to migrate the data where available.
[ME] Ok, will take this back to the team
[ME] This should be resolved on the new extracts
[SS] Patient.DeceasedDateTime has only been added to the header of the file, data does not exist for any patient

Extract includes dummy result records with Body mapped as 'Result does not Exist for this exam', it was confirmed in the below email trail to not include any dummy records for non-existent reports
Some of these dummy results records seem to have valid transcriptionist, author and validator details, how is this possible, are these system generated (the mapping info for the result file has not been provided yet, so I couldn't do these checks myself).
If dummy result records have been inserted, why can I still see completed exams without result records?
[ME] Can you please provide some examples
Accession numbers with result body 'Result does not exist for this exam.' ▮▮▮▮▮▮▮▮▮
▮▮▮▮▮ (there are many more, just picked 3 as an example)
Accession numbers for completed exams with no results – ▮▮▮▮▮▮▮▮▮▮▮▮ (there are many more, just picked 3 as an example)
[ME] Please verify if this is resolved on the new extracts
[SS] Fixed, results as expected

None of the cancelled exams have results associated, as per the email trail it was decided to retain valid results for cancelled exams.
Example:
Acc_itn Result_text.Result(I have used this table for my analysis as I do not have the mapping for the result file yet)
5306771 Short of breath. The lungs and pleural spaces are clear. There is focal eventration of the right hemidiaphragm. The cardiomediastinal contours are distorted by technical factors. There is a healed fracture of the right clavicle and a small bony ossicle associated with the right acromioclavicular joint. There is an aortic stent in situ. See findings for detailed report.
[ME] Ok, will take this back to the team
[ME] This should be resolved on the new extracts
[SS] Fixed, results as expected

We have also spoken to the business about unavailability of valid provider numbers for the Performing physician, author and the validator. It is definitely not acceptable to pick the first provider number against each of these doctors (like it's been done in the extracts), we would like the extracts to be populated with the internal doctor numbers. We will then work with the business and with AGFA to transform and migrate as required.
[ME] Can you please confirm that you want the following:
  • AuthorId and ValidatorId on the result extract to be the internal doctor number - Yes
  • PerformingPhysicianId on the exam extract to be the internal doctor number - Yes
  • RequestingPhyisicianId on the service extract to be the internal doctor number – No, the requesting physician ID to be mapped to provider numbers, same as what's been done for the current extract.
The Siemens system does store the provider numbers for the requesting physician but not for performing physician, author and validator, is what we have been told by your team and hence the request.
[ME] This should be resolved on the new extracts
[SS] Fixed for now, doctor numbers as expected. Still working with the business to identify how these internal doctor numbers get mapped to provider numbers.

Thanks,
▮▮▮▮

3

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

From: ████ ███ [mailto ████████████]
Sent: Wednesday, 31 January 2018 9:07 AM
To: ████ ████ (Health) ◄ ████ act.gov.au>; ████ ████ (Health)
◄ ████ act.gov.au>
Cc: ████ ███ ◄ ████████████ Crossley, Nick <Nick.Crossley@act.gov.au>;
████ ███ (Health) ◄ ████ act.gov.au>
Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hello ████

Thank you for providing your findings.

Please find my responses below

Kind Regards,

Siemens Healthcare Pty Ltd
160 Herring Road
Macquarie Park NSW 2113

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Mobile: ████ ████
Email: ████
Internet: www.healthcare.siemens.com.au

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From: ████ ████ (Health) [mailto ████████ act.gov.au]
Sent: Tue, 30 January 2018 3:25 PM
████ ████ ████ ████ Crossley, Nick; ████ (Health)
Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hi ████
I have completed validating the data from the PACS files and the feedback is as follows:
Image data for the year 2009 seems to be incomplete, many study records with Study_date in 2009, do not have associated image records in the image file
Example:
Study_ref number_of_images

███████
███████

There are 11,000 odd studies with no images

[ME] Ok, will feedback to the team

Series data for the year 2018 seems to be incomplete, some study records with Study_date in 2018, do not have associated series records in the series file
Example:
Study_ref number_of_series

███████
███████
███████

[ME] Ok, will feedback to the team

I am also waiting for the corrected 2014 study file and 2017 series file to complete my analysis.

Also when comparing the StudyUIDs from RIS and PACS, there are 17,000 odd StudyUIDs which exist in the RIS extract, but do not exist in PACS(these StudyUIDS do exist in the PACS database, but they are recorded with a NULL study_date, which is why I think they get dropped from the PACS extract).

[ME] Ok, will feedback to the team

Similarly, there are StudyUIDs in PACS which are not part of the RIS extract even though they exist in the RIS database (again the reason being that the filter datetime value (proc_dtime) for RIS is out of range)
The way the data has been extracted using 2 different dates for the 2 systems is something that will have to be discussed. We can discuss this in detail during our meeting tomorrow

[ME] Ok

Also found some minor issues (to be noted and implemented in the following extracts, no need to rework on the current extracts)
Study and Series Description to be mapped to 'unknown' where it does not exist (agreed on, as per our emails below)
Can Image number be mapped to '0' where it does not exist (it was agreed to map the series number to 0, but I have now found some records with blank image number)
Can Study time be mapped to '000000.000000' where it does not exist?

[ME] Ok, will feedback to the team

Let me know if you need any further details.

Thanks,

███████

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

From: ███████ [mailto ███████
Sent: Monday, 29 January 2018 4:31 PM
To: ███████ (Health) < ███████ act.gov.au>; ███████ (Health)
<
Cc: ███████ < ███████ Crossley, Nick <Nick.Crossley@act.gov.au>;
███████ (Health) < ███████ act.gov.au>
Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Ok sounds good.

Kind Regards,

Siemens Healthcare Pty Ltd
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Macquarie Park NSW 2113

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Mobile:
Email:
Internet: www.healthcare.siemens.com.au

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From: ████ ██ (Health) [mailto█████████ act.gov.au]
Sent: Mon, 29 January 2018 4:23 PM
████████████████████████████ Crossley, Nick; ███ ███ (Health)
Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hi ████
Thank you for getting back.
I think it will be easier to discuss this over the phone, we can discuss it during our meeting this Wednesday.
Thanks,

████████

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

From: ████ ████ [mailto██████████████████
Sent: Monday, 29 January 2018 4:05 PM
To: ████ ██ (Health) ◀███████ act.gov.au>; ███ ██ (Health)
◀████████
Cc: ████ ██ ◀████████████████ Crossley, Nick <Nick.Crossley@act.gov.au>;
███ ██ (Health) ◀█████████ act.gov.au>
Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Thank you ████████ will update you know about the PACS extracts.

Also could you please clarify your response - '[ME] Yes, that is correct, but there is no scheduling going on in the system, so most of the visit data is populated when the ADT and ORDERs come in for that patient.'

Our understanding is that, though the exams are not scheduled in RIS, the details for the scheduled exams from the other systems is stored in the RIS database, and as part of migration we need a process to migrate this data to the new system?

The current extracts have been extracting data from the activity tables (completed exams) only, not from the visit tables (scheduled exams), this needs to be discussed and an approach needs to be finalised to include this data in the coming extracts.

Again, could you please have your team pass on any information about scheduled exams and how they are stored, so we can make an informed decision on how it needs to be migrated?

[ME] I am unclear as to what you are trying to achieve. All relevant order messages data is part of the RIS extracts and also part of the images Dicom header and PACS extracts. As pointed out, they are no scheduled exams, only admissions and orders. What fields or data that you see in the visit tables that you feel is relevant for the migration, maybe I can help in getting more clarity around those?

Kind Regards,

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160 Herring Road
Macquarie Park NSW 2113

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Mobile:
Email:
Internet: www.healthcare.siemens.com.au

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Healthineers

Please consider the environment before printing this email

From: (Health) [mailto act.gov.au]
Sent: Mon, 29 January 2018 3:32 PM
Crossley, Nick; (Health)
Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hi

Thank you for the extracts and your response.

I haven't looked at the updated RIS extracts yet, I will send you my feedback as soon as I get to it.
I have loaded all the PACS files into my database for analysis, most of them have loaded successfully but for 2,
PACS_Canberra_export_series_2017JanFeb.txt, PACS_Canberra_export_study_2014JanFeb.txt.
The above 2 files are comma separated instead of being delimited by a vertical bar '|'.
Could you please get them fixed?
I am still working on validating the data from the other files.

Also could you please clarify your response - '[ME] Yes, that is correct, but there is no scheduling going on in the system, so most of the visit data is populated when the ADT and ORDERs come in for that patient.'

Our understanding is that, though the exams are not scheduled in RIS, the details for the scheduled exams from the other systems is stored in the RIS database, and as part of migration we need a process to migrate this data to the new system?

The current extracts have been extracting data from the activity tables (completed exams) only, not from the visit tables (scheduled exams), this needs to be discussed and an approach needs to be finalised to include this data in the coming extracts.

Again, could you please have your team pass on any information about scheduled exams and how they are stored, so we can make an informed decision on how it needs to be migrated?

Thanks,

████

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

From: ████ ████ [mailto ████
Sent: Monday, 29 January 2018 8:51 AM
To: ████ (Health) < ████ act.gov.au>; ████ (Health)
< ████
Cc: ████ < ████ Crossley, Nick <Nick.Crossley@act.gov.au>;
████ (Health) < ████ act.gov.au>
Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hello ████

The below new sets of files have been created.

Result.dat
Exam.dat
Patient.dat
Service.dat

Please review the files and let me know if they are any issues.

Please also see my responses in (blue)

Kind Regards,

████

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Email: ████
Internet: www.healthcare.siemens.com.au

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Please consider the environment before printing this email

From: ▮▮▮ (Health) [mailto▮▮▮act.gov.au]
Sent: Thu, 25 January 2018 5:35 PM
▮▮▮ Crossley, Nick; ▮▮▮ (Health)
Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hi ▮▮▮

Please see my response in purple.

Regards,

▮▮▮

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

From: ▮▮▮ [mailto▮▮▮
Sent: Thursday, 25 January 2018 4:11 PM
To: ▮▮▮ (Health) <▮▮▮act.gov.au>; ▮▮▮ (Health)
<▮▮▮
Cc: ▮▮▮ <▮▮▮ Crossley, Nick <Nick.Crossley@act.gov.au>;
▮▮▮ (Health) <▮▮▮act.gov.au>
Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hello ▮▮▮

Please find my feedback below.

Kind Regards,

▮▮▮

Siemens Healthcare Pty Ltd
60 Herring Road
Macquarie Park NSW 2113

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

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Please consider the environment before printing this email

From: ▮▮▮▮ ▮▮▮▮ (Health) [mailto▮▮▮▮▮▮ act.gov.au]
Sent: Thu, 25 January 2018 3:33 PM
▮▮▮▮▮▮▮▮▮ ▮▮▮▮▮▮▮▮▮▮ Crossley, Nick; ▮▮▮▮▮ (Health)
Subject: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hi ▮▮▮▮

Thanks for the extracts, I have done my initial analysis on the RIS data.
My very first question is about the numbers. In our previous emails I have been told that
Activity.proc_dtime is the date time value used for filtering. Total number of activity records with
proc_dtime in the month of Jan or Feb does not match the number of records in the extract received.
Count of Activity records (database backup that I have access to) in the month of Jan or Feb – 498393
Count of records in the Service file – 376784
A lot of the missing records are from earlier years (1993 to 2000).
Any reason why these records have been excluded from the extract.
Because the above records have been excluded, the actual extracts do not account for 20%, they are close to
11% only.

[ME] The Agreement was to provide data for the months of JAN and FEB of every year which was assumed to be
about 20%. I will raise the missing records with the team and get back to you on that.
[ME] There was a misunderstanding where data was generated up to 2001. Prior data should now be available on
the new extracts

Some of the other comments/feedback are as follows:

Activity.ord_for_dtime to be mapped to OrderCreationdatetime and Activity.proc_dtime to be mapped to
ScheduledStudydatetime – this was confirmed in the below email trail

[ME] Ok, will take this back to the team
[ME] This should be resolved on the new extracts

pat_demo.alt_phone to be mapped to Patient.HomeMobileNumber, this has been mentioned in the mapping
document as well.

[ME] Ok, will take this back to the team
[ME] This should be resolved on the new extracts

pat_info.pt_death_dtime to be mapped to Patient.DeceasedDateTime, we understand that this hasn't been
consistently recorded, but we would like to migrate the data where available.

[ME] Ok, will take this back to the team
[ME] This should be resolved on the new extracts

Extract includes dummy result records with Body mapped as 'Result does not Exist for this exam', it was
confirmed in the below email trail to not include any dummy records for non-existent reports
Some of these dummy results records seem to have valid transcriptionist, author and validator details, how
is this possible, are these system generated (the mapping info for the result file has not been provided yet, so
I couldn't do these checks myself).
If dummy result records have been inserted, why can I still see completed exams without result records?

[ME] Can you please provide some examples
Accession numbers with result body 'Result does not exist for this exam.' ▮▮▮▮▮▮
▮▮▮▮ (there are many more, just picked 3 as an example)

Accession numbers for completed exams with no results █████████████████ (there are many more, just picked 3 as an example)
[ME] Please verify if this is resolved on the new extracts

None of the cancelled exams have results associated, as per the email trail it was decided to retain valid results for cancelled exams.
Example:
Acc_itn Result_text.Result(I have used this table for my analysis as I do not have the mapping for the result file yet)
5306771 Short of breath. The lungs and pleural spaces are clear. There is focal eventration of the right hemidiaphragm. The cardiomediastinal contours are distorted by technical factors. There is a healed fracture of the right clavicle and a small bony ossicle associated with the right acromioclavicular joint. There is an aortic stent in situ. See findings for detailed report.

[ME] Ok, will take this back to the team
[ME] This should be resolved on the new extracts

We have also spoken to the business about unavailability of valid provider numbers for the Performing physician, author and the validator. It is definitely not acceptable to pick the first provider number against each of these doctors (like it's been done in the extracts), we would like the extracts to be populated with the internal doctor numbers. We will then work with the business and with AGFA to transform and migrate as required.

[ME] Can you please confirm that you want the following:
   ● AuthorId and ValidatorId on the result extract to be the internal doctor number - Yes
   ● PerformingPhysicianId on the exam extract to be the internal doctor number - Yes
   ● RequestingPhyisicianId on the service extract to be the internal doctor number – No, the requesting physician ID to be mapped to provider numbers, same as what's been done for the current extract.
The Siemens system does store the provider numbers for the requesting physician but not for performing physician, author and validator, is what we have been told by your team and hence the request.

[ME] This should be resolved on the new extracts

One of the comments in the Mapping document indicates that scheduled exams which have not yet been performed are not part of the Activity and the Activity_info tables. Are such exams stored in the visit tables?
Our understanding of the process is - Data for ordered or scheduled exams are entered into visit tables and when exam is completed data is moved into the Activity and Activity_info tables, is this correct. If not, could you please give us a brief explanation of the process?

[ME] Ok, will take this back to the team
[ME] Yes, that is correct, but there is no scheduling going on in the system, so most of the visit data is populated when the ADT and ORDERs come in for that patient.

I haven't looked at PACS yet, I will send through feedback for PACS early next week.

Thanks,
██████████

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

██

Sent: Thursday, 21 December 2017 3:01 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]

Thank you ▮▮▮ will advise the team.

Happy holidays to you and the rest of your team!

Kind Regards,

▮▮▮▮

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From: ▮▮▮▮ (Health) [mailto ▮▮▮▮act.gov.au]
Sent: Thu, 21 December 2017 2:49 PM
▮▮▮▮▮▮▮▮▮▮▮▮; Crossley, Nick; ▮▮▮ (Health)
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Thanks ▮▮▮
We are awaiting reply from AGFA and we are also getting in touch with the RIS PACS admin team for some of the questions below.
But here are a few that I have answers for

In cases where Activity.ord_for_dtime or Activity.proc_dtime is unavailable default it with the value ▮▮▮
For records where Series_Number is unavailable default it with '0'(zero).

I will get in touch with you regarding the other outstanding questions when we hear from AGFA and the admin team.

Have a good break!! Talk to you in the New Year!

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

From: ████████████████████████████

Sent: Wednesday, 20 December 2017 9:44 AM

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 response below.

Kind Regards,

████████████

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

Sent: Tue, 19 December 2017 5:51 PM

████████████████████████ 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)

13

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

OrderCreationDateTime and ScheduledStudydateTime(many dates in the Activity and Activity info tables) – which dates correspond to these?? What are our alternatives? (You have suggested using End procedure Date Time, will confirm with AGFA). The exam file has an additional '|', the ScheduledStudyDateTime therefore shows as '|'
[ME] Currently these 2 fields have been left empty until further notice. The extra '|' issue has been addressed on the new extracts
[SS]Can we have OrderCreationDateTime mapped to Activity.ord_for_dtime and ScheduledStudydatetime mapped to Activity.proc_dtime
[ME] what if both are purged or no data available.....what is the fall back?

Study UIDs duplicated where same study is associated to linked accession numbers, does PACS have the studies associated to all the accession numbers or just the one linked accession number, we need the Study UIDs to be unique, can this be discussed further?
[ME] In most cases where exams have been linked in RIS, PACS will hold 1 record (chosen SUID depends on order chosen at the modality). we do not have a way to tell which exams have a reference in PACS and which do not, doing this maybe a risk. This should be a task for your team and AGFA as you will have both the RIS and PACS extracts in hand and therefore minimizing any risks to the equation for such scenario.
[SS] Thanks, this will be discussed with AGFA

I think cancelled exams with no results should be excluded from the exam file (will confirm with AGFA). Status 'P' stands for preliminary, which I think will be used for results which have been drafted but not validated yet.
[ME] we left the CM exams with 'P' status on in the report file until further notice
[ME] Please also note that some 'CA' exams have a real report attached to them. We have decided to include these in the extract until further notice
[SS] All result records which are not a real report should be excluded from the extract.
Is it valid to have procedures with no studies but associated reports?
This will be discussed with the business as well.

Activity.ord_for_dtime has not been answered, what value does this field store
[ME] it is not activity, it is visit_activity.ord_for_dtime, and that is the time the exam was set to be performed.
[SS]Both visit_activity and activity tables have a column called ord_for_dtime. As far as I understand the activity table is a complete copy of all activities (the one which does not get purged and therefore should be used for our extracts)
[ME] what if both are purged or no data available.....what is the fall back?

Study_description and Series_description is blank for some records.
[ME] No changes until further notice
[SS] where no description available in the system, this can be defaulted to 'unknown'
[ME] Ok

Some Study_UIDs in the RIS extract do not have corresponding PACS Study records and some Study_UIDs in PACS have no information in the RIS extract.
[SS]RIS PACS mismatch has not been resolved yet. The most recent extracts have the same number of mismatching records as the previous one.
[ME]Again this should be part of your QA. There is no way for us to tell what is what in either systems as they each are independent. Note that this behaviour is not uncommon. However With the extracts in hand, your team and Agfa should identify these. Using the front end apps should also help in this process. Please also note that not all exams have study uid's or results, not every exam in the system is resulted and may or may not have images attached to them. That is just normal workflows.

Some additional feedback:

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

[ME] Ok

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

Let me know if you need any further details.

Thanks,

███

███ | IDIS 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,

███

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Email: ███
Internet: www.healthcare.siemens.com.au

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From: ███ (Health) [mailto ███ act.gov.au]
Sent: Wed, 13 December 2017 12:13 PM
To: ███ (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 ▮▮▮ . ▮▮ and 1 ▮▮▮ .
[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

, 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

Sent: Friday, 8 December 2017 3:18 PM
To: (Health) <   act.gov.au>;   (Health)
<