Date	Group	No.	ID	Action	Owner	Due	Completed	Notes	Status
23/02/2018	Project Team	2	20180221-02	NE to organise an end-to-end system workflow demonstration for testing team.	▮▮▮▮	28/02/2018			In Progress
23/02/2018	Project Team	2	20180221-03	JG to ask imaging team about DB4 billing, including amount.	Jessica Griffiths	28/02/2018		7/3 JG advised that she has been speaking to Kathryn Swift with ▮▮▮▮ about this. ▮▮ will include details in Integration Specification Document and will generate a quote for Dev asap	Completed
23/02/2018	Project Team	2	20180221-04	NE to consult Agfa apps team about system exposure for Andrew G and trainers	▮ Emanuele	28/02/2018			Completed
23/02/2018	Project Team	2	20180221-05	JS to re-book training dates	Jen Smith	23/02/2018	23/02/2018		Completed
23/02/2018	Project Team	3	20180221-06	DA to raise on-demand imaging issue at IDIS Executive Management Meeting	Dev Arsavilli	23/02/2018	23/02/2018	DA raised this at most recent Executive Management Meeting. Will be tracked	Completed
23/02/2018	Executive Management Meeting	6	20180223-01	Agfa to clarify that this functionality is available. In the next few week we need to establish the likely image retrieval times.	▮▮▮▮	06/03/2018	06/03/2018	6/3 - Was raised at Exec meeting and Agfa advised this will be a functionality they can provide. They will be able to provide performance statistics once the data migration is complete and they can test it	Completed
23/02/2018	Executive Management Meeting	6	20180223-02	DA to confirm with Prathiba that she will have testers available to test this on-demand imaging retrieval function, from the SIEMENS system to the Agfa system.	Dev Arsavilli	06/03/2018			Completed
27/02/2018	Integration Meeting	6	20180227-01	DA to discuss with Agfa how their solution will interact with MyHR, and scope how they can gain access to the MyHR TEST environment.	Dev Arsavilli	06/03/2018	02/03/2018	DA has held discussions with Agfa	Completed
06/03/2018	Integration Meeting	5	20180306-01	NC to meet with TP and prioritise IDIS integration work that SSICT is to complete; will be entered into PRIP by COB 7/3.	Nick Crossley	13/03/2018	08/03/2018	Nick C and Nick E met and discussed - all entered into PRIP	Completed
06/03/2018	Integration Meeting	6	20180306-02	TP to discuss with ▮ E about what information Agfa can provide to the integration team with regards to MyHR messaging.	▮▮▮▮	13/03/2018		13/3 - TP had a quick discussion with ▮ E. Outside of any special information, Agfa will be able to complete all requirements. TP has asked for current Siemens is working too, will work with Scott Barrett to get this and compare to Agfa.	In Progress
07/03/2018	Project Team	2	20180307-01	NC to organise Vulnerability Assessment testing and advise DA of the date	Nick Crossley	12/03/2018			In Progress
07/03/2018	Project Team	2	20180307-02	DA to send PS the Clinical Portal document that JG developed.	Dev Arsavilli	09/03/2018	11/03/2018		Completed
07/03/2018	Project Team	2	20180307-03	NE to provide attachments documents to SS	▮▮▮▮	09/03/2018	08/03/2018	Document received by SS	Completed
06/03/2018	Executive Management Meeting	3	20180306-01	AW to send through compressed training schedule options to MD for him to review and action.	▮▮▮	13/03/2018			Completed
06/03/2018	Executive Management Meeting	4	20180306-02	DAd to discuss training effectiveness and licencing requirements with JO and AW, and will report back next meeting.	▮▮▮	13/03/2018		JO is putting together a formal quote	Completed
20/03/2018	Executive Management Meeting	3	20180320-01	DAd to reassess this issue and investigate the possibility of using pre-PROD for data migration testing purposes, and if this can occur without affecting any other systems.	▮▮▮	27/03/2018			Completed
20/03/2018	Executive Management Meeting	3	20180320-02	SC to call Orion Health tomorrow morning to ensure they have received requested messages and information to start work ASAP.	Sandra Cook	27/03/2018		SC called Orion Health on 21/3 and all required products were provided to them by COB 21/3.	Completed
20/03/2018	Executive Management Meeting	3	20180320-03	POH to discuss with MD the development of an urgent workflow list for emergency cases requiring images to be retrieved from the old Siemens system	Peter O'Halloran	27/03/2018			In Progress
20/03/2018	Executive Management Meeting	3	20180320-04	POH to talk to Peter McNiven about extra resourcing for the RISPACS team post go-live.	Peter O'Halloran	27/03/2018			In Progress
21/03/2018	Project Team	2	20180321-01	NE to confirm when third data migration cycle can take place	▮▮▮▮	23/03/2018		Third cycle has almost finished as of 27/3	Completed
03/04/2018	PCWG	5	20180403-01	SB to liaise with MD to confirm best times to complete data migrations per Medical Imaging department workflows.	Scott Barrett	12/04/2018		▮▮▮ and Scott B agreed on optimal number of threads used for data migration	Completed
03/04/2018	PCWG	5	20180403-02	SB and AW to further develop estimates of data migration speeds, in particular the speeds of ten threads during afterhours.	Scott Barrett	13/04/2018			Completed

Date	Group		ID	Description	Owner	Date	Notes	Status
03/04/2018	PCWG	5	20180403-03	NC to organise SSICT network monitoring during data migration to further help estimates of migration speeds	Nick Crossley	14/04/2018		Completed
04/04/2018	Project Team	2	20180404-01	SS, DA to discuss with Scott Barrett when the next data migration cycle will take place and advise Agfa accordingly	███████	11/04/2018		Completed
04/04/2018	Project Team	2	20180404-02	NC to liaise with SSICT change and release managers to understand what processes are required to allow for ACTPAS interface signoff and release into pre-PROD.	Nick Crossley	11/04/2018		In Progress
11/04/2018	Project Team	2	20180411-01	AW to advise DA if the Agfa software patch will include any changes to functionality. If so, there may be additional regression testing required	████	19/04/2018		Completed
10/04/2018	Integration Meeting	2	20180410-01	TP to ask Agfa why the ORU messages are not being received by ACTH yet	████			Completed
10/04/2018	Integration Meeting	2	20180410-02	TP to detail the above mentioned issue in writing for DA to escalate with Arthur	████			Completed
10/04/2018	Integration Meeting	2	20180410-03	TP to ask ██ for clarification on agenda items for meeting with Michael Cowey	████			Completed
10/04/2018	Integration Meeting	2	20180410-04	TP to ask Sirisha how much Michael Cowey time they need next week	████			Completed
10/04/2018	Integration Meeting	2	20180410-05	DA to understand what jobs were logged by NC to allow for Orion Health access	Dev Arsavilli			Completed
17/04/2018	Integration Meeting	2	20180417-01	TP to ask Calvary to send test EDIS/ACTPAS messages to confirm ports are working as intended	████			Completed
17/04/2018	Integration Meeting	2	20180417-02	DA to ask ██ about expediting interface development with Agfa	Dev Arsavilli			Completed
17/04/2018	Integration Meeting	2	20180417-03	TP to ask Jess Griffiths to send through more ORUs to Michael Cowey	████			Completed
19/04/2018	Project Team	2	20180419-01	DA to confirm to MD requirement for Aimee Menzies in the project team by next week.	Dev Arsavilli		Aimee joined project team 21/5/18	Completed
19/04/2018	Project Team	2	20180419-02	JG and NE to confirm that the messaging from Agfa for preliminary reports is the same as what Siemens sends, and no further assistance from Orion Health is required.	Jess Griffiths			Completed
19/04/2018	Project Team	2	20180419-03	DA to draft a document explaining which reports are to be uploaded to CRIS/CPF for MD to submit to the Clinical Governance Committee	Dev Arsavilli		Document sent to Mark to take Clinical Governance Committee	Completed
22/05/2018	Executive Management Meeting	3	20180522-01	DA to update this group on any schedule improvements next week after commencing the eOrders work this week.	Dev Arsavilli			Completed
23/05/2018	Project Team	3	20180523-01	JG to set up meeting with DA and MD to discuss delivery of IDIS to UCH	Jessica Griffiths			Completed
23/05/2018	Project Team	3	20180523-02	DA to meet with Philippa Kirkpatrick to understand IDIS requirements at UCH	Dev Arsavilli			Completed
23/05/2018	Project Team	3	20180523-03	JG to send AW a test defect from QAComplete and the associated error message to confirm why this functionality won't work	Jessica Griffiths			Completed
23/05/2018	Project Team	3	20180523-04	NC to confirm to AW that the Oracle client is available on the TEST workstation as early as possible	Nick Crossley			Completed
23/05/2018	Project Team	3	20180523-05	If NE is to be onsite next week, then NC to lodge a PRIP request for Michael Cowey's time to use with NE	Nick Crossley			Completed
29/05/2018	Executive Management Meeting	4	20180529-01	Agfa to provide an update to this group next week on Agfa resourcing plans. This includes both AW's departure as Agfa Project Manager and the ACT-based Agfa technical resource.	███████			Completed
30/05/2018	Project Team	3	20180530-01	DA to check with TPa that he does not require any further input from NE in regards to the eOrders work	Dev Arsavilli			Completed
30/05/2018	Project Team	3	20180530-02	DA to add the LDAP configuration and Engage Suite setup into the project schedule	Dev Arsavilli			Completed

Date	Group	Item	Ref	Action	Owner				Status
22/05/2018	CUWG	4	20180522-01	DR and JG to develop newsletter to advise the wider MI department of IDIS project progress	Darcy Row				Completed
22/05/2018	CUWG	5	20180522-02	MD to advise JG of the wardsmen's requirements after the meeting on 24/5 to discuss wardsmen transfer issues	Mark Duggan				In Progress
22/05/2018	CUWG	5	20180522-03	JG to send MD an example of a transport slip from the Agfa System	Jessica Griffiths				Completed
22/05/2018	CUWG	6	20180522-04	JG to meet with MD and KS the requirements for patients transfers	Jessica Griffiths				In Progress
22/05/2018	CUWG	6	20180522-05	JG to confirm to MD, KS and KL the configured VIP functionality and bring it back to CUWG for discussion	Jessica Griffiths				In Progress
29/05/2018	PCWG	4	20180529-01	TP to report to POH with a plan to have data migration completed by 20 September	▇▇▇▇				Completed
29/05/2018	PCWG	5	20180529-02	AW/DA/MD/HH to report back to this group within 24 hours if they foresee any significant risks or issues with a 1 October go-live	Various				Completed
29/05/2018	PCWG	5	20180529-03	SC to confirm with Julia from MKM their resource commitments and constraints	Sandra Cook				Completed
29/05/2018	PCWG	5	20180529-04	MD to advise the project team of the third party reporting procurement results within a weeks' time	Mark Duggan				In Progress
12/06/2018	Executive Management Meeting	3	20180612-01	DAd/GD to update this group at next meeting on Agfa resourcing plan for the IDIS project from now until go-live.	▇▇▇▇				In Progress

Heland, Rebecca (Health)

From:	████ ████ <████████████████>
Sent:	Tuesday, 19 June 2018 12:01 PM
To:	████████ ██████ (Health)
Cc:	Arsavilli, Dev; ████████████████ ████████████████████████ ██████████ (Health)
Subject:	RE: Patient data migration and ACTPAS Integration [SEC=UNCLASSIFIED]

Hi ██████

I'll get the file off you tomorrow morning. We may have to coordinated the db cleansing first with other resources.

██████ has a full schedule this week but we have requested some time for him Wednesday for the migration work.

Kind Regards,

████████ ██ █ █████████████████

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

From: ████████ ████████ <████████████act.gov.au>
To: '████████████████'OFFICE365EXT, ████████/NAWVR/AGFA@AGFA
Cc: '████████ ██████ (Health)" <████████████act.gov.au>, "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>, ████████████████████OFFICE365EXT
Date: 19/06/2018 10:24
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 123456 is merged to PatientID 654321 in the time lag between patient data load and RIS data load, the provided RIS data will have services/procedures against the old PatientID 123456, 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:████████████████

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Heland, Rebecca (Health)

From:	Arsavilli, Dev
Sent:	Tuesday, 12 June 2018 11:28 AM
To:	O'Halloran, Peter (Health)
Cc:	Cook, Sandra (Health)
Subject:	IDIS Exec Management Meeting dot points - 12/06/2018 4:00pm [SEC=UNCLASSIFIED]

Hi Peter,

Please see below dot points for the IDIS Exec Management Meeting today at 4:00pm.

IDIS Project Schedule:
Schedule is tracking well and no change to the current schedule for Agfa's information.

For your information, please note the following on eOrders:
1. Clinical Portal workflows (Tim is working with Clinical Portal team to complete this work)
   a. Xero viewer integration
      i. Tim informed me that this work is complete and the viewer is working within the TEST 2 of the Clinical Portal environment
   b. New Order Codes bulk load
      i. Tim has also completed this task once on TEST 2 but the final list will be uploaded today/tomorrow
   c. IDIS results to Clinical Portal
      i. Next week we will request 4 hours of PRIP time for this work.
2. Integration related to eOrders:
   a. Last week we had a workshop and also met with MKM (Julia) separately to progress evaluation and design work
   b. MKM are actively engaging with us and progressing this work
   c. I gave them 5 weeks to complete the work, but we can cope with up to 8 weeks
   d. I will update as soon as I hear from them
   e. To quality check the integration work we will request 4 hours of PRIP time for Michael
3. Other Integration work:
   a. ACTPAS testing is underway and Michael has two hours to resolve some issues with the interface
   b. Michael has time this week to set up Faxing and Health link interfaces for testing.

Thank you for your continued support.

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: Arsavilli, Dev
Sent: Tuesday, 5 June 2018 11:33 AM
To: O'Halloran, Peter (Health) <Peter.O'Halloran@act.gov.au>
Cc: Cook, Sandra (Health) <Sandra.Cook@act.gov.au>
Subject: IDIS Exec Management Meeting dot points - 05/06/2018 4:00pm [SEC=UNCLASSIFIED]

Hi Peter,

Please see below dot points for the IDIS Exec Management Meeting today at 4:00pm.

IDIS Project Schedule:

No change to the current schedule for Agfa's information.

For your information, please note the following:
1. Michael and Kate asked for yet another workshop for eOrders work.
2. This will be the fifth workshop with them.
3. IDIS PRIP tasks were merged to accommodate this workshop which will happen today and will be chaired by Kristina Carroll
    a. First half would be to discuss internal matters
        i.   Tim suggests that the build document is sufficient to start build activities
        ii. Michael suggests that the document is still premature and not sufficient to start build activities with
        iii. Michael is not releasing the document to MKM
        iv. Michael has also asked the project team not to contact MKM directly, all contact is to go via him
        v.   As PM I would like to have control of the work packets with MKM
        vi. First half is to discuss how this can be worked out.
    b. Second half is to walk through the document with MKM
        i.   I have sent a copy of Tim's documents to MKM for them to review and advise us what other details they require
4. This merging of PRIP tasks into this one workshop means a delay to the other integration activities that need to happen in parallel (Fax and HealthLink interfaces setup and resolutions of several ACTPAS interface issues). This can be covered if we get PRIP time next week.

Thank you for your continued support.

Kind Regards,

Dev

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Dev Arsavilli | Project Manager
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Heland, Rebecca (Health)

From:	Arsavilli, Dev
Sent:	Thursday, 7 June 2018 2:07 PM
To:	▉▉▉▉ ▉▉ (Health)
Cc:	Row, Darcy (Health); ▉▉▉▉ ▉▉▉▉ (Health); Crossley, Nick
Subject:	RE: Data and Image migration [SEC=UNCLASSIFIED]
Attachments:	Data Migration Summary.xlsx

Hi ▉▉▉

We need to write a paper to Peter O' on the image migration and timings.
Could we discuss this when you are back?

Kind Regards,

Dev

--

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

From: ▉▉▉▉ ▉▉ (Health)
Sent: Thursday, 31 May 2018 11:55 AM
To: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
Cc: Row, Darcy (Health) <Darcy.Row@act.gov.au>; ▉▉▉▉ ▉▉▉ (Health) <▉▉▉▉▉▉ act.gov.au>;
Crossley, Nick <Nick.Crossley@act.gov.au>
Subject: Data and Image migration [SEC=UNCLASSIFIED]

Dev,

The attached spreadsheet has all my workings for data migration estimates with the end estimates highlighted.
However, the important points are:

- The weekday image transfer rate is based on 17 hours 'peak' time (7 threads) and 7 hours off-peak (15 threads). This results in a transfer rate of just under 2.5 million images per day or about 17 million per week. Total migration time using this rate would be 18 weeks.
- A full day using the off-peak image transfer rate results in nearly 3 million images per day. Adjusting the weekly rate to allow for weekends at the off-peak rate results in an extra 1 million images per week transferred. This reduces total image migration time to 17 weeks.
- The elapsed time for the initial 2-year image load has been calculated using the cycle 4 image count multiplied by 24. This will be adjusted as soon as the latest PACS backup has been loaded. Estimated time matches my earlier guesses.
- Breakup of initial PMI Patient load and RIS delta load not yet available.

Once ▉▉▉▉ has had some time to do a break-up of all years I will be able to estimate how much of the image migration we can get done by go live.

▉▉▉▉

▉▉▉▉▉ | IDIS Delivery Manager - UCPH Digital Solutions Program
Phone: 02 6174 8768 |Mobile: ▉▉▉▉▉ | Email: ▉▉▉▉▉▉
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Data Integrity Methods

Relational databases are, as the name suggests, built on a set of tables between which exist relationships (e.g. parent/child). The relationships are usually incorporated into the data schema embedded in the server to enforce rudimentary data integrity. From the (admittedly limited due to the lack of access under SQL) analysis of RIS there appears to be no such information embedded in the server and so it must be assumed that all data integrity is enforced solely in the application code/processes. Whilst embedding a significant part of the data integrity in the data schema in the server is not mandatory (some data integrity rules simply cannot be embedded in the data schema and so must be done in code/processes) for modern databases it is the norm. Failure to adhere to such norms facilitates errors from both failures in code/processes and human error on the part of those with the authority to write directly to the tables.

Inspection of the data to-date (currently focussed on the "patient" part of the application) indicates significant failures in data integrity.

Entity Relationship Diagrams (ERD)

Most database applications are focussed on one purpose. In the case of RIS the focus is on the managing of imaging. Tables related to patients, procedures, locations, staff, equipment, and images/reports are all logically linked under some form of relationship and there is not normally any tables that are not linked to all of the others via some path or other.

Given the apparent lack of information about data relationships embedded in the server, the only ERD information apparently available is that in Siemens document "swf_VB20A_Entity_Relationship_Diagrams.pdf". Initial analysis of parts 3 and 4 of this document (the ERDs) reveal:

➢ A large number of tables/views that appear to be unconnected to others. Logical analysis reveals that there should be relationships and that the ERDs don't show said relationships demonstrates that the ERDs are deficient;

➢ Inspection of a limited number of apparently unrelated tables reveals instances such as dbo_visit_doctor (appears only in table 3.1) that should logically be related to a visit by a patient is not linked to anything.

Other issues include that:

➢ Some relationships depicted in the ERDs are inconsistent with the norms of normalisation.

Data Dictionary

The data dictionary at document "swf_VB20A_Data_Dictionary.xls" provides useful information about a number of aspects of the database including:

➢ Textual descriptions of the purpose of tables; and

> ➤ Data structures and facilitates locating matching field names for identifying potential relationships.

Summary of existing documentation

Whilst the available documentation is significantly better than none, it does not provide dearly sufficient content or detail to be considered to be acceptable.

Data Integrity issues

Taking a rudimentary instance dbo_pat_name and dbo_patient (under query "patient and pat_name") reveals 134 records in dbo_patient for which there is no parent record in dbo_pat_name (115 unique patients).

Other instances exist in the limited number of relationships checked to-date. From this it appears that the data-integrity of RIS is quite poor.

Data Cleansing

Intent

Faulty data can be the cause of failures of applications; consequently resolution of that faulty data is necessary when migrating data to a new environment. Cleansing faulty data is the process of either excluding or correcting data. Where correction is not possible/plausible then exclusion is frequently the only viable option. Within the ACT Health environment, it may be that there are a number of administrative systems that operate in parallel (on different aspects of the patient experience) from which correct data might be copied where the data provides a similar function (e.g. patient identification and/or demographic data). Where neither correction nor exclusion are options then retention of flawed data is unavoidable and suitable management processes must be implemented.

Business can also use migration as an opportunity to exclude data that no longer provides value (e.g. due to ageing, changing needs, etc.). This removal of data can be included in the cleansing process. Having said that, any removal of data can exacerbate data-integrity issues therefore it must be done with due care so as to avoid introducing additional data-integrity issues.

Decision process

All decisions related to the exclusion of data are business decisions; however the decisions are frequently based on the analysis of that data. That analysis might include:

> ➤ Summarising relevant data to determine the range of the data (e.g. date range, geographic range, etc.);

> ➤ Verifying data relationships such as parent/child to identify orphan records;

> ➤ Verifying data plausibility against expected norms (e.g. age of people).

Decisions rules regarding data retention and/or correction will be documented by the decision-makers. Those rules might be a simple exclusion of all records where a particular field falls outside of

a specified range or they might apply to individual records. Regardless of the rule it must explicitly identify relevant records and explicitly state the course of action.

Where records are to be excluded from the data set to be migrated to the new application but retained in some other form then the decision process must specify that retention process. Alternative environments will require sufficient documentation to facilitate subsequent retrieval and understanding. De-normalisation of the data might be justified to simplify the storage and documentation of this data.

Where records are to be excluded from the data set and not retained it might still be necessary to document the decision and possibly some record-counts or other metadata for retention.

Methodology

Given the lack of enforcement of data-integrity issues in the server schema the data must be thoroughly tested for integrity. Given the lack of reliable entity information in RIS some reverse-engineering will be necessary to identify the data relationships that will be enforced.

Having determined which data is to be corrected/excluded the process must be documented. This is best accomplished by managing the correction/exclusion in the migration process. This is done by embedding said correction/exclusion in reference tables or SQL programs that are applied to the source data when generating the migration data. The reference tables can include statements related to the reason for the decision as well as before/after values. The process can also generate log files for audit as well as tables of excluded data for archiving.

Reference tables for actions on specific records can be developed externally to the migration process (e.g. MS Excel, MS Access, etc.) and imported to the migration process. These records can include comment fields for appending to the details recorded in the log explaining the action.

Rules pertaining to value ranges can be embedded in SQL programs and can incorporate comment fields for appending to the details recorded in the log explaining the action.

The migration process will generate tables in the form specified by the vendor of the new application. The complexity of the process will be better understood when the specifications are provided.

Data Migration

Initial set-up

Once the specifications regarding data cleansing have been finalised then the data-cleansing part of the migration can be implemented.

Once the data format requirements of the new vendor have been understood then the transformation process can be implemented.

Populating the reference tables can continue to occur (including on external environments for subsequent uploading) and range-based exclusions can be adjusted. The time-consuming aspect of

migration is the preparation of the migration and the external retention environments and associated documentation.

Evolution of the data migration

The migration process in general will be quite rigid; however the need for some flexibility is unavoidable. The need for flexibility might include:

➢ That the current application will continue to accept data with the possibility that the reference tables will require late-stage adjustment;

➢ That the interconnections within the data can have implications beyond the immediate data, and therefore excluding/changing some data might impact data integrity related to other tables triggering downstream changes;

From this the migration process must allow for multiple iterations, and verifying data integrity of the final tables will be necessary. The iterations will mostly occur long before migration to production, however given the current application is continuing to accept data then some last-minute adjustments might be necessary.

Heland, Rebecca (Health)

From:	██████ █████ (Health)
Sent:	Friday, 1 June 2018 2:39 PM
To:	████ ██
Cc:	██████ █ (Health)
Subject:	Data Migration Test cycle 5 [SEC=UNCLASSIFIED]

Hi ██████

Data migration test cycle 5 dates have been confirmed. RIS and PACS extracts for test cycle 5 will be provided to AGFA by COB 11th of June.

Regards,

██████

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

Heland, Rebecca (Health)

From:	███████ ██████ (Health)
Sent:	Thursday, 31 May 2018 11:07 AM
To:	██████, ███ (Health)
Subject:	Procedure and results for the Year 2016 and 2017 [SEC=UNCLASSIFIED]

Hi ████
Below are the numbers for 2016 and 2017
Procedures:
186047(Yr 2016) + 192813(Yr 2017) = 378860
Results:
185887(Yr 2016) + 192659(Yr 2017) = 378546

I have also checked the numbers for May 2016 to May 2018 and it's quite similar to the above figures.

Thanks,
Sunitha

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

Integrated Diagnostic Imaging Solution (IDIS) - Minutes

Project Control Working Group Meeting

3:00 PM – 4:00 PM, Tuesday 29th of May 2018

Venue: Medical Imaging Conference Room

ACT Health acknowledges the traditional custodians of the land we are meeting on, the Ngunnawal people. ACT Health acknowledges and respects their continuing culture and connections to the land. ACT Health also acknowledges and welcomes other Aboriginal and Torres Strait Islander peoples who may be meeting in this venue.

Item	Agenda Item	Purpose	Name	Papers
1	Acknowledgement of Country		Chair	
2	Attendance and apologies	Note	Chair	
3	Minutes from previous meeting	Approve	Chair	
4	Action & Status Report	Update	Chair	
5	Project update	Update	Dev	
6	Agfa status update	Discuss	▉	
7	Risks & Issues Report	Tabled	Dev	
8	IDIS CUWG	Update	Dev	
9	Other Business	Discuss	All	
10	Meeting Close		Chair	

Next meeting: 26th of June 2018

Attendance/Apologies

Name		Role	✓,Ap, or ✗
Mark Duggan	MD	Executive Sponsor, Director, Medical Imaging - Chair	✓
Peter O'Halloran	POH	Chief Information Officer	✓
Sandra Cook	SC	Director, Future Capability and Governance	✓

Scott Barrett	SB	RIS-PACS Manager	✓
Andrew Kondakis	AK	ICT Manager	✓
Micah Anderson	MA	SSICT Program Manager (Health ICT)	✓
Hakan Gultekin	HG	CH ICT Manager	Ap
Hammam Hijazi	HH	CH Director of Medical Imaging	✓
Bridie Player	BP	CHHS Radiographer	✓
Dev Arsavilli	DA	IDIS Project Manager	✓
Jessica Griffiths	JG	IDIS Project - SME	✓
███ ███	█	IDIS Project – Delivery Manager	✓
Nick Crossley	NC	SS-ICT Project Manager	✓
███ ███	█	Agfa Project Manager	✓
Phil Suthern	PS	Acting CH ICT Manager	✓
Secretariat			
Darcy Row	DR	IDIS Project Coordinator	✓

2. Attendance & Apologies

- Apologies: HG

3. Minutes from previous meeting

- Minutes from previous meeting confirmed.

4. Action & Status report

- DA Action 1 from 3/4/2018 PCWG: Data migration speeds.
- TP The most recent data migration speeds indicated an estimated 126 days to complete data migration. This figure will likely be lower when we actually complete the migration as we can up the thread count during off-peak hours (night-time and weekends).
- DA We estimate that the data migration activities into PROD will commence early July.█ Two years of RIS migration has to occur before we can start PACS migration. Knowing we can use weekends to increase migration speeds, then I estimate we would need no more than 3 months to complete all of this.

20180529-01	█ to report to POH with a plan to have data migration completed by 20 September

- MD 40% of all studies are now completed outside normal business hours. This means there is less people using the system, but higher proportions are for reporting. There is

DIGITAL SOLUTIONS DIVISION

increasingly less downtime. Our working model has significantly changed in the past 12 months, leaving some weeknights with no downtime. Need to keep this in mind and be ready to adjust migration speeds if there is system performance degradation.

5. Project update

- DA The Agfa system configuration has been completed, with integration and data migration activities continuing. We have done several cycles of data migration, identifying a number of data integrity issues prior to us starting PROD migration. We are still scoping another TEST data migration cycle to ensure no issues for PROD migration.
- DA We are testing the interfaces sequentially one by one, aiming to have this completed by mid to end of August. There will be a separate team completing the eOrders work.
- DA By the end of August we will have the integration completed and then can start image migration. POH This will mean the project deliverables by end of August? DA Yes, with UAT occurring after that.
- DA We have two weeks of UAT after that, then a month of end user training.
- Confirmed to POH that DA is confident that with continued access to integration resources, he thinks the October 1 2018 go-live is achievable, with the majority of PACS migration completed.
- MD How much contingency is built into this schedule for non-access to Michael Cowey or other integration resources? DA None at this point in time. POH From next week, the two priorities for DSD are CRIS/CPF and IDIS. We will also have more resources available for this work moving forward too.
- ███ There may be configuration changes stemming from the UCH go-live. JG There will be extra LSPNs and workflows that need to be instituted into both the Siemens and Agfa systems to accommodate UCH.
- MD Can we not do a go-live on a public holiday weekend? Long weekends have increased throughput compared to normal weekends. POH If you don't want a go-live on a long weekend then you need to advise us in the next few days. The weekend before is football finals and the weekend after is daylight savings. We also have the ACT Health split starting from October 1.

20180529-02	███/DA/MD/HH to report back to this group within 24 hours if they foresee any significant risks or issues with a 1 October go-live

- HH I don't foresee any issues with this go-live but will confirm.
- ███ I haven't socialised the October 1 go-live with the broader Agfa team, but I don't foresee any issues.
- MD I am happy with a 1 October go-live, will confirm if otherwise.
- MD Do we have any real concerns about access to integration resources knowing that DA said there was no contingency in the schedule?
- NC As long as we have Tim Panoho ███ then I think this go-live is achievable. POH You have direct access to TPa if you need him, and he knows that.

20180529-03	SC to confirm with Julia from MKM their resource commitments and constraints

- DA Tim and Michael met with MKM last week to confirm the scope of work and how they will go about completing it.
- ███ If you are going to change the external third party reporting we would need to know very shortly. If it's changing from Everlight, we will need to know within the week.

- MD I have written the draft report, will finalise this week.

| 20180529-04 | MD to advise the project team of the third party reporting procurement results within a weeks' time |

- MD Would like to reiterate that we don't want to put the go-live beyond mid-October. After mid-October, the MI department workload increases significantly and introducing a new RIS-PACS at this time would be very difficult.

6. Agfa update

- ▮ Agfa have now completely upgraded our applications in all four environments and have tested the configurations in DEV/TEST/TRAIN environments. We are yet to have this configuration signed off, and we can't put this into PROD as yet. This is a big step and there is a bit of work involved with this.
- ▮ There is some work going on with BI reporting as it came to light that some customisation was needed to meet ACT Health requirements. This is mostly completed now and will soon be handed over to JG for testing.
- ▮ We have been working on the integration points, but some are waiting to be tested in earnest as Michael hasn't had PRIP time allocated for it.
- ▮ We have our integration/solution expert on-site this week to get the AD/LDAP setup by the end of the week, and hand it over to testers. This work has been a little delayed by network access issues, but should be completed shortly.
- ▮ We are in a bit of a holding pattern until the eOrders work is commenced and the other integrations testing is fully underway.
- ▮ The other piece of work that still needs to be done is setting up Engage Suite in the DMZ (NC to help). Since the project go-live has been delayed, we will now be able to use the latest version of Engage Suite.

7. Risks and Issues report

- DA The biggest risk we have in the register is access to Clinical Portal/integration team resources.
- DA There are a few data migration issues that are amber, but are actively being reduced.

8. IDIS CUWG

- JG Nothing to report explicitly from the CUWG. We advised the clinical group of the delayed go-live and ran through some specific configurations that have been made.
- JG There will be a document about the training plan that will be circulated with the CUWG group, and then brought to PCWG for endorsement.
- DA Next PCWG meeting, we will be bringing the Transition and Training Plans for endorsement.
- MD I will be replacing the clinicians currently on the CUWG with other clinicians.

9. Any other business

- No other business raised.

10. Meeting ended 3:44pm

Heland, Rebecca (Health)

From:	Crossley, Nick
Sent:	Friday, 25 May 2018 12:38 PM
To:	████ ████ (Health)
Cc:	████ ██ (Health); Arsavilli, Dev; Row, Darcy (Health); Puthussery, Jay (Health)
Subject:	Re: New Siemens DB [SEC=UNCLASSIFIED]

Hi ████
DB has been restored with same permissions, is called the same name (PRD_RADDATA) Jay and yourself have the same access as before.
Cheers

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

On 25 May 2018, at 09:54, ████ ████ (Health) <████████ act.gov.au> wrote:

> Hi Nick,
> We can replace the existing one PRD_RADDATA.
> Jai has access to this database as well, so we will have to make sure he retains his access with the new copy.
> Thanks,
>
> ████ | **IDIS Data Migration Analyst - UCPH Digital Solutions Program**
> Mobile : ████ | Email: ████████ act.gov.au
> **From:** Crossley, Nick
> **Sent:** Friday, 25 May 2018 9:50 AM
> **To:** ████ ████ (Health) <████████ act.gov.au>
> **Cc:** ████ ██ (Health) <████████████
> **Subject:** New Siemens DB
> Hi ████
> Is this new DB backup we got off ████ replacing the existing one we have, or do you need to keep the existing one? Is that existing one called PRD_RADDATA?
> Cheers
>
> **Nick Crossley**
> Project Manager MAIPM, CPPM |Shared Services ICT Health
> **Phone: +61 2 6207 8919** |Mob ████████
> **Shared Services|** Chief Minister, Treasury and Economic Development Directorate | **ACT Government**
> Building 1, Lv 10 Canberra Hospital, Garran ACT | PO Box 11, WODEN ACT 2606

Heland, Rebecca (Health)

From:	████ ████ (Health)
Sent:	Thursday, 24 May 2018 4:12 PM
To:	████ ██
Cc:	████ ██ Crossley, Nick; Arsavilli, Dev; ████ ████ (Health); Griffiths, Jessica (Health)
Subject:	RE: Data Extraction Specifications version 3 [SEC=UNCLASSIFIED]
Attachments:	RIS PACS Data Extraction Specifications v3.docx

Hi ████

████ found a minor correction to the extraction specifications while reviewing it today.
The escape character for carriage returns in text attachments was wrongly specified as '/.br/', which has now been corrected to '\.br\'.
An updated copy has been attached
Thanks,

████

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

From: ████ ████ (Health)
Sent: Wednesday, 23 May 2018 4:34 PM
To: ████ ████ < ████ >
Cc: ████ ████ < ████ > Crossley, Nick <Nick.Crossley@act.gov.au>;
Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; ████ ████ (Health) < ████ > Griffiths, Jessica
(Health) <Jessica.Griffiths@act.gov.au>
Subject: Data Extraction Specifications version 2 [SEC=UNCLASSIFIED]

Hi ████
A copy of the updated extraction specifications has been attached.
Please get back to me if you/your team need any further clarifications.

Thanks,

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

Heland, Rebecca (Health)

From:	██████ ███ <███████████████>
Sent:	Tuesday, 15 May 2018 4:43 PM
To:	████ █████ (Health); ██ ██████
Cc:	████ ████ ██████████ ████ (Health); Arsavilli, Dev
Subject:	[AUS - ACT] Text attachments [SEC=UNCLASSIFIED]

Hi ██████

For these small amounts I can force the messages to go over and update EI.
This has now been done based on the new file you just provided and it seems to work fine.

I did however update your new file before processing it. The escape string needs to be \.br\
and you had /.br/ in the extract, I guess that will be a simple fix :).

Kind Regards,

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

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

R.O.: Septestraat 27, B-2640 Mortsel, Belgium | RLE Antwerp | VAT BE 0403.003.524 | IBAN Operational Account BE81363012356224 |
IBAN Customer Account BE20375104592856 | ING Belgium NV, B-1000 Brussels
Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer

From: ██████ █████ (Health) [mailto█████████████act.gov.au]
Sent: Tuesday 15 May 2018 8:29
To: ██ ██████ <███████████████████>
Cc: ██ ████ <██████████████████████ ██████ <██████████████████████
<████████████████ █████ ████ (Health) <███████████████████ Arsavilli, Dev
<Dev.Arsavilli@act.gov.au>
Subject: RE: Text attachments [SEC=UNCLASSIFIED]

Hi ████

I have updated the attachments extract file to match the specifications in your email below
Could you please have a look and let me know if it is as expected.

Also, now that the data from the other files (Service, Procedure, Study..) has already been migrated, will it be
possible to migrate these attachments for the same set of accession numbers?

Thanks,

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

From: ███ ████████ [mailto███████████████████
Sent: Tuesday, 15 May 2018 3:40 PM
To: ████████ █████ (Health) <██████████████act.gov.au>
Cc: ████████ <████████████████████████ <███████████████████████
<████████████████ █████ ████ (Health) <████████████████████
Subject: RE: Text attachments [SEC=UNCLASSIFIED]

Hi ████

████ has confirmed that the TEXT attachments can not be an external RP (reference pointer) and instead the actual text content from the file needs to be included with the attachments metadata file with an attachment type code of TX used instead of RP and CRLF characters replaced with a \.br\
Is this something that can be performed as part of the attachments file generation?

Kind Regards,

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

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

_____

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

From: ████ ████ (Health)" <████████████act.gov.au>
To: ████████AWGEJ/AGFA@AGFA
Date: 30/04/2018 01:56 PM
Subject: RE: Text attachments [SEC=UNCLASSIFIED]

_____

Thanks ████

Regards,

████████

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

From: ███ ████████ [mailto████████████████████]
Sent: Monday, 30 April 2018 12:16 PM
To: ████████ ██████ (Health) <████████████act.gov.au>
Cc: ████ ████ <████████████████████ ██████ (Health) <████████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
Subject: Re: FW: Text attachments [SEC=UNCLASSIFIED]

Hi ████████

I have configured a attachment code of MIGRATED_PROCDATA for the Procedure level data and MIGRATED_REPTDATA for the Procedure Report Data. Please use these code for the two attachment types.

Kind Regards,

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

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

_____

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

_____

From: ████ ████████ (Health)" ████████████act.gov.au>
To: ████████AWGEJ/AGFA@AGFA
Date: 23/04/2018 02:36 PM
Subject: FW: Text attachments [SEC=UNCLASSIFIED]

Hi ██
Did you get a chance to look at these attachments?
Could you please get back to me by COB tomorrow, as I am trying to get this finalised before my meeting with Siemens on Thursday.
Thanks,

██████

████ ████ | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile : ████████ Email ████████████

From: ████████ ████████ (Health)
Sent: Thursday, 19 April 2018 11:17 AM
To: ███ █████████ < ████████████████████
Subject: Text attachments [SEC=UNCLASSIFIED]

'i ██
The data to be extracted into text attachments has been finalised.
For every completed procedure and signed off report extracted into the Procedure and Report files, 2 text attachments, one with the procedure details and the other with the result details will be extracted.
I have attached samples of the text attachments, the content and format has been verified by Jess and is as per the business's requirement.
Could you please have a look and verify.
Also could you please provide the code values to be used for these text attachments in the attachments extract file?
The attachments specifications provided, had a different code value for each text field, but from what I understand the data will all be extracted into the 2 text documents as specified and a code value will be used to represent each type.

Thanks,

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

This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.
---[attachment "7157022_Result_text.txt" deleted by ████
██████████ /AWGEJ/AGFA] [attachment "7156181_Procedure_text.txt" deleted by ████ █████████ /AWGEJ/AGFA]

Heland, Rebecca (Health)

From:	██ ████ < ███████████████
Sent:	Tuesday, 15 May 2018 3:40 PM
To:	████ ████ (Health)
Cc:	████████ █████ █████ ████ (Health)
Subject:	RE: Text attachments [SEC=UNCLASSIFIED]

Hi ████

████ has confirmed that the TEXT attachments can not be an external RP (reference pointer) and instead the actual text content from the file needs to be included with the attachments metadata file with an attachment type code of TX used instead of RP and CRLF characters replaced with a \.br\
Is this something that can be performed as part of the attachments file generation?

Kind Regards,

██ █████████ || ██████████████

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

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http://blog.agfahealthcare.com

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

From: ' ████ █████ (Health)" < ███████████ act.gov.au>
To: ██ █████ AWGEJ/AGFA@AGFA
Date: 30/04/2018 01:56 PM
Subject: RE: Text attachments [SEC=UNCLASSIFIED]

Thanks ████

ɛgards,

████

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

From: ██ █████ [mailto ████████████████
Sent: Monday, 30 April 2018 12:16 PM
To: █████ █████ (Health) < ██████████ act.gov.au>
Cc: ████ ████ < ███████████ █████ ████ (Health) < ████████████ Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
Subject: Re: FW: Text attachments [SEC=UNCLASSIFIED]

Hi ████

I have configured a attachment code of MIGRATED_PROCDATA for the Procedure level data and MIGRATED_REPTDATA for the Procedure Report Data. Please use these code for the two attachment types.

Kind Regards,

██ █████████ || ██████████████

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

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http://blog.agfahealthcare.com

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

From: ███████ (Health)" <███████act.gov.au>
To: ███ AWGEJ/AGFA@AGFA
Date: 23/04/2018 02:36 PM
Subject: FW: Text attachments [SEC=UNCLASSIFIED]

Hi ███
Did you get a chance to look at these attachments?
Could you please get back to me by COB tomorrow, as I am trying to get this finalised before my meeting with Siemens on Thursday.
Thanks,
███

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

From: ███████ ███████ (Health)
Sent: Thursday, 19 April 2018 11:17 AM
To: ███ ███████ <███████
Subject: Text attachments [SEC=UNCLASSIFIED]

Hi ███
The data to be extracted into text attachments has been finalised.
For every completed procedure and signed off report extracted into the Procedure and Report files, 2 text attachments, one with the procedure details and the other with the result details will be extracted.
I have attached samples of the text attachments, the content and format has been verified by Jess and is as per the business's requirement.
Could you please have a look and verify.
Also could you please provide the code values to be used for these text attachments in the attachments extract file?
The attachments specifications provided, had a different code value for each text field, but from what I understand the data wil' all be extracted into the 2 text documents as specified and a code value will be used to represent each type.

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

--[attachment "7157022_Result_text.txt" deleted by ███ ███████ AWGEJ/AGFA] [attachment "7156181_Procedure_text.txt" deleted by ███ ███████ AWGEJ/AGFA]

Heland, Rebecca (Health)

From:	Arsavilli, Dev
Sent:	Tuesday, 15 May 2018 11:58 AM
To:	Griffiths, Jessica (Health); ████ ████ (Health)
Cc:	████ ██ (Health)
Subject:	FW: Copy of Updated_PatientData_forAnalysis_Jess.xlsx [SEC=UNCLASSIFIED]
Attachments:	Copy of Copy of Updated_PatientData_forAnalysis_Jess.xlsx

Hi Jess and ████

Please see email below and the attachment.

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: Barrett, Scott (Health)
Sent: Tuesday, 15 May 2018 11:47 AM
To: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
Subject: RE: Copy of Updated_PatientData_forAnalysis_Jess.xlsx [SEC=UNCLASSIFIED]

Hi Dev,

Attached is the latest copy of the spreadsheet that Aimee completed before the Sys Admin training.

I believe that Aimee and Jess have held a couple of informal chats about this but I'm not sure what the next required steps were to progress this.

Let me know if we haven't completed this task as expected and I'll get it resolved immediately.

Thanks

Scott

Scott Barrett | Manager
Direct Phone: 02 6174 8039 | Direct Email: scott.barrett@act.gov.au
Diagnostic Imaging Systems | Diagnostic & Medication Systems Hub | Phone: 02 6174 8750 | Email: DSD.DIS@act.gov.au
Technology Operations Branch | Digital Solutions Division | Health Directorate | ACT Government
Level 10, Building 1, Canberra Hospital, Garran ACT | GPO Box 825, Canberra City ACT 2601 | act.gov.au

From: Arsavilli, Dev
Sent: Tuesday, 15 May 2018 11:19 AM
To: Barrett, Scott (Health) <Scott.Barrett@act.gov.au>
Cc: ████ ████ (Health) <████ act.gov.au>; Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>
Subject: RE: Copy of Updated_PatientData_forAnalysis_Jess.xlsx [SEC=UNCLASSIFIED]

HI Scott,

1

Could you please update on the progress with this?

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: Arsavilli, Dev
Sent: Tuesday, 24 April 2018 11:36 AM
To: Barrett, Scott (Health) <Scott.Barrett@act.gov.au>
Subject: FW: Copy of Updated_PatientData_forAnalysis_Jess.xlsx [SEC=UNCLASSIFIED]

Hi Scott,

As discussed:
Attached is a spreadsheet with MRNs with issues in RIS – mostly Calvary related.
Jess has been in contact with someone at Calvary but it is not progressing.

Could your team review and see if these can be fixed?
We need the patient info to be correct in the source system before cycle 5 migration.

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: Monday, 23 April 2018 12:21 PM
To: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
Subject: FW: Copy of Updated_PatientData_forAnalysis_Jess.xlsx [SEC=UNCLASSIFIED]

Hi Dev,
This is the email from Jess, which was cc'd to Hakan.
I do not thoroughly understand each of the comments in the sheet, As Jess is away for the week, Alice from Scott's team can help us out if needed.
Thanks,

▓▓▓▓

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

From: Griffiths, Jessica (Health)
Sent: Thursday, 8 March 2018 4:39 PM
To: ▓▓▓▓▓ ▓▓▓▓ (Health) <▓▓▓▓▓▓▓▓act.gov.au>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; Hakan Gultekin (Calvary) <hakan.gultekin@calvary-act.com.au>
Subject: Copy of Updated_PatientData_forAnalysis_Jess.xlsx

Hi ▮▮▮▮▮

Alice and I have been through the Updated Non-match MRNs tab and have identified the MRN's in RIS all have activity performed at Calvary Medical Imaging. These exams are quite old and date back to Kestral RIS and during the conversion from Calvary IBM PAS to IPM PAS (ACTPAS).

We have identified the following:
- MRN's that have already been corrected or are the same patient and ACTPAS is the source.
- Complete different patients
- New born of... same patient but have had another MRN created in ACTPAS and will need to be merged.

I am not sure who's responsibility this is to fix, is it worth taking back to PMI to have the ones we know need to be merged rectified and identify a resource to investigate the ones were two different patients have the same MRN?

I have cc'd Hakan into this email as I has a verbal discussion with him after PCWG today and he may be able to shed some light on the issue.

I have not finished working through the other tabs yet, will hopefully complete tomorrow.

Thanks,
Jess

Jess Griffiths | RIS Admin Project Officer – Integrated Diagnostic Imaging Solution Project
Phone: (02) 61748730 | Email: Jessica.Griffiths@act.gov.au
Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
Canberra Hospital, Garran ACT | PO Box 11, Woden ACT 2606 | act.gov.au

Heland, Rebecca (Health)

From:	████████ ████ (Health)
Sent:	Monday, 7 May 2018 11:24 AM
To:	████ ██
Cc:	Arsavilli, Dev; ████████ ████ (Health)
Subject:	RIS PACS Extract to test Patient Merges [SEC=UNCLASSIFIED]
Attachments:	StudyUID_PatientID.xlsx; Attachments.zip; RIS_PACS_Extract_for_PatientMergeTest.zip

Hi ████

I have attached the files needed for data migration to test the Patient record merge. Also attached are text attachments for the provided data to analyse the possibility of doing a custom ETL to import the data provided in text attachments for BI reporting.

Let me know if you need any further details.

regards,

████

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

Heland, Rebecca (Health)

From:	██████████ <██████████████████>
Sent:	Monday, 30 April 2018 12:16 PM
To:	██████ ██████ (Health)
Cc:	██████ ██████████ (Health); Arsavilli, Dev
Subject:	Re: FW: Text attachments [SEC=UNCLASSIFIED]

Hi ████████

I have configured a attachment code of MIGRATED_PROCDATA for the Procedure level data and
MIGRATED_REPTDATA for the Procedure Report Data. Please use these code for the two attachment types.

Kind Regards,

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

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

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http://blog.agfahealthcare.com

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From: "████████ ████████ (Health)" ████████████████████
To: ████████ AWGEJ/AGFA@AGFA
Date: 23/04/2018 02:36 PM
Subject: FW: Text attachments [SEC=UNCLASSIFIED]

Hi ████
Did you get a chance to look at these attachments?
Could you please get back to me by COB tomorrow, as I am trying to get this finalised before my meeting with Siemens on
Thursday.
Thanks,

████

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

From: ████████ ████████ (Health)
Sent: Thursday, 19 April 2018 11:17 AM
To: ████ ████████ <████████████████████
Subject: Text attachments [SEC=UNCLASSIFIED]

Hi ████
The data to be extracted into text attachments has been finalised.
For every completed procedure and signed off report extracted into the Procedure and Report files, 2 text attachments, one
with the procedure details and the other with the result details will be extracted.
I have attached samples of the text attachments, the content and format has been verified by Jess and is as per the business's
requirement.
Could you please have a look and verify.
Also could you please provide the code values to be used for these text attachments in the attachments extract file?
The attachments specifications provided, had a different code value for each text field, but from what I understand the data will
all be extracted into the 2 text documents as specified and a code value will be used to represent each type.

Thanks,

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

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

This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.

---[attachment "7157022_Result_text.txt" deleted by ██ ████████/AWGEJ/AGFA] [attachment "7156181_Procedure_text.txt" deleted by ██ ████████/AWGEJ/AGFA]

Heland, Rebecca (Health)

From:	███████ ██████ (Health)
Sent:	Friday, 27 April 2018 11:54 AM
To:	████ ███
Cc:	Arsavilli, Dev; ██████ ███ (Health); Griffiths, Jessica (Health)
Subject:	Patient merges [SEC=UNCLASSIFIED]

Hi ████

At the meeting, we would like to discuss the possibility of updating the patient details on the DICOM study during migration.

Around 20,000 patients have been identified as either not merged or incorrectly merged in RIS. All such patient records will be identified and fixed in the extracts provided to AGFA.

The patient IDs in the provided RIS data and the PACS metadata will therefore not match with the patient details on the DICOM image, we want to discuss the option of updating the DICOM images with the correct patient details from the RIS and PACS metadata during image migration.

Let me know if you need any further details.

Thanks,

████████

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

Heland, Rebecca (Health)

From:	████ ████ < ████████████
Sent:	Friday, 20 April 2018 5:38 PM
To:	████ ███ (Health)
Cc:	████ ██████ ████ (Health)
Subject:	Re: Patient Data Migration [SEC=UNCLASSIFIED]

Hi ████

During the last cycle we have managed to send 4,7 ADT messages per second.
That would be 3 to 4 days for the full ADT migration towards El and Scheduling.

Kind Regards,

████████ ██ ████████
T████████

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

From:	████ ███ (Health)" < ████████████
To:	████ AXKQB/AGFA@AGFA
Cc:	████ AWGEJ/AGFA, ' ████ ████ (Health)" < ████████ act.gov.au>
Date:	19/04/2018 01:46
Subject:	Patient Data Migration [SEC=UNCLASSIFIED]

████

I'm trying to estimate how long the initial patient load into Production might take but I can't find anything in the Test Migration reports on the speed of the ADT load. You provided timings for ORM and ORU load rates from the test loads, but I couldn't see one for ADT messages. So right now I'm guessing for patient load times; it looks like it should be around 1 - 1.5 million records that we have to load. Do you have any figures for the ADT load rate from the tests?

Thanks

████

██ ████████ | **IDIS Delivery Manager - UCPH Digital Solutions Program**
Phone: 02 6174 8768 | Mobile: ████████ | Email: ████████████████
Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
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----

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

Heland, Rebecca (Health)

From:	Griffiths, Jessica (Health)
Sent:	Friday, 20 April 2018 4:52 PM
To:	██████ ██████ (Health)
Cc:	██████ ██ (Health); Arsavilli, Dev; ██████ ██████ ██████ Row, Darcy (Health)
Subject:	FW: Clinical Info and Clinical History data samples [SEC=UNCLASSIFIED]
Attachments:	ClinicalHist_ClinicalInfo_JG.xlsx

Hi ██████

I have reviewed the attached excel spreadsheet with the following feedback:

Sheet 1: RIS Clinical History- These are all Interactive documents "VORDER"

Sheet 2: MI staff leave notes about the patient bookings, patients' availability for inpatients and any other general
otes related to a particular exam for a particular patient in these fields.
I found that the Siemens PROC comments1 field is being displayed in the "Clinical Info" field of EI, I cannot find the
Siemens "Proc Reason" field in Agfa.
Lastly the exam history is also not displaying in scheduling I can see the patient but no exams. Accession number
██████

As discussed ██████ can the Proc comments, Ord comments and proc reason be migrated as a text attachment
naming convention Scheduling Notes 1, Scheduling notes 2 etc?
This information should not be viewable to user external to MI as sometimes there can be patient sensitive
information in these fields.

Happy to discuss further, when I return from leave.

Thanks,
Jess

Jess Griffiths | RIS Admin Project Officer – Integrated Diagnostic Imaging Solution Project
hone: (02) 61748730 | Email: Jessica.Griffiths@act.gov.au
uture Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
Canberra Hospital, Garran ACT | PO Box 11, Woden ACT 2606 | act.gov.au

██████ ██████████████

Sent: Wednesday, 18 April 2018 3:03 PM
To: Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>
Subject: Clinical Info and Clinical History data samples [SEC=UNCLASSIFIED]

Hi Jess,
The attached sheet has some data samples for
Clinical History – can you check if this data is being extracted in an attachment?
Clinical Info – can you check how this data appears in AGFA's system?
Thanks,

██████

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

Heland, Rebecca (Health)

From:	Sankararaj, Prathiba (Health)
Sent:	Thursday, 18 January 2018 2:03 PM
To:	█████ █████ (Health); ████ ████ (Health); Mandapati, Sirisha (Health)
Cc:	█████ █████ (Health); Arsavilli, Dev
Subject:	Data Migration meeting Notes and Action Items [SEC=UNCLASSIFIED]

Hi All,

Please find Data migration meeting notes and action items below. Please send your updates on action items to myself and Sirisha.

1. **Issues**
   a. Tester have no access to Siemens or Agfa data base. – Sirisha to coordinate access with ██ and Dev.
   b. We may need access to workstation. - Sirisha to coordinate access with ██ and Dev.
   c. Data migration - No permission to load identified patient record in Dev. Request in place for approval. Sirisha to include in Project issue log
   d. 100% data migration is not possible till PROD - Sirisha to include in Project issue log and send email to PM for acceptance of this issue.
   e. Unable to match ACTPAS demographics - Data cleansing was agreed only in PROD. Sirisha to include in Project issue log and send email to PM for acceptance of this issue.

1. **Action**
a. **Prathiba to check with ██ if it is possible to have two env for Data migration and Integration in Dev.**
   a. To confirm 20% is in Test/Dev - Action - ████████ – To confirm if 20% data can be loaded in Dev
   b. Sirisha to arrange meeting with agfa for UI mapping
   c. Spec must be finalised on 26th Jan, if not Sirisha to raise this in Issue register
   d. Update attachment specs – ██ to update spec
      i. Files exists no
      ii. Additional attachment created based on gap Analysis

   f. Problematic record Criteria - ██ and ███ to provide info by 26th Jan
   g. Data transformation must be updated- ██████ to provide info by 26th Jan
   h. Percentage of records affected with merge and issues- ███ to provide figures to Prathiba by 2nd of Feb.
   i. Prathiba to prepare test team for test execution on 12th of Feb

Prathiba Sankararaj | Test Manager
Phone: 620 76999 | eMail: prathiba.sankararaj@act.gov.au
Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
2-6 Bowes Street, Phillip ACT | GPO Box 825, Canberra City ACT 2601 | act.gov.au

Heland, Rebecca (Health)

From:	███████ ███████ ‹███████████████████████›
Sent:	Tuesday, 17 April 2018 4:13 PM
To:	Arsavilli, Dev
Cc:	███████ ██ (Health)
Subject:	Outstanding Issues [SEC=UNCLASSIFIED]

Hi Dev,

Below is a list of outstanding issues that need resolution before work starts on cycle 5.

From the time the issues are resolved, an additional 2-3 weeks will be required for data extraction and data transformation.

Siemens should be able to go ahead and finalise their **extract scripts** right away as all the required details have been documented. (Text attachment updates will be documented and handed over before tomorrow's (18/04) meeting)

The extract however will have to wait till the patient data is updated in the system (incomplete merge fixes), if we go down that path of fixing patient merges in the current Siemens RIS

Issue	Dependency
Refined patient data from PMI	
Finalised list of incomplete merges in RIS	Task 1 - Refined patient dat
Finalised list of RIS MRNs that have no reference in ACTPAS	Task 1 - Refined patient dat
Mismatched patient demographics in RIS and ACTPAS	
Incomplete merges fix in Siemens RIS	Task 2 - Finalised list of inc
Patient data verification, cleansing and transformation	Task 1 - Refined patient dat Task 5 - Incomplete merges
Decision on PACS Exception accession numbers and how we want them to be migrated	
RIS orders to be recreated for PACS Exceptions	Task 7 - Decision on PACS E

Let me know if you need any further details.

Thanks,

████████

Heland, Rebecca (Health)

From:	███████ < ███████████ >
Sent:	Friday, 13 April 2018 9:27 AM
To:	Arsavilli, Dev
Cc:	Puthussery, Jay (Health); ███████ (Health); ███████ (Health); ███ Griffiths, Jessica (Health)
Subject:	Test Migration Cycle 4
Attachments:	[AUS - ACT] DICOM Migration Status 12042018.xlsx; [AUS - ACT] Performance during TEST migrations 12042018.xlsx

Hi Dev,

Please find attached reports on Cycle 4 Migration results.

The migration was completed without errors however the following should be noted from the validation report.

1) The "Total images moved, not validated" are those listed in the file of all studies that have been moved successfully to EI, but that don't validate afterwards. We suspect this is due to migrated images being purged before validation.

2) The "Total images to migrate" are the studies / images that need to be re-migrated because of the previous 'problem' (The Excel is making rough estimates of what it thinks that needs to happen to complete the migration)

3) The "Total images ignored". These are studies / images that have been marked as 'IGNORE' by ███ because of known issues that have been discussed before and will be fixed by the ███ in the extracts

Kind Regards,

███████████ ██ ███████████

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

From: ███████ NAWVR/AGFA
To: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMTP
Cc: "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>
Date: 12/04/2018 10:39
Subject: Re: FW: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi Dev,

The remainder of Cycle 4 migration was due to finish last night. I should get a report for your tomorrow.

Kind Regards,

███████████ ██ ███████████

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http://blog.agfahealthcare.com

From: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>
To: "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>
Cc: ███████/NAWVR/AGFA@AGFA, ███ ████████████████
Date: 12/04/2018 10:23
Subject: FW: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi Jay,
For your information.

Hi ████ and ██████
Jay is our data migration tester, could we add him to all the communications on data migration?
Also, when will we get Cycle 4 information?

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: ████ ██████ [mailto:██████████████████
Sent: Thursday, 29 March 2018 11:04 PM
To: ████ ████ <████████████████████
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; ██████████ (Health) <██████████████████████████ (Health) <██████████████act.gov.au>; ██ ████ <████████████████ ██ ████ <████████████████████████████████ ████████ <████████████████████████████████████ Crossley, Nick <Nick.Crossley@act.gov.au>; ██ ████ <████████████████████
Subject: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi All,

The DICOM migration for Cycle 3 has been completed.
All studies marked for migration have been migrated and validated successfully.

Based on the data from Cycle 3, the following performance number have been calculated. These number ONLY take the studies into account WITH dicom header updates, so we are comparing the same thing and the threads are the variable:

- 5 Threads: +/- 13,5 images / second
- 10 Threads: +/- 20 images / second

I don't have any number of images available for the total migration, but you can use this to easily get to a total needed time estimation. The current batch has an average of 240 images / study. Based on 2.000.000 studies => 480.000.000 images.

- 5 Threads: 427 days
- 10 Threads: 277 days

Performance details in the attached file, please let me know if you have any question on these performance numbers.

Kind Regards,

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

███████ NV, ████████████████████
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om: ████ ████ AXKQB/AGFA
. ████ NAWVR/AGFA@AGFA
Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMTP, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, ████ ████ (Health)"
██
████████████████ , "Crossley, Nick" <Nick.Crossley@act.gov.au>, ████ ████ AXKQB/AGFA@AGFA
Date: 27/03/2018 11:28
Subject: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi All,

So far, all studies that don't need DICOM header updates have been migrated to EI (+/- 12.000 studies).
All studies in this batch migrated without errors and have been validated after migration.

Earlier today I have started the batch of studies that need DICOM header updates (+/- 1900 studies to go).
The rough estimation on the remaining time is +/- 2 days (after 5% was migrated in this batch).

Kind Regards,

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

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From: ████ ████ AXKQB/AGFA
To: ████ ████ NAWVR/AGFA@AGFA
Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMTP, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, ████ ████ (Health)"
██
████████████████ "Crossley, Nick" <Nick.Crossley@act.gov.au>, ████ ████ AXKQB/AGFA@AGFA
Date: 26/03/2018 09:53
Subject: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi ████

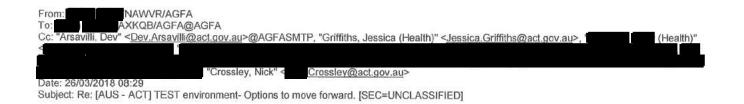I just had a look at the running migration, this is the status:

- The migration of studies that don't need an update to the DICOM header is at 75% and is expected to run for another 20 hours to complete at the current rate.
- All migrated studies seem to validate successfully.
- We also still have +/- 2000 studies that need a DICOM header update and from previous tests we know that these studies are large (more MB per study to move).

So we will not be finished before the extra threads kick in.

Kind Regards,

████████ | ████████
T ████████

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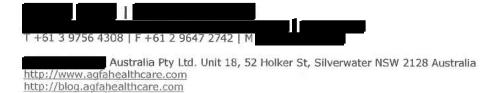Click on link to read important disclaimer: http://www.agfahealthcare.com/maildisclaimer

From: ████████ NAWVR/AGFA
To: ████████ AXKQB/AGFA@AGFA
Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMTP, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, ████████ (Health)" ████████████████████████████████████ "Crossley, Nick" ████ Crossley@act.gov.au>
Date: 26/03/2018 08:29
Subject: Re: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi ████

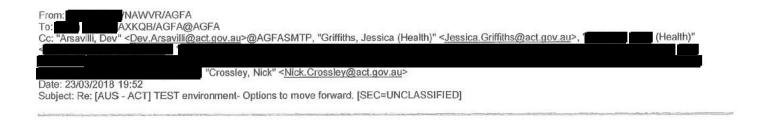So far migration has been going well.

At 17:00 (after 7 hrs) migration was at approx 60% and process 630k images.

It is likely this will finish before 22:00 when the additional threads would be used but if you can give us a report anyway when finished it would be appreciated.

Kind Regards,

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From: ████████ /NAWVR/AGFA
To: ████████ AXKQB/AGFA@AGFA
Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMTP, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, ████████ (Health)"
██
████████████████ "Crossley, Nick" <Nick.Crossley@act.gov.au>
Date: 23/03/2018 19:52
Subject: Re: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi ████

Thanks for confirming just now the HL7 migration was successful.

Please schedule the DICOM migration to commence **Monday 10:00** (our time) according to the following criteria...

- The peak and off-peak times remain the same as for the previous cycles,
- Threads to run during the peak hours – 5
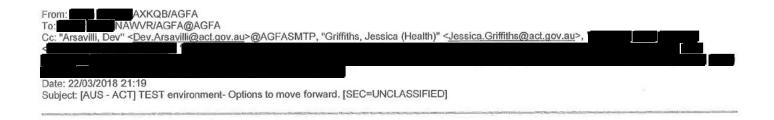- Threads to run during the off-peak hours – 10

*Peak hours - 5:00 am to 10:00pm
Off peak hours - 10:00pm to 5:00am

We will monitor the initial DICOM performance with the PACS Admin team Monday to ensure no impact to the Siemens production system.

Kind Regards,

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From: ████████ AXKQB/AGFA
To: ████████ NAWVR/AGFA@AGFA
Cc: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMTP, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, ████████████
██
Date: 22/03/2018 21:19
Subject: [AUS - ACT] TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi All,

I can confirm that the HL7 migration of the 'Cycle 3' test extracts has now been completed towards EI.
For the DICOM part of the migration, I'll wait for a signal that the validation was completed.

Performance is better then before, we are now using a multi threaded approach in a new version of the migration tools (2 services per Core Server). If the production EI has multiple CS servers, the performance should still be better then what is mentioned below.

- ORM => +/- 350ms per message
- ORU => +/- 250ms per message

Kind Regards,

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From: ████████ /NAWVR/AGFA
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Cc: "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, ████████ (Health)" <████████████████████
██
Date: 21/03/2018 19:52
Subject: RE: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi Dev,

Just confirming, ███ has reassigned the available cache from "Test" to "Dev" and turned on the purging.

On this afternoon's migration call we can confirm the time and date for the 3rd test migration. As per ████████ advice the next test migration will have ....

- The peak and off-peak times remain the same as for the previous cycles,
- Threads to run during the peak hours – 5
- Threads to run during the off-peak hours – 10

*Peak hours - 5:00 am to 10:00pm
Off peak hours - 10:00pm to 5:00am

Kind Regards,

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To: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>@AGFASMTP
████████████████████ "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, "Duggan, Mark (Health)" <Mark.Duggan@act.gov.au>,
"Barrett, Scott (Health)" <Scott.Barrett@act.gov.au>, ████████ (Health)" <████████act.gov.au>, ████████████████

Date: 20/03/2018 13:08
Subject: RE: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi Dev,

Thanks for the confirmation.

I tried to find out overnight the details of the algorithm used. From the feedback so far it appears to be based on a FIFO but this is an algorithm designed for the incoming cache cleanup so a number of factors are used.

btw - I checked with ████ and he has confirmed the testing team have completed their testing on the first 2 cycles.

Kind Regards,

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To: ████ ██ NAWVR/AGFA@AGFA
████████████████████ "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, "Duggan, Mark (Health)" <Mark.Duggan@act.gov.au>, "Barrett, Scott (Health)" <Scott.Barrett@act.gov.au>
Date: 20/03/2018 11:32
Subject: RE: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi ██████
This looks to me like a bit of option 1 and option 2.
I would like to understand the criteria behind auto purge.
1. Is it first in first out?

If migrated RIS data can remain we would prefer this bridged approach.

Please proceed with the configuration of extra disk to TEST from the unused env.

Kind Regards,

Dev

--

Dev Arsavilli | Project Manager
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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: ████ ████ [mailto ████████████████
Sent: Monday, 19 March 2018 5:19 PM
To: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>
Cc: ████ ████ < ████████████ ████████████████

███████████████ Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>

Subject: RE: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi Dev,

Just to confirm our discussion just now.

You are OK for Agfa to proceed now with Option 2 as Follows.

a) Agfa will reassign 1TB of Cache from "Test" (not currently in use) to the "Dev" environment. (Now designated as the TEST environment).

b) Agfa will configure the auto purging of images from Dev cache only. The RIS Data will remain.

I will try to find our if any particular rules can be applied and if the purging can be scheduled.

Kind Regards,

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Cc: ██████NAWVR/AGFA@AGFA, ████████AMPCY/AGFA@AGFA, ███████████AWWQG/AGFA@AGFA, "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>, "Barrett, Scott (Health)" <Scott.Barrett@act.gov.au>, "Duggan, Mark (Health)" <Mark.Duggan@act.gov.au>
Date: 16/03/2018 01:25
Subject: RE: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi █████

Thank you for taking time to review this issue and responding in detail.

My summary:
It is a very simple and general expectation of ACT Health that we have a TEST environment that is fit for purpose.
Here we have a TEST environment that is not fit for testing within the scope.

I do not agree with the reasoning that this approach was not made clear:
I have reviewed this with the Project Team and asked them to look in to all initial discussions.
From the available minutes etc, this testing approach was being discussed in September/October 2017.
Agfa team were part of these discussions.
Please see attached; one of the items mentioned in this minute talks about subset of data migration testing being sufficient for ACT Health. It also mentions that as big as 10% of DB will be provided to Agfa for migration at one instance.
Q1. Why was this issue not identified/thought/raised earlier?
Q2. Why have we discovered this in the middle of testing after the fact that the disk was full?
It seems like the environment was not actively monitored. Are there any monitoring measures in place currently? If we are not monitoring disk space are we monitoring other issues?

Nowhere in the BRS have we mentioned that we will accept Agfa's global best practice.
Please see below:

S16	Compliance	Comply with the standards for hardware and software listed in the ACT reference manual.	
S17	Compliance	Comply with the ACT Health change management process.	
S12	Architecture	Complies with the ACT Government ICT Data Centre requirements.	

Agree that this approach of 20% of migration was not documented in the BRS as we normally consider 100% data migration in TEST as a standard. Imagine scoping of TEST environments for just 1.5% of data migration.
If this is the best practice I am really concerned.

I see the requirement in BRS mentioning Data Migration.

CC12	Installation	Data migration from the existing RIS-PACS to the new RIS-PACS should be included in the solution offered.	

Q3. Was Agfa unaware of the size of the database to be migrated from existing RIS-PACS to the new RIS-PACS?
I agree that there is no mention of environments in this requirement,
Q4. Does that mean data migration happens directly in Production environment?
Q5. Why was only production environment scoped for data migration when our environment description mentions TEST as well?

CC1	Environment	The system will operate in the environments: • Dev • Test • Pre Prod / Training; and • Prod	•

This clearly explains that we test any changes before migrate to Production.
'+ is a standard practice if there is a data migration involved, the storage space in TEST and PROD be configured at similar capacity. In some instances we configure non-replicated storage in test for testing purposes but with matching disk capacity.

PR2	Storage	Provide enough short term storage to house a minimum of 3 years data.	Current date minus 3 years plus capacity to store pre-fetched historical (archived) images.

Q6. How did Agfa see similar requirements for PROD env only?

Q7. Was 'testing' for data migration not scoped at all?
We are really concerned that testing of data migration was not considered.
This should have been checked as part of milestone 1 completion.
I am also concerned that there is a reference to SoW and a Pre-Prod testing approach. Currently I am not able to view the SoW but would like to read it myself. If this statement is correct, then we have agreed on a poor quality criteria.

Coming to the options proposed:
Option 1: not suitable
a. This option proposes different approach for TEST and PROD and this is not considerable
b. This option may delete images before completion of testing