

Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Wednesday, 31 January 2018 5:16 PM
To: [REDACTED] (Health)
Cc: [REDACTED] Crossley, Nick; [REDACTED] (Health)
Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hi [REDACTED]

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

[ME] The Agreement was to provide data for the months of JAN and FEB of every year which was assumed to be about 20%. I will raise the missing records with the team and get back to you on that.

[ME] There was a misunderstanding where data was generated up to 2001. Prior data should now be available on the new extracts

[SS] Fixed, records from the missing years have been included

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

[ME] Ok, will take this back to the team

[ME] This should be resolved on the new extracts

[SS] ScheduledStudyDateTime not mapped as expected (50% of the data seems to have the right mapping, but not the rest, not sure what's happening)

Example:

Acc_itn scheduledstudytime proc_dtime

[REDACTED]	2000-01-09 11:02:00
[REDACTED]	2006-01-05 20:54:00
[REDACTED]	2003-01-30 13:39:00
[REDACTED]	2003-01-30 16:09:00
[REDACTED]	2006-01-05 15:17:00

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

[ME] Ok, will take this back to the team

[ME] This should be resolved on the new extracts

[SS] HomeMobileNumber has only been added to the header of the file, data does not exist for any patient

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

[ME] Ok, will take this back to the team

[ME] This should be resolved on the new extracts

[SS] Patient.DeceasedDateTime has only been added to the header of the file, data does not exist for any patient

Extract includes dummy result records with Body mapped as 'Result does not Exist for this exam', it was confirmed in the below email trail to not include any dummy records for non-existent reports. Some of these dummy results records seem to have valid transcriptionist, author and validator details, how is this possible, are these system generated (the mapping info for the result file has not been provided yet, so I couldn't do these checks myself).

If dummy result records have been inserted, why can I still see completed exams without result records?

[ME] Can you please provide some examples

Accession numbers with result body 'Result does not exist for this [REDACTED],

[REDACTED] (there are many more, just picked 3 as an example)

Accession numbers for completed exams with no results – [REDACTED] (there are many more, just picked 3 as an example)

[ME] Please verify if this is resolved on the new extracts

[SS] Fixed, results as expected

None of the cancelled exams have results associated, as per the email trail it was decided to retain valid results for cancelled exams.

Example:

Acc_itn Result_text.Result(I have used this table for my analysis as I do not have the mapping for the result file yet)

[REDACTED] Short of breath. The lungs and pleural spaces are clear. There is focal eventration of the right hemidiaphragm. The cardiomediastinal contours are distorted by technical factors. There is a healed fracture of the right clavicle and a small bony ossicle associated with the right acromioclavicular joint. There is an aortic stent in situ. See findings for detailed report.

[ME] Ok, will take this back to the team

[ME] This should be resolved on the new extracts

[SS] Fixed, results as expected

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

[ME] Can you please confirm that you want the following:

- AuthorId and ValidatorId on the result extract to be the internal doctor number - Yes
- PerformingPhysicianId on the exam extract to be the internal doctor number - Yes
- RequestingPhysicianId on the service extract to be the internal doctor number – No, the requesting physician ID to be mapped to provider numbers, same as what's been done for the current extract.

The Siemens system does store the provider numbers for the requesting physician but not for performing physician, author and validator, is what we have been told by your team and hence the request.

[ME] This should be resolved on the new extracts

[SS] Fixed for now, doctor numbers as expected. Still working with the business to identify how these internal doctor numbers get mapped to provider numbers.

Thanks,

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

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

Sent: Wednesday, 31 January 2018 9:07 AM

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

<[REDACTED]>

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

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

Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hello [REDACTED]

Thank you for providing your findings.

Please find my responses below

Kind Regards,

[Redacted]

Siemens Healthcare Pty Ltd
160 Herring Road
Macquarie Park NSW 2113

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



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

Sent: Tue, 30 January 2018 3:25 PM

[Redacted] Crossley, [Redacted] [Redacted] (Health)

Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hi [Redacted]

I have completed validating the data from the PACS files and the feedback is as follows:

Image data for the year 2009 seems to be incomplete, many study records with Study_date in 2009, do not have associated image records in the image file

Example:

Study_ref number_of_images

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

There are 11,000 odd studies with no images

[ME] Ok, will feedback to the team

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

Example:

Study_ref number_of_series

[Redacted]
[Redacted]
[Redacted]

[ME] Ok, will feedback to the team

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

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

[ME] Ok, will feedback to the team

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

[ME] Ok

Also found some minor issues (to be noted and implemented in the following extracts, no need to rework on the current extracts)

Study and Series Description to be mapped to 'unknown' where it does not exist (agreed on, as per our emails below)

Can Image number be mapped to '0' where it does not exist (it was agreed to map the series number to 0, but I have now found some records with blank image number)

Can Study time be mapped to '000000.000000' where it does not exist?

[ME] Ok, will feedback to the team

Let me know if you need any further details.

Thanks,

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

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

Ok sounds good.

Kind Regards,

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

Tel: +61 (0) 2 9491 5009
Mobile: ██████████
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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]

Sent: Mon, 29 January 2018 4:23 PM

[REDACTED] Crossley, Nick; [REDACTED] (Health)

Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hi [REDACTED]

Thank you for getting back.

I think it will be easier to discuss this over the phone, we can discuss it during our meeting this Wednesday.

Thanks,

[REDACTED]

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

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

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

Sent: Monday, 29 January 2018 4:05 PM

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

<[REDACTED]>

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

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

Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Thank you [REDACTED] will update you know about the PACS extracts.

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

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

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

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

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

Kind Regards,

[REDACTED]

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

Tel: +61 (0) 2 9491 5009

Mobile: ██████████

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

Sent: Mon, 29 January 2018 3:32 PM

██████████ Crossley, Nick; ██████████ (Health)

Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hi ██████████

Thank you for the extracts and your response.

I haven't looked at the updated RIS extracts yet, I will send you my feedback as soon as I get to it.

I have loaded all the PACS files into my database for analysis, most of them have loaded successfully but for 2, PACS_Canberra_export_series_2017JanFeb.txt, PACS_Canberra_export_study_2014JanFeb.txt.

The above 2 files are comma separated instead of being delimited by a vertical bar '|'.
 Could you please get them fixed?

I am still working on validating the data from the other files.

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

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

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

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

Thanks,

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

From: ██████████ [mailto:██████████]

Sent: Monday, 29 January 2018 8:51 AM

To: [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] (Health)
 <[REDACTED]>
 Cc: [REDACTED] <[REDACTED]> Crossley, Nick <Nick.Crossley@act.gov.au>;
 [REDACTED] (Health) <[REDACTED]@act.gov.au>
 Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hello [REDACTED]

The below new sets of files have been created.

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

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

Please also see my responses in (blue)

<ind Regards,

[REDACTED]
 [REDACTED]
Siemens Healthcare Pty Ltd
 160 Herring Road
 Macquarie Park NSW 2113

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Internet: www.healthcare.siemens.com.au

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

Sent: Thu, 25 January 2018 5:35 PM

[REDACTED] Crossley, Nick; [REDACTED] (Health)

Subject: RE: 20% RIS and PACS data extracts [SEC=UNCLASSIFIED]

Hi [REDACTED]

Please see my response in purple.

Regards,

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

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

Hello [REDACTED]

Please find my feedback below.

Kind Regards,

[REDACTED]
Siemens Healthcare Pty Ltd
 160 Herring Road
 Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

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



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

Hi [REDACTED]

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

[ME] The Agreement was to provide data for the months of JAN and FEB of every year which was assumed to be about 20%. I will raise the missing records with the team and get back to you on that.

[ME] There was a misunderstanding where data was generated up to 2001. Prior data should now be available on the new extracts

Some of the other comments/feedback are as follows:

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

[ME] Ok, will take this back to the team

[ME] This should be resolved on the new extracts

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

[ME] Ok, will take this back to the team

[ME] This should be resolved on the new extracts

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

[ME] Ok, will take this back to the team

[ME] This should be resolved on the new extracts

Extract includes dummy result records with Body mapped as 'Result does not Exist for this exam', it was confirmed in the below email trail to not include any dummy records for non-existent reports
Some of these dummy results records seem to have valid transcriptionist, author and validator details, how is this possible, are these system generated (the mapping info for the result file has not been provided yet, so I couldn't do these checks myself).

If dummy result records have been inserted, why can I still see completed exams without result records?

[ME] Can you please provide some examples

Accession numbers with result body 'Result does not exist for this exam.' [REDACTED],

[REDACTED] (there are many more, just picked 3 as an example)

Accession numbers for completed exams with no results – [REDACTED] (there are many more, just picked 3 as an example)

[ME] Please verify if this is resolved on the new extracts

None of the cancelled exams have results associated, as per the email trail it was decided to retain valid results for cancelled exams.

Example:

Acc_itn Result_text.Result (I have used this table for my analysis as I do not have the mapping for the result file yet)

[REDACTED] Short of breath. The lungs and pleural spaces are clear. There is focal eventration of the right hemidiaphragm. The cardiomedastinal contours are distorted by technical factors. There is a healed fracture of the right clavicle and a small bony ossicle associated with the right acromioclavicular joint. There is an aortic stent in situ. See findings for detailed report.

[ME] Ok, will take this back to the team

[ME] This should be resolved on the new extracts

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

[ME] Can you please confirm that you want the following:

- AuthorId and ValidatorId on the result extract to be the internal doctor number - Yes
- PerformingPhysicianId on the exam extract to be the internal doctor number - Yes
- RequestingPhysicianId on the service extract to be the internal doctor number – No, the requesting physician ID to be mapped to provider numbers, same as what's been done for the current extract.

The Siemens system does store the provider numbers for the requesting physician but not for performing physician, author and validator, is what we have been told by your team and hence the request.

[ME] This should be resolved on the new extracts

One of the comments in the Mapping document indicates that scheduled exams which have not yet been performed are not part of the Activity and the Activity_info tables. Are such exams stored in the visit tables?

Our understanding of the process is - Data for ordered or scheduled exams are entered into visit tables and when exam is completed data is moved into the Activity and Activity_info tables, is this correct. If not, could you please give us a brief explanation of the process?

[ME] Ok, will take this back to the team

[ME] Yes, that is correct, but there is no scheduling going on in the system, so most of the visit data is populated when the ADT and ORDERS come in for that patient.

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

Thanks,

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

From: ██████████ [mailto:██████████]
Sent: Thursday, 21 December 2017 3:01 PM
To: ██████████ (Health) <██████████@act.gov.au>; ██████████ (Health) <██████████>
Cc: ██████████ (Health) <██████████@act.gov.au>; ██████████ <██████████@██████████.com>; Crossley, Nick <Nick.Crossley@act.gov.au>; ██████████ (Health) <██████████@act.gov.au>
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Thank you ██████████ will advise the team.

Happy holidays to you and the rest of your team!

Kind Regards,

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

Tel: +61 (0) 2 9491 5009
 Mobile: [REDACTED]
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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Thu, 21 December 2017 2:49 PM
To: [REDACTED] (Health)
Cc: [REDACTED] (Health); [REDACTED] Crossley, Nick; [REDACTED] (Health)
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Thanks [REDACTED]

We are awaiting reply from AGFA and we are also getting in touch with the RIS PACS admin team for some of the questions below.

But here are a few that I have answers for

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

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

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

Thanks,

Junitha

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Wednesday, 20 December 2017 9:44 AM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] (Health)
 <[REDACTED]>
Cc: [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au>; [REDACTED]@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED] (Health) <[REDACTED]@act.gov.au>
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hello [REDACTED]

Please find my response below.

Kind Regards,

[REDACTED]

Siemens Healthcare Pty Ltd
 160 Herring Road
 Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile: [REDACTED]

Email: [REDACTED]

Internet: www.healthcare.siemens.com.au



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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Tue, 19 December 2017 5:51 PM
To: [REDACTED] (Health)
Cc: [REDACTED] (Health); [REDACTED] Crosssley, Nick; [REDACTED] (Health)
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hi [REDACTED]

Thanks for the RIS mapping and the extracts.

I haven't had a chance to look at the mapping yet, but the extracts are looking better.

Some outstanding issues from my previous feedback and some issues discovered while I was working on the transformations for AGFA are listed below:

What date time column have the files been filtered on? The only date that I found in the file was the CreatedDateTime in the result file where the date ranges outside the 01-Jan to 20-Jan 2013, some dates are in 2014?(this will help me validate coverage of the extracts on my end).

[ME] field valued: activity.proc_dtime (This is the time the exam was ended by the technician)

[SS]Thanks, that will help me with my analysis. But is it valid for an exam ended in the month of Jan 2013 to have reports created in 2014(CreatedDateTime ranges from 2013-2014 in the extrcats)

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

OrderCreationDateTime and ScheduledStudydateTime(many dates in the Activity and Activity info tables) – which dates correspond to these?? What are our alternatives? (You have suggested using End procedure Date Time, will confirm with AGFA). The exam file has an additional '|', the ScheduledStudyDateTime therefore shows as '|'

[ME] Currently these 2 fields have been left empty until further notice. The extra '|' issue has been addressed on the new extracts

[SS]Can we have OrderCreationDateTime mapped to Activity.ord_for_dtime and ScheduledStudydatettime mapped to Activity.proc_dtime

[ME] what if both are purged or no data available.....what is the fall back?

Study UIDs duplicated where same study is associated to linked accession numbers, does PACS have the studies associated to all the accession numbers or just the one linked accession number, we need the Study UIDs to be unique, can this be discussed further?

[ME] In most cases where exams have been linked in RIS, PACS will hold 1 record (chosen SUID depends on order chosen at the modality). we do not have a way to tell which exams have a reference in PACS and which do not, doing this maybe a risk. This should be a task for your team and AGFA as you will have both the RIS and PACS extracts in hand and therefore minimizing any risks to the equation for such scenario.

[SS] Thanks, this will be discussed with AGFA

I think cancelled exams with no results should be excluded from the exam file (will confirm with AGFA). Status 'P' stands for preliminary, which I think will be used for results which have been drafted but not validated yet.

[ME] we left the CM exams with 'P' status on in the report file until further notice

[ME] Please also note that some 'CA' exams have a real report attached to them. We have decided to include these in the extract until further notice

[SS] All result records which are not a real report should be excluded from the extract.

Is it valid to have procedures with no studies but associated reports?

This will be discussed with the business as well.

Activity.ord_for_dtime has not been answered, what value does this field store

[ME] it is not activity, it is visit_activity.ord_for_dtime, and that is the time the exam was set to be performed.

[SS] Both visit_activity and activity tables have a column called ord_for_dtime. As far as I understand the activity table is a complete copy of all activities (the one which does not get purged and therefore should be used for our extracts)

[ME] what if both are purged or no data available.....what is the fall back?

Study_description and Series_description is blank for some records.

[ME] No changes until further notice

[SS] where no description available in the system, this can be defaulted to 'unknown'

[ME] Ok

Some Study_UIDs in the RIS extract do not have corresponding PACS Study records and some Study_UIDs in PACS have no information in the RIS extract.

[SS] RIS PACS mismatch has not been resolved yet. The most recent extracts have the same number of mismatching records as the previous one.

[ME] Again this should be part of your QA. There is no way for us to tell what is what in either systems as they each are independent. Note that this behaviour is not uncommon. However With the extracts in hand, your team and Agfa should identify these. Using the front end apps should also help in this process. Please also note that not all exams have study uid's or results, not every exam in the system is resulted and may or may not have images attached to them. That is just normal workflows.

Some additional feedback:

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

[ME] Ok

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

Let me know if you need any further details.

Thanks,

[REDACTED]

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

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

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

Sent: Monday, 18 December 2017 2:42 PM

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

<[REDACTED]>

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

██████████ Crossley, Nick <Nick.Crossley@act.gov.au>; ██████████ (Health) <██████████@act.gov.au>
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hello ██████████

Please find my responses below.

I will send a separate email to access RIS/PACS extracts and Mappings Document.

As always, please review and advise of any issues.

Kind Regards,

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

Tel: +61 (0) 2 9491 5009

Mobile: ██████████

Email: ██████████

Internet: www.healthcare.siemens.com.au



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

Sent: Wed, 13 December 2017 12:13 PM

To: ██████████ ██████████ ██████████ ██████████

██████████ Crossley, Nick; ██████████ (Health)

Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hi ██████████

Thanks for the extracts and thank you for validating the extracts on your end. The RIS and the PACS extract formats are now looking good.

I do have some feedback/questions on the extracts. We have got the data in the format that we wanted, my feedback is more about the data itself.

RIS

What date time column have the files been filtered on? The only date that I found in the file was the CreatedDateTime in the result file where the date ranges outside the 01-Jan to 20-Jan 2013, some dates are in 2014?(this will help me validate coverage of the extracts on my end).

[ME] field valued: activity.proc_dtime (This is the time the exam was ended by the technician)

Duplicate patient data to be removed from the extract.

[ME] This has been addressed on the new extracts

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

[ME] This has been addressed on the new extracts

Requesting Physician details (missing for most of the services) (We haven't received the mappings yet, but my guess is that the requesting physician details come from the ordering doctor, the system seems to have ordering doctor details for more records than what's in the extract)

[ME] This has been addressed on the new extracts

OrderCreationDateTime and ScheduledStudydateTime(many dates in the Activity and Activity info tables) – which dates correspond to these?? What are our alternatives? (You have suggested using End procedure Date Time, will confirm with AGFA). The exam file has an additional '|', the ScheduledStudyDateTime therefore shows as '|'

[ME] Currently these 2 fields have been left empty until further notice. The extra '|' issue has been addressed on the new extracts

Accession numbers sequencing was requested as .01 and .02(can this be corrected)?

Example

Original Accession number: [REDACTED] Modified: [REDACTED] and [REDACTED]

[ME] This has been addressed on the new extracts

Study UIDs duplicated where same study is associated to linked accession numbers, does PACS have the studies associated to all the accession numbers or just the one linked accession number, we need the Study UIDs to be unique, can this be discussed further?

[ME] In most cases where exams have been linked in RIS, PACS will hold 1 record (chosen SUID depends on order chosen at the modality). we do not have a way to tell which exams have a reference in PACS and which do not, doing this maybe a risk. This should be a task for your team and AGFA as you will have both the RIS and PACS extracts in hand and therefore minimizing any risks to the equation for such scenario.

Some exams are missing a StudyInstance UID, I understand the ones with a Status 'CA' (cancelled) will not have one, but what about the completed (Status - CM) ones?

[ME] Will get back to you on that

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

[ME] Exams have not been performed and there could be many reasons for this. Please check with Business I think cancelled exams with no results should be excluded from the exam file (will confirm with AGFA). Status 'P' stands for preliminary, which I think will be used for results which have been drafted but not validated yet.

[ME] we left the CM exams with 'P' status on in the report file until further notice

[ME] Please also note that some 'CA' exams have a real report attached to them. We have decided to include these in the extract until further notice

The TranscriptionistFirstName seems to have been populated with the first and last name and the TranscriptionistLastName seems like a code value or ID for the same, can this be fixed?

[ME] This has been addressed on the new extracts

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

[ME] This is still on hold

Activity.ord_for_dtime has not been answered, what value does this field store

[ME] it is not activity, it is visit_activity.ord_for_dtime, and that is the time the exam was set to be performed.

PACS

Some Study_UIDs in the RIS extract do not have corresponding PACS Study records and some Study_UIDs in PACS have no information in the RIS extract.

The study file specification indicates multiple Modalities to be extracted under the same column 'Modality'. The study extract has different rows for studies under different modalities, this needs to be fixed. The modalities can be comma separated. (I will confirm with AGFA if ',' is their preferred separator)

[ME] This has been addressed on the new extracts

There are some records where the study_ref, modality, Study_UID has been duplicated, I would have expected the study_ref to be unique for the study records.

[ME] This has been addressed on the new extracts

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

[ME] No changes

Study_description and Series_description is blank for some records.

[ME] No changes until further notice

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

[ME] Same data in DB

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

[ME] will get back to you on that

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

[ME] will get back to you on that

Will the optional fields be included in the next extract?

[ME] No, still working on that

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

Regards,

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

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

Sent: Friday, 8 December 2017 3:18 PM

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

<[REDACTED]>

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

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

Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hi [REDACTED] and [REDACTED]

I also forgot to mention that PACS extracts will not contain optional fields at this stage as further investigation is required to work out proper mapping with the Agfa spec.

Kind Regards,

[REDACTED]

Siemens Healthcare Pty Ltd
160 Herring Road
Macquarie Park NSW 2113

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



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[REDACTED]
 Sent: Fri, 8 December 2017 3:05 PM

[REDACTED] 'Crossley, Nick'; [REDACTED] (Health)'
 Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hello [REDACTED] and [REDACTED]

Please find on a separate email a link to access both RIS and PACS newest extracts.

Extracts Date Range for both PACS and RIS: 01/01/2013 – 20/01/2013

As previously discussed, all efforts were spent making sure the extracts meet as close as possible the Agfa spec document.

We have replaced the FillerOrderNumber by the Accession Number as requested but I was also advised that many exams do contain the FillerOrderNumber from ACT/CAL which seem to have its own combination (i.e.: [REDACTED] [REDACTED]) hence why the IssuerOfFillerOrderNumber was 'Siemens' or 'PAS' depending on where it came from originally. Either way it does not play a role for PACS but maybe something for you and your team to think about.

The ScheduledStudyDateTime is a required field on the procedure file but I was advised that this is data we purge from our side and therefore will be blank. We can set this up to be the 'End procedure DateTime', Please check with Agfa and let me know if the workaround works for you?

Finally, Exams where a report do not exist were set with a status 'P' to keep up with the Spec document.

Please thoroughly examine the files and let me know if this works for you or if anything was missed

Thank you kindly for your patience throughout this process!

Kind Regards,

[REDACTED]

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 160 Herring Road
 Macquarie Park NSW 2113


Tel: +61 (0) 2 9491 5009

Mobile: [REDACTED]

Email: [REDACTED]

Internet: www.healthcare.siemens.com.au



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From: [REDACTED]

Sent: Thu, 7 December 2017 3:50 PM

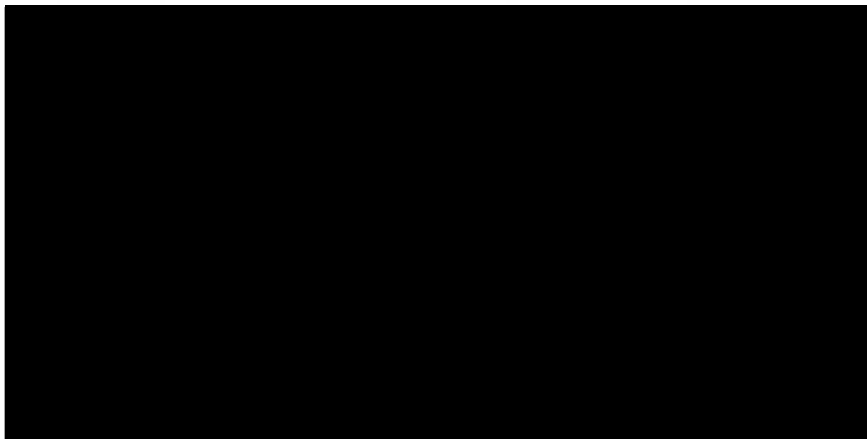
To: [REDACTED] (Health)'

Cc: [REDACTED] (Health); [REDACTED] Crossley, Nick; [REDACTED] (Health); [REDACTED] (Health)

Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hello [REDACTED]

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



As for the Report file, this will need to be discussed internally but will most likely not be available on the next batch of extracts.

About the FillerOrderNumber topic, what do you want to appear under the IssuerOfFillerOrderNumber? currently 'Siemens' and 'PAS' are the values. I cannot also promise that this will be made available in the next batch but will push for it.

Kind Regards,

[REDACTED]

Siemens Healthcare Pty Ltd
160 Herring Road
Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile: [REDACTED]

Email: [REDACTED]



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

Sent: Thu, 7 December 2017 3:15 PM

To: [REDACTED]

Cc: [REDACTED] (Health); [REDACTED] Crossley, Nick; [REDACTED] (Health); [REDACTED] (Health)

Subject: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Hi [REDACTED]

We have discussed this with AGFA and it has been confirmed that the 'requested procedure' and the 'report' files will both need the modified accession numbers.

This will ensure referential integrity on Agfa's side, as accession numbers in both files will directly match up.

Example:

Requested Procedure

Accession number Study UID

[REDACTED]

Report

Accession number Report Body

[REDACTED] Patient: ** Result: Normal

[REDACTED] Patient: ** Result: Normal

Therefore the same result body will be duplicated across multiple rows, when the result is associated to multiple studies.

Though it will be good to have this worked out for the coming extract, if not workable in the given timeframes, I can work with a file with duplicate accession numbers which can then be modified on our end to add the sequencing.

The other thing that we discussed with AGFA was regarding this question that I had raised previously, Question from me - FillerOrderNumber mapped as acc_itn + ord_no + seq_no, is this the same combination used as FillerOrderNumber in PACS as well?

Answer from Siemens: No it is not the case on PACS. Accession number is the ID used between RIS and PACS and therefore should match. The combination was created for the purpose of the RIS extracts as Agfa expects a FillerOrderNumber.

Since the FillerOrderNumber is not used to match RIS and PACS, the filler order numbers can be populated with the accession number only, instead of the acc_itn + ord_no + seq_no.

The FillerOrderNumber will always be the non-modified accession number (all 3 files Service Request, Requested Procedure and Report).

Again though it will be good to have this implemented in the coming extracts, if not possible, I could work on this update as part of my transformations for now.

Let me know if you need any further details.

Thanks,

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

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

As discussed today, we will run through the scenario again with Agfa tomorrow at our regular meeting, and confirm the approach that will work best for them. We will then confirm with you in writing.

Regards

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

Hello ██████████

I went back to the team about this and the feedback is that we can generate the necessary records to the request file where multiple Study UID's exist for an accession number. However we are not comfortable with generating these records to the other files such as the result file for dummy accession numbers.

Kind Regards,

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

Tel: +61 (0) 2 9491 5009

Mobile: ██████████

Email: ██████████

Internet: www.healthcare.siemens.com.au



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

Sent: Thu, 30 November 2017 11:03 AM

[REDACTED]
[REDACTED] Crossley, Nick;
Nick [REDACTED]

Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Thanks [REDACTED]

The Service request file is OK as is, because it just has the FillerOrderNumber. The one row there is fine.

However, if you can create the additional rows in the Report file that will mean that each accession number in the requested procedure will be linked to a report record, even though it will be the same report for each of the generated accession numbers. For example:

Original accession number: [REDACTED], with 3 Study UIDS, and one report 'abc' that covers all 3 studies.

In the report file, it will be:

Modified: [REDACTED] UID 1 Report abc

1 [REDACTED] UID 2 Report abc

[REDACTED] UID 3 Report abc

Thanks

[REDACTED]

[REDACTED] | IDIS Delivery Manager - UCPH Digital Solutions Program

Phone: [REDACTED] | Mobile: [REDACTED] | Email: [REDACTED]

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Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

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

Sent: Thursday, 30 November 2017 12:51 AM

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

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

<[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]> Crossley, Nick

<Nick.Crossley@act.gov.au>; [REDACTED] <[REDACTED]>

Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Hello [REDACTED]

Currently we are creating a record in the service, request and result files per each accession number. For multiple Study UID's per accession number, are you expecting an additional record on all 3 files? This is because the Filler order number and all the other information would stay the same.

Please find below answer to [REDACTED] question

FillerOrderNumber mapped as acc_itn + ord_no + seq_no, is this the same combination used as FillerOrderNumber in PACS as well?

Answer: No it is not the case on PACS. Accession number is the ID used between RIS and PACS and therefore should match. The combination was created for the purpose of the RIS extracts as Agfa expects a FillerOrderNumber.

Kind Regards,

Siemens Healthcare Pty Ltd

160 Herring Road
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Mobile: [REDACTED]

Email: [REDACTED]

Internet: www.healthcare.siemens.com.au



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

Sent: Wed, 29 November 2017 2:17 PM

To: [REDACTED]

Cc: [REDACTED] (Health); [REDACTED] Crossley, Nick; Nick [REDACTED] (Health)

Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Yes, that should be OK for now.

[REDACTED] | IDIS Delivery Manager - UCPH Digital Solutions Program

Phone: [REDACTED] | Mobile: [REDACTED] | Email: [REDACTED]

Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government

Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

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

Sent: Wednesday, 29 November 2017 1:58 PM

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

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

Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Thank you [REDACTED]

I will pass along the information and will let you know.

If the outcome remains the same from our side, are you happy to keep things as is and use [REDACTED] process to massage the data?

Kind Regards,

[REDACTED]

Siemens Healthcare Pty Ltd
160 Herring Road
Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile: [REDACTED]

Email: [REDACTED]

Internet: www.healthcare.siemens.com.au



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

[REDACTED] has done some work in this space (see below for her explanation) as part of our own investigations of the issue. While we have been working with an older copy of the database until we install the most recent copy you provided, if you restrict your extract to before July this year then what she has provided should allow you to match the rows and replace with her data.

Let us know if that option will work, otherwise just send the extract with duplicate accession number rows and [REDACTED] will look to massage it while she is doing other field transforms prior to sending it to Agfa.

Regards

[REDACTED] | IDIS Delivery Manager - UCPH Digital Solutions Program

Phone: [REDACTED] | Mobile: [REDACTED] | Email: [REDACTED]

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

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

Hi [REDACTED]

I have worked out the sequencing for all accession numbers with multiple Studies.(production backup from July 2017)

Attached is a list of all such accession numbers and the associated Study_UIDs.

I have used a '.' to separate the acc_itn and the seqno, but will send through an updated list depending on the feedback from AGFA (AGFA yet to confirm the special character to be used as a separator).

Will this help, can we get this included in the next extract?

Regards,

[REDACTED]

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

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

Hello [REDACTED]

I was advised that this can be done but adds a very high level of complexity from our side. This logic will not be applied in the next batch of extracts.

Please advise when you get further information from Agfa about this topic

Kind Regards,

[REDACTED]

Siemens Healthcare Pty Ltd
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 Macquarie Park NSW 2113

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 Email: [REDACTED]
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From: [REDACTED] (Health) [mailto:[REDACTED]]

Sent: Tue, 28 November 2017 4:51 PM

To: [REDACTED]
[REDACTED] (Health); Duggan, Mark (Health); [REDACTED]
(Health); Crossley, Nick; Nick [REDACTED]

Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

I have confirmed with Agfa that they do need the Study UID's to be in separate records where there are more than one Study UID for a given accession number. The preferred method of ensuring uniqueness of accession numbers is currently being confirmed by Agfa, but it is expected that it will be something like the following:

Original:

[REDACTED]
[REDACTED]

Becomes:

[REDACTED]
[REDACTED]

This will ensure that the unique accession numbers generated do not conflict with existing values. We have done a quick analysis of current data and an approach like this will not introduce issues.

I will confirm Agfa's preferred approach as soon as I get their feedback.

Regards

[REDACTED]

[REDACTED] | IDIS Delivery Manager - UCPH Digital Solutions Program

Phone: [REDACTED] | Mobile: [REDACTED] | Email: [REDACTED]

Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government

Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

From: [REDACTED]

Sent: Tuesday, 28 November 2017 8:28 AM

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

Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Hello [REDACTED] and [REDACTED]

I was advised by our headquarters that creating a separate record per Study UID is a major risk as the new accession numbers may already exist in the database. Preferred method would be to separate the Study UID by a delimiter of your choice (, . -) or to create a separate file for records containing multiple Study UID's. Can you please advise on how you want to proceed with this?

Kind Regards,

[REDACTED]

[REDACTED]

Siemens Healthcare Pty Ltd
160 Herring Road
Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

[REDACTED]

Internet: www.healthcare.siemens.com.au



 Please consider the environment before printing this email

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Heland, Rebecca (Health)

From: [REDACTED] [REDACTED] (Health)
Sent: Wednesday, 31 January 2018 5:06 PM
To: [REDACTED] [REDACTED] (Health)
Subject: AGFA discussion points [SEC=UNCLASSIFIED]

Will the development env be wiped off before loading the 20% data, if so I can include the 20 day sample with the current 20% extract?

Decision to be made – do we need the extracts by 5th, additional week will be helpful, Jess hasn't got back to me about doctors, patient data cleansing is with the PMI team, still working with Siemens on getting the RIS and PACS synchronised

Things to consider, if we go ahead on the 5th with known issues that will help us start our image testing as scheduled

Doctor's collection – base data format is different to the migration doctor file format – how do we plan to load this data, health link to be provided in the field for email,

Attachment codes

Have the attachments been successfully migrated (issues with only one of each type being migrated)

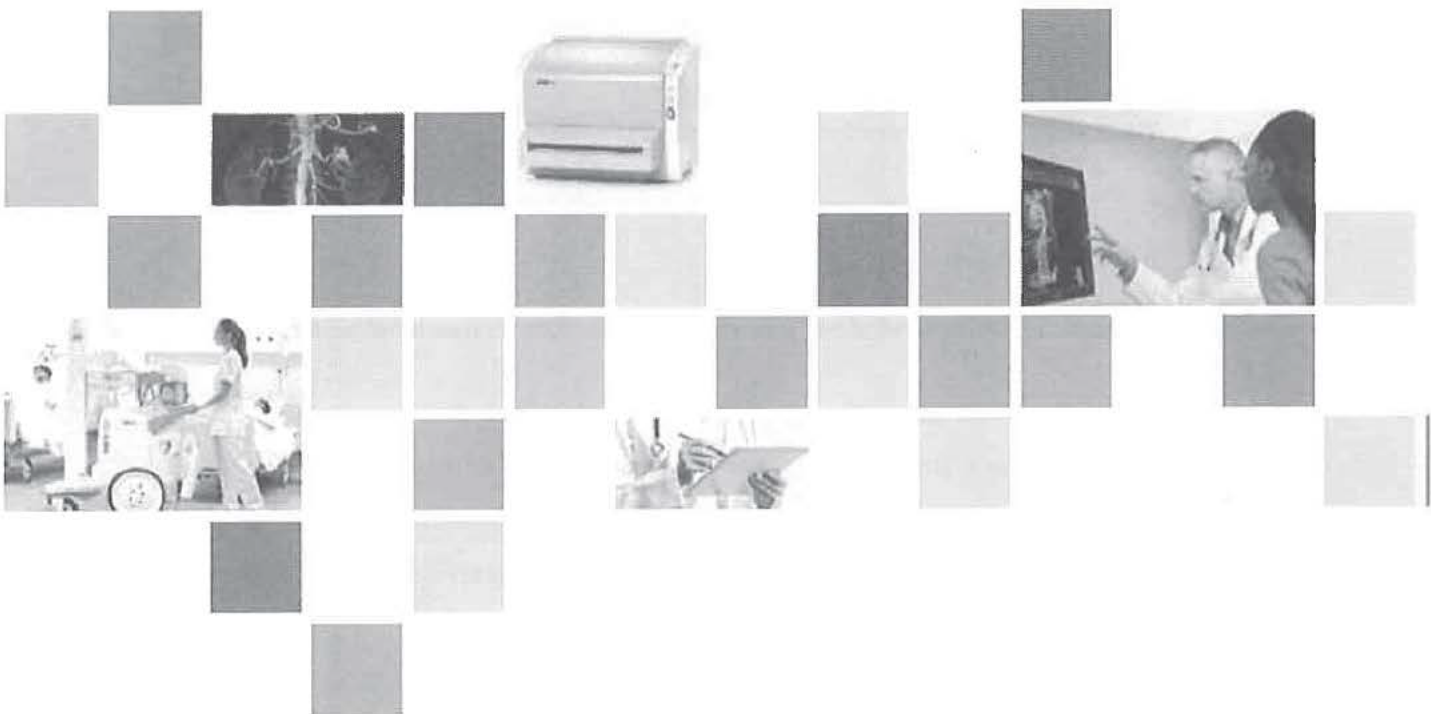
DICOM based images – RIS to be recreated??

Migration strategy to be discussed – full load, delta, cut-off date, when will the integrations be turned on and what that means to the migration

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



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Data Migration Approach



1 Introduction

Data migration is the migration of data from a non-██████████ system to an ██████████ system. It does not cover upgrades of ██████████ systems.

Data migration follows these phases:

- Analysis and feasibility study of the migration in the migration workshop.
- Implementation of the migration architecture.
- Test migration and validation: iterative test of the content and format of the migration source data, validation of the test migration.
- Bulk migration: migration of most of the legacy data.
- Delta migration: migration of the data that is new or has changed since the bulk migration. The delta migration is performed just before/at go-live.

1.1 Analysis and feasibility study

During the data migration workshop, the migration approach is explained to the customer. This includes:

- Verification of the feasibility of the migration.
- Presentation and agreement on the responsibilities of the different parties involved.
- Identification of any (additional) actions that are necessary to ensure data integrity.
- An estimate of the effort required for the migration and its expected timeframe.

In addition, the data to be loaded is identified:

Master data, if not entered manually during the system set-up:

- Patients;
- Physicians, doctors;
- Departments;
- Etc.

Historical data:

- Exams;
- Attendances;
- Procedures
- Reports;
- Etc.

The outcome of the analysis is documented in the data migration protocol.

1.2 Implementation of the migration architecture

If any additional infrastructure is required for the migration (servers, etc.), the necessary installations are performed.

1.3 Test migration

During the test migration, a small but representative subset of the total source data is migrated until all data is correctly loaded in the database.

The test migration verifies:

- The format of the source data.
- The integrity and consistency of the source data.
- The effectiveness of cleansing actions or programs.

The test migration is repeated until it succeeds (confirmed by the signing of the acceptance certificate).

1.4 Bulk migration

During the bulk migration, all the data identified as to-be-migrated (up to the start of the bulk migration itself) is migrated. The bulk migration uses the same tools and procedures as the final test migration.

During the bulk migration the following activities are usually carried out:

- Monitoring the status of the migration.
- Validating the result of the migration.

1.5 Delta migration

The delta migration is performed just before or during the go-live (e.g. during the go-live weekend). All data that was created since the start of the bulk migration is imported into the [REDACTED] system. The successful completion of the delta migration is a part of the validation of the go-live activities.

1.6 RIS

[REDACTED] uses the following approach for migrating from a legacy system to the [REDACTED] RIS:

- The migration source data must be delivered to [REDACTED] in an [REDACTED] format.
- Only static data are migrated (data that are "complete" and will not change). We do not migrate:
- Appointments that are scheduled for the future (this information is imported using the SIU/ORM interfaces).
- Reports that are not finished and validated (these reports should be finished and validated first).
- The migration depends on the following interfaces:
- ADT inbound.
- SIU inbound.

These interfaces must be validated before the migration can start.

The figure below summarizes the migration process

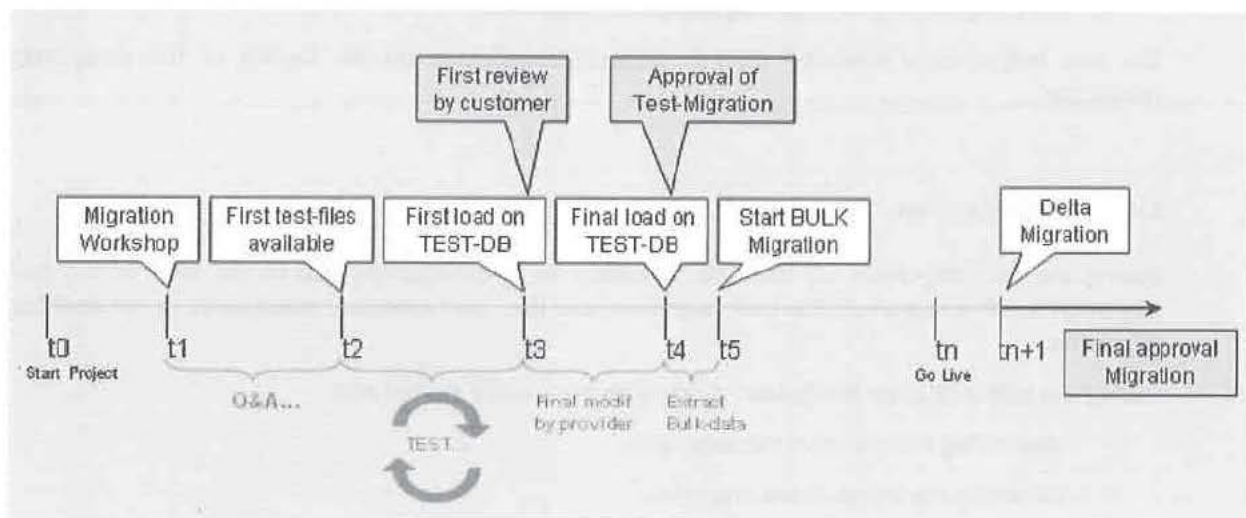


Figure 13: Timeline of the RIS migration process

The bulk migration of data normally consists of four steps:

1. The patient data is exported from its source system (normally the HIS). From this time on, all changes to the patient data in the source are queued in the ADT interface (on the side of the HIS system).
2. The patient data from the legacy system is loaded into the RIS system
3. The ADT inbound interface is started, and all queued messages are processed. From this moment on, the patient data in the HIS and the RIS system are synchronized.

4. The remaining bulk data from the legacy system are loaded in the RIS system.

After the bulk migration is complete, forward-looking data may be loaded manually or via an interface.

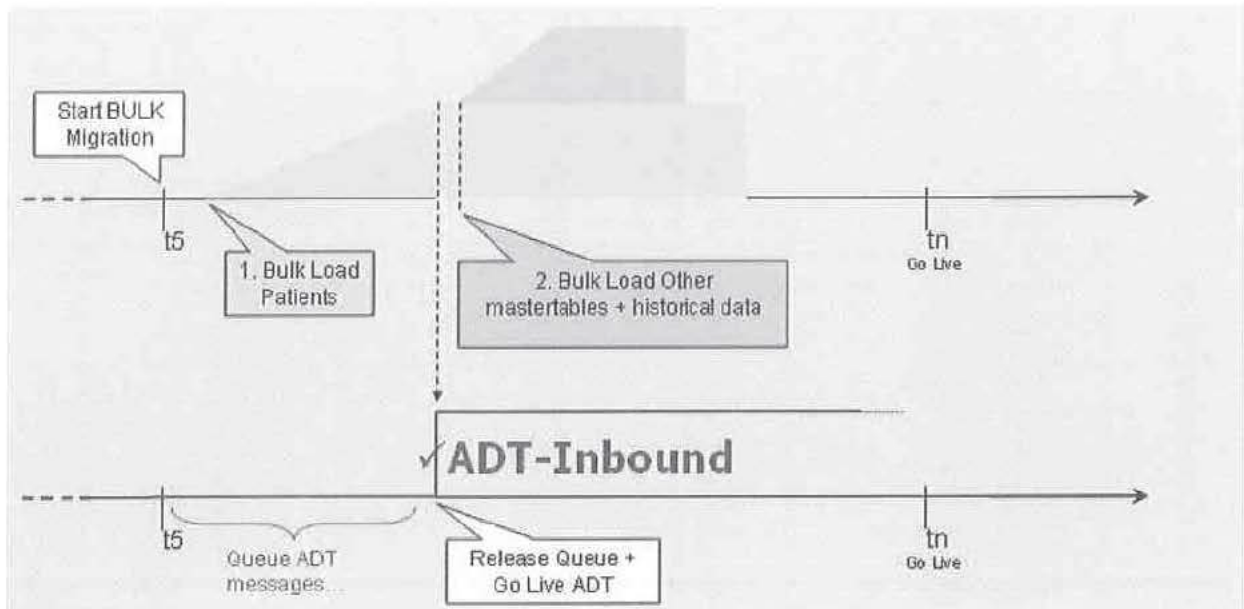


Figure 14: Timeline of the RIS bulk migration

1.7 PACS

A PACS migration always requires an intermediate system (migration server) that connects to the two PACS systems, transfers and (if necessary) converts the images. Migration of legacy PACS data to an [REDACTED] PACS is only possible if the third-party PACS is DICOM compliant.

Before the test migration, [REDACTED] agrees on the migration monitoring procedure with the customer, and the migration server is installed and delivered. During the test migration, the speed of migration is fine-tuned to ensure that the load on the network and on the source system do not impact the end-users. Customer staff is also trained on how to monitor the status of the migration.

During the bulk migration, the status of the migration is monitored on a daily basis to:

- Verify the status of the migration.
- Manage any third-party image libraries (inserting the correct tapes, etc).

1.8 Data center

The migration of local spoke archives to the hub is carried out using the procedures outlined in section for PACS migrations.



DIGITAL SOLUTIONS DIVISION

CLEARANCE FORM

TRIM Reference No.

Subject/Title Approval of Schedule 5 from Consult IT Panel to extend IDIS Data Migration and Integration resources until Go-Live in October 2018

Action requested FOR DIRECTOR CLEARANCE FOR CIO CLEARANCE
 FOR SIGNATURE FOR CLEARANCE

Action officer Name: Dev Arsavilli Title: IDIS Project Manager Ph: 61748729

Date submitted 13/07/18 **Due date:** 20/07/18

Reason for urgency (if applicable)

Summary (No more than 150 words)

Oakton have provided specialist resources to assist in the Data Migration and Integration components of the IDIS project. An extension of these resources is required to assist through until Go-Live to oversee the delivery of Data Migration and Integration aspects of the project.

A Schedule 4 was provided to Oakton on the 12/07/18 for provision of a quote to extend these resources from July to October 2018. This extension is required as the original purchase order only covered these resources until June 2018.

Oakton provided back a proposal for the provision of these two specialised resources. A Schedule 5 has been drafted with the total costs for these services for signature by the CIO.

The IDIS project has budgeted the following for resources in this area:

	Forecasted salaries				Total
	July	August	September	October	Ex GST
██████████	██████████	██████████	██████████	██████████	██████████
██████████	██████████	██████████	██████████	██████████	██████████
					\$224,576

The Schedule 5 quote is \$243,200 for 4 full months but the project will only require 3 months and 2 weeks of resourcing so the Schedule 5 has been drafted with an up to the maximum value of \$243,200.

Senior Manager clearance APPROVED Name: Dev Arsavilli
 Signature: *Dev* Date: 13/7/18

By approving this document you are approving that the document is complete, that you support the recommendations and that it is contextually correct, grammatically correct and spell checked

Finance Manager clearance (if financial implications are more than \$20,000) APPROVED Name: ██████ Liu
 Signature: *Tony Liu* Date: 16/07/18

Director Clearance Delegation of up to \$100,000 including GST APPROVED Sandra Cook Peter McNiven
 Signature: *Sandra* Date: 16/7/18

Senior Manager, Office of the CIO APPROVED Name: Rebecca Heland
 Signature: *Rebecca* Date: 16/7/18

CIO clearance

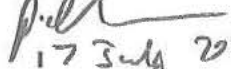
Delegation of up to \$250,000 including GST

RECEIVED
By Louise Kael at 8:39 am, Jul 17, 2018

- APPROVED
- APPROVED WITH CHANGES

Peter O'Halloran

- PLEASE DISCUSS
- RESUBMIT

Signature: 
Date: 17 July 2018

Comments

Resubmit Details

Date:

Comments:



ACT
Government

Chief Minister, Treasury and
Economic Development

Consult IT Panel

SCHEDULE 5 - Work Order

WORK ORDER FOR Integration & Data Migration Analysis IDIS Project									
NOTE: This Work Order is issued by the Territory in accordance with the terms and conditions of the ICT Consulting and related Business Services Agreement Ref C2009.234 which the Territory and the Contractor entered into on 24 November 2009 and any additional terms and conditions specified in this Work Order.									
1	Date: 13 July 2018								
2	ID of Work Order: SC130718-01								
3	Contractor Name: Oakton Services Pty Ltd								
4	Specified Personnel Name: [REDACTED] and [REDACTED]								
5	<p>Specified Services: (Scope of Work, designated role and specific tasks to be performed)</p> <p>Duty Statement: ACT Health is seeking a service of multiple skill sets to undertake a work package related to data migration, integration, and technical solution architecture.</p> <p>The work package is required for the RIS-PACs replacement project to provide resources that can provide guidance over the delivery of data migration and integration points. Oakton resources have provided services in the analysis space on this already and continuation of these resources to guide the delivery of these elements of the project are required.</p>								
6	<p>Services: (details of the relevant Services to be delivered)</p> <p>Technical Analysis Data Analysis Integration Analysis Architecture & Solutions Design</p>								
7	Limitation of Contractor's Liability for this Work Order: (if applicable) N/A								
8	Additional Terms and Conditions applicable to this Work Order: Contract duration – July 2018 to October 2018								
9	Applicable Third Party Warranties: N/A								
10	Warranty Period: N/A								
11	Remote Vendor Access Policy: (if applicable) N/A								
12	Delivery Location: Level 10 Building 1, The Canberra Hospital								
13	Total Cost: Up to a value of \$243,200 (exclusive of GST)								
14	<p>Breakdown costs associated with total cost: Specified Personnel resourcing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Days required</th> <th style="width: 25%;">Daily rate (ex GST)</th> <th style="width: 25%;">Total cost (ex GST)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Days required	Daily rate (ex GST)	Total cost (ex GST)				
Name	Days required	Daily rate (ex GST)	Total cost (ex GST)						

		██████████	██████████	██████████	██████████
15	Additional Service Levels: (if applicable)	N/A			
16	<p>Other Requirements: (if applicable)</p> <p>SME – A regional SME is defined as a small to medium enterprise with up to 200 FTE employees based within the South East Region of Councils (SEROC)</p> <p>The ACT Government Regional SME Policy as follows: To support regional SME's the Territory will weight regional SME's or respondents who subcontract to regional SME's through an evaluation criterion. A regional SME is defined as a small to medium enterprise with up to 200 Full Time Employees (FTE) based within the SEROC.</p> <p>The RFQ asked respondents to confirm whether they are a regional SME or, alternatively, if not a regional SME, whether or not the respondent intends to subcontract a component of the contract to a regional SME in the event they are selected as the preferred supplier.</p> <p>It is anticipated that no subcontracting will be necessary to meet the requirements of the RFQ.</p> <p>When the responses to the RFQ were evaluated, the following applied: A 5% weighting if the respondent is a regional SME.</p>	N/A			
17	Work Order Term:	From	16/07/2018	To	31/10/2018
18	Deliverables by Specified Personnel:	<p>Technical Integration Analysis</p> <ol style="list-style-type: none"> 1. Interface analysis (approx. 38 systems) 2. Guidance of the delivery of the integration required <p>Data Migration</p> <ol style="list-style-type: none"> 1. Develop data specification current state in preparation for data migration 2. Guidance and oversight over the data migration processes 			
19	Directorate Contact:	<p>Sandra Cook Sandra.cook@act.gov.au 02 6205 1451</p>			

20	Approvals for insurance (and communications) costs: <i>(as applicable)</i>	Not Used
	Approved by Financial Delegate: Signature:  Name: <u>PETER O'HALLORAN, CIO</u> Date: <u>17 JULY 2018</u>	Approved by Contractor: Signature: Name: Date:
	Approved by SS ICT – Contracts and Licensing Manager: Signature: Name: Date:	

Contractor **must not** commence the provision of these Services until both the Financial Delegate **AND** SS ICT- Contracts and Licensing Manager has signed a copy of this Schedule 5, and has been provided to the Contractor.



ACT
Government

Chief Minister, Treasury and
Economic Development

Consult IT Panel

SCHEDULE 4 - REQUEST FOR QUOTATION (RFQ) PRESCRIBED FORM

REQUEST FOR QUOTATION FOR <i>Integration & Data Migration Analysis</i>	
NOTE: This Request for Quotation is requested of the Contractor by the Territory in accordance with the terms and conditions of the ICT Consulting and related Business Services Agreement Ref C2009.234 which the Territory and the Contractor entered into on 24 November 2009 and any additional terms and conditions specified in this Request for Quote.	
Name of Contractor:	Oakton Services Pty Ltd
RFQ No:	SC120718-01
Date of Issue:	12 July 2018
Closing Date for lodgement of response by Contractor:	COB 13 July 2018
Contact details of manager/project manager of this RFQ:	Sandra Cook sandra.cook@act.gov.au 02 6205 1451
1	Date of Submission: To be inserted by Contractor
2	Specified Personnel Name: [REDACTED] and [REDACTED]
3	<p>Specified Services: (Scope of Work, designated role and specific tasks to be performed)</p> <p>Duty Statement: ACT Health is seeking a service of multiple skill sets to undertake a work package related to data migration, integration, and technical solution architecture.</p> <p>The work package is required for the RIS-PACs replacement project to provide resources that can provide guidance over the delivery of data migration and integration points. Oakton resources have provided services in the analysis space on this already and continuation of these resources to guide the delivery of these elements of the project are required.</p>
4	<p>Services: (details of the relevant Services to be delivered)</p> <p>Technical Analysis Data Analysis Integration Analysis Architecture & Solutions Design</p>
5	Limitation of Contractor's Liability: N/A
6	Additional Terms and Conditions applicable to this RFQ: N/A
7	Applicable Third Party Warranties: N/A
8	Warranty Period: N/A
9	Remote Vendor Access Policy: (if applicable) N/A
10	Delivery Location: Required on site at ACT Health Canberra Hospital Woden campus and other locations within ACT offices as required.
11	Total Cost: Contractor to provide
12	Breakdown costs associated with total cost: Hourly rate / daily rate (ex GST):

13	Additional Service Levels: (if applicable)	N/A
14	Other Requirements: (if applicable)	N/A
15	Expected Work Order Term:	July 2018 – October 2018
16	Deliverables by Specified Personnel:	<p>Technical Integration Analysis</p> <ol style="list-style-type: none"> 1. Interface analysis (approx. 38 systems) 2. Guidance of the delivery of the integration required <p>Data Migration</p> <ol style="list-style-type: none"> 1. Develop data specification current state in preparation for data migration 2. Guidance and oversight over the data migration processes
17	Directorate Contact:	<p>Sandra Cook sandra.cook@act.gov.au 02 6205 1451</p>
18	Approvals for insurance (and communications) costs: (as applicable)	Not Used
	<p>Approved by Requesting Officer:</p> <p>Name: Peter O'Halloran Date:12 December 2016</p>	<p>Approved by Contractor:</p> <p>Signature:</p> <p>Name:</p> <p>Date:</p>

July 2018

ACT Health

SC120718-01

PROJECT SERVICES INTEGRATION & DATA MIGRATION ANALYSIS

oakton

A DIMENSION DATA COMPANY

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[Redacted]

■ [Redacted]

■ [Redacted]

■ [Redacted]

■ [Redacted]

■ [Redacted]

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