Are you able to confirm that the RIS load did complete and that the DICOM load is now running? The RISPACS team has checked PACS load and it is elevated but running within limits, but that doesn't tell us whether that is just normal daily use.

Thanks

██████

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

From: ████ █████ [mailto████████████████
Sent: Friday, 22 June 2018 1:51 AM
To: ████████ █████ (Health) <████████████act.gov.au>; ████████ ████ (Health) <████████████████████████ ████
████ <████████████████
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██ ████████ <████████████████████ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ████ ████ <████████████████████
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

@All,

The HL7 migration was started towards EI, but the large volume of data in this extract has limited my time. Also the amount of attachment is very high already, and that is slowing down the migration. The amount of attachment has a linear effect on the performance of HL7 messages to EI.

Executed:

- The ORM migration is completed (didn't have time to verify for errors, but nothing obvious)
- Started the ORU migration (should be done +/- 05h00 local time)
- Start the DICOM migration for studies going directly from the source to EI (without updates) (tested with 1 study to be sure)

@██████

- Procedure codes: This did not 'solve' all the studies with procedure code = 'NM', the remaining have been ignored
- Pipe in content: I did replace those
- NULL content: I removed these from the migration
- 2 missing attachment: Ok, I got the message for this (and only for these)

Extra

- Attachment codes: DEXAQFORM & MIGRATED_DOCS in the extract don't exist in EI. I have created these in EI.

Things I wasn't able to complete in time:

- Process the sheet with PIDs to updated (they should be excluded until I active them)
- Check the 2 AccNo with the DICOM based order (they are not in the running batch either)

Kind Regards,

██████████████████████
T████████████

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→ Holiday alert: July 25 th – August 15 th

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

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

From: █████ █████ (Health) [mailto██████████████act.gov.au]
Sent: Thursday 21 June 2018 9:52
To: ███ █████ <████████████████████ ████ (Health) <████████████████████ ████████
<████████████████
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ███ ████████ <████████████████████ Mandapati, Sirisha (Health)
<Sirisha.Mandapati@act.gov.au>
Subject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi █████
 have attached a file with the ProcedureCode corrections, as mentioned the extract has codes and names from an older version
of basedata, but the provided list should be from the most recent basedata collection.
Could you please replace the '|' in the text attachment with '\F\', I will make a note of this and will replace any | in the data
going forward.
Could you also exclude attachment records with no content, I will make a note of this too and exclude them on my end for
future extracts.

I have also attached a sheet with StudyUIDs and patient mrns for patientID merges to be performed while migrating DICOM
images.
The 2 PACS exception accession numbers for which the images need to be migrated as DICOM based images are as follows:
SDMMO35SHC
SDMFF4WRIC
Also, as a quick note that the attachments extract has 2 records for zSegment documents for accession numbers
████████████, but the actual documents for these records are missing. Please exclude them from migration at this stage.

Let me know if you need any further details, I will be here for the next half an hour or so,

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

From: ███ █████ [mailto██████████████████
Sent: Thursday, 21 June 2018 4:22 PM
To: ██████████ (Health) <████████████act.gov.au>; █████ ████ (Health) <████████████████████ ████
████ <████████████████
Cc: ██████████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ███ █████ <████████████████████
Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick
<Nick.Crossley@act.gov.au>; ███ █████ <████████████████
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi,

I'll wait for confirmation before I send data to EI.
Now preparing the data.

Kind Regards,

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

From: ██████ ██████ (Health) [mailto ████████████ act.gov.au]
Sent: Thursday 21 June 2018 8:19
To: ███ █████ <███████████████ ██ █████ (Health) <████████████████████ ████
<███████████████
Cc: ███████████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██ ████████ <████████████████████
Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick
<Nick.Crossley@act.gov.au>
Subject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi █████
Thanks for the feedback.

Could you hold on from loading the RIS data into EI and Scheduling for now as our test team is still working on the patient
merges?
I will let you know when the merges have been finalised for you to go ahead with the load.

The test work has been delayed as we thought the patients had not been loaded into the system yet, now that we have
confirmation, the testers are working on it.

I will look into your comments and get back to you soon.

Thanks,

█████

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

From: ███ █████ [mailto ████████████████
Sent: Thursday, 21 June 2018 4:13 PM
To: ███████ ████ (Health) <████████████████████ ██ █████ <████████████████
Cc: ███████████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██ ████████ <████████████████████
Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ███████ █████ (Health) <████████████ act.gov.au>;
Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; ███ █████
<████████████████
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi All,

I'm importing the data for the Cycle 5 and noticed the following:

- Attachment file
    - Has 2 entries that contain a pipe (|) sign in the actual text in the extract.
      These need to be escaped / replaced with \F\.
    - +/- 50.000 entries have an empty 'content', I removed these during import
- Req proc
    - The procedure code and description for code 'NM' is not unique. I'm not sure this
      was mentioned before as we didn't have any issues with this so far I think. But the
      procedure code and descriptions need to be unique combinations for EI migrations.

Kind Regards,

T
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From: ████████ (Health) ████████████████████
Sent: Thursday 21 June 2018 7:12
To: ████████ <████████████████ ████ <████████████
Cc: ████████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████████ <████████████████████
Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ████████ (Health) <████████act.gov.au>;
Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>
ubject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

████████

We would like to run Cycle 5 image migration as follows:

- Process to begin at 08:00 (our time) Friday 22 June or as soon as possible afterwards once RIS migration complete.
- Peak and off-peak hours to remain as before, i.e. peak 5:00 – 22:00, off-peak 22:00 to 05:00, all Saturday and Sunday to be off-peak until 05:00 Monday.
- Run 12 threads during peak hours and 20 threads off-peak.
- Scott Barrett to have a support number to call in case the process must be paused due to adverse system impacts.

Mark Duggan will be notifying MI users that the test will be in progress.

Thanks

████

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

From: ████████ [mailto:████████████████
Sent: Thursday, 21 June 2018 2:18 PM
To: ████████ <████████████████
Cc: ████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████████████████████ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ████████ (Health) <████████act.gov.au>; ████████ (Health) <████████████████
Subject: Re: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ████

I placed the rest of the files to be migrated to the folder "████Cycle 5\Cycle 5 Files 20062018" on the desktop of the migration server.

Hi ████

Please confirm......

DICOM migration, Start time, peak/off-peak hours and number of threads to be confirmed.

Kind Regards,

████████ █ ████████████
████████████████████████

T +61 3 9756 4308 | F +61 2 9647 2742 | M ████████████████

████████ Australia Pty Ltd. Unit 18, 52 Holker St, Silverwater NSW 2128 Australia
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http://blog.agfahealthcare.com

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

From: ███████████████OFFICE365EXT
To: ████ NAWVR/AGFA@AGFA, "Dev.Arsavilli@act.gov.au" <Dev.Arsavilli@act.gov.au>
Cc: ███████████████OFFICE365EXT, "Mandapati, Sirisha (Health)" <Sirisha.Mandapati@act.gov.au>, ███████████ (Health)"
<████████ act.gov.au>, ████████ (Health)" <█████████████████████████████████,
███████ agfa.com@OFFICE365EXT
Date: 20/06/2018 22:57
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi All,

The EI database was cleaned earlier today and the patient migration is currently running.

It should be finished in +/- 1 hour.

Kind Regards,

████████ █ ████████████
████████████████████████

T ████████████

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→ Holiday alert: July 25th – August 15th

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http://blog.agfahealthcare.com

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

From: ████████ [mailto:████████████████]
Sent: Wednesday 20 June 2018 4:33
To: Dev.Arsavilli@act.gov.au
Cc: ████████ <██████████████████████ ████████ <████████████ Mandapati,
Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ████████ (Health)
<████████████ act.gov.au>; ████████ (Health) <████████████████████ ████████
████████████████
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi Dev,

I checked with ███ and the clearing out of the Test data in Dev will impact the BI work that is being done by ███ and a global resource. However I thing it is best to put this work on hold and proceed as planned with the clearing of the DBs and migration tasks. The BI work can recommence after this.

Kind Regards,

███████ | ███████

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

From: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>
To: ███████ /NAWVR/AGFA@AGFA
Cc: ███████ OFFICE365EXT, ███████ (Health)" <███████ act.gov.au>, ███████ (Health)" <███████ OFFICE365EXT, "Mandapati, Sirisha (Health)" <Sirisha.Mandapati@act.gov.au>
Date: 20/06/2018 11:22
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ███

Please see the activities outlined below by ███ for Cycle 5 Data Migration.

Day 1(Wed – 20/06/2018)
AGFA
• Wipe off all data from the existing environment. (Testing team have given their approval, ███ to confirm if any of the BI activities might need the existing data).
• Load Patient data.

Day 2(Thursday – 21/06/2018)
Health
• Test team to work on a few patient merges to test the process that has been outlined in the email below (Migrated RIS data to reference current active Patient IDs).
• ███ to provide RIS and PACS extract files.
• ███ to provide a list of accession numbers to the test team for on demand image pull testing.
• DICOM migration, Start time, peak/off-peak hours and number of threads to be confirmed.
AGFA
• Load RIS data into EI and Scheduling.
• Schedule DICOM image migration for Friday morning our time.
• ███ to provide details/steps to perform on demand image pull.

Day 3(Fri – 22/06/2018) onwards (for a week)
Health
• Test team to test on demand image pull. Continue with the test cases related to RIS data migration and DICOM image migration.

Any issues please could you let me know?

Kind Regards,

Dev

--

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

From: ██████ ███ (Health)
Sent: Wednesday, 20 June 2018 7:56 AM
To: ████ █████ <kevin.████████████████>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████ █ <█████████████████████████████> (Health)
<██████████████act.gov.au>; █████ █ <██████████████████████████████>
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

OK, thanks ██████. We'll let you know the detail in the next few days as we prepare for the next round.

███

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

From: ████ █████ [mailto:██████████████████]
Sent: Tuesday, 19 June 2018 7:00 PM
To: ██████ ███ (Health) <██████████████████████>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████ █ <█████████████████████████████> (Health)
████████████act.gov.au>; █████ █ <██████████████████████████████>
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ███

I have never reached the theoretical limit, but indeed, at some point the performance will decline.
We normally execute migration on well performing systems with anything between 10 and 32 threads.
If you can provide me an overview of the amount of threads and the time window to be configured I
can easily set that up during the next tests.

Kind Regards,

████████ | ████████████
T ███████████
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→ Holiday alert: July 25 th – August 15 th

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http://blog.agfahealthcare.com

From: ██████ ███ (Health) [mailto:████████████████████]
Sent: Tuesday 19 June 2018 2:51
To: ████ █████ <█████████████████████>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████ █ <█████████████████████████████> (Health)
<██████████████act.gov.au>; █████ █ <██████████████████████████████>
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

████

As part of Test cycle 5 we would also like to further test the potential limits on the number of threads we run for image migration
during peak and off-peak times. This will also hopefully include increased off-peak hours. To assist us to decide on thread counts,
is there a theoretical maximum number of threads that we could run? I would expect that at some point adding threads would be

counter-productive because of the load.

At this point we are thinking of running 10-12 threads during peak and monitoring impact closely, and 20-25 threads during off-peak, depending on whether those numbers are feasible.

Your advice would be appreciated.
Thanks

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

From: ▮▮▮ (Health)
Sent: Tuesday, 19 June 2018 10:24 AM
To: ▮▮▮
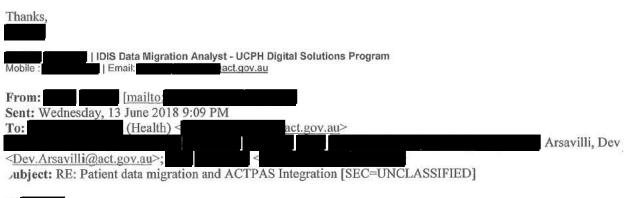**Cc:** ▮▮▮ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ▮▮▮
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Ii,
As part of our next round of testing (test cycle 5), we would like to test the below scenario by loading patient data first and getting our test team to merge a few Patient IDs before loading the related RIS/PACS data.

Arthur: I would like to hand over the patient data file for this cycle which is about 2 MB in size. An ftp location was to be provided by AGFA for this cycle of test data, could you please pass on the details to me and I will upload the file very soon.

▮▮▮ Could you please look into wiping off all existing data in EI and Scheduling and load the first batch of Patient data for test cycle 5.

Thanks,

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

From: ▮▮▮ [mailto:▮▮▮
Sent: Wednesday, 13 June 2018 9:09 PM
To: ▮▮▮ (Health) <▮▮▮act.gov.au>
▮▮▮ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ▮▮▮ <▮▮▮
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ▮▮▮

The migration strategy (document attached) described a scenario for HL7 that is a little bit different. The difference is that we would like to receive the patient/doctor/order/report data at the same time, with data until the cut-off point that was chosen.

You questions is still valid in this scenario, but it shouldn't cause for a problem:

- When a patient id is merge in EI, the old patient id will be created if it isn't known. So that is can actually merge that old to the new patient ID.
- This way, the old PID will be known in EI and in the HL7 migration database.
- When the message is send in with the OLD PID (from HL7 migration), EI will still know the OLD PID and link the order to that patient entry (so linked to the NEW PID that has a 'MERGED' entry in the database)

What I also want to add is the scenario where a patient is updated by the live feed and old data is still present to be migrated in the HL7 migration database:

- In this case, the patient will be known with more recent (correct) data in EI and known with old (incorrect) data in the HL7 migration database.

13

- The migrator tool will also handle this, by always checking if a patient is already present in EI and actually reading the data from EI, to generate the HL7 migration messages. So this avoid overwriting correct data with old data.

Kind Regards,

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

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http://blog.agfahealthcare.com

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

From: ████ ██████ (Health) [mailto:██████████████act.gov.au]
Sent: Wednesday 13 June 2018 8:50
To: ███ ████ <████████████████
Cc: ████ ██ <████████████████████████ ████ (Health) ████████ <████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████ ██████ <████████████████████
Subject: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ███,
Could you please look into the below data migration question relating to ACTPAS integration.

From what I understand so far, the migration activities involved are as following:
All patient data up to a specific cut-off date will be extracted, cleansed and transformed.
While the patient data is being worked on, all ADT messages will be queued from the cut-off date onwards.
Patient data will then be provided to AGFA and will be loaded.
ACTPAS interface will then be turned on and the queued messages will be applied to keep the data up-to-date.
RIS data up till the same cut-off date will be extracted/transformed and provided to AGFA for loading (note the time lag between the patient data load and the RIS data load).
Any patient merges applied on the patient data from the cut-off date up till the RIS data load will now have to be implemented on the RIS data.
Question: If PatientID ████ is merged to PatientID ████ in the time lag between patient data load and RIS data load, the provided RIS data will have services/procedures against the old PatientID ████ Will this RIS data be identified and merged to the new PatientID as part of data migration?

Thanks,
████

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

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ᴜnd, Rebecca (Health)

From:	██████ <██████████████>
Sent:	Friday, 22 June 2018 5:11 PM
To:	██████████████ (Health); ████ ███ Arsavilli, Dev
Cc:	██████████████ (Health)
Subject:	RE: [AUS - ACT] Follow Up on Data Migration Test Cycle 5 [SEC=UNCLASSIFIED]

██████

FYI - For the migration to Scheduling for the multiple attachments, I will be working on this today and other issues with ADT and DFT. Will see how far we get with a solution today.

Kind Regards,

███████ ██ | ██████████████

ᵀ +32 3444 8413 | F +32 3 444 84 01 | M ████████████████

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http://blog.agfahealthcare.com
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From: ████ ██████
Sent: vrijdag 22 juni 2018 8:28
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.

<u>Incorrect order of migration earlier</u>

> 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.

<u>Scheduling migration</u>

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

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

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IBAN Customer Account BE20375104592856 | ING Belgium NV, B-1000 Brussels
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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: ████ ████/NAWVR/AGFA [mailto: ████████████████]
Sent: Thursday, 21 June 2018 3:24 PM
To: ████ ████/NAWVR/AGFA; ████████████ Arsavilli, Dev; ████████ ████████████████
Mandapati, Sirisha (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:

Calling from
Call-in Numbers

Australia toll
+61 29037 1692

Australia toll free
1800-658203

Belgium toll
+32 2894 8317

Belgium toll free
0800-77651

-- Do not delete or change any of the following text. --

JOIN WEBEX MEETING
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Meeting number (access code): ████████
Meeting password ███

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https://agfa.webex.com/agfa-en/globalcallin.php?serviceType=MC&ED=647919012&tollFree=1

Toll-free dialing restrictions:
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<< File: pic03067.gif >> << File: ATT00001.htm >> << File: c152345.ics >>

Heland, Rebecca (Health)

From:	████ ████ (Health)
Sent:	Friday, 22 June 2018 12:02 PM
To:	██ ████ ████ ███ (Health); ████ ██
Cc:	Arsavilli, Dev; ██ █████ Mandapati, Sirisha (Health)
Subject:	RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Thanks ████

I have updated my scripts to exclude attachment records with no content and also to escape any pipes (|) in the text attachments.
Also on further analysis, I found the procedure code fixes that I sent through yesterday were for completed exams only, so 408 cancelled exams would have still had issues with duplicate code names. But I have fixed my base data and my transformation script for this mapping. This should be fixed in the future extracts.

hanks,

████

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

From: ████ ████ [mailto ████████████████]
Sent: Friday, 22 June 2018 1:51 AM
To: ████ ████ (Health) <███████████ act.gov.au>; ████ ███ (Health) <██████████ ████ ████ <███████████
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██ █████ <████████████████ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ██ ████ <████████████
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

@All,

The HL7 migration was started towards EI, but the large volume of data in this extract has limited my time. Also the amount of attachment is very high already, and that is slowing down the migration. The amount of attachment has a linear effect on the performance of HL7 messages to EI.

Executed:
- The ORM migration is completed (didn't have time to verify for errors, but nothing obvious)
- Started the ORU migration (should be done +/- 05h00 local time)
- Start the DICOM migration for studies going directly from the source to EI (without updates) (tested with 1 study to be sure)

@████

- Procedure codes: This did not 'solve' all the studies with procedure code = 'NM', the remaining have been ignored
- Pipe in content: I did replace those
- NULL content: I removed these from the migration
- 2 missing attachment: Ok, I got the message for this (and only for these)

Extra

- Attachment codes: DEXAQFORM & MIGRATED_DOCS in the extract don't exist in EI. I have created these in EI.

Things I wasn't able to complete in time:

- Process the sheet with PIDs to updated (they should be excluded until I active them)
- Check the 2 AccNo with the DICOM based order (they are not in the running batch either)

Kind Regards,

███████████ ███████████
███████████

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IBAN Customer Account BE20375104592856 | ING Belgium NV, B-1000 Brussels
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From: ███████ ███████ (Health) [mailto██████████████act.gov.au]
Sent: Thursday 21 June 2018 9:52
To: ███ █████ <██████████████████ ███ ████ (Health) <████████████████████ ███ ████
<███████ ████████

Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██ ██████ <███████████████████ Mandapati, Sirisha
(Health) <Sirisha.Mandapati@act.gov.au>
Subject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ████

I have attached a file with the ProcedureCode corrections, as mentioned the extract has codes and names from an older version of basedata, but the provided list should be from the most recent basedata collection.
Could you please replace the '|' in the text attachment with '\F\', I will make a note of this and will replace any | in the data going forward.
Could you also exclude attachment records with no content, I will make a note of this too and exclude them on my end for future extracts.

I have also attached a sheet with StudyUIDs and patient mrns for patientID merges to be performed while migrating DICOM images.
The 2 PACS exception accession numbers for which the images need to be migrated as DICOM based images are as follows:
SDMMO35SHC
SDMFF4WRIC
Also, as a quick note that the attachments extract has 2 records for zSegment documents for accession numbers
███████████████ but the actual documents for these records are missing. Please exclude them from migration at this stage.

Let me know if you need any further details, I will be here for the next half an hour or so,

Thanks,

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

From: ████ ██████ [mailto██████████████
Sent: Thursday, 21 June 2018 4:22 PM

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

Cc: ████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ███ ████████
<████████████ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Barrett, Scott (Health)
<Scott.Barrett@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; ███ ████ <████████████

Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi,

I'll wait for confirmation before I send data to EI.
Now preparing the data.

Kind Regards,

██████████ ██ ████████
T███████

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→ Holiday alert: July 25 th – August 15 th

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http://blog.agfahealthcare.com

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IBAN Customer Account BE20375104592856 | ING Belgium NV, B-1000 Brussels
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From: ████████ (Health) [mailto████████act.gov.au]
Sent: Thursday 21 June 2018 8:19
To: ███ ████ <████████████ █████ ███ (Health) <████████████ ████ ████
<████████ ████████

Cc: ████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ███ ████████
<████████████ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Barrett, Scott (Health)
<Scott.Barrett@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>

Subject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ████
Thanks for the feedback.

Could you hold on from loading the RIS data into EI and Scheduling for now as our test team is still working on the
patient merges?
I will let you know when the merges have been finalised for you to go ahead with the load.

The test work has been delayed as we thought the patients had not been loaded into the system yet, now that we
have confirmation, the testers are working on it.

I will look into your comments and get back to you soon.

Thanks,

████

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

From: ████ ████ [mailto████████████
Sent: Thursday, 21 June 2018 4:13 PM
To: ████ ███ (Health) <████████████ █████ ████ <████████████

Cc: ████████████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████ ████████
<████████████████████████ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ████████ ████████
(Health) <████████████act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick
<Nick.Crossley@act.gov.au>; ████ ████ <████████████████

Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi All,

I'm importing the data for the Cycle 5 and noticed the following:

- Attachment file
  - Has 2 entries that contain a pipe (|) sign in the actual text in the extract. These need to be escaped / replaced with \F\.
  - +/- 50.000 entries have an empty 'content', I removed these during import

- Req proc
  - The procedure code and description for code 'NM' is not unique. I'm not sure this was mentioned before as we didn't have any issues with this so far I think. But the procedure code and descriptions need to be unique combinations for EI migrations.

Kind Regards,

████████████████████
████████████████████

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→ Holiday alert: July 25th – August 15th

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IBAN Customer Account BE20375104592856 | ING Belgium NV, B-1000 Brussels
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From: ████████ (Health) [mailto████████████████████
Sent: Thursday 21 June 2018 7:12
To: ████████ <████████████████████ ████████ <████████████████████
█ ████████████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████ ████████
<████████████████████ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ████████ ████████
(Health) <████████████act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick
<Nick.Crossley@act.gov.au>
Subject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

████████

We would like to run Cycle 5 image migration as follows:

- Process to begin at 08:00 (our time) Friday 22 June or as soon as possible afterwards once RIS migration complete.
- Peak and off-peak hours to remain as before, i.e. peak 5:00 – 22:00, off-peak 22:00 to 05:00, all Saturday and Sunday to be off-peak until 05:00 Monday.
- Run 12 threads during peak hours and 20 threads off-peak.
- Scott Barrett to have a support number to call in case the process must be paused due to adverse system impacts.

Mark Duggan will be notifying MI users that the test will be in progress.

Thanks

██████

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

From: ██████ [mailto:██████████████
Sent: Thursday, 21 June 2018 2:18 PM
To: ██████ <██████████████
Cc: ██████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████████ Mandapati, Sirisha
(Health) <Sirisha.Mandapati@act.gov.au>; ██████ ██████ (Health) <██████████ act.gov.au>; ██████
████ (Health) <██████████████
Subject: Re: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ████

placed the rest of the files to be migrated to the folder "████Cycle 5\Cycle 5 Files 20062018" on the desktop of the migration server.

Hi ████

Please confirm......

DICOM migration, Start time, peak/off-peak hours and number of threads to be confirmed.

Kind Regards,

████████████ ██ ████████████████

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----

From: ██████████████ OFFICE365EXT
To: ██████ /NAWVR/AGFA@AGFA, "Dev.Arsavilli@act.gov.au" <Dev.Arsavilli@act.gov.au>
Cc: ██████ agfa.com@OFFICE365EXT, "Mandapati, Sirisha (Health)" <Sirisha.Mandapati@act.gov.au>, ██████████
██████ act.gov.au>, ██████ ████ (Health)" <██████████████████
██████ OFFICE365EXT
Date: 20/06/2018 22:57
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi All,

The EI database was cleaned earlier today and the patient migration is currently running.

It should be finished in +/- 1 hour.

Kind Regards,

██████ ████ █ ████████████
██████████████
T█████████████

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→ Holiday alert: July 25 th – August 15 th

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From: ████ ████ [mailto:████████ ████████]
Sent: Wednesday 20 June 2018 4:33
To: Dev.Arsavilli@act.gov.au
Cc: ████ ████ <████████████████ ████ ████ <████████████ Mandapati,
Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ████ ████ (Health)
<████████act.gov.au>; ████ ████ (Health) <████████████████████
████████ ████████
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi Dev,

I checked with ████ and the clearing out of the Test data in Dev will impact the BI work that is being done by ████
and a global resource. However I thing it is best to put this work on hold and proceed as planned with the clearing of
the DBs and migration tasks. The BI work can recommence after this.

Kind Regards,

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From: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>
To:████ ████ NAWVR/AGFA@AGFA
Cc:████████ ████████ OFFICE365EXT, ████ ████ (Health)████████████ act.gov.au>, ████ ████ (Health)"
<████████ ████████ ████████ OFFICE365EXT, "Mandapati, Sirisha (Health)" <Sirisha.Mandapati@act.gov.au>

6

Date: 20/06/2018 11:22
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi █████

Please see the activities outlined below by █████ for Cycle 5 Data Migration.

Day 1(Wed – 20/06/2018)
AGFA
• Wipe off all data from the existing environment. (Testing team have given their approval, █████ to confirm if any of the BI activities might need the existing data).
• Load Patient data.

Day 2(Thursday – 21/06/2018)
Health
• Test team to work on a few patient merges to test the process that has been outlined in the email below (Migrated RIS data to reference current active Patient IDs).
  Sunitha to provide RIS and PACS extract files.
• █████ to provide a list of accession numbers to the test team for on demand image pull testing.
• DICOM migration, Start time, peak/off-peak hours and number of threads to be confirmed.
AGFA
• Load RIS data into EI and Scheduling.
• Schedule DICOM image migration for Friday morning our time.
• █████ to provide details/steps to perform on demand image pull.

Day 3(Fri – 22/06/2018) onwards (for a week)
Health
• Test team to test on demand image pull. Continue with the test cases related to RIS data migration and DICOM image migration.

Any issues please could you let me know?

Kind Regards,

Dev

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

From: █████ █████ (Health)
Sent: Wednesday, 20 June 2018 7:56 AM
To: █████ █████ <█████████████████
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; █████ █████ <█████████████████ █████ █████ (Health)
<█████████████ act.gov.au>; █████ █████ <█████████████████
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

OK, thanks █████ We'll let you know the detail in the next few days as we prepare for the next round.

█████

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

From: █████ █████ [mailto █████████████
Sent: Tuesday, 19 June 2018 7:00 PM

To: ███ ███ (Health) <Tony████████act.gov.au>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██ ██ ██████████████████████ (Health) <████████████act.gov.au>; ███████████████
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ███

I have never reached the theoretical limit, but indeed, at some point the performance will decline.
We normally execute migration on well performing systems with anything between 10 and 32 threads.
If you can provide me an overview of the amount of threads and the time window to be configured I can easily set that up during the next tests.

Kind Regards,

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

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From: ██████ (Health) [mailto:█████████████████]
Sent: Tuesday 19 June 2018 2:51
To: ██████ <██████████████████
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████████ <████████████████████████████ (Health) <███████████act.gov.au>; ████ ███ <██████████████
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

████

As part of Test cycle 5 we would also like to further test the potential limits on the number of threads we run for image migration during peak and off-peak times. This will also hopefully include increased off-peak hours. To assist us to decide on thread counts, is there a theoretical maximum number of threads that we could run? I would expect that at some point adding threads would be counter-productive because of the load.

At this point we are thinking of running 10-12 threads during peak and monitoring impact closely, and 20-25 threads during off-peak, depending on whether those numbers are feasible.

Your advice would be appreciated.
Thanks
████

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

From: ██████ ███ (Health)
Sent: Tuesday, 19 June 2018 10:24 AM
To: ██ ██ <██████████████████ ██████████ <████████████████████
Cc: █████ | (Health) <███████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████████ <████████████████
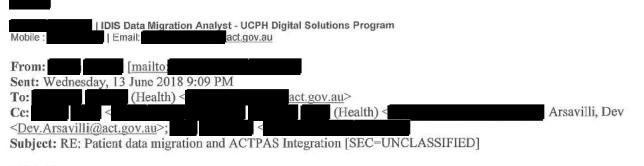**Subject:** RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi,
As part of our next round of testing (test cycle 5), we would like to test the below scenario by loading patient data first and getting our test team to merge a few Patient IDs before loading the related RIS/PACS data.

████ I would like to hand over the patient data file for this cycle which is about 2 MB in size. An ftp location was to be provided by AGFA for this cycle of test data, could you please pass on the details to me and I will upload the file very soon.

████ Could you please look into wiping off all existing data in EI and Scheduling and load the first batch of Patient data for test cycle 5.

Thanks,

████

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

From: ████ ████ [mailto████████ ████]
Sent: Wednesday, 13 June 2018 9:09 PM
To: ████ ████ (Health) <████████ act.gov.au>
Cc: ████ < ████ | ████ (Health) <████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████ < ████
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ████

The migration strategy (document attached) described a scenario for HL7 that is a little bit different. The difference is that we would like to receive the patient/doctor/order/report data at the same time, with data until the cut-off point that was chosen.

You questions is still valid in this scenario, but it shouldn't cause for a problem:

- When a patient id is merge in EI, the old patient id will be created if it isn't known. So that is can actually merge that old to the new patient ID.
- This way, the old PID will be known in EI and in the HL7 migration database.
- When the message is send in with the OLD PID (from HL7 migration), EI will still know the OLD PID and link the order to that patient entry (so linked to the NEW PID that has a 'MERGED' entry in the database)

What I also want to add is the scenario where a patient is updated by the live feed and old data is still present to be migrated in the HL7 migration database:

- In this case, the patient will be known with more recent (correct) data in EI and known with old (incorrect) data in the HL7 migration database.
- The migrator tool will also handle this, by always checking if a patient is already present in EI and actually reading the data from EI, to generate the HL7 migration messages. So this avoid overwriting correct data with old data.

Kind Regards,

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

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

From: ████ ████ (Health) [mailto████████ act.gov.au]
Sent: Wednesday 13 June 2018 8:50
To: ████ < ████
Cc: ████ < ████ | ████ (Health) < ████████ Arsavilli, Dev

<Dev.Arsavilli@act.gov.au>; ██████████ <██████████████████████

Subject: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ████

Could you please look into the below data migration question relating to ACTPAS integration.

From what I understand so far, the migration activities involved are as following:

All patient data up to a specific cut-off date will be extracted, cleansed and transformed.

While the patient data is being worked on, all ADT messages will be queued from the cut-off date onwards.

Patient data will then be provided to AGFA and will be loaded.

ACTPAS interface will then be turned on and the queued messages will be applied to keep the data up-to-date.

RIS data up till the same cut-off date will be extracted/transformed and provided to AGFA for loading (note the time lag between the patient data load and the RIS data load).

Any patient merges applied on the patient data from the cut-off date up till the RIS data load will now have to be implemented on the RIS data.

Question: If PatientID ████ is merged to PatientID █████ █ the time lag between patient data load and RIS data load, the provided RIS data will have services/procedures against the old PatientID █████ Will this RIS data be identified and merged to the new PatientID as part of data migration?

Thanks,

████

████ █████ | **IDIS Data Migration Analyst - UCPH Digital Solutions Program**
Mobile : 0431200658 | Email: ████████ ▌act.gov.au

Heland, Rebecca (Health)

From:	███████ <███████████
Sent:	Friday, 22 June 2018 11:17 AM
To:	███████ ████ (Health)
Cc:	Arsavilli, Dev; ████████████████████ ████ ████ (Health); ████████
Subject:	Re: FW: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Yes DICOM load is running and at 12 Threads as requested.

```
PACSSDM->EIDEV_PRIORS - Migration Status                              X

Current Batch Condition

batch  =  'MATCH_STUDYUID+PID+ACCNR'


Total Studies                                      30387

Total Number of Images Moved                       427793

Total Number of Studies Migrated                   1690

Total Number of Studies For Retry                  0

Total Number of Offline Studies                    0

Total Number of Failed Studies                     0

Current operational throttle %                     100

Current number of operational threads              12

Current migration speed (studies/hour)             178.80

Estimated remaining migration time (days:hh:mm:ss) 6:16:29:45


                         [  5%                      ]


              Cancel          Create Sample Report
```

Kind Regards,

███████ ██ ████████████

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http://blog.agfahealthcare.com

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

From ████ ████ (Health)" <████████████████████
To: ████████NAWVR/AGFA@AGFA
Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>, ████████ ████ (Health)" <████████████act.gov.au>, nick███████████████OFFICE365EXT
Date: 22/06/2018 11:05
Subject: FW: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

████

Are you able to confirm that the RIS load did complete and that the DICOM load is now running? The RISPACS team has checked PACS load and it is elevated but running within limits, but that doesn't tell us whether that is just normal daily use.

Thanks

████

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

From: ████ ████ [mailto:████████████████
Sent: Friday, 22 June 2018 1:51 AM
To: ████████ ████ (Health) <████████████act.gov.au>; ████████ ████ (Health) <████████████████████
████ <████████████████████
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████ ████ <████████████████████ Mandapati, Sirisha (Health)
<Sirisha.Mandapati@act.gov.au>; ████ ████ <████████████████████
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

@All,

The HL7 migration was started towards EI, but the large volume of data in this extract has limited my time. Also the amount of attachment is very high already, and that is slowing down the migration. The amount of attachment has a linear effect on the performance of HL7 messages to EI.

Executed:

- The ORM migration is completed (didn't have time to verify for errors, but nothing obvious)
- Started the ORU migration (should be done +/- 05h00 local time)
- Start the DICOM migration for studies going directly from the source to EI (without updates) (tested with 1 study to be sure)

@████

- Procedure codes: This did not 'solve' all the studies with procedure code = 'NM', the remaining have been ignored
- Pipe in content: I did replace those
- NULL content: I removed these from the migration
- 2 missing attachment: Ok, I got the message for this (and only for these)

Extra

- Attachment codes: DEXAQFORM & MIGRATED_DOCS in the extract don't exist in EI. I have created these in EI.

nings I wasn't able to complete in time:

- Process the sheet with PIDs to updated (they should be excluded until I active them)
- Check the 2 AccNo with the DICOM based order (they are not in the running batch either)

Kind Regards,

███████ █ ████████
T ██████

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→ Holiday alert: July 25 th – August 15 th

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

From: ████████ ████ (Health) [mailto██████████████act.gov.au]
Sent: Thursday 21 June 2018 9:52
To: ███ █████ <████████████████ ████ ███ (Health) <███████████████████ ████ ███
<████████ █████████
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ███ ████████ <███████████████████ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>
Subject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi █████
I have attached a file with the ProcedureCode corrections, as mentioned the extract has codes and names from an older version of basedata, but the provided list should be from the most recent basedata collection.
Could you please replace the '|' in the text attachment with '\F\', I will make a note of this and will replace any | in the data going forward.
Could you also exclude attachment records with no content, I will make a note of this too and exclude them on my end for future extracts.

I have also attached a sheet with StudyUIDs and patient mrns for patientID merges to be performed while migrating DICOM images.
The 2 PACS exception accession numbers for which the images need to be migrated as DICOM based images are as follows:
SDMMO35SHC
SDMFF4WRIC
Also, as a quick note that the attachments extract has 2 records for zSegment documents for accession numbers
██████████████but the actual documents for these records are missing. Please exclude them from migration at this stage.

Let me know if you need any further details, I will be here for the next half an hour or so,

Thanks,

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

From: ███ █████ [mailto█████████████████
Sent: Thursday, 21 June 2018 4:22 PM
To: █████████ █████ (Health) <█████████████act.gov.au>; ████████ ███ (Health) <████████████████████ ████
███ <████████████████
Cc: █████████████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ███ ████████ <████████████████████
Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick
<Nick.Crossley@act.gov.au>; ███ █████ <████████████████████

Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi,

I'll wait for confirmation before I send data to EI.
Now preparing the data.

Kind Regards,

██████ ███ | ████████

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

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http://blog.agfahealthcare.com

_____

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IBAN Customer Account BE20375104592856 | ING Belgium NV, B-1000 Brussels
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From: ████████ ████ (Health) [mailto ████████████ act.gov.au]
Sent: Thursday 21 June 2018 8:19
To: ███ █████ <████████████████ ███ █████ (Health) <████████████████████ ███ ███
<████████ ████████
Cc: ████████████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ███ █████████ <████████████████████
Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick
<Nick.Crossley@act.gov.au>
Subject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ████
Thanks for the feedback.

Could you hold on from loading the RIS data into EI and Scheduling for now as our test team is still working on the patient merges?
I will let you know when the merges have been finalised for you to go ahead with the load.

The test work has been delayed as we thought the patients had not been loaded into the system yet, now that we have confirmation, the testers are working on it.

I will look into your comments and get back to you soon.

Thanks,

████

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

From: ███ ████████████████████████
Sent: Thursday, 21 June 2018 4:13 PM
To: ████████ ████ (Health) <████████████████████ ███ ███ <████████████████████
Cc: ████████████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ███ █████████ <████████████████████
Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ████████ █████ (Health) <████████████ act.gov.au>;
Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; ████ █████
<████████████████
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi All,

orting the data for the Cycle 5 and noticed the following:

- Attachment file
    - Has 2 entries that contain a pipe (|) sign in the actual text in the extract. These need to be escaped / replaced with \F\.
    - +/- 50.000 entries have an empty 'content', I removed these during import
- Req proc
    - The procedure code and description for code 'NM' is not unique. I'm not sure this was mentioned before as we didn't have any issues with this so far I think. But the procedure code and descriptions need to be unique combinations for EI migrations.

Kind Regards,

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

Agfa HealthCare NV, ████████████████
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http://blog.agfahealthcare.com

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

From: ███████ (Health) [mailto███████████████
Sent: Thursday 21 June 2018 7:12
To: ████ ████ <████████████████ ███ ████ <███████████
Cc: ████████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ██████████ <██████████████
Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ████████ (Health) <██████████act.gov.au>;
Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>
Subject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

████

/e would like to run Cycle 5 image migration as follows:

- Process to begin at 08:00 (our time) Friday 22 June or as soon as possible afterwards once RIS migration complete.
- Peak and off-peak hours to remain as before, i.e. peak 5:00 – 22:00, off-peak 22:00 to 05:00, all Saturday and Sunday to be off-peak until 05:00 Monday.
- Run 12 threads during peak hours and 20 threads off-peak.
- Scott Barrett to have a support number to call in case the process must be paused due to adverse system impacts.

Mark Duggan will be notifying MI users that the test will be in progress.

Thanks
████

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

From: ████ ████ [mailto███████████████
Sent: Thursday, 21 June 2018 2:18 PM
To: █████████ <████████████████

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

Subject: Re: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi █

I placed the rest of the files to be migrated to the folder "████Cycle 5\Cycle 5 Files 20062018" on the desktop of the migration server.

Hi ████

Please confirm......

DICOM migration, Start time, peak/off-peak hours and number of threads to be confirmed.

Kind Regards,

████████ | ███████████

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http://blog.agfahealthcare.com

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

From: ████████████ OFFICE365EXT
To: ████/NAWVR/AGFA@AGFA, "Dev.Arsavilli@act.gov.au" <Dev.Arsavilli@act.gov.au>
Cc: nick ███████ OFFICE365EXT, "Mandapati, Sirisha (Health)" <Sirisha.Mandapati@act.gov.au>, ████████ (Health)" <███████act.gov.au>, ███████████ OFFICE365EXT, ████████ OFFICE365EXT
Date: 20/06/2018 22:57
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi All,

The EI database was cleaned earlier today and the patient migration is currently running.

It should be finished in +/- 1 hour.

Kind Regards,

████████ | ███████████

T ████████

→ Low availability: June 25th – June 29th

→ Holiday alert: July 25th – August 15th

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http://blog.agfahealthcare.com

6

From: ████ ████ [mailto:██████████ ████]
Sent: Wednesday 20 June 2018 4:33
To: Dev.Arsavilli@act.gov.au
Cc: ████ ████ <████████████████████ ██ ████ ████ <██████████████████ Mandapati,
Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ████ ████ (Health)
<████████████act.gov.au>; ████ ████ (Health) <████████████████████ ████████
████████████ ████████
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi Dev,

I checked with ██████ and the clearing out of the Test data in Dev will impact the BI work that is being done by ██████
and a global resource. However I thing it is best to put this work on hold and proceed as planned with the clearing of
the DBs and migration tasks. The BI work can recommence after this.

Kind Regards,

████████████ | ██████████████████ | ██████████

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██████████ Australia Pty Ltd. Unit 18, 52 Holker St, Silverwater NSW 2128 Australia
http://www.agfahealthcare.com
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From: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>
To: ██████ NAWVR/AGFA@AGFA
Cc: nick ████████agfa.com@OFFICE365EXT, ████ ████ (Health)" <██████████████act.gov.au>, ████ ████ (Health)"
<████████ ████████████████OFFICE365EXT, "Mandapati, Sirisha (Health)" <Sirisha.Mandapati@act.gov.au>
Date: 20/06/2018 11:22
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ██████

Please see the activities outlined below by ██████ for Cycle 5 Data Migration.

Day 1(Wed – 20/06/2018)
AGFA
• Wipe off all data from the existing environment. (Testing team have given their approval, ██████ to confirm if any of the BI
activities might need the existing data).
• Load Patient data.

Day 2(Thursday – 21/06/2018)
Health
• Test team to work on a few patient merges to test the process that has been outlined in the email below (Migrated RIS data to
reference current active Patient IDs).
• ██████ to provide RIS and PACS extract files.
• ██████ to provide a list of accession numbers to the test team for on demand image pull testing.
• DICOM migration, Start time, peak/off-peak hours and number of threads to be confirmed.
AGFA

- Load RIS data into EI and Scheduling.
- Schedule DICOM image migration for Friday morning our time.
- ███ to provide details/steps to perform on demand image pull.

Day 3(Fri – 22/06/2018) onwards (for a week)
Health
- Test team to test on demand image pull. Continue with the test cases related to RIS data migration and DICOM image migration.

Any issues please could you let me know?

Kind Regards,

Dev

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

From: ███ (Health)
Sent: Wednesday, 20 June 2018 7:56 AM
To: ███ <███>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ███ <███ (Health) <███ act.gov.au>; ███ <███
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

OK, thanks ███ We'll let you know the detail in the next few days as we prepare for the next round.

███

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

From: ███ [mailto: ███]
Sent: Tuesday, 19 June 2018 7:00 PM
To: ███ (Health) <███>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ███ <███ (Health) <███ act.gov.au>; ███ <███
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ███

I have never reached the theoretical limit, but indeed, at some point the performance will decline.
We normally execute migration on well performing systems with anything between 10 and 32 threads.
If you can provide me an overview of the amount of threads and the time window to be configured I can easily set that up during the next tests.

Kind Regards,

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

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

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From: ████ ████ (Health) [mailto:████████████]
Sent: Tuesday 19 June 2018 2:51
To: ████ █████ < ██████████████████ >
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████ █████ < ████████████████████████████ > (Health)
< ████████████act.gov.au>; ████ ███ < ████████████████ >
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

████,

As part of Test cycle 5 we would also like to further test the potential limits on the number of threads we run for image migration during peak and off-peak times. This will also hopefully include increased off-peak hours. To assist us to decide on thread counts, is there a theoretical maximum number of threads that we could run? I would expect that at some point adding threads would be counter-productive because of the load.

At this point we are thinking of running 10-12 threads during peak and monitoring impact closely, and 20-25 threads during off-peak, depending on whether those numbers are feasible.

Your advice would be appreciated.
Thanks

████

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

From: ████ █████ (Health)
Sent: Tuesday, 19 June 2018 10:24 AM
To: ████ █████ < ████████████████████ > ████ < ████████████████ >
Cc: ████ ███ (Health) < ████████act.gov.au>; Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ███ █████
< █████████@███████ >
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi,
As part of our next round of testing (test cycle 5), we would like to test the below scenario by loading patient data first and getting our test team to merge a few Patient IDs before loading the related RIS/PACS data.

████ I would like to hand over the patient data file for this cycle which is about 2 MB in size. An ftp location was to be provided by AGFA for this cycle of test data, could you please pass on the details to me and I will upload the file very soon.

████ Could you please look into wiping off all existing data in EI and Scheduling and load the first batch of Patient data for test cycle 5.

Thanks,

████

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

From: ████ █████ [mailto:████████████]
Sent: Wednesday, 13 June 2018 9:09 PM
To: ████ █████ (Health) < ████████act.gov.au>
Cc: ████ █████ < ███████████████ ████ ████ (Health) < ██████████████ Arsavilli, Dev
<Dev.Arsavilli@act.gov.au>; ████ █████ < ████████████████████ >
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ████

The migration strategy (document attached) described a scenario for HL7 that is a little bit different.
The difference is that we would like to receive the patient/doctor/order/report data at the same time, with data until the cut-off point that was chosen.

You questions is still valid in this scenario, but it shouldn't cause for a problem:

9

- When a patient id is merge in EI, the old patient id will be created if it isn't known. So that is can actually merge that old to the new patient ID.
- This way, the old PID will be known in EI and in the HL7 migration database.
- When the message is send in with the OLD PID (from HL7 migration), EI will still know the OLD PID and link the order to that patient entry (so linked to the NEW PID that has a 'MERGED' entry in the database)

What I also want to add is the scenario where a patient is updated by the live feed and old data is still present to be migrated in the HL7 migration database:

- In this case, the patient will be known with more recent (correct) data in EI and known with old (incorrect) data in the HL7 migration database.
- The migrator tool will also handle this, by always checking if a patient is already present in EI and actually reading the data from EI, to generate the HL7 migration messages. So this avoid overwriting correct data with old data.

Kind Regards,

███████ ██ | ████████████████
████████████ █ ██████████

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

From: ████████ ████ (Health) [mailto:████████████████act.gov.au]
Sent: Wednesday 13 June 2018 8:50
To: ████ ████ <████████████████>
Cc: ████ ████ <████████████████ █ ████████ ████ (Health) <████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████████████ <████████████████
Subject: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ████
Could you please look into the below data migration question relating to ACTPAS integration.

From what I understand so far, the migration activities involved are as following:
All patient data up to a specific cut-off date will be extracted, cleansed and transformed.
While the patient data is being worked on, all ADT messages will be queued from the cut-off date onwards.
Patient data will then be provided to AGFA and will be loaded.
ACTPAS interface will then be turned on and the queued messages will be applied to keep the data up-to-date.
RIS data up till the same cut-off date will be extracted/transformed and provided to AGFA for loading (note the time lag between the patient data load and the RIS data load).
Any patient merges applied on the patient data from the cut-off date up till the RIS data load will now have to be implemented on the RIS data.
Question: If PatientID ██████ is merged to PatientID ██████ in the time lag between patient data load and RIS data load, the provided RIS data will have services/procedures against the old PatientID ██████ Will this RIS data be identified and merged to the new PatientID as part of data migration?

Thanks,
████████

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

----

immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.

..d, Rebecca (Health)

From:	▮▮▮▮ ▮▮▮ (Health)
Sent:	Friday, 22 June 2018 10:19 AM
To:	▮▮▮▮ ▮▮ (Health)
Subject:	RE: Information Update - Description has changed: Patient Migration issues [SEC=UNCLASSIFIED]

Hi ▮▮▮

I have added 1 comment in green in the email below.

And here are a few more questions to be raised:

Why was the patient data load into Scheduling much slower than the data load into EI? Why was there a time lag in the load to Scheduling?

It was mentioned at the meeting that Scheduling could still not accept multiple attachments against a single accession number, when will this be fixed?

Are there any more outstanding issues with data migration to Scheduling?

Regards,

▮▮▮

▮▮▮▮▮ | IDIS Data Migration Analyst - UCPH Digital Solutions Program
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From: ▮▮▮▮ ▮▮ (Health)
Sent: Thursday, 21 June 2018 5:44 PM
To: ▮▮▮ ▮▮ /NAWVR/AGFA <▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ▮▮▮▮ <▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ▮▮▮ ▮▮ (Health) <▮▮▮▮▮ act.gov.au>
Subject: RE: Information Update - Description has changed: Patient Migration issues [SEC=UNCLASSIFIED]

All,

Notes from tonight's meeting on Cycle 5 data migration.

- Because there was a delay in the loading of patients into Scheduling, and this was not complete before our testers performed the merge activity in ACTPAS, there is a high likelihood that there will be a mismatch between EI and scheduling for those merged patients. It is probable that they will appear as merged in EI but as separate active patients in Scheduling.
  SS: My understanding is as follows:
  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.
  Could you please validate the above statements?
- Options to clear patients and reload were discussed, but ▮▮▮ and I felt that this would probably adversely affect Testing timelines and we would not be able to do the merge testing anyway but would have to request a full RIS load to follow the patient reload.
- For that reason I have requested that ▮▮▮ initiate the RIS load this evening, as soon as ▮▮▮ has provided updated information in response to the few issues that ▮▮▮ had found during RIS data validation. As we understand the situation, it seems likely that if the load process works as expected, the RIS should

show all procedure information from the merged patients against the new record, but Scheduling is highly likely to still show this information against the original patient. Since we have a record of the patients that will be affected we can exclude them for the purposes of defect recording.

- ████ will initiate DICOM image transfer according to the schedule or as soon as the RIS load has successfully completed.

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: ████ ████/NAWVR/AGFA [mailto ████████ ████████
Sent: Thursday, 21 June 2018 3:24 PM
To: ████ ████NAWVR/AGFA; aziza.omer@████████ Arsavilli, Dev; ████████ ████████
Mandapati, Sirisha (Health); ████ ████ (Health); ████ ████ (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:

Calling from
Call-in Numbers

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1800-658203

Belgium toll
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0800-77651

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<< File: pic03067.gif >> << File: ATT00001.htm >> << File: c152345.ics >>

Heland, Rebecca (Health)

From:	▓▓▓▓ ▓▓▓ (Health)
Sent:	Thursday, 21 June 2018 5:52 PM
To:	▓▓ ▓▓▓ ▓▓▓ ▓ (Health); ▓▓▓ ▓
Cc:	Arsavilli, Dev; ▓▓ ▓▓▓ Mandapati, Sirisha (Health)
Subject:	RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]
Attachments:	StudyUID_PatientID.XLSX; ProcedureCodeCorrection.xlsx

Hi ▓▓▓

I have attached a file with the ProcedureCode corrections, as mentioned the extract has codes and names from an older version of basedata, but the provided list should be from the most recent basedata collection.
Could you please replace the '|' in the text attachment with '\F\', I will make a note of this and will replace any | in the data going forward.
Could you also exclude attachment records with no content, I will make a note of this too and exclude them on my end for future extracts.
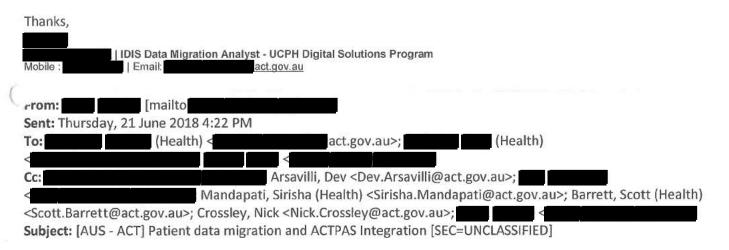
I have also attached a sheet with StudyUIDs and patient mrns for patientID merges to be performed while migrating DICOM images.
The 2 PACS exception accession numbers for which the images need to be migrated as DICOM based images are as follows:

▓▓▓▓▓▓▓

▓▓▓▓▓▓

Also, as a quick note that the attachments extract has 2 records for zSegment documents for accession numbers ▓▓▓▓▓▓▓▓ but the actual documents for these records are missing. Please exclude them from migration at this stage.

Let me know if you need any further details, I will be here for the next half an hour or so,

Thanks,

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

From: ▓▓▓ ▓▓▓ [mailto ▓▓▓▓▓▓▓▓▓▓]
Sent: Thursday, 21 June 2018 4:22 PM
To: ▓▓▓ ▓▓▓ (Health) <▓▓▓▓▓▓ act.gov.au>; ▓▓▓ ▓▓ (Health) <▓▓▓▓▓▓▓ ▓▓▓ <▓▓▓▓▓▓
Cc: ▓▓▓▓▓▓▓▓▓ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ▓▓ ▓▓▓▓ <▓▓▓▓▓▓▓▓ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; ▓▓ ▓▓▓ <▓▓▓▓▓▓▓▓
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi,

I'll wait for confirmation before I send data to EI.
Now preparing the data.

Kind Regards,

▓▓▓ ▓▓▓ | ▓▓▓▓▓▓▓▓▓
T ▓▓▓▓▓▓▓▓▓

→ Low availability: June 25 th – June 29th

1

→ Holiday alert: July 25ᵗʰ – August 15ᵗʰ

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http://blog.agfahealthcare.com

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

From: ████████ █████ (Health) [mailto█████████████act.gov.au]
Sent: Thursday 21 June 2018 8:19
To: ███ █████ <████████████████ ████████ █████ (Health) <████████████████████ ████ ███ <████████ █████████
Cc: ████████████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ███ █████████ <████████████████████ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>
Subject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ██████
Thanks for the feedback.

Could you hold on from loading the RIS data into EI and Scheduling for now as our test team is still working on the patient merges?
I will let you know when the merges have been finalised for you to go ahead with the load.

The test work has been delayed as we thought the patients had not been loaded into the system yet, now that we have confirmation, the testers are working on it.

I will look into your comments and get back to you soon.

Thanks,

██████

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

From: ███ █████ [mailto████████████████████
Sent: Thursday, 21 June 2018 4:13 PM
To: ████████ ███ (Health) <████████████████████████ ██████ <████████████████████
Cc: ████████████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ███ █████████ <████████████████████ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ████████ ██████ (Health) <████████████act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick <████Crossley@act.gov.au>; ███ █████ <████████████████████
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi All,

I'm importing the data for the Cycle 5 and noticed the following:

- Attachment file
  - Has 2 entries that contain a pipe (|) sign in the actual text in the extract. These need to be escaped / replaced with \F\.
  - +/- 50.000 entries have an empty 'content', I removed these during import

- Req proc

○ The procedure code and description for code 'NM' is not unique. I'm not sure this was mentioned before as we didn't have any issues with this so far I think. But the procedure code and descriptions need to be unique combinations for EI migrations.

Kind Regards,

███████████ ██████████
T██████████████

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

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

From: ████████ ████ (Health) [mailto:████████████████████████]
Sent: Thursday 21 June 2018 7:12
o: ████ ████ <████████████████████ ████ ████ <████████████████
Cc: ████████████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████ ████████
<████████████████████ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ████████ ████
(Health) <████████████act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>
Subject: RE: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

████████

We would like to run Cycle 5 image migration as follows:

- Process to begin at 08:00 (our time) Friday 22 June or as soon as possible afterwards once RIS migration complete.
- Peak and off-peak hours to remain as before, i.e. peak 5:00 – 22:00, off-peak 22:00 to 05:00, all Saturday and Sunday to be off-peak until 05:00 Monday.
- Run 12 threads during peak hours and 20 threads off-peak.
- Scott Barrett to have a support number to call in case the process must be paused due to adverse system impacts.

Mark Duggan will be notifying MI users that the test will be in progress.

Thanks

████████

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

From: ████ ████ [mailto:████████████████████]
Sent: Thursday, 21 June 2018 2:18 PM
To: ████████ <████████████████████████
Cc: ████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████████████████████████ Mandapati, Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ████████████ (Health) <████████████████act.gov.au>; ████████
████ (Health) <████████████████████████
Subject: Re: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ███

I placed the rest of the files to be migrated to the folder "███ Cycle 5\Cycle 5 Files 20062018" on the desktop of the migration server.
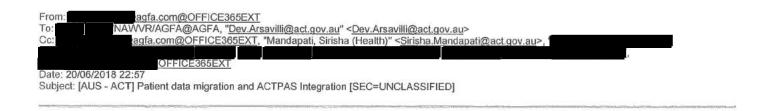
Hi ███

Please confirm......

DICOM migration, Start time, peak/off-peak hours and number of threads to be confirmed.

Kind Regards,

████████ | ████████ | ████████

T +61 3 9756 4308 | F +61 2 9647 2742 | M ████████

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From: ████████agfa.com@OFFICE365EXT
To: ████ NAWVR/AGFA@AGFA, "Dev.Arsavilli@act.gov.au" <Dev.Arsavilli@act.gov.au>
Cc: ████████agfa.com@OFFICE365EXT, "Mandapati, Sirisha (Health)" <Sirisha.Mandapati@act.gov.au>, ████████
████████ OFFICE365EXT
Date: 20/06/2018 22:57
Subject: [AUS - ACT] Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi All,

The EI database was cleaned earlier today and the patient migration is currently running.

It should be finished in +/- 1 hour.

Kind Regards,

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

→ Low availability: June 25th – June 29th

→ Holiday alert: July 25th – August 15th

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

From: ▮▮▮▮ ▮▮ [mailto:arthur.▮▮▮▮▮]
Sent: Wednesday 20 June 2018 4:33
To: Dev.Arsavilli@act.gov.au
Cc: ▮▮▮ ▮▮ <▮▮▮▮▮▮▮▮▮▮▮ ▮▮ ▮▮▮▮ <▮▮▮▮▮▮▮▮▮ Mandapati,
Sirisha (Health) <Sirisha.Mandapati@act.gov.au>; ▮▮▮▮ ▮▮▮ (Health)
<▮▮▮▮▮▮▮act.gov.au>; ▮▮▮▮ ▮▮ (Health) <▮▮▮▮▮▮▮▮▮ ▮▮▮▮▮
▮▮▮▮▮▮▮▮ ▮▮▮
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi Dev,

I checked with ▮▮▮ and the clearing out of the Test data in Dev will impact the BI work that is being done by ▮▮▮ and a global resource. However I thing it is best to put this work on hold and proceed as planned with the clearing of the DBs and migration tasks. The BI work can recommence after this.

Kind Regards,

▮▮▮▮▮▮▮ | ▮▮▮▮▮▮▮
▮▮▮▮▮▮▮▮▮▮▮
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http://blog.agfahealthcare.com

From: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>
To: ▮▮▮▮ NAWVR/AGFA@AGFA
▮▮▮▮ OFFICE365EXT, ▮▮▮▮ ▮▮ (Health)' ▮▮▮▮▮act.gov.au>, ▮▮▮▮ (Health)"
<▮▮▮▮ OFFICE365EXT, "Mandapati, Sirisha (Health)" <Sirisha.Mandapati@act.gov.au>
Date: 20/06/2018 11:22
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ▮▮▮

Please see the activities outlined below by ▮▮▮ for Cycle 5 Data Migration.

Day 1(Wed – 20/06/2018)
AGFA
• Wipe off all data from the existing environment. (Testing team have given their approval, ▮▮▮ to confirm if any of the BI activities might need the existing data).
• Load Patient data.

Day 2(Thursday – 21/06/2018)

Health
- Test team to work on a few patient merges to test the process that has been outlined in the email below (Migrated RIS data to reference current active Patient IDs).
- ███ to provide RIS and PACS extract files.
- ███ to provide a list of accession numbers to the test team for on demand image pull testing.
- DICOM migration, Start time, peak/off-peak hours and number of threads to be confirmed.

AGFA
- Load RIS data into EI and Scheduling.
- Schedule DICOM image migration for Friday morning our time.
- Arthur to provide details/steps to perform on demand image pull.

Day 3(Fri – 22/06/2018) onwards (for a week)
Health
- Test team to test on demand image pull. Continue with the test cases related to RIS data migration and DICOM image migration.

Any issues please could you let me know?

Kind Regards,

Dev

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

From: ███ (Health)
Sent: Wednesday, 20 June 2018 7:56 AM
To: ███ ‹███
Cc: Arsavilli, Dev ‹Dev.Arsavilli@act.gov.au›; ███ ‹███ ███ (Health) ‹███ act.gov.au›; ███ ‹███
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

OK, thanks ███ We'll let you know the detail in the next few days as we prepare for the next round.

███

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

From: ███ [mailto ███
Sent: Tuesday, 19 June 2018 7:00 PM
To: ███ (Health) ‹Tony███ act.gov.au›
Cc: Arsavilli, Dev ‹Dev.Arsavilli@act.gov.au›; ███ ‹███ ███ (Health) ‹███ act.gov.au›; ███ ‹███
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ███

I have never reached the theoretical limit, but indeed, at some point the performance will decline.
We normally execute migration on well performing systems with anything between 10 and 32 threads.
If you can provide me an overview of the amount of threads and the time window to be configured I can easily set that up during the next tests.

Kind Regards,

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

███ NV, ███

6

From: ███████ ███ (Health) [mailto:████████████████
Sent: Tuesday 19 June 2018 2:51
To: ████ █████ <████████████████
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████████ <████████████████████████ ██████ (Health) <████████████ act.gov.au>; ██████ < ███████████
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

███████

As part of Test cycle 5 we would also like to further test the potential limits on the number of threads we run for image migration during peak and off-peak times. This will also hopefully include increased off-peak hours. To assist us to decide on thread counts, is there a theoretical maximum number of threads that we could run? I would expect that at some point adding threads would be counter-productive because of the load.

At this point we are thinking of running 10-12 threads during peak and monitoring impact closely, and 20-25 threads during off-peak, depending on whether those numbers are feasible.

Your advice would be appreciated.
Thanks
███████

███ ███████ | IDIS Delivery Manager - UCPH Digital Solutions Program
Phone: 02 6174 8768 |Mobile: ████████ | Email: ████████████
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From: ███████ █████ (Health)
Sent: Tuesday, 19 June 2018 10:24 AM
To: ████ █████ <████████ ████ █████ <████████████
Cc: ████ | (Health) <████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████████ <████████
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

i,
As part of our next round of testing (test cycle 5), we would like to test the below scenario by loading patient data first and getting our test team to merge a few Patient IDs before loading the related RIS/PACS data.

██████ I would like to hand over the patient data file for this cycle which is about 2 MB in size. An ftp location was to be provided by AGFA for this cycle of test data, could you please pass on the details to me and I will upload the file very soon.

██████ Could you please look into wiping off all existing data in EI and Scheduling and load the first batch of Patient data for test cycle 5.

Thanks,
██████

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

From: ████ █████ [mailto:████████████████
Sent: Wednesday, 13 June 2018 9:09 PM
To: █████ █████ (Health) ████ █████ act.gov.au>
Cc: ████ █████ <arthur████████████ ████ █████ (Health) <████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████████ < ████████
Subject: RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ██████