

i. GM – The SoW has this task due 12th Jan. I have resource allocated to do this from 2nd January and can confirm this sample set will be delivered by 3rd January. Due to planned leave next week and being the week before Xmas it will be difficult for me to find an alternate resource to meet 20th December. Can you work with this timing? (We have provided a good sample set of attachments previously which maybe a good start. You may also be able to get the info you required from your System Administrator?).

ii. PR - fine.

4. New Test Extract request

- a. ██████ requested a new test extract for RIS (including attachments) and PACS to be delivered by 19th January which contains 20% of total data
- b. ██████ confirmed it would be great if we can secure 2 months data from each year to make up the 20% extract
- c. **ACTION** – ██████ to confirm whether 2 months of each year is viable option or suggest an alternative.
Target – **Wednesday 20th December**
- d. **ACTION** – ██████ to confirm whether this date is achievable. **Target** – **Wednesday 20th December**

Best regards

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

Sent: Wednesday, 13 December 2017 4:11 PM

To: ██████ Crossley, Nick; ██████

(Health); ██████ (Health); ██████

Cc: ██████ (Health); Duggan, Mark (Health)

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]

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

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

Have a lovely day mate.

Warm Regards,

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

Sent: Wednesday, 13 December 2017 4:05 PM

To: Crossley, Nick <Nick.Crossley@act.gov.au>; ██████

(Health) <████████@act.gov.au>; ██████ (Health) <████████@act.gov.au>

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

<████████@act.gov.au>

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

Subject: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17

Hi All

Minutes and actions from today's meeting. Please let me know if any amendments.

1. RIS/PACS Test Extract

- a. New extract sent by Siemens 8th December
- b. ██████ sent feedback 13th December
- c. ██████ stepped through the questions relating to the RIS extract in her feedback
- d. ██████ stepped through the questions relating to the PACS extract in her feedback

ACTION – ██████ to send sample data for the topics discussed in c) and d) above by **COB 13th December**.
ACTION – Siemens to get clarification on all topics. **Target** – **15th December**

2. Duplicate Accession Number Issue

- e. ██████ updated team on ██████ questions from last meeting regarding transformation of accession numbers ID to make unique
- f. ██████ highlighted data transformations are out of scope as per the SoW
- g. **ACTION** - Siemens to verify position on modifying Accession Numbers to make unique for subsequent extracts by **15th December**.
 (██████ to escalate to ██████ if Siemens unable to make this modification as per SoW)

3. PACS Test System

- h. ██████ confirmed an export of oracle DB to single file is possible. For this to occur the production database would need to be taken down.
- i. ██████ confirmed that to create a Test PACS system, we require a VM with an oracle license. Then the back-up could be important into the VM.
- j. **ACTION** – Siemens to provide a quote to create a Test PACS VM including Professional Services and an Oracle license.
Target – **Wednesday 20th December**
- k. **ACTION** – ██████ to confirm a storage location to store the PACS Database Export. **Target** – **Wednesday 20th December**
- l. ██████ requested in interim, whether an export of the tables used in the PACS migrations was possible to a CSV.
- m. **ACTION** – ██████ to confirm whether CSV exports of tables used in PACS extract is possible by **15th December**.

4. RIS Extract Part 2 - Attachments

- n. ██████ requested an example of each type of attachment file (Interactive documents, protocol documents, clinical alerts & scanned images) a head of the target delivery date of 12th January as per SoW.
- o. **ACTION** – ██████ to request and confirm an indicative date by **15th December**

5. New Test Extract request

- p. ██████ requested a new test extract for RIS (including attachments) and PACS to be delivered by 19th January which contains 20% of total data
- q. ██████ confirmed it would be great if we can secure 2 months data from each year to make up the 20% extract

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

s. **ACTION** – [REDACTED] to confirm whether this date is achievable. **Target** – **Wednesday 20th December**

Best regards

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

Hi [REDACTED]

Please find attached my notes from the meeting on Wednesday.

Further to this, I can confirm as of today we are still awaiting an error free extract to be delivered for both RIS and PACS. We are hoping to have these to you early next week.

With regards to 3. below, I was asked to investigate whether we could modify the extract and modify the accession numbers so these are unique. As per the SoW, as Siemens cannot guarantee the quality of data if changes like this are made, we encourage this change to be made at the Agfa end. There was an out of scope topic in the SoW as per the below.

Transition-Out Activities and Documents Not In-Scope

Execution of any data transformation during the ACT Health will be responsible for any transformation of data prior to extract process. loading into the Agfa system

In saying that, happy to discuss further though if this is not viable.

Meeting Minutes – 6th December 2017

Attendees: [REDACTED]

1. [REDACTED] will cover [REDACTED] whilst on leave so all correspondence to include both [REDACTED] and [REDACTED]
2. RIS/PACS Test Extract
 - a. [REDACTED] updated team on progress since last week
 - i. Test extract triaged by [REDACTED] Friday last week
 - ii. Errors found in both RIS and PACS extracts
 - iii. Received new PACS extract Monday, further issues found
 - iv. Received new RIS extract Tuesday, further issues found

- v. Expect new extracts Thursday, if all OK can send through Friday (earliest)
- b. Team discussed accuracy of extracts being an issue, and [REDACTED] seeing firsthand what [REDACTED] was facing with earlier extracts
- c. [REDACTED] confirmed this is the most time consuming task of the process. Once test extract in place and accurate, further extracts will be easy to generate
- d. Team acknowledged we need to ensure the extract is correct from the source, as opposed to modifying the extracts themselves to meet timelines.
- e. [REDACTED] confirmed timeline of 12th Dec on track
- f. [REDACTED] confirmed date of 12th Dec in SoW should have indicated a completion of the test migration as opposed to delivery of test extract

3. Duplicate Accession Number Issue

- g. Tony asked whether Siemens can modify extract make accession numbers unique
- h. [REDACTED] agreed to investigate

4. PACS Migration

- i. [REDACTED] indicated SDC pilot proposal likely to proceed
- j. Siemens will need to receive requests from the Agfa RIS to move studies in that order
- k. SDC Pilot likely to be requested for Jan
- l. GM to tentatively schedule resources for January

5. PACS Extract

- m. [REDACTED] request a new single PACS database extract be produced by Siemens. [REDACTED] will investigate if possible
- n. [REDACTED] requested a network drive

6. Timeline clarification

- o. [REDACTED] asked for clarification of how migration activity sits on critical path of the project
- p. [REDACTED] confirmed important that there is sufficient time for 2 years studies to be migrated prior to Agfa go-live
- q. [REDACTED] indicated a successfully partial migration needs to be completed by 2nd Feb
- r. Plan is to test full test migration during Feb
- s. Production migration to begin start of March

Best regards

[REDACTED]
[REDACTED]
[REDACTED]

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Bayswater, 3153

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

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Heland, Rebecca (Health)

From: Crossley, Nick
Sent: Tuesday, 9 January 2018 3:48 PM
To: [REDACTED] (Health); [REDACTED] (Health); [REDACTED] (Health)
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 20/12/17 [SEC=UNOFFICIAL]

Hi Guys

Downloading files here... still downloading at the moment

Attachment Extracts 090118

Cheers

From: [REDACTED] [mailto:[REDACTED]]
Sent: Tuesday, 9 January 2018 2:58 PM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au>; [REDACTED] (Health) <[REDACTED]@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED] (Health) <[REDACTED]@act.gov.au>
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 20/12/17 [SEC=UNOFFICIAL]

Hello [REDACTED]

I have received some great feedback overnight and this morning. Great progress has been made overnight around the result file and therefore I will be able to share with you and your team the following samples

Shortly I will be sending an email to you and your team to access the following data

Data covers the period of: 01-01-2013 to 20-01-2013

- samples of attachments which should cover a full range of available documents stored on the system
- samples of scan document which should cover a full range of available scan documents stored on the system
- New set of extracts for the same period including the change to the result file

Furthermore, I am hoping to get a finalized Gap Analysis document sometime tomorrow.

Unfortunately to avoid any further delays, I was not able to screen the data. Please have you team analyse the files and provide feedback.

Our team has also advised that if no further changes are required to the files, then we should be able to provide the 20% on the 20th Jan instead of the 29th Jan as previously advised.

Thank you for your patience and apologies for any inconvenience

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, 9 January 2018 12:25 PM

To: [REDACTED]

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

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 20/12/17 [SEC=UNOFFICIAL]

Hi [REDACTED]

Thanks for the update. Please continue to keep us posted on how we are tracking from key deliverables from December 2017 discussions.

Warm Regards,

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

Sent: Tuesday, 9 January 2018 12:23 PM

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

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

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 20/12/17 [SEC=UNOFFICIAL]

Hello [REDACTED]

I received further updates overnight and this morning. Further progress were made around the changes to the result file.

I will update further later today as I filter through the information.

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, 9 January 2018 9:27 AM

To: [REDACTED]

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

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 20/12/17 [SEC=UNOFFICIAL]

Good Morning [REDACTED]

Thank you for getting back to me. I will have to discuss this internally moving forward with regards to movement to the 29th as this will cause slippages on the project schedule. Also, regarding the detailed mapping, will this be delivered this week (it was due on Monday 8th of January)?

Many Thanks [REDACTED]

Warm Regards,
[REDACTED]

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

Sent: Monday, 8 January 2018 6:10 PM

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

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

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 20/12/17 [SEC=UNOFFICIAL]

Hello [REDACTED]

Extensive work has begun early last week and I am hoping to get both the gap Analysis and attachment samples around mid-week.

The hot topic at this point is about the 20% delivery due on 19th of Jan. As pointed out by [REDACTED] before Christmas, we have advised that dates maybe pushed (by 2 weeks minimum) due to the complexity of the change to the result file and this will most likely affect the delivery date.

After numerous discussions with the team last week, the following scenario was proposed

- A 2 week sample (similar to what we provided in the past) will be provided on the 19th of Jan containing the changes to the result file, the output will be assessed by your team and we'll require an approval to move forward with the 20% delivery
- Once approval is confirmed, then we will work on delivering the 20% on the 29th of Jan

Since extensive work has already begun in this area, we would like to work with the above dates.

Please let me know if these dates work for you

Apologies for any inconvenience

Kind Regards,

[REDACTED]

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

Sent: Mon, 8 January 2018 3:53 PM

To: [REDACTED]

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

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 20/12/17 [SEC=UNOFFICIAL]

Importance: High

Welcome Back Everyone.

I hope your holidays were good!

Just following up on how we are progressing with the line items below, any updates. The detail mapping and gap analysis is due today 8th of January 2018.

Many Thanks.

Warm Regards,

[REDACTED]

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

Sent: Wednesday, 20 December 2017 3:05 PM

To: [REDACTED] (Health) <[REDACTED]@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED]
 (Health) <[REDACTED]@act.gov.au>; [REDACTED] (Health) <[REDACTED]>
 (Health) <[REDACTED].A@[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]>
 Cc: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; [REDACTED] <[REDACTED]>
 [REDACTED].com>

Subject: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 20/12/17

Hi All

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

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

1. Attachments Samples (3rd Jan)
2. Mapping Document & Gap Analysis (8th Jan)
3. Accession Number Change (on 19th Jan with 20% migration for RIS/PACS) – Part A
4. Test Data Extract - Part B – Attachments

As always, please let me know if any corrections.

MEETING NOTES:

1. RIS/PACS Test Extract

- a. New extract sent by Siemens 8th December
- b. [REDACTED] sent feedback 13th December
- c. [REDACTED] stepped through the questions relating to the RIS extract in her feedback
- d. [REDACTED] stepped through the questions relating to the PACS extract in her feedback
- e. **ACTION** – [REDACTED] to send sample data for the topics discussed in c) and d) above by **COB 13th December.**
Complete
- f. **ACTION** – Siemens to get clarification on all topics and confirm date revised extracts will be delivered.
Target – 15th December
 - i. GM 15/12 – Clarifications are in progress between [REDACTED] We will deliver updated extracts no later than Wednesday 20th December.
 - ii. PR 15/12 – thank you. Due to Christmas holiday, we will need to have extracts the earliest the possible by Monday 18th. As we officially shut down on Thursday, and [REDACTED] will need time to analyse, transform, digest the information and forward to AGFA and loaded on Dev by the 22nd Dec 2017.
 - iii. GM 20/12 – New extracts have been provided for both RIS and PACS on Monday 18th December
 - iv. 20/12 – Canberra team confirmed most data loaded well into the Agfa system. Canberra would like to better understand why something may not be in RIS but in PACS. [REDACTED] confirmed very difficult for Siemens to explain this and Canberra should leverage knowledge of their System Administrator whom are responsible for data in and out of RIS/PACS since go-live. ACT Health to discuss variations with RIS/PACS Administrators.

- g. **ACTION** – Siemens to confirm delivery date of mapping documentation as per SoW. **Target – 15th December**
- i. GM 15/12 – Mapping document to be delivered by Wednesday 20th December.
 - ii. PR 15/12 – Excellent!
 - iii. GM 18/12 – Delivered Monday 18th December
 - iv. PR 15/12 – Excellent
 - v. PR 19/12 – Thanks for the extracts and mappings for RIS (apologies). Thank you and we look forward in seeing the csv files. Yes, everything is looking 'ok' so far, but with regards to the gap analysis it reads very light in content. Can Siemens provide us with more information on the database, quite a bit that's missing?
 - vi. GM 19/12 – Can you provide some examples of what you think is missing? I am not familiar with the front end so wondering if you could provide examples of other fields that are not being migrated to the Agfa system that may be of use? As this is a subjective exercise of what is clinically important, if you have some examples from your side that will help.
 - vii. GM 20/12 – [REDACTED] sent through feedback for Mapping File and Gap Analysis. I will feedback and request updated copies of both documents. Timing of these documents dependant on prioritisation against other deliverables.
 - viii. 20/12 – Canberra team confirm this is priority #2, and asked us to target for delivery on 8th Jan. [REDACTED] confirmed a good source of information for the gap analysis is the original document he put together at the outset of the project. [REDACTED] highlighted that leveraging the System Administrators knowledge of the front-end would be a valuable source of information for any clinically relevant data.

2. Duplicate Accession Number Issue

- a. [REDACTED] updated team on [REDACTED] questions from last meeting regarding transformation of accession numbers ID to make unique
- b. [REDACTED] highlighted data transformations are out of scope as per the SoW
- c. **ACTION** - Siemens to verify position on modifying Accession Numbers to make unique for subsequent extracts by **15th December**.
 - i. GM 15/12 – Our data migration team are uncomfortable with changing the accession number. Reason being is that this is the unique number that links to the report. This number is created by the RIS and is then sent on to downstream systems (i.e. PACS, HIS) and is referred to on Radiology Report that may be with a patient. I want to find a solution for you here. Could we have a technical discussion with Agfa to try and find a path forward?
 - ii. PR 15/12 – We understand why Siemens would be uncomfortable, unfortunately, this is the only approach we have in having Siemens modify accession numbers we have and we have discussed this with AGFA. The modified accession number and approach to deal with related image migration, has been discussed previously with AGFA. They are aware of the work involved. Thank You.
 - iii. PB 19/12 - Also, as for the Accession numbers, with the 'script' and time/material for Siemens to make those changes, can we explore how much effort will your technical resource be able to commit as an option to make those changes? [REDACTED] and [REDACTED] will get back to you. As for the attachments, how much of a push back are we seeing, in days, weeks?
 - iv. GM 19/12 – As mentioned below, I may not know until the 2nd January. I would however expect days, not weeks. I just need to understand how to prioritise the tasks, whether this tasks precedent over the Part 2 Test migration scheduled for 12th Jan.

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

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

3. PACS Test System

- a. █████ confirmed that to create a Test PACS system, we require a VM with an oracle license. Then the back-up could be important into the VM.
- b. **ACTION** – Siemens to provide a quote to create a Test PACS VM including Professional Services and an Oracle license. **Target – Wednesday 20th December**
- i. GM 20/12 – Siemens has supplied the CSV DB export of key tables from DB as interim measure. Siemens unable to provide a quotation for an oracle license for a test server. As Imaging PACS is a legacy system, Siemens no longer have an arrangement in place with Oracle we can leverage for short term use license.
- ii. 20/12 - All agreed to park this for now and use the CSV method for PACS DB. █████ confirmed we can supply refreshed CSV's for the 5 PACS tables upon request in place of the PACS back-ups mentioned in the SoW.
- c. **ACTION** – Nick to confirm a storage location to store the attachments. **Target – Wednesday 20th December**
- i. PR 15/12 – Target is for 2nd of January 2018 as the samples will be delivered by the 3rd of January 2018.
- d. █████ requested in interim, whether an export of the tables used in the PACS migrations was possible to a CSV.
- e. **ACTION** – █████ to confirm whether CSV exports of tables used in PACS extract is possible by 15th December.
- i. GM 15/12 – This is possible but quite a bit of work involved from our side to make happen. There would also be a limitation with Excel when opening the CSV due to size of the tables so you won't be able to work with it in Excel. The best and fastest option is to go with the oracle option. From my understanding of oracle licensing, you can install oracle and start work whilst the purchase happens in the background to move forward. Has ACT health got any arrangement in place with Oracle directly?
- ii. PR 15/12 – ACT Health does not have an Oracle agreements in place, the csv is going to be loaded into sql server, excel will not be used to analyse, so therefore size is not an issue.
- iii. GM 20/12 – CSV extracts provided 19/11/17.
- iv. 20/12 – █████ to finish loading CSV files. All looks OK so far and good solution.

4. RIS Extract Part 2 - Attachments

- a. █████ requested an example of each type of attachment file (Interactive documents, protocol documents, clinical alerts & scanned images) a head of the target delivery date of 12th January as per SoW.
- b. **ACTION** – █████ to request and confirm an indicative date by 15th December.
- i. GM 15/12 – I can confirm we can deliver this on 3rd January.
 - ii. PR 15/12 – █████ and █████ will be away until the 8th of January. This is fine.
 - iii. Following the meeting █████ requested whether this could be delivered by 20th December.
 - iv. GM – The SoW has this task due 12th Jan. I have resource allocated to do this from 2nd January and can confirm this sample set will be delivered by 3rd January. Due to planned leave next week and being the week before Xmas it will be difficult for me to find an alternate resource to meet 20th December. Can you work with this timing? (We have provided a good sample set of attachments previously which maybe a good start. You may also be able to get the info you required from your System Administrator?).
 - v. PR 15/12 - Fine
 - vi. GM 20/12 – Needs to be prioritised against the accession number change on 2) above.
 - vii. 20/12 – Canberra agreed this task is #1 priority, this will be commenced on 2nd January by Siemens resource when back from leave. This will be ready for Canberra team when back on 8th January.

5. New Test Extract request

- a. █████ requested a new test extract for RIS (including attachments) and PACS to be delivered by 19th January which contains 20% of total data
- b. █████ confirmed it would be great if we can secure 2 months data from each year to make up the 20% extract
- c. **ACTION** – █████ to confirm whether 2 months of each year is viable option or suggest an alternative.
Target – Wednesday 20th December
- i. GM 20/12 – This is viable.
 - ii. GM 20/12 – Closed.
- d. **ACTION** – █████ to confirm whether this date is achievable. **Target – Wednesday 20th December**
- i. GM 20/12 – Needs to be prioritised against the accession number change on 2) above.
 - ii. GM 20/12 – Priority # 3, will be delivered by 19th January. Part A is priority only for 19th January. This deliverable has been prioritised over the Part B – Attachments Test Extract due for 12th January in the SoW.
- e. **ACTION** - Siemens to confirm new timing for delivery of the Part B – Attachments Test Extract by 8th January 2018.

6. SDC trial

- a. Siemens confirmed that we need to know by Xmas if a SDC trial is required during January due to set-up tasks/prep.
- b. [REDACTED] confirmed PO is still in progress and with Mark.
- c. Canberra team confirmed to put on hold until further notice

7. Xmas period leave

- a. [REDACTED] – back on 2nd Jan
- b. Canberra team – back on 8th Jan.
- c. [REDACTED] – back on 15th Jan

8. Next meeting

- a. Wed 10th Jan

Best regards

[REDACTED]

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

Hi [REDACTED]

Thank you for your quick response!

I have highlighted my question in red.

Warm Regards,

[REDACTED]

From: [REDACTED] [mailto:[REDACTED]]
Sent: Friday, 15 December 2017 11:05 AM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED]
 <[REDACTED]>; [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED]
 (Health) <[REDACTED]>
Cc: [REDACTED] (Health) <[REDACTED].A.[REDACTED]@act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>;
 [REDACTED] <[REDACTED]>
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]

Hi All

Please find below amended minutes as per feedback from [REDACTED]

I have also included updates for the items flagged for today in brown.

1. RIS/PACS Test Extract

- a. New extract sent by Siemens 8th December
- b. [REDACTED] sent feedback 13th December
- c. [REDACTED] stepped through the questions relating to the RIS extract in her feedback
- d. [REDACTED] stepped through the questions relating to the PACS extract in her feedback
- e. **ACTION** – [REDACTED] to send sample data for the topics discussed in c) and d) above by **COB 13th December**.
Complete
- f. **ACTION** – Siemens to get clarification on all topics and confirm date revised extracts will be delivered.
Target – 15th December
 - i. **GM** – Clarifications are in progress between [REDACTED] We will deliver updated extracts no later than Wednesday 20th December.
PR – thank you. Due to Christmas holiday, we will need to have extracts the earliest the possible by Monday 18th. As we officially shut down on Thursday, and [REDACTED] will need time to analyse, transform, digest the information and forward to AGFA and loaded on Dev by the 22nd Dec 2017.
ACTION – Siemens to confirm delivery date of mapping documentation as per SoW. **Target - 15th December**
 - ii. **GM** – Mapping document to be delivered by Wednesday 20th December.
PR – Excellent!

Duplicate Accession Number Issue

- g. [REDACTED] updated team on [REDACTED] questions from last meeting regarding transformation of accession numbers ID to make unique
- h. [REDACTED] highlighted data transformations are out of scope as per the SoW
- i. **ACTION** - Siemens to verify position on modifying Accession Numbers to make unique for subsequent extracts by **15th December**.
 - i. **GM** – Our data migration team are uncomfortable with changing the accession number. Reason being is that this is the unique number that links to the report. This number is created by the RIS and is then sent on to downstream systems (i.e. PACS, HIS) and is referred to on Radiology Report that may be with a patient. I want to find a solution for you here. Could we have a technical discussion with Agfa to try and find a path forward?
 - PR** – We understand why Siemens would be uncomfortable, unfortunately, this is the only approach we have in having Siemens modify accession numbers we have and we have discussed this with AGFA. The modified accession number and approach to deal with related image migration, has been discussed previously with AGFA. They are aware of the work involved. Thank You.
 - [REDACTED] to escalate to [REDACTED] if Siemens unable to make this modification as per SoW)

2. PACS Test System

- a. [REDACTED] confirmed that to create a Test PACS system, we require a VM with an oracle license. Then the back-up could be important into the VM.
- b. **ACTION** – Siemens to provide a quote to create a Test PACS VM including Professional Services and an Oracle license. **Target – Wednesday 20th December**

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

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

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

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

i. GM – This is possible but quite a bit of work involved from our side to make happen. There would also be a limitation with Excel when opening the CSV due to size of the tables so you won't be able to work with it in Excel. The best and fastest option is to go with the oracle option. From my understanding of oracle licensing, you can install oracle and start work whilst the purchase happens in the background to move forward. Has ACT health got any arrangement in place with Oracle directly?

ii. PR – ACT Health does not have an Oracle agreements in place, the csv is going to be loaded into sql server, excel will not be used to analyse, so therefore size is not an issue.

3. RIS Extract Part 2 - Attachments

- a. ██████ requested an example of each type of attachment file (Interactive documents, protocol documents, clinical alerts & scanned images) a head of the target delivery date of 12th January as per SoW.

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

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

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

- c. Following the meeting ██████ requested whether this could be delivered by 20th December.

i. GM – The SoW has this task due 12th Jan. I have resource allocated to do this from 2nd January and can confirm this sample set will be delivered by 3rd January. Due to planned leave next week and being the week before Xmas it will be difficult for me to find an alternate resource to meet 20th December. Can you work with this timing? (We have provided a good sample set of attachments previously which maybe a good start. You may also be able to get the info you required from your System Administrator?).

ii. PR - fine.

4. New Test Extract request

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

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

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

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

Best regards

[REDACTED]

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

Sent: Wednesday, 13 December 2017 4:11 PM

To: [REDACTED] Crossley, Nick; [REDACTED]

Cc: [REDACTED] (Health); Duggan, Mark (Health)

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17 [SEC=UNOFFICIAL]

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

[REDACTED] will be providing examples/samples for [REDACTED] today from our conversations this afternoon.

Have a lovely day mate.

Warm Regards,

[REDACTED]

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

Sent: Wednesday, 13 December 2017 4:05 PM

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

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

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

<[REDACTED]@act.gov.au>

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

Subject: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17

Hi All

Minutes and actions from today's meeting. Please let me know if any amendments.

1. RIS/PACS Test Extract

- a. New extract sent by Siemens 8th December
- b. [REDACTED] sent feedback 13th December
- c. [REDACTED] stepped through the questions relating to the RIS extract in her feedback
- d. [REDACTED] stepped through the questions relating to the PACS extract in her feedback

ACTION – [REDACTED] to send sample data for the topics discussed in c) and d) above by **COB 13th December**.

ACTION – Siemens to get clarification on all topics. **Target** – 15th December

2. Duplicate Accession Number Issue

- e. [REDACTED] updated team on [REDACTED] questions from last meeting regarding transformation of accession numbers ID to make unique
- f. [REDACTED] highlighted data transformations are out of scope as per the SoW

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

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

3. PACS Test System

h. ██████ confirmed an export of oracle DB to single file is possible. For this to occur the production database would need to be taken down.

i. ██████ confirmed that to create a Test PACS system, we require a VM with an oracle license. Then the back-up could be important into the VM.

j. **ACTION** – Siemens to provide a quote to create a Test PACS VM including Professional Services and an Oracle license. **Target – Wednesday 20th December**

k. **ACTION** – Nick to confirm a storage location to store the PACS Database Export. **Target – Wednesday 20th December**

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

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

4. RIS Extract Part 2 - Attachments

n. ██████ requested an example of each type of attachment file (Interactive documents, protocol documents, clinical alerts & scanned images) ahead of the target delivery date of 12th January as per SoW.

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

5. New Test Extract request

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

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

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

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

Best regards

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

Hi ██████

Please find attached my notes from the meeting on Wednesday.

Further to this, I can confirm as of today we are still awaiting an error free extract to be delivered for both RIS and PACS. We are hoping to have these to you early next week.

With regards to 3. below, I was asked to investigate whether we could modify the extract and modify the accession numbers so these are unique. As per the SoW, as Siemens cannot guarantee the quality of data if changes like this are made, we encourage this change to be made at the Agfa end. There was an out of scope topic in the SoW as per the below.

Transition-Out Activities and Documents Not In-Scope

Execution of any data transformation during the ACT Health will be responsible for any transformation of data prior to extract process. loading into the Agfa system

In saying that, happy to discuss further though if this is not viable.

Meeting Minutes – 6th December 2017

Attendees: [REDACTED]

1. [REDACTED] will cover [REDACTED] whilst on leave so all correspondence to include both [REDACTED] and [REDACTED]
2. RIS/PACS Test Extract
 - a. [REDACTED] updated team on progress since last week
 - i. Test extract triaged by [REDACTED] Friday last week
 - ii. Errors found in both RIS and PACS extracts
 - iii. Received new PACS extract Monday, further issues found
 - iv. Received new RIS extract Tuesday, further issues found
 - v. Expect new extracts Thursday, if all OK can send through Friday (earliest)
 - b. Team discussed accuracy of extracts being an issue, and [REDACTED] seeing firsthand what [REDACTED] was facing with earlier extracts
 - c. [REDACTED] confirmed this is the most time consuming task of the process. Once test extract in place and accurate, further extracts will be easy to generate
 - d. Team acknowledged we need to ensure the extract is correct from the source, as opposed to modifying the extracts themselves to meet timelines.
 - e. [REDACTED] confirmed timeline of 12th Dec on track
 - f. [REDACTED] confirmed date of 12th Dec in SoW should have indicated a completion of the test migration as opposed to delivery of test extract
3. Duplicate Accession Number Issue

g. [REDACTED] asked whether Siemens can modify extract make accession numbers unique

h. [REDACTED] agreed to investigate

4. PACS Migration

i. [REDACTED] indicated SDC pilot proposal likely to proceed

j. Siemens will need to receive requests from the Agfa RIS to move studies in that order

k. SDC Pilot likely to be requested for Jan

l. GM to tentatively schedule resources for January

5. PACS Extract

m. [REDACTED] request a new single PACS database extract be produced by Siemens. [REDACTED] will investigate if possible

n. [REDACTED] ss requested a network drive

6. Timeline clarification

o. [REDACTED] asked for clarification of how migration activity sits on critical path of the project

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

q. [REDACTED] indicated a successfully partial migration needs to be completed by 2nd Feb

r. Plan is to test full test migration during Feb

s. Production migration to begin start of March

Best regards

[REDACTED]
[REDACTED]

Siemens Healthcare Pty Ltd (Australia)

885 Mountain Highway

Bayswater, 3153

Mobile: [REDACTED]

Work: +61 (0)3 9721 7507

mailto:[REDACTED]@heathineers.com

www.healthcare.siemens.com.au

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

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Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Friday, 8 December 2017 3:05 PM
To: [REDACTED] (Health); [REDACTED] (Health)
Cc: [REDACTED] (Health); [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.: 19202-1921790001002) 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]

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] (HC APC AUS DI)

Sent: Thu, 7 December 2017 3:50 PM

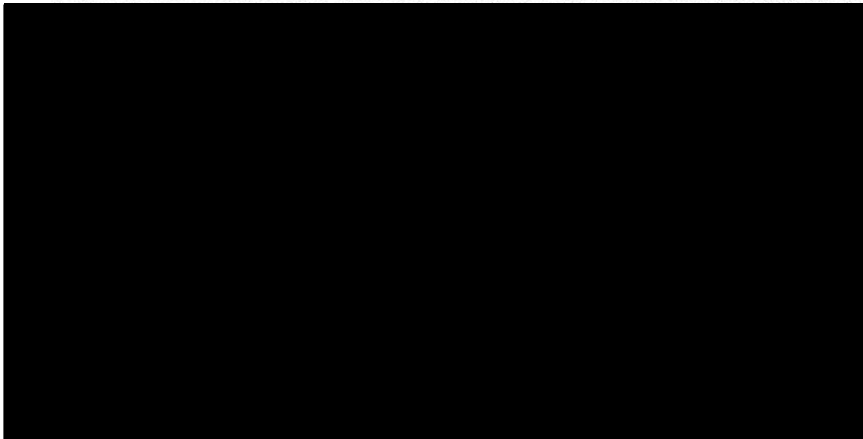
To: [REDACTED] [REDACTED] (Health)

Cc: [REDACTED] [REDACTED] (Health); [REDACTED] [REDACTED] Crossley, [REDACTED] [REDACTED] [REDACTED] (Health); [REDACTED] [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]
[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: 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]: ** Result: Normal

[REDACTED] ** 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,

[REDACTED]

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

From: [REDACTED] (Health)

Sent: Wednesday, 6 December 2017 2:37 PM

To: [REDACTED]

Cc: [redacted] (Health) <[redacted]@act.gov.au>; [redacted] (Health) <[redacted]@act.gov.au>; [redacted] <[redacted]@act.gov.au> Crossley, Nick <Nick.Crossley@act.gov.au>; [redacted] <[redacted]@act.gov.au> (Health) <[redacted]@act.gov.au>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

[redacted]

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

[redacted]

[redacted]
Phone: 02 6174 8768 | Mobile: [redacted] | Email: [redacted]
Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

From: [redacted] [mailto:[redacted]]
Sent: Friday, 1 December 2017 3:45 PM
To: [redacted] (Health) <[redacted]>
Cc: [redacted] (Health) <[redacted]@act.gov.au>; [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]

Hello [redacted]

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,

[redacted]

Siemens Healthcare Pty Ltd
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Email: [redacted]
Internet: www.healthcare.siemens.com.au



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From: [REDACTED] (Health) [mailto:[REDACTED]]
Sent: Thu, 30 November 2017 11:03 AM
To: [REDACTED]
Cc: [REDACTED] (Health); [REDACTED] (Health); [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 UUIDs, and one report 'abc' that covers all 3 studies.
 In the report file, it will be:

[REDACTED] Modified [REDACTED] UID 1 Report abc
 [REDACTED] UID 2 Report abc
 [REDACTED] UID 3 Report abc

Thanks
 [REDACTED]

[REDACTED] | [REDACTED]
 Phone: | Mobile: [REDACTED] | Email: [REDACTED]@act.gov.au
 Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
 Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

From: [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] <[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,
 [REDACTED]
 [REDACTED]

Siemens Healthcare Pty Ltd
160 Herring Road
Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile: [REDACTED]

Email: [REDACTED]

Internet: www.healthcare.siemens.com.au



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

Sent: Wed, 29 November 2017 2:17 PM

To: [REDACTED]

[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]>

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

[REDACTED] (Health) <[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]

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Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009
 Mobile: [REDACTED]
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From: [REDACTED] (Health) [REDACTED]
Sent: Wed, 29 November 2017 1:03 PM
To: [REDACTED]
c: [REDACTED] (Health); Crossley, Nick; Nick [REDACTED] (Health)
Subject: FW: PACS Extract [SEC=UNCLASSIFIED]

[REDACTED]

[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]

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] (Health)
 <[REDACTED].A@[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
 160 Herring Road
 Macquarie Park NSW 2113

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

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 Healthineers 

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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]

[REDACTED]

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]

Becomes:

[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]
Phone: | 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: Tuesday, 28 November 2017 8:28 AM
To: [Redacted] (Health) <[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]

Siemens Healthcare Pty Ltd
160 Herring Road
Macquarie Park NSW 2113

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





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Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Thursday, 7 December 2017 3:58 PM
To: [REDACTED]
Cc: [REDACTED] (Health); [REDACTED] Crossley [REDACTED];
 [REDACTED] (Health)
Subject: RE: Modified Accession numbers in the report file [SEC=UNCLASSIFIED]

Thanks [REDACTED]

Can we have the IssuerofFillerOrderNumber populated as 'PAS'.

Thanks for getting the modified accession numbers in the procedure file. We can work on the report file ourselves for now.

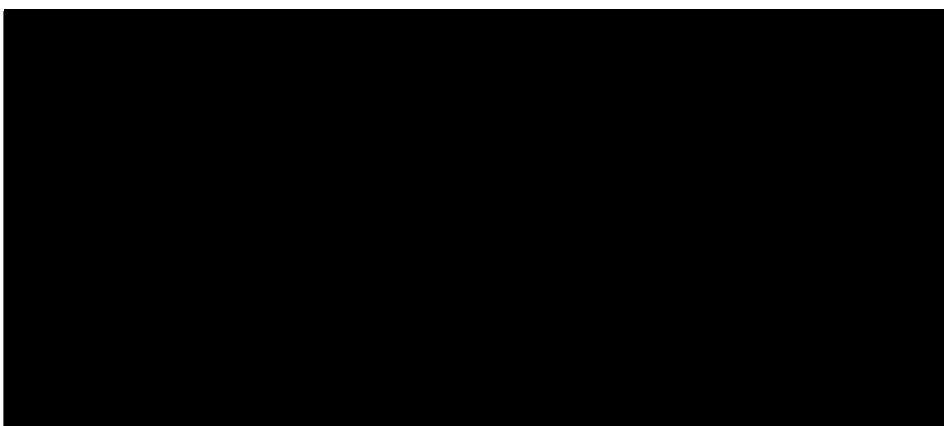
Thanks,

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Thursday, 7 December 2017 3:50 PM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: [REDACTED] (Health) <[REDACTED].A@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] (Health) <[REDACTED]>
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,

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

From: ██████████ [mailto:██████████]
Sent: 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,

[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: Thu, 30 November 2017 11:03 AM
To: [Redacted]
Cc: [Redacted] (Health); [Redacted] (Health); [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: 1234, 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

[Redacted] 2 Report abc

[Redacted] UID 3 Report abc

Thanks

[Redacted]

Phone: | 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: Thursday, 30 November 2017 12:51 AM
To: [Redacted] (Health) <[Redacted]>

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

[REDACTED]
 [REDACTED]
 [REDACTED]

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 160 Herring Road
 Macquarie Park NSW 2113

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Mobile: [REDACTED]

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

Sent: Wed, 29 November 2017 2:17 PM

To: [REDACTED]

[REDACTED] Crossley, Nick; Nick [REDACTED]

[REDACTED] (Health)

Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Yes, that should be OK for now.

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

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

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

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

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

Sent: Wednesday, 29 November 2017 1:58 PM

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

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

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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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

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

Phone: | Mobile: ██████████ | Email: ██████████@act.gov.au

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

From: ██████████ (Health)

Sent: Wednesday, 29 November 2017 12:50 PM

To: ██████████ (Health) <██████████>

Subject: FW: PACS Extract [SEC=UNCLASSIFIED]

Hi ██████████

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,

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

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

From: ██████████ [mailto:██████████]

Sent: Wednesday, 29 November 2017 10:41 AM

To: ██████████ (Health) <██████████>

Cc: ██████████ <██████████> (Health)

<██████████@act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; ██████████ (Health)

<██████████@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>; ██████████

<██████████>

Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

ello ██████████

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,

Siemens Healthcare Pty Ltd

160 Herring Road
Macquarie Park NSW 2113

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Mobile: ██████████

Email: ██████████

Internet: www.healthcare.siemens.com.au



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To: [REDACTED]
[REDACTED] (Health); Duggan, Mark (Health); [REDACTED]
(Health); Crossley, Nick; Nick [REDACTED]
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

[REDACTED]

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] | 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: 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]