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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Tue, 3 July 2018 10:35 AM
To: [REDACTED]
Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi [REDACTED]
 Did you get a chance to discuss the fixes to the scan attachments with your team?
 Are they OK with the suggested approach?

Will you be sending through a fixed/updated scan attachments extract to finalise the scan attachments before starting work on the bulk extraction of scans?
 Has the extraction process for zSegments and Interactive documents commenced yet, I hope the issues with the scans are not causing any delays in getting the other attachment types going.

Thanks,

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Monday, 2 July 2018 11:05 AM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] (Health) <[REDACTED]>
Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Thanks [REDACTED] for the call.

I will run this by the team and get back to you.

Kind Regards,

Siemens Healthcare Pty Ltd
 160 Herring Road
 Macquarie Park NSW 2113

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



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From: [REDACTED]
Sent: Mon, 2 July 2018 10:52 AM
To: [REDACTED] (Health)
Cc: Arsavilli, Dev; [REDACTED] (Health); [REDACTED]
Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

ello [REDACTED]

I tried calling you but Let me know if I understand this correctly

In other words, only include records in the Scan_attachment file if the record is linked to an accession number within the procedure date/time frame?

Kind Regards,

[REDACTED]

Siemens Healthcare Pty Ltd
 160 Herring Road
 Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile: [REDACTED]

Email: [REDACTED]

Internet: www.healthcare.siemens.com.au



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From: [REDACTED] (Health) [[mailto:\[REDACTED\]@act.gov.au](mailto:[REDACTED]@act.gov.au)]
Sent: Mon, 2 July 2018 10:36 AM
To: [REDACTED]
Cc: Arsavilli, Dev; [REDACTED] (Health); [REDACTED]
Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi [REDACTED]

I understand that a scan can be associated to multiple accession numbers and in the database the document itself is identified by a unique scan_image_itn and associated to multiple accession numbers.

In the first extract, such scans that were referenced by multiple accession numbers was incorrectly extracted, the scan was associated to one of the accession numbers only and the others were dropped. A decision was made to create one copy of the document and link it to multiple accession numbers.

█ **The link between Acc_itn █ and the scanned image is lost**

█ In order to not create multiple documents with the same information. We can create multiple records in the attachment file but all pointing to one file name. Will this be ok?

█ **Yes, that is what is expected, one document but multiple records in the attachment file, one for each accession number**

But when this fix was implemented, there were scanned images that were being referenced by multiple accession numbers whose proc_dtimes were years apart, so the fix had attachment records with accession numbers that did not match the proc_dtime filter criteria.

And below was the solution fix that I had asked for, that your team had agreed to. (I have highlighted this in yellow, this is different to the approach initially agreed on and that is the reason why I had asked in my email, if your team was comfortable doing so)

█ **122 scan attachment records have no associated service or procedure records.**

On further analysis I found that these accession numbers did not exist in service and procedure files because they do not fall in the date range of our extraction, but the scanned document is associated to another accession number that does fall in the date range of our extraction.

Example:

Scan_image_itn █ linked to accession number █ (proc_dtime in 2016), █ (proc_dtime in 2017), █ (proc_dtime in 2017)

The attachments extract includes records for all 3 accession numbers, but service and procedure files include the accession numbers from 2017 only.

I have excluded the 122 records for now, but we will have similar issues when we are doing our bulk and delta extracts, a document migrated as part of bulk extract could be referenced again for an accession number which is part of the delta extract.

My preferred way of handling this would be to create multiple copies of the same document with unique names including the accession number and the scan_image_itn to link to the right attachment extract record.

Please let me know what your team thinks about this and what will be their preferred way of handling it.

█ Yes, we have the same approach. This is corrected now.

Moreover the recently provided extract was inconsistent in the way such scans associated to multiple accession numbers have been handled.

Example from current extract: (same document created with 2 different names associated to 2 different accession numbers)

Acc_itn Content

█
█
█
█

Example from current extract: (document created only once with a unique name and associated to 2 different accession numbers)

Acc_itn Content

█
█
█
█

I have tried my best to explain with examples, but let me know if you would like to discuss this over the phone for better clarity.

Thanks,

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

From: ██████████ [mailto:██████████]
Sent: Monday, 2 July 2018 9:39 AM
To: ██████████ (Health) <██████████@act.gov.au>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████ (Health) <██████████>
Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hello ██████████

The reason why the numbers do not match is because sometimes multiple accessions are linked to the same image.

So for example, the first example on the list:

██████████ PAS ██████████ RP SCAN DOCUMENT REFERRAL SCAN_██████████.tif

Accession numbers ██████████ and ██████████ share the same image with a unique itn of ██████████.

Sample from the attachment index file below:

██████████ | PAS ██████████ RP | SCAN DOCUMENT REFERRAL | SCAN_██████████.tif
██████████ PAS ██████████ RP | SCAN DOCUMENT REFERRAL | SCAN_██████████.tif

See below feedback/response from a week or two ago around a similar scenario

There are some scanned images that associate to more than one accession numbers. The attachments extract fails to capture this.

One such example:

Scan_image_itn acc_itn type

██████████ REFERRAL

██████████ REFERRAL

But the attachment extract has the following:

FN acc_itn type Code Content

██████████ PAS ██████████ RP SCAN DOCUMENT REFERRAL SCAN_██████████.tif

The link between Acc_itn ██████████ and the scanned image is lost Code fix was deployed for this. In order to not create multiple documents with the same information. We can create multiple records in the attachment file but all pointing to one file name. Will this be ok?

Yes, that is what is expected, one document but multiple records in the attachment file, one for each accession number

Kind Regards,

██████████
██████████

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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Fri, 29 June 2018 2:22 PM
To: [REDACTED]
Cc: Arsavilli, Dev; [REDACTED] (Health); [REDACTED]
Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi [REDACTED]

I have verified the Scans and the Interactive documents.

Interactive documents: All good (The unwanted types have been excluded.), but could not find dbo.link_itn1, is the name of the table correct?

Scans:

The number of documents (13120) does not match the number of scan records in the attachment extract (13290). Attached is a list of Scan records that are associated to more than one accession numbers that have been incorrectly named/extracted.

Could you get your team to start with the zSegments and the interactive documents while we work on getting the Scans sorted?

Thanks,

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Friday, 29 June 2018 1:29 PM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] (Health) <[REDACTED]>
 <[REDACTED]>
Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Ok not a problem, will do for the folder setup

Do you think we can get an approval by COB today as I would like to get the process around the attachments rolling as that is what takes the most time?

Kind Regards,

Siemens Healthcare Pty Ltd
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From: [REDACTED] [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]

Sent: Fri, 29 June 2018 10:39 AM

To: [REDACTED]

Cc: Arsavilli, Dev; [REDACTED] [REDACTED] (Health); [REDACTED]

Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Thanks [REDACTED]

I will get back to you as soon as I have had a chance to verify the attachments, they are currently being downloaded.

Also, our testers and our users have verified the scans, idocs and zSeg attachments and are happy with what's being extracted. No issues found.

So once I verify the fixes relating the scans and idocs from the current extract, you should be OK to go ahead with the 100% attachments extraction for the bulk extract.

I request the attachments to be extracted into the following folder structure as specified in the extraction document:

Root Folder name: Attachments

Child folders: Scan_documents, Interactive_documents, zSeg_documents

Moving/Renaming folders with such huge volumes takes too long and I therefore request the documents be provided as expected.

Thanks,

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

From: [REDACTED] [REDACTED] [mailto:[REDACTED]]

Sent: Friday, 29 June 2018 9:37 AM

To: [REDACTED] [REDACTED] (Health) <[REDACTED]@act.gov.au>

Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] [REDACTED] (Health) <[REDACTED]>

Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hello [REDACTED]

Please find responses to your comments below.

Although not required, a re-run was done around relevant documents as we want to make sure that all issues are fixed so we can locked down current scripts/configurations.

Can I please ask you to review once more when you get a moment and let us know if you are happy with the output.

All documents can be picked up from: SIESDM2: /data/mnt/syspart01/syngo

```

Jun 26 07:19 zseg
Jun 29 06:04 attachment_idocs.dat
Jun 29 04:56 attachment_scans.dat
Jun 26 07:57 attachment_zseg.dat
Jun 11 23:01 doctors.rpt
Jun 26 07:52 exam.dat
Jun 27 03:09 exam_attachment.dat
Jun 29 06:01 idoc
Jun 26 07:54 patients.dat
Jun 19 01:18 result_attachment.dat
Jun 19 01:18 results.dat
Jun 29 03:40 scans
Jun 26 07:53 service.dat

```

Kind Regards,

Siemens Healthcare Pty Ltd
 160 Herring Road
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From: [REDACTED]

Sent: Thu, 28 June 2018 4:08 PM

To: [REDACTED] (Health)

Cc: Arsavilli, Dev; [REDACTED] (Health); [REDACTED]

Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Understood, will keep you posted.

Kind Regards,

Siemens Healthcare Pty Ltd
160 Herring Road
Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile: [REDACTED]

Email: [REDACTED]

Internet: www.healthcare.siemens.com.au



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

Sent: Thu, 28 June 2018 4:06 PM

To: [REDACTED]

Cc: Arsavilli, Dev; [REDACTED] [REDACTED] (Health); [REDACTED]

Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi [REDACTED]

No, we will not be waiting for these fixes to proceed with our testing, but we will want this to be finalised before we start our bulk attachments extract next week.

Thanks,

[REDACTED]

[REDACTED] | IDIS Data Migration Analyst - UCPH Digital Solutions Program

Mobile: [REDACTED] | Email: [REDACTED]@act.gov.au

From: [REDACTED] [REDACTED] [mailto:[REDACTED]]

Sent: Thursday, 28 June 2018 4:02 PM

To: [REDACTED] [REDACTED] (Health) <[REDACTED]@act.gov.au>

Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] [REDACTED] (Health) <[REDACTED]>

<[REDACTED]>

Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Thank you [REDACTED] for the feedback, I will discuss with the team and get back to you

In the meantime, are you ok to proceed with your test cycle 5 or are you waiting on any of this to be fixed?

Kind Regards,

[REDACTED] [REDACTED]

██████████
Siemens Healthcare Pty Ltd
 160 Herring Road
 Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile: ██████████

Email: ██████████

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From: ██████████ ██████████ (Health) [mailto:██████████@act.gov.au]
Sent: Thu, 28 June 2018 3:36 PM
To: ██████████
Cc: Arsavilli, Dev; ██████████ ██████████ (Health); ██████████
Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi ██████████

Thanks for the updated RIS extract, most of the issues have been fixed, but for the following

Interactive document types VRTRAN and VCONSC have been extracted, these types are to be excluded (they did not exist in the previous extract, they seem to have been included while extracting the documents for cancelled exams) Also could you please indicate where in the database do the interactive documents for cancelled exams get extracted from? (I use temp_idoc and user_event_log tables to get the information for completed exams)

██████████ This should now be fixed. For the cancel ones we are using the "user_event_log" and the "user_event" tables linking by the "link_itn1"

122 scan attachment records have no associated service or procedure records.

On further analysis I found that these accession numbers did not exist in service and procedure files because they do not fall in the date range of our extraction, but the scanned document is associated to another accession number that does fall in the date range of our extraction

Example:

Scan_image_itn ██████████ is linked to accession number ██████████ (proc_dtime in 2016), ██████████ (proc_dtime in 2017), ██████████ (proc_dtime in 2017)

The attachments extract includes records for all 3 accession numbers, but service and procedure files include the accession numbers from 2017 only.

I have excluded the 122 records for now, but we will have similar issues when we are doing our bulk and delta extracts, a document migrated as part of bulk extract could be referenced again for an accession number which is part of the delta extract?

██████████ This should now be fixed. A re-run all the scans and all idocs is available for your review.

My preferred way of handling this would be to create multiple copies of the same document with unique names including the accession number and the scan_image_itn to link to the right attachment extract record.

Please let me know what your team thinks about this and what will be their preferred way of handling it.

██████████ Yes, we have the same approach. This is corrected now.

Also found 3 scan documents that do not exist in the DB copy that I have (backup from May 2018)

SCAN [redacted].tif

SCAN [redacted].tif

SCAN [redacted].tif

This looks like a similar case as explained above, a document created recently linked to an old accession number. Could you please verify this for me?

[redacted] This should be ok now.

Thanks,

[redacted]

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

From: [redacted] (Health)

Sent: Monday, 25 June 2018 3:45 PM

To: [redacted] <[redacted]>

Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]>; [redacted] <[redacted]>

Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi [redacted]

Please see my comment below in purple regarding the missing results for cancelled exams.

Thanks,

[redacted]

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

From: [redacted] (Health)

Sent: Friday, 22 June 2018 10:30 AM

To: [redacted] <[redacted]>

Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]>; [redacted] <[redacted]>

Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi [redacted]

Sorry for the late reply.

Please see my comments below.

Thanks,

[redacted]

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

From: [redacted] [mailto:[redacted]]

Sent: Thursday, 21 June 2018 10:56 AM

To: [redacted] (Health) <[redacted]@act.gov.au>

Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [redacted] (Health) <[redacted]>; [redacted] <[redacted]>

Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hello [redacted]



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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Wed, 20 June 2018 11:40 AM
To: [REDACTED]
Cc: Arsavilli, Dev; [REDACTED] (Health); [REDACTED]
Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

[REDACTED]
 Thanks for the extracts and sorry for the late feedback.

The extracts look good but they do have a few issues as described below:

Service and Exam files had a duplicate header row in the extract file (last row was a header row), I have corrected this myself and have loaded the file successfully.

The following accession numbers are missing extracted result records (exists in the DB but not extracted)

[REDACTED] – Question about this accession number was raised previously as well
 [REDACTED] – all these below cancelled exams seem to have signed off reports, why was this not extracted?

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

The following accession numbers do not have an associated Study_UID (exists in the DB but not extracted)

[REDACTED]
 [REDACTED]
 [REDACTED]

These are cancelled exams with associated studies, why was this not extracted?

Scanned docs, interactive docs and zSeg docs for cancelled exams have not been included.

Following accession numbers do not have the outside film and scheduling notes text attachment data:

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

StudyStatus mapping for cancelled exams should be 'CA', the extract has it mapped as 'CN'
 ScheduledStudyDateTime(Procedure extract) for cancelled exams to be mapped to visit_activity.ord_for_dtime, this is a mandatory field in AGFA, so cannot be left blank, business decision is to map it to ord_for_dtime (not specified in the specifications as mapping has not been included as part of the document)

Could you please look into these and get them fixed

Thanks,

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

From: ██████████ ██████████ (Health)
Sent: Wednesday, 13 June 2018 4:01 PM
To: ██████████ ██████████ <██████████@██████████>
Cc: ██████████ ██████████ <██████████@██████████> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>;
 ██████████ ██████████ (Health) <██████████@██████████>
Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi ██████████
 Just found one additional issue with the Procedure extract:
 Study details for acc_itn = ██████████' has not been correctly extracted. The DB has 2 confirmed studies for the accession number, the extract has one row with accession number = ██████████ and Study_UID = ". Could you get this checked?

I have completed all my verification checks on RIS, this email trail has a complete list of all RIS issues found so far.

I will send you a separate email for the additional PACS records needed.

Thanks,

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

From: ██████████ ██████████ (Health)
Sent: Wednesday, 13 June 2018 11:41 AM
To: ██████████ ██████████ <██████████@██████████>
Cc: ██████████ ██████████ (Health) <██████████@██████████> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi ██████████
 Below are my findings for the text attachments data.
 Please pass this on to your team and let me know if you need any further clarifications.

Still to match the RIS and PACS extract for the given period, I will get back to you with any feedback on that.

1. Scheduling notes 1, 2, 3 and 4 not extracted

2. MBSCodes mapping not as expected:

For Exams, where the procedure is mapped to multiple cpt_codes, the codes haven't been extracted as expected:

Example:

Acc_itn dtl_svc_code cpt_code1 cpt_code2 cpt_code3 Attachment.content

██████████
 Only 2 of the codes extracted out of 4

For Exams, where the procedure is mapped to a customised cpt_code(mapping in cpt_data, cpt_codes), the code has not been extracted

Example:

Acc_itn dtl_svc_code cpt_codes.cpt_code Attachment.content

██████████ MBSCodes:Mustcode

The customised code mapping has not been extracted

3. Cancellation reason not extracted

Example

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

3. Result not extracted for acc_itn = [REDACTED] (is this a one with the incorrect header template)?

4. There are some scanned images that associate to more than one accession numbers. The attachments extract fails to capture this.

One such example:

Scan_image_itn acc_itn type

[REDACTED] REFERRAL

[REDACTED] REFERRAL

But the attachment extract has the following:

FN acc_itn type Code Content

[REDACTED] RP SCAN DOCUMENT REFERRAL SCAN_7035943_854193.tif

The link between Acc_itn [REDACTED] and the scanned image is lost

5. Duplicate rows of text attachments where code = 'Migrated_repdata'

6. Accession numbers in text attachments have been sequenced (.02,.03) – no sequencing needed, one attachment to be produced for every accession number.

7. Text attachment content format not as expected:

Example:

Financial Class code to be extracted not description, extract has 'MEDICARE SHARED', but it should have 'B9'

Pregnancy mapping, extract has ('Y','N','U'), expected values ('yes','no','unknown')

Exam sub division mapping, extract has ('L','R','B'), expected values ('left','right','bilateral')

Please refer to mapping and example in the extraction specifications for all of the above

I haven't had a chance to look at the data and format of MIGRATED_PROCDATA and MIGRATED_REPTDATA yet, I will check them soon and give you my feedback.

I will also be working on any mismatches between RIS and PACS data, data extracts for any identified mismatches will have to be provided.

Let me know if you would like to discuss some of this over the phone for further clarification. We could arrange to talk sometime tomorrow.

Thanks,

[REDACTED]

[REDACTED] | IDIS Data Migration Analyst - UCPH Digital Solutions Program

Mobile : [REDACTED] Email: [REDACTED]@act.gov.au

From: Arsavilli, Dev

Sent: Tuesday, 12 June 2018 12:53 PM

To: [REDACTED] <[REDACTED]> (Health)

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

[REDACTED] <[REDACTED]>

Subject: RE: RIS Extracts and Attachments (2 months) [SEC=UNCLASSIFIED]

Hi [REDACTED]

Thank you for helping us with this.

[REDACTED] is looking in to this and hope that there will not be any issues.

Kind Regards,

Dev

Dev Arsavilli | Project Manager

Phone: 02 6174 8729 | Mobile [REDACTED] | Email: Dev.Arsavilli@act.gov.au

Future Capability and Governance Branch | Digital Solutions Division | Health Directorate | ACT Government

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

From: [REDACTED] [mailto:[REDACTED]]

Sent: Tuesday, 12 June 2018 12:37 AM

To: [REDACTED] (Health) <[REDACTED]@act.gov.au>

Cc: [REDACTED] (Health) <[REDACTED]@act.gov.au> Crossley, Nick <Nick.Crossley@act.gov.au>; Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au>

Subject: RIS Extracts and Attachments (2 months)

Hello [REDACTED]

Just to let you know that RIS attachments and extracts are now available.

All documents can be picked up from: SIESDM2: /data/mnt/syspart01/syngo

```

Jun  8 05:02  zseg
Jun 11 23:02  attachment_idocs.dat
Jun 11 23:03  attachment_scans.dat
Jun 11 23:03  attachment_zseg.dat
Jun 11 23:01  doctors.rpt
Jun 11 23:04  exam_attachment.dat
Jun 11 23:04  exams.dat
Jun  7 11:46  idoc
Jun 11 23:05  patients.dat
Jun 11 23:05  result_attachment.dat
Jun 11 23:06  results.dat
Jun  7 10:33  scans
Jun 11 23:06  service.dat

```

Please let me know if you have any issues.

Kind Regards,

[REDACTED]

Siemens Healthcare Pty Ltd

160 Herring Road
Macquarie Park NSW 2113


Tel: +61 (0) 2 9491 5009

Mobile: [REDACTED]

Email: [REDACTED]

Internet: www.healthcare.siemens.com.au



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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Wed, 6 June 2018 2:45 PM
To: [REDACTED] (Health)
Cc: Crossley, Nick; Arsavilli, Dev; [REDACTED]
Subject: RE: Today's call [SEC=UNCLASSIFIED]

Hi [REDACTED]
 We should be OK to meet on Friday.
 If you do have any further updates on the RIS extracts/attachments, please do let us know.
 Thanks,
 [REDACTED]

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

From: [REDACTED]
Sent: Wednesday, 6 June 2018 2:36 PM
To: [REDACTED] (Health) <[REDACTED]> [REDACTED] (Health)
 <[REDACTED]>
Cc: Crossley, Nick <Nick.Crossley@act.gov.au>; Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED]
 <[REDACTED]>
Subject: Today's call

Hello [REDACTED] and [REDACTED]

Apologies for being late to the call as meeting got moved by the time I tried to join in.

I am available now if you want to have a call instead of Friday.

Kind Regards,

[REDACTED]
 [REDACTED]

Siemens Healthcare Pty Ltd
 160 Herring Road
 Macquarie Park NSW 2113

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



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Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Tuesday, 3 July 2018 5:46 PM
To: [REDACTED] (Health)
Subject: Ordered and Scheduled Exams [SEC=UNCLASSIFIED]
Attachments: Ordered_Scheduled_Exams.xlsx

Hi [REDACTED]

I have attached a list of ordered and scheduled exams from RIS (backup from May 2018).

Following are a few questions to be raised with AGFA, if we are to extract ordered and scheduled exams in the format provided by AGFA. (HL7 data migration specifications)

OrderCreationdatetime – Should this be mapped to ord_for_dtime for ordered and scheduled exams?

StudyStatus – AGFA's specifications only allows the following statuses – cancelled, completed and scheduled (what about ordered?)

ScheduledStudyDateTime – Can this be left blank for ordered exams (mandatory field for AGFA)? Schedule start date time to be populated for Scheduled exams? (ScheduledStudyDateTime being mapped to procedure end date time for completed and cancelled exams)

Questions to be raised with Jess/business

Placer Order Number and Filler Order Number (these fields were not essential for completed and cancelled exams, but will they be required for ordered/scheduled exams)

Requesting Physician – should this be mapped to a valid provider number for ordered and scheduled exams? (Completed and cancelled exams use dummy provider numbers)

Any additional fields required for Ordered and Scheduled exams (Gap analysis) - Following tables found in the system for scheduling details – schdt1, schdt1_info, sched_worklist

Any Additional attachments to be extracted by Siemens?

Thanks,

[REDACTED]

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

Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Tuesday, 3 July 2018 3:01 PM
To: [REDACTED] (Health); [REDACTED] (Health)
Cc: [REDACTED] Arsavilli, Dev; [REDACTED] Mandapati, Sirisha (Health); Divvela, Venkat (Health); [REDACTED]
Subject: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

[REDACTED]

HL7

These have all been send over as 1 batch, I can select 'ALL' or 'physician, order, patient, ...'. I didn't think the data would be different, so I don't have a separate number to replace the old once.

DICOM

When we are testing migration performance, we also use the approach to update the threads until we hit a level that seems to make the migration slower after hitting the fastest speed.

I don't know this PACS, but most are optimized to handle a specific amount of threads in parallel. This can be hardware/database/software related. Potential other load on the system is also an option.

We almost never have a stable migration performance from a live system, all our estimates have a best and worst case scenario.

Kind Regards,

[REDACTED]
 [REDACTED]
 [REDACTED]

→ Not available: 6th July
 → Holiday alert: July 27th – August 15th

[REDACTED] NV, [REDACTED]
<http://www.agfahealthcare.com>
<http://blog.agfahealthcare.com>

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

From: [REDACTED] (Health) [mailto:[REDACTED]]
Sent: Tuesday 3 July 2018 3:07
To: [REDACTED] <[REDACTED]> (Health)
 <[REDACTED]@act.gov.au>
Cc: [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>
Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Thanks [REDACTED] Do you have the individual rates for the ADT/ORM/ORU messages, they were all different in cycle 4 so if I can avoid just using the 1.9 rate for all the messages when doing production estimates I would like to.

[REDACTED]

██████████ | IDIS Delivery Manager - UCPH Digital Solutions Program

Phone: 02 6174 8768 | Mobile: ██████████ | Email: ██████████

Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

From: ██████████ [mailto:██████████]

Sent: Monday, 2 July 2018 5:47 PM

To: ██████████ (Health) <██████████> ██████████ <██████████>
██████████ (Health) <██████████@act.gov.au>

Cc: ██████████ <██████████> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████
<██████████> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health)
<Venkat.Divvela@act.gov.au>

Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi ██████████

Attached you can find the updated DICOM performance overview of the last test (Cycle 4 and Cycle 5 tab).

The HL7 performance has dropped due to the large amount of attachments.
We managed to send only 1,9 messages per second during this test.

Kind Regards,

██████████
██████████

→ Not available: 6th July
→ Holiday alert: July 27th - August 15th

██████████ NV, ██████████
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IBAN Customer Account BE20375104592856 | ING Belgium NV, B-1000 Brussels
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From: ██████████ (Health) [mailto:██████████]

Sent: Monday 2 July 2018 9:24

To: ██████████ <██████████> ██████████ <██████████> ██████████ (Health)
<██████████@act.gov.au>

Cc: ██████████ <██████████> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████
<██████████> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health)
<Venkat.Divvela@act.gov.au>

Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Thanks ██████████

Do you have the report on the last migration test – RIS and PACS migration times, records/sec performance, etc? I really need that to update our migration estimates, especially with the increased DICOM threads.

Thanks

██████████

██████████ | IDIS Delivery Manager - UCPH Digital Solutions Program

Phone: 02 6174 8768 | Mobile: ██████████ | Email: ██████████

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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: Monday, 2 July 2018 5:17 PM
To: [REDACTED] <[REDACTED]> (Health) <[REDACTED]@act.gov.au>;
 [REDACTED] (Health) <[REDACTED]>
Cc: [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED]
 <[REDACTED]> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health)
 <Venkat.Divvela@act.gov.au>; [REDACTED] <[REDACTED]>
Subject: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi,

I don't think anyone has the exact view on the order of actions during the last test. Some confusion was created by the missing reports and the time when the merges have been created.

After looking into the provided patient id's in EI, I can't identify what exactly happened. The creation times are spread between 20/06 23h00 and 21/06

So, to avoid further testing based on an order of events that will not be repeated, I would indeed like to execute this merge test again on the next test.

Kind Regards,

[REDACTED]

→ Not available: 6th July
 → Holiday alert: July 27th - August 15th

[REDACTED] NV, [REDACTED]
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From: [REDACTED]
Sent: Friday 29 June 2018 2:39
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]>
 [REDACTED] (Health) <[REDACTED]>
Cc: [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED]
 <[REDACTED]> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health)
 <Venkat.Divvela@act.gov.au>
Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

I had stated in the meeting that I was not confident in the process from a whole, not just Scheduling. It was my opinion that a system clean was to be applied as a whole to ensure consistency.

I will leave the issue below for [REDACTED] to comment on.

Kind Regards,

[REDACTED]

T +61 3 9756 4645 | F +61 7 3356 6683 | [REDACTED]

<http://www.agfahealthcare.com>

<http://blog.agfahealthcare.com>

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

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

Sent: Friday, 29 June 2018 10:20 AM

To: [REDACTED] <[REDACTED]> [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED]>

Cc: [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>

Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

The only inconsistency encountered while migrating data for test cycle 5 was the time lag between the patient data being loaded into EI and scheduling.

But from what we have been told about the way the 2 systems handle the ADT messages from ACTPAS, the lag between the loads to the system should not have affected the merge testing that we were wanting to perform:

My understanding:

In EI (test ACTPAS merge done after patient data being loaded to EI), the ADT merge message should have merged the already existing patient in EI.

In scheduling (test ACTPAS merge done before patient data being loaded to scheduling), a new patient entry referencing the old patient ID as the merged ID should have been created in scheduling. The Patient record from the patient extract (from migration files) should have been ignored as it is outdated.

If we can all come to a common understanding of what the two systems (EI and scheduling) can or cannot do, we can consider a few different ways of achieving synchronised patient and RIS data in ACTPAS, EI and scheduling.

Examples of a few patient records that were tested:

| Patient ID | Accession No | New MRN | Status |
|------------|--------------|------------|--------------|
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |

Let me know if you need any further details to do some analysis on your end.

Thanks,

[REDACTED]

[REDACTED] | IDIS Data Migration Analyst - UCPH Digital Solutions Program

Mobile : [REDACTED] | Email: [REDACTED]@act.gov.au

From: [REDACTED] [mailto:[REDACTED]@act.gov.au]

Sent: Friday, 29 June 2018 10:00 AM

To: [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]> [REDACTED] <[REDACTED]>

[REDACTED] (Health) <[REDACTED]>
Cc: [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>
 [REDACTED] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>
Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

It was of my option that details related to merged patients was not 100%, specifically on the Scheduling side but from my point of view I was not 100% on the EI side either. I was of the understanding that any specific focused testing around the patient merges was to be tested in addition, separately as a alternative to cleaning out the system after the "inconsistencies" encountered the other day?
 Was this not the case?

Kind Regards,

[REDACTED]
 T +61 3 9756 4645 | F +61 7 3356 6683 | [REDACTED]

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<http://blog.agfahealthcare.com>
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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Monday, 25 June 2018 10:47 AM
To: [REDACTED] <[REDACTED]>
Cc: [REDACTED] <[REDACTED]> (Health) <[REDACTED]>
 [REDACTED] Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>
 Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>
Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]
 Thanks for the information.

Regarding the testing performed to verify the merges, the testers are not seeing the results as expected. For patient data that was merged before the RIS data was loaded into EI, the orders and studies are still associated to the outdated merged patient IDs. The expected result was to see all orders and studies associated to the active patient ID.
 Below is a list provided by the testers, could you please have a look?

| Patient ID | Accession No | New MRN | Status |
|------------|--------------|------------|--------------|
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |

Thanks,
 [REDACTED]

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

From: ██████████ [mailto:██████████]
Sent: Friday, 22 June 2018 4:28 PM
To: ██████████ (Health) <██████████> <██████████> Arsavilli, Dev
 <Dev.Arsavilli@act.gov.au>; ██████████ <██████████>
Cc: ██████████ <██████████> ██████████ (Health) <██████████@act.gov.au>
Subject: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi,

HL7 part

The HL7 migration (including reports) has now been completed for this test batch

DICOM part

The DICOM migration is still running and will still take +/- 2 to 3 days to complete.

Merge logic

For the following question:

In EI, the ADT merge message should have merged the already existing patient in RIS. In scheduling, a new patient entry referencing the old patient ID as the merged ID should have been created. The migrated Patient data for that Patient should have been ignored as it is outdated. ██████████ is it possible to validate the above statements?

For the EI part of the question, yes, EI should have merged the already existing patient in the EI database when the merge message was send by ACT. I can see multiple merges currently in EI.

You should be able to search for these patients in EI (the once that you merged) and verify that they are found on the correct patient id for the ones that have orders.

Incorrect order of migration earlier

What caused the time lag between for the ADT was very simple and unfortunate. I simply send the data to the wrong IP/port, so it only went to EI. When it was clear to me what needed to be tested, we resend the data to both.

Scheduling migration

For this question, we'll need to include @██████████

It was mentioned at the meeting that Scheduling could still not accept multiple attachments against a single accession number; is this correct and when will this be fixed?
 Are there any more outstanding issues with data migration to Scheduling?

Kind Regards,

██████████
 T ██████████

→ Low availability: June 25th – June 29th
 → Holiday alert: July 25th – August 15th

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

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

From: ██████████ (Health) [mailto:██████████]
Sent: Friday 22 June 2018 3:24
To: ██████████ <██████████> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
Cc: ██████████ <██████████> ██████████ (Health) <██████████@act.gov.au>; ██████████
Subject: Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

All,

Some further updates to summarise where we believe we are with the current round of testing:

- While we initially thought that there would be a high likelihood that there will be a mismatch between EI and scheduling for the merged test patients because of the delay in the loading of patients into Scheduling, our understanding of how ACTPAS messaging is supposed to work for both EI and Scheduling leads us to the following situation:
- If EI and scheduling both receive the ADT merge message from ACTPAS, then the merge having been performed before or after the patient data migration should not throw the systems out of sync.

In EI, the ADT merge message should have merged the already existing patient in RIS. In scheduling, a new patient entry referencing the old patient ID as the merged ID should have been created. The migrated Patient data for that Patient should have been ignored as it is outdated.

██████████, is it possible to validate the above statements?

- As soon as we have confirmation that the RIS load is complete, we can begin testing the load process to verify the merged patients, including determining whether the process behaved in Scheduling as we have suggested above.

We do have a few other questions from last night that we would like to raise:

- What caused the time lag in the load to Scheduling that meant that the patient data load into Scheduling was much later than the data load into EI?
- It was mentioned at the meeting that Scheduling could still not accept multiple attachments against a single accession number; is this correct and when will this be fixed?
- Are there any more outstanding issues with data migration to Scheduling?

Thanks all,

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

-----Original Appointment-----

From: [REDACTED] [mailto:[REDACTED]]
Sent: Thursday, 21 June 2018 3:24 PM
To: [REDACTED] Arsavilli, Dev; [REDACTED]
 Mandapati, Sirisha (Health); [REDACTED] (Health); [REDACTED] (Health)
Subject: Information Update - Description has changed: Patient Migration issues
When: Thursday, 21 June 2018 5:00 PM-6:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.
Where:

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Heland, Rebecca (Health)

From: Arsavilli, Dev
Sent: Tuesday, 3 July 2018 1:50 PM
To: [REDACTED]
Cc: [REDACTED] Mandapati, Sirisha (Health); Divvela, Venkat (Health); [REDACTED]
 [REDACTED] (Health); [REDACTED] (Health)
Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]
 I am with [REDACTED] and we put together some comments (in red) in response to your email from last night.
Could we come tougher to discuss this as soon as possible?

If we would have got this information last week we would have done something by now.
 As the schedule is very tight, could you please give us your next availability for us to discuss.

Kind Regards,

Dev

--
 Dev Arsavilli | Project Manager
 Phone: 02 6174 8729 | Mobile [REDACTED] | Email: Dev.Arsavilli@act.gov.au
 Future Capability and Governance Branch | Digital Solutions Division | Health Directorate | ACT Government
 2-6 Bowes Street, Phillip ACT | GPO Box 825, Canberra ACT 2601 | act.gov.au

From: [REDACTED] [mailto:[REDACTED]]
Sent: Monday, 2 July 2018 5:17 PM
To: [REDACTED] <[REDACTED]> (Health) <[REDACTED]@act.gov.au>;
 [REDACTED] (Health) <[REDACTED]>
Cc: [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED]
 <[REDACTED]> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health)
 <Venkat.Divvela@act.gov.au>; [REDACTED] <[REDACTED]>
Subject: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi,

I don't think anyone has the exact view on the order of actions during the last test.

- What impact does the order of actions have on failure of Merges?

Some confusion was created by the missing reports and the time when the merges have been created.

- Where is this confusion?
 - Is it on your end or did we provide any confusing data?
- Missing Reports
 - What are the missing reports?
- "Time when the merges have been created"
 - Should it not be tracked at IDIS end?

After looking into the provided patient id's in EI, I can't identify what exactly happened.
 The creation times are spread between 20/06 23h00 and 21/06

So, to avoid further testing based on an order of events that will not be repeated, I would indeed like to execute this merge test again on the next test.

Some order of events will be repeated while loading data to pre-prod.

Even though we have little time to do another round of testing, we have several concerns:

1. This may fail again if we don't understand what is causing this issue
2. We do not have significant time to load and re-test
3. We will not be able to get another full set of extracts from Siemens
4. We will have to use the same set that we used for Cycle 5
 - a. If this would require wiping of the data, it will cause other issues for eOrders and Integration work.

What can be done that we avoid all this?

Kind Regards,

[REDACTED]
T [REDACTED]

- Not available: 6th July
- Holiday alert: July 27th – August 15th

[REDACTED] NV, [REDACTED]
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 Click on link to read important disclaimer: <http://www.agfahealthcare.com/maildisclaimer>

From: [REDACTED]
Sent: Friday 29 June 2018 2:39
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]>
 [REDACTED] (Health) <[REDACTED]>
Cc: [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>
Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

I had stated in the meeting that I was not confident in the process from a whole, not just Scheduling. It was my opinion that a system clean was to be applied as a whole to ensure consistency.

I will leave the issue below for [REDACTED] to comment on.

Kind Regards,

[REDACTED] | [REDACTED]
 T +61 3 9756 4645 | F +61 7 3356 6683 | [REDACTED]

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<http://blog.agfahealthcare.com>
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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Friday, 29 June 2018 10:20 AM
To: [REDACTED] <[REDACTED]> [REDACTED] <[REDACTED]> [REDACTED] <[REDACTED]> (Health)
 <[REDACTED]>
Cc: [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>

<[REDACTED] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>

Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

The only inconsistency encountered while migrating data for test cycle 5 was the time lag between the patient data being loaded into EI and scheduling.

But from what we have been told about the way the 2 systems handle the ADT messages from ACTPAS, the lag between the loads to the system should not have affected the merge testing that we were wanting to perform:

My understanding:

In EI (test ACTPAS merge done after patient data being loaded to EI), the ADT merge message should have merged the already existing patient in EI.

In scheduling (test ACTPAS merge done before patient data being loaded to scheduling), a new patient entry referencing the old patient ID as the merged ID should have been created in scheduling. The Patient record from the patient extract (from migration files) should have been ignored as it is outdated.

If we can all come to a common understanding of what the two systems (EI and scheduling) can or cannot do, we can consider a few different ways of achieving synchronised patient and RIS data in ACTPAS, EI and scheduling.

Examples of a few patient records that were tested:

| Patient ID | Accession No | New MRN | Status |
|------------|--------------|------------|--------------|
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |

Let me know if you need any further details to do some analysis on your end.

Thanks,

[REDACTED]

[REDACTED] | IDIS Data Migration Analyst - UCPH Digital Solutions Program

Mobile: [REDACTED] | Email: [REDACTED][act.gov.au](mailto:[REDACTED]@act.gov.au)

From: [REDACTED] [[mailto:\[REDACTED\]](mailto:[REDACTED])]

Sent: Friday, 29 June 2018 10:00 AM

To: [REDACTED] (Health) <[\[REDACTED\]@act.gov.au](mailto:[REDACTED]@act.gov.au)>; [REDACTED] <[\[REDACTED\]](mailto:[REDACTED])>

[REDACTED] (Health) <[\[REDACTED\]](mailto:[REDACTED])>

Cc: [REDACTED] <[\[REDACTED\]](mailto:[REDACTED])> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[\[REDACTED\]](mailto:[REDACTED])>

<[\[REDACTED\]](mailto:[REDACTED])> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health)

<Venkat.Divvela@act.gov.au>

Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

It was of my option that details related to merged patients was not 100%, specifically on the Scheduling side but from my point of view I was not 100% on the EI side either. I was of the understanding that any specific focused

testing around the patient merges was to be tested in addition, separately as a alternative to cleaning out the system after the "inconsistencies" encountered the other day?

Was this not the case?

Kind Regards,

[REDACTED]
T +61 3 9756 4645 | F +61 7 3356 6683 | [REDACTED]

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

Sent: Monday, 25 June 2018 10:47 AM

To: [REDACTED] <[REDACTED]>

Cc: [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED]>
<[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>
Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health)
<Venkat.Divvela@act.gov.au>

Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

Thanks for the information.

Regarding the testing performed to verify the merges, the testers are not seeing the results as expected. For patient data that was merged before the RIS data was loaded into EI, the orders and studies are still associated to the outdated merged patient IDs. The expected result was to see all orders and studies associated to the active patient ID.

Below is a list provided by the testers, could you please have a look?

| Patient ID | Accession No | New MRN | Status |
|------------|--------------|------------|--------------|
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |

Thanks,

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

From: [REDACTED] [mailto:[REDACTED]]

Sent: Friday, 22 June 2018 4:28 PM

To: [REDACTED] (Health) <[REDACTED]> [REDACTED] <[REDACTED]> Arsavilli, Dev
<Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>

Cc: [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED]@act.gov.au>

Subject: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi,

HL7 part

The HL7 migration (including reports) has now been completed for this test batch

DICOM part

The DICOM migration is still running and will still take +/- 2 to 3 days to complete.

Merge logic

For the following question:

In EI, the ADT merge message should have merged the already existing patient in RIS. In scheduling, a new patient entry referencing the old patient ID as the merged ID should have been created. The migrated Patient data for that Patient should have been ignored as it is outdated. [REDACTED] is it possible to validate the above statements?

For the EI part of the question, yes, EI should have merged the already existing patient in the EI database when the merge message was send by ACT. I can see multiple merges currently in EI.

You should be able to search for these patients in EI (the once that you merged) and verify that they are found on the correct patient id for the ones that have orders.

Incorrect order of migration earlier

What caused the time lag between for the ADT was very simple and unfortunate. I simply send the data to the wrong IP/port, so it only went to EI. When it was clear to me what needed to be tested, we resend the data to both.

Scheduling migration

For this question, we'll need to include @ [REDACTED] [REDACTED]

It was mentioned at the meeting that Scheduling could still not accept multiple attachments against a single accession number; is this correct and when will this be fixed?
Are there any more outstanding issues with data migration to Scheduling?

Kind Regards,

[REDACTED]
T [REDACTED]

- Low availability: June 25th – June 29th
- Holiday alert: July 25th – August 15th

[REDACTED] NV, [REDACTED]
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From: [REDACTED] (Health) [mailto:[REDACTED]]
Sent: Friday 22 June 2018 3:24

To: [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>

Cc: [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED]

Subject: Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

All,

Some further updates to summarise where we believe we are with the current round of testing:

- While we initially thought that there would be a high likelihood that there will be a mismatch between EI and scheduling for the merged test patients because of the delay in the loading of patients into Scheduling, our understanding of how ACTPAS messaging is supposed to work for both EI and Scheduling leads us to the following situation:
- If EI and scheduling both receive the ADT merge message from ACTPAS, then the merge having been performed before or after the patient data migration should not throw the systems out of sync.

In EI, the ADT merge message should have merged the already existing patient in RIS. In scheduling, a new patient entry referencing the old patient ID as the merged ID should have been created. The migrated Patient data for that Patient should have been ignored as it is outdated.

[REDACTED] is it possible to validate the above statements?

- As soon as we have confirmation that the RIS load is complete, we can begin testing the load process to verify the merged patients, including determining whether the process behaved in Scheduling as we have suggested above.

We do have a few other questions from last night that we would like to raise:

- What caused the time lag in the load to Scheduling that meant that the patient data load into Scheduling was much later than the data load into EI?
- It was mentioned at the meeting that Scheduling could still not accept multiple attachments against a single accession number; is this correct and when will this be fixed?
- Are there any more outstanding issues with data migration to Scheduling?

Thanks all,

[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

-----Original Appointment-----

From: [REDACTED] [mailto:[REDACTED]]

Sent: Thursday, 21 June 2018 3:24 PM

To: [REDACTED] Arsavilli, Dev; [REDACTED]

Mandapati, Sirisha (Health); [REDACTED] (Health); [REDACTED] (Health)

Subject: Information Update - Description has changed: Patient Migration issues

When: Thursday, 21 June 2018 5:00 PM-6:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.

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Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Monday, 2 July 2018 5:47 PM
To: [REDACTED] (Health); [REDACTED] (Health)
Cc: [REDACTED] Arsavilli, Dev; [REDACTED] Mandapati, Sirisha (Health); Divvela, Venkat (Health)
Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]
Attachments: [AUS - ACT] Performance during TEST migrations.xlsx

Hi [REDACTED]

Attached you can find the updated DICOM performance overview of the last test (Cycle 4 and Cycle 5 tab).

The HL7 performance has dropped due to the large amount of attachments.
 We managed to send only 1,9 messages per second during this test.

Kind Regards,

[REDACTED]
 [REDACTED]
 T [REDACTED]

→ Not available: 6th July
 → Holiday alert: July 27th – August 15th

[REDACTED] NV, [REDACTED]
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From: [REDACTED] (Health) [mailto:[REDACTED]]
Sent: Monday 2 July 2018 9:24
To: [REDACTED] <[REDACTED]> [REDACTED] <[REDACTED]> (Health)
 <[REDACTED]@act.gov.au>
Cc: [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>
 Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>
Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Thanks [REDACTED]

Do you have the report on the last migration test – RIS and PACS migration times, records/sec performance, etc? I really need that to update our migration estimates, especially with the increased DICOM threads.

Thanks

[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: Monday, 2 July 2018 5:17 PM
To: [REDACTED] <[REDACTED]@act.gov.au>; [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: [REDACTED] <[REDACTED]@act.gov.au>; Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au>; Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au>
Subject: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi,

I don't think anyone has the exact view on the order of actions during the last test. Some confusion was created by the missing reports and the time when the merges have been created.

After looking into the provided patient id's in EI, I can't identify what exactly happened. The creation times are spread between 20/06 23h00 and 21/06

So, to avoid further testing based on an order of events that will not be repeated, I would indeed like to execute this merge test again on the next test.

Kind Regards,

[REDACTED]
 [REDACTED]
 [REDACTED]

→ Not available: 6th July
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[REDACTED] NV, [REDACTED]
<http://www.agfahealthcare.com>
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From: [REDACTED]
Sent: Friday 29 June 2018 2:39
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au>; [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: [REDACTED] <[REDACTED]@act.gov.au>; Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au>; Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>
Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

I had stated in the meeting that I was not confident in the process from a whole, not just Scheduling. It was my opinion that a system clean was to be applied as a whole to ensure consistency.

I will leave the issue below for [REDACTED] to comment on.

Kind Regards,

[REDACTED]
 [REDACTED]
 [REDACTED]

T +61 3 9756 4645 | F +61 7 3356 6683 | M [REDACTED]

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

Sent: Friday, 29 June 2018 10:20 AM

To: [REDACTED] <[REDACTED]@act.gov.au> [REDACTED] <[REDACTED]@act.gov.au> (Health)
<[REDACTED]>

Cc: [REDACTED] <[REDACTED]@act.gov.au> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au> Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>

Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

The only inconsistency encountered while migrating data for test cycle 5 was the time lag between the patient data being loaded into EI and scheduling.

But from what we have been told about the way the 2 systems handle the ADT messages from ACTPAS, the lag between the loads to the system should not have affected the merge testing that we were wanting to perform:

My understanding:

In EI (test ACTPAS merge done after patient data being loaded to EI), the ADT merge message should have merged the already existing patient in EI.

In scheduling (test ACTPAS merge done before patient data being loaded to scheduling), a new patient entry referencing the old patient ID as the merged ID should have been created in scheduling. The Patient record from the patient extract (from migration files) should have been ignored as it is outdated.

If we can all come to a common understanding of what the two systems (EI and scheduling) can or cannot do, we can consider a few different ways of achieving synchronised patient and RIS data in ACTPAS, EI and scheduling.

Examples of a few patient records that were tested:

| Patient ID | Accession No | New MRN | Status |
|------------|--------------|------------|--------------|
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | [REDACTED] | |
| [REDACTED] | [REDACTED] | [REDACTED] | |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | [REDACTED] | |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | [REDACTED] | |
| [REDACTED] | [REDACTED] | [REDACTED] | |

Let me know if you need any further details to do some analysis on your end.

Thanks,

[REDACTED]

[REDACTED] | IDIS Data Migration Analyst - UCPH Digital Solutions Program

Mobile: [REDACTED] | Email: [REDACTED]@act.gov.au

From: [REDACTED] [mailto:[REDACTED]@act.gov.au]

Sent: Friday, 29 June 2018 10:00 AM

To: [REDACTED] <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au> (Health) <[REDACTED]@act.gov.au>

Cc: [REDACTED] <[REDACTED]@act.gov.au> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au>

<[REDACTED] Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health) <Venkat.Divvela@act.gov.au>

Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

It was of my option that details related to merged patients was not 100%, specifically on the Scheduling side but from my point of view I was not 100% on the EI side either. I was of the understanding that any specific focused testing around the patient merges was to be tested in addition, separately as a alternative to cleaning out the system after the "inconsistencies" encountered the other day?

Was this not the case?

Kind Regards,

[REDACTED]
T +61 3 9756 4645 | F +61 7 3356 6683 | M [REDACTED]

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

Sent: Monday, 25 June 2018 10:47 AM

To: [REDACTED]

Cc: [REDACTED] (Health) <[REDACTED]>

<[REDACTED] Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>

Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Divvela, Venkat (Health)

<Venkat.Divvela@act.gov.au>

Subject: RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi [REDACTED]

Thanks for the information.

Regarding the testing performed to verify the merges, the testers are not seeing the results as expected. For patient data that was merged before the RIS data was loaded into EI, the orders and studies are still associated to the outdated merged patient IDs. The expected result was to see all orders and studies associated to the active patient ID.

Below is a list provided by the testers, could you please have a look?

| Patient ID | Accession No | New MRN | Status |
|------------|--------------|------------|--------------|
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | [REDACTED] | Didn't Merge |
| [REDACTED] | [REDACTED] | | |
| [REDACTED] | [REDACTED] | | |

Thanks,

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

From: [REDACTED] [mailto:[REDACTED]]
 Sent: Friday, 22 June 2018 4:28 PM
 To: [REDACTED] (Health) <[REDACTED]> <[REDACTED]> Arsavilli, Dev
 <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]>
 Cc: [REDACTED] <[REDACTED]> (Health) <[REDACTED]@act.gov.au>
 Subject: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

Hi,

HL7 part

The HL7 migration (including reports) has now been completed for this test batch

DICOM part

The DICOM migration is still running and will still take +/- 2 to 3 days to complete.

Merge logic

For the following question:

In EI, the ADT merge message should have merged the already existing patient in RIS. In scheduling, a new patient entry referencing the old patient ID as the merged ID should have been created. The migrated Patient data for that Patient should have been ignored as it is outdated. [REDACTED] is it possible to validate the above statements?

For the EI part of the question, yes, EI should have merged the already existing patient in the EI database when the merge message was sent by ACT. I can see multiple merges currently in EI.

You should be able to search for these patients in EI (the once that you merged) and verify that they are found on the correct patient id for the ones that have orders.

Incorrect order of migration earlier

What caused the time lag between for the ADT was very simple and unfortunate. I simply send the data to the wrong IP/port, so it only went to EI. When it was clear to me what needed to be tested, we resend the data to both.

Scheduling migration

For this question, we'll need to include @ [REDACTED]

It was mentioned at the meeting that Scheduling could still not accept multiple attachments against a single accession number; is this correct and when will this be fixed?
 Are there any more outstanding issues with data migration to Scheduling?

Kind Regards,

[REDACTED]
 [REDACTED]
 T [REDACTED]

→ Low availability: June 25th – June 29th
 → Holiday alert: July 25th – August 15th

[REDACTED] NV, [REDACTED]
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From: [REDACTED] (Health) [mailto:[REDACTED]]
Sent: Friday 22 June 2018 3:24
To: [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
Cc: [REDACTED] <[REDACTED]> [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]>
Subject: Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

All,

Some further updates to summarise where we believe we are with the current round of testing:

- While we initially thought that there would be a high likelihood that there will be a mismatch between EI and scheduling for the merged test patients because of the delay in the loading of patients into Scheduling, our understanding of how ACTPAS messaging is supposed to work for both EI and Scheduling leads us to the following situation:
- If EI and scheduling both receive the ADT merge message from ACTPAS, then the merge having been performed before or after the patient data migration should not throw the systems out of sync.

In EI, the ADT merge message should have merged the already existing patient in RIS. In scheduling, a new patient entry referencing the old patient ID as the merged ID should have been created. The migrated Patient data for that Patient should have been ignored as it is outdated.

[REDACTED] is it possible to validate the above statements?

- As soon as we have confirmation that the RIS load is complete, we can begin testing the load process to verify the merged patients, including determining whether the process behaved in Scheduling as we have suggested above.

We do have a few other questions from last night that we would like to raise:

- What caused the time lag in the load to Scheduling that meant that the patient data load into Scheduling was much later than the data load into EI?
- It was mentioned at the meeting that Scheduling could still not accept multiple attachments against a single accession number; is this correct and when will this be fixed?
- Are there any more outstanding issues with data migration to Scheduling?

Thanks all,

[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

-----Original Appointment-----

From: [REDACTED] [mailto:[REDACTED]]
Sent: Thursday, 21 June 2018 3:24 PM

To: [REDACTED] Arsavilli, Dev; [REDACTED]
Mandapati, Sirisha (Health); [REDACTED] (Health); [REDACTED] (Health)
Subject: Information Update - Description has changed: Patient Migration issues
When: Thursday, 21 June 2018 5:00 PM-6:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.
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