

We have validated that the demonstration version of the Oracle-SQL Server conversion tool results in a valid Oracle database. Can we expedite purchase of the tool? The relevant url is:

<https://www.convert-in.com/ord2mss.htm>

It's only \$79 for a single-user licence.

Thanks

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

Phone: ██████████ | Mobile: ██████████ | Email: ██████████

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

From: ██████████ (Health)

Sent: Thursday, 16 November 2017 2:18 PM

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

Cc: ██████████ (Health) <██████████>

Subject: RE: PACS SQL Converted DB [SEC=UNCLASSIFIED]

Hi Nick,

Yes I can see and access the database and the data, looks like the tool is a success..:)

Regards,

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

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

From: Crossley, Nick

Sent: Thursday, 16 November 2017 1:54 PM

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

Cc: ██████████ (Health) <██████████>

Subject: PACS SQL Converted DB [SEC=UNCLASSIFIED]

Hi ██████████

Can you see data\DB in SQL? - the SSICT job was actioned

Organize New Open Select

nick access > 67816 - HD - IDIS Implementation > Technical Design > PACS DB SQL Convert

	Name	Date modified
<input checked="" type="checkbox"/>	Export01	13/11/2017 9

Medical Imaging Solution ✦
Pilot ✦
Implementation ✦
CT Modality Implementation ✦
✦
✦
✦

Regards

Nick Crossley

Project Manager MAIPM, CPPM | Shared Services ICT Health

Phone: +61 2 6207 8919 | Mob [REDACTED]

Shared Services | Chief Minister, Treasury and Economic Development Directorate | ACT Government

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Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Thursday, 16 November 2017 2:18 PM
To: Crossley, Nick
Cc: [REDACTED] (Health)
Subject: RE: PACS SQL Converted DB [SEC=UNCLASSIFIED]

Hi Nick,
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Regards,

[REDACTED]

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

From: Crossley, Nick
Sent: Thursday, 16 November 2017 1:54 PM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: [REDACTED] (Health) <[REDACTED]>
Subject: PACS SQL Converted DB [SEC=UNCLASSIFIED]

Hi [REDACTED]
Can you see data\DB in SQL? - the SSICT job was actioned

Organize New Open Select

click access > 67816 - HD - IDIS Implementation > Technical Design > PACS DB SQL Convert

	<input type="checkbox"/> Name	Date modified
<input checked="" type="checkbox"/>	Export01	13/11/2017 9

- Imaging Solution
- Hard Pilot
- Implementation
- CT Modality Implementation

Regards

Nick Crossley
Project Manager MAIPM, CPPM | Shared Services ICT Health
Phone: +61 2 6207 8919 | Mob [REDACTED]
Shared Services | Chief Minister, Treasury and Economic Development Directorate | ACT Government
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Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Thursday, 16 November 2017 1:49 PM
To: [REDACTED] Crossley, Nick; [REDACTED] (Health); [REDACTED] (Health)
Cc: [REDACTED]
Subject: RE: RIS Test Extract [SEC=UNCLASSIFIED]

Hi [REDACTED]

Thanks for the extract.

I have had a quick look and my first finding is that the headers do not match the AGFA specifications, they are almost there, but for the files to be loaded successfully we need an exact match (I can see the main issue being the field names used are with spaces unlike the specification).

Though the header is not really an issue and can be fixed quite easily on our side, the bigger issue is that the file needs to be delimited with a pipe (|), but the files seem to have been delimited with '/F/'. This definitely needs to be corrected, the file should be pipe separated, but any pipe in the 'data' itself needs to be escaped with '/F/'.

I haven't been able to analyse the content of the files any further as the nonstandard '/F/' delimited files could not be opened in excel for analysis.

Could you please get the headers and the delimiters fixed?

Thanks,

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Thursday, 16 November 2017 12:19 PM
To: Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: [REDACTED]
Subject: RIS Test Extract

Hi Canberra Team

Please find attached the latest RIS Test Extracts as promised. These include the changes requested since the first extract was provided.

Please let me know if any questions.

Best regards

Siemens Healthcare Pty Ltd (Australia)

885 Mountain Highway

Bayswater, 3153

Mobile: [REDACTED]

Work: +61 (0)3 9721 7507

mailto:[REDACTED]

www.healthcare.siemens.com.au



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Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Thursday, 16 November 2017 12:19 PM
To: Crossley, Nick; [REDACTED] (Health); [REDACTED] (Health); [REDACTED]
Cc: [REDACTED]
Subject: RIS Test Extract
Attachments: doctors.rpt; sample.zip

Hi Canberra Team

Please find attached the latest RIS Test Extracts as promised. These include the changes requested since the first extract was provided.

Please let me know if any questions.

Best regards

[REDACTED]
[REDACTED]
Siemens Healthcare Pty Ltd (Australia)

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Bayswater, 3153

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

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Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Thursday, 16 November 2017 9:28 AM
To: Duggan, Mark (Health); Cook, Sandra (Health); O'Halloran, Peter (Health)
Cc: Norman, Karen (Health); [REDACTED] (Health); Crossley, Nick; McKenzie, Theresa (Health); Andriolo, Rodney (Health)
Subject: RE: PACS database issue [SEC=UNCLASSIFIED]

Hello Peter, Mark and Sandra.

Update you on the issue around PACS migration.

The phone conference call last night with Siemens in Germany went well. The project team have another meeting tonight with AGFA in Belgium to discuss the options and find a resolution. We will not be able to have a joint meeting until next Thursday, as Siemens resources are on leave,

his needs to be resolved before the 27th November, after this it will affect the critical path.

I will update you all again by end of this week.

Kind regards,

[REDACTED]

[REDACTED] | Project Director - Integrated Diagnostic Imaging Solution Project
 Phone: 02 6174 8729 | Mobile: [REDACTED] | E-Mail : [REDACTED]@act.gov.au
 Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
 Building 1, Lv 10 Canberra Hospital, Garran ACT | PO Box 11, WODEN ACT 2606 | www.act.gov.au

From: [REDACTED] (Health)
Sent: Thursday, 9 November 2017 1:22 PM
To: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Cook, Sandra (Health) <Sandra.Cook@act.gov.au>
Cc: Norman, Karen (Health) <Karen.Norman@act.gov.au>
Subject: PACS database issue [SEC=UNCLASSIFIED]
Importance: High

Hello Sandra and Mark

The project team are currently handling an issue around the migration of PACS data.

I have Share Services, Siemens, Agfa and the technical members of the IDIS project team all working on a resolution.

This data is currently in Siemens Oracle database and ACT health/Share services do not have oracle only SQL VM and we don't have any tools to convert either.

As mentioned the team are working hard to resolve this issue and all parties are working well together, sourcing the correct technical knowledge to find a solution.

The **impact** of this has delayed the PACS migration, currently within tolerances. However, if no resolution is found and decisions are not made quickly we will be severely impacted.

I will update you when I know more as the project may need help in resolving. There are a few options we are currently working through with everyone, Agfa and Siemens included.

I will get back to you soon.

██████████

██████████ ██████████ | Project Director - Integrated Diagnostic Imaging Solution Project

Phone: 02 6174 8729 ██████████ | E-Mail : ██████████@act.gov.au

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Heland, Rebecca (Health)

From: Crossley, Nick
Sent: Tuesday, 14 November 2017 11:20 AM
To: [REDACTED] (Health); [REDACTED] (Health)
Cc: [REDACTED] (Health)
Subject: RE: PACS DB Test Extract [SEC=UNCLASSIFIED]

Hi guys
 These files are here.

SIEMENS PACS Extract

Cheers

Nick Crossley

Project Manager MAIPM, CPPM | Shared Services ICT Health

Phone: +61 2 6207 8919 | Mob [REDACTED]

Shared Services | Chief Minister, Treasury and Economic Development Directorate | ACT Government
 Building 1, Lv 10 Canberra Hospital, Garran ACT | PO Box 11, WODEN ACT 2606 | www.act.gov.au

From: [REDACTED] [mailto:[REDACTED]]
Sent: Tuesday, 14 November 2017 8:10 AM
To: Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED] (Health) <[REDACTED]>
 (Health) <[REDACTED]@act.gov.au>
Cc: [REDACTED]
Subject: PACS DB Test Extract

Hi All

I received confirmation of the PACS DB Test extract overnight.

You can find the files on esyngo Imaging OPM2 192.168.98.15 in the folder:

D:\Siemens\PACSExtract\TestExtract

Study Extract: PACS_DB_TestExtract_Study_20171113.txt

Series Extract: PACS_DB_TestExtract_Series_20171113.txt

I assume you can access this but please let me know if this is not the case and I will get someone to send through to you.

Best regards

[REDACTED]
 [REDACTED]

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Heland, Rebecca (Health)

From: Crossley, Nick
Sent: Tuesday, 14 November 2017 8:38 AM
To: [REDACTED] (Health); [REDACTED] (Health)
Cc: [REDACTED]
Subject: RE: PACS DB Test Extract [SEC=UNCLASSIFIED]

Thanks [REDACTED]
 I will get the PACS admin to assist, he is on a 10am start today

Regards

Nick Crossley

Project Manager MAIPM, CPPM | Shared Services ICT Health
 Phone: +61 2 6207 8919 | Mob [REDACTED]
 Shared Services | Chief Minister, Treasury and Economic Development Directorate | ACT Government
 Building 1, Lv 10 Canberra Hospital, Garran ACT | PO Box 11, WODEN ACT 2606 | www.act.gov.au

From: [REDACTED] [mailto:[REDACTED]]
Sent: Tuesday, 14 November 2017 8:10 AM
To: Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED] (Health) <[REDACTED]>
 (Health) <[REDACTED]@act.gov.au>
Cc: [REDACTED]
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Hi All

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You can find the files on esyngo Imaging OPM2 192.168.98.15 in the folder:

D:\Siemens\PACSExtract\TestExtract
 Study Extract: PACS_DB_TestExtract_Study_20171113.txt
 Series Extract: PACS_DB_TestExtract_Series_20171113.txt

I assume you can access this but please let me know if this is not the case and I will get someone to send through to you.

Best regards

[REDACTED]
 [REDACTED]

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Heland, Rebecca (Health)

From: Crossley, Nick
Sent: Monday, 13 November 2017 1:33 PM
To: [REDACTED] (Health)
Cc: [REDACTED] (Health)
Subject: SQL Export of PACS DB [SEC=UNCLASSIFIED]
Attachments: Export01.sql

Hi [REDACTED]

Here is the extract of the PACS DB I have managed to run through the freeware \demo conversion tool. I am waiting for an SSICT resource to import this to the SQL server TSTSQL043vs.

Regards

Nick Crossley

Project Manager MAIPM, CPPM | Shared Services ICT Health

Phone: +61 2 6207 8919 | Mob [REDACTED]

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IDIS Risk Log

Risk ID	Date Logged	Impact Category	Risk Identification			Risk Evaluation			Risk Treatment			Comments	
			Possible Causes & Event	Possible Consequence	Risk Owner	Risk Rating	Treat (Y/N)	Treatment Strategy	Treatment Description	Treatment Owner	Target Risk Rating		Status
R6	15/05/2017	Transition to BAU	There is clinically significant data in the existing RIS-PACS system that cannot be extracted, and therefore won't be able to be migrated into the new RIS system, resulting in data missing from the new solution.	Clinically significant data missing from the new solution	Tony Frederick	Low	Yes	Reduce	Engage with Siemens to identify problem data. Engage with relevant business areas to determine appropriate actions, which may include identifying alternate store for non-migrated data, and alternative access method.	ACTH	Low	Open	AS SW has been granted by ACTH and is going through review. In the meantime, 20 effort days of effort budgeted at 50K has been purchased by PACS from Siemens. This PO has now been received. Currently engaged with Siemens and Agfa to identify candidate data for clearance, including what should be retained as historical data and not migrated (e.g. audit logs). 23/1 - Formal SOWs for both RIS and PACS migrations delivered to Siemens 24/1 - continuing 24/2 - mitigation process continuing 23/2 - Dev to discuss with Greg and Nick about maintaining current Siemens database post go-live 27/3 - DA meeting with Siemens on 8/3 27/3 - Work has continued and nearly finished for specifications to Siemens 28/4 - Document has been completed, Siemens will provide extract when we provide an end date. 28/5 - Siemens provided an extract and SS completed a gap analysis. This is being reviewed. 28/6 - Sampling needed for PY reporting will be completed. Other information will be available at completion.
R7	16/05/2017	Scope	With no participation in the current RIS-PACS there is a risk of data exposure to the existing data that will be migrated into the new solution	The impacts are that migrated data could have unencrypted viruses	Tony Frederick	Low	No	Reduce	Look at moving a virus scan (optional) over Siemens RIS database servers		Low	Open	Complete - Scott and Mark Duggan, (RIS-PACS team and Sponsor) This extends to ACTPAS which is 7 software versions behind current, Places AV and Service Pack updates into extreme doubt. AV team to be raised with work on 18/9/17 currently with the RIS-PACS manager 24/11 - Quote received from Siemens regarding the current version of the software. To be assessed by RIS-PACS team through BAU Channels 9/1 - quote to be followed up with RIS-PACS manager 23/1 - No change 30/1 - no further information 7/2 - action for quote remains with RIS-PACS manager 24/2 - understanding in place no further action to be taken. Scott Barrett to advise of status. 3/4 - PR and DA to follow up with Scott Barrett. 23/4 - Dev spoke to Scott about this, will confirm any actions to be taken
R8	15/05/2017	Budget	PACS data image subtraction - a minimum of 24 images per case will need to be migrated into go live. It is not known exactly how long this will take and this may impact the go-live date.	Will impact the go live date	Tony Frederick	Low	Yes	Reduce	Current migration plan includes comprehensive testing to provide a level of confidence on image transfer times additionally the plan aims to begin image transfer at the earliest possible time	ACT Health, Agfa & Siemens	Low	Open	Working with Siemens and Agfa to determine the most efficient method to transfer images to meet timelines. Testing procedures to be identified. 20/11 - Performance test of PACS migration will be conducted to obtain better estimates of PACS image migration duration 07/11 - a proposal from Siemens was discussed to transfer the PACS image reader with last impact with the project. This was not accepted further work on cost of cost set for BAU 5/2 - Testing of image transfer to begin during next two weeks 23/1 - Initial image migration testing underway. Not yet enough information for accurate timing analysis 30/1 - Initial image migration successful. Being analysed ready for target test 7/2 - Planning for next image test beginning 24/2 - Siemens providing information on image transfer times 6/2 - test begin should get us in a position to predict times 23/2 - no change

Likely	Medium	Medium	High	High	Very High	Catastrophic
Possible	Low	Medium	High	High	High	High
Rare	Low	Low	Medium	Medium	Medium	High

560	16/10/2017	Schedule	Clinicaly relevant data in the Siemens IIS that cannot be mapped to equivalent Agis data scores available within ABE	Identify via data mapping and gap analysis. Work with Agis to build appropriate transfer methods	Yes	Reduce	Low	Tom Pickrick	ACT Health & Agis & Siemens	Open	<p>information from procedure questionnaires will be required for PMS to determine other sub-processes</p> <p>1712 - Siemens to provide a mapping and gap analysis by the 12/12</p> <p>171 - Initial Siemens gap analysis not acceptable. Update to be provided by 12/1</p> <p>171 - R5 data mapping and gap assessment received and under review</p> <p>182 - Returned to Siemens for remaining items to be completed</p> <p>147 - Review process continuing</p> <p>1372 - NME I working on gap analysis for this</p> <p>129 - Need to review in relation to R5</p> <p>129 - Awaiting attachments/specifications document from Agis</p> <p>136 - IS trying to bring this across as attachments and discussing with Agis</p> <p>1294 - Attachment specifications under final review prior to sending to Siemens</p> <p>1385 - Siemens provided an extract and SS completed a gap analysis. This is being reviewed</p> <p>128 - Everything needed for FY reporting will be ingested. Other information will be available as part of enhancements</p>
561	30/11/2017	Stakeholders	Financial classes are being added to a LCP which is not updated via R2	This will require users to ensure the correct admission from ACT945 is against the exam for billing purposes	Yes	Reduce	Medium	Jessica Griffiths	Jessie Griffiths	Open	<p>25712 - R2 driving an email to Agis to document how the financial class will be captured.</p> <p>1973 - ongoing</p> <p>2471 - ongoing</p> <p>1472 - Duping - follow up will be conducted this week</p> <p>1679 - JG still waiting for documentation from Agis about financial classes</p> <p>129 - R2 to class 02 about this</p> <p>129 - R2 to confirm once ACT945 integration is complete</p> <p>1296 - R2 waiting for the Class interface to be complete</p>
562	22/02/2018	Transition to BAU	Coverer weekend could take longer than expected	Ability to complete scheduled or unscheduled scans	Yes	Reduce	Medium	Dev Ansvill	Dev Ansvill	Open	<p>2272 - DA, NE, SC, AW to meet next week to discuss further.</p> <p>182 - R2 to discuss with MD the expectations of 2.85 - Dev and JG to formulate business case and then discuss with technical teams the required subwork tasks (DM, integration, clinical portal, MM, AD). Then take options to Mark</p> <p>2376 - Dev and JG have had a number of discussions around coverer phase and have involved Scott Barrett as required.</p>
563	06/03/2018	Transition to BAU	Coverer process for scheduled/defined exams unknown		N	Reduce	Low			Open	<p>163 - Agreed to make this a subwork of the larger one awaiting all concerns to be resolved</p> <p>2779 - JG has had an initial discussion with Mark, 30/18 - Once go-live date is known, then more substantial efforts to plan for go-live can be undertaken</p>
564	06/03/2018	Transition to BAU	Early visibility to work in progress run sheet will give test team an idea of testing tasks in the migration and coverer window		N	Reduce	Low	JP	JP	Open	<p>1679 - Agreed to make this a subwork of the larger one awaiting all customer risks</p> <p>1673 - When process for customer is agreed, testing timelines will come.</p>
565	05/03/2018	Transition to BAU	Decision on how work in progress orders on legacy system will be transitioned to Agis system.		N	Reduce	Low	JP	JP	Open	<p>1673 - Agreed to make this a subwork of the larger one awaiting all customer risks</p> <p>1679 - Agreed to make this a subwork of the larger one awaiting all customer risks</p>
566	06/03/2018	Transition to BAU	Trans data migrated to Agis RICO - likelihood of SOURCE data change by users - business process to inhibit such change		N	Reduce	Low	JP	JP	Open	<p>1673 - Agreed to make this a subwork of the larger one awaiting all customer risks</p> <p>1679 - Agreed to make this a subwork of the larger one awaiting all customer risks</p>
567	06/03/2018	Transition to BAU	Requires the ability to print the class forms	Patients unable to sign the forms and unable to meet legislative requirements	N	Reduce	Medium	Jessica Griffiths	Jessica Griffiths	Open	<p>1673 - Waiting for PMS to get back to us with confirmation they can complete the work and a quote for 2.</p> <p>2779 - Still working with Agis and PMS</p> <p>2384 - Have sent to CO for approval, then setup meeting with Health, Agis and PMS</p> <p>2384 - CO approved.</p> <p>2779 - Waiting for the Response to PMS interface to be completed by Richard L. C.</p> <p>1318 - Currently working with Barbara McShane to start working on creating a DSA form.</p>
568	27/03/2018	Change Management	Unknown starting date and capacity of new April. This will include mapping Agis patient information	Increase current Churny medical imaging equipment. Find replacement with a suitable Siemens.	Yes	Reduce	Low	Dev Ansvill	Jessie Griffiths	Open	<p>2779 - DA has taken this issue to MD and SC, and they are working on a plan.</p> <p>2776 - The replacement of the equipment they would like to purchase is a replacement change manager</p> <p>1385 - At this stage management decided that we will not engage a new change manager project team to manage. Will reconsider classed to go-live, but would likely only be part-time</p>

102	07/05/2018	Integration	Inefficient access to integration & Portal team resources for portal/orders and frequently changes may delay integration activities for the project	Unable to undertake required/identified tasks as per schedule. A delay may occur in the integration activities in turn	Nick Crossley	High	Yes	Reduce	Look to build/employ extra staff IDS project team confirmed weekly participation for work to occur as per scheduled activities	Nick Crossley	Low	Open	1/5 - Dev meeting with Ryan Maoh to optimize schedule and understand likely resource availability and constraints 1/6 - Dev meeting with Ryan Maoh to discuss ACT/PIP priority through IDS project may not get hours/priority if there are other higher priority work/projects 10/6 - eOrders work is to be mainly completed by MDM resources. Peter O'Halloran also advised the 29/8 PCWG that IDS and CPY projects were the two main priorities for PIP moving forward.
103	22/05/2018	Data Migration	Patient data in SIS to be cleaned/synchronized with patient data in ACT/PAS. The PIP project team is to be responsible for this task. There is an element of risk involved in getting data from PIP rather than obtaining it first hand from ACT/PAS.	Look to assist	[Redacted]	Medium	Yes	Reduce	Struggle to complete a number of validation checks prior to PIP migration	[Redacted]	Low	Open	15/6 - no change
104	05/06/2018	Integration	Documentation of the eOrders work into the level of detail required to complete the work. This is a specialist issue that stems from project handovers to PIP		[Redacted]	Medium	Yes	Reduce	Update interface specifications document as much as possible	[Redacted]	Low	Closed	15/6 - Tim Finlay provided a recent Order Health document to assist with the work. Further work is being done on the work. Further goals are being chased as received. A new document (as built) for ACT Health eOrders will be provided by MDM.
105	18/05/2018	Integration	MDM Health are completing the eOrders integration work for the project, but they are requesting 10 weeks to complete all work packages, whilst the project schedule can only afford them a maximum of 8 weeks.	Delay to go-live	Dev Aravilli	Medium	Yes	Reduce	Exploring the option to complete one of these work packages after go-live	Dev Aravilli	Low	Open	18/6 - Out of three work packages, MDM will only be asked to complete two of them. Agfa are to complete the third work packet from their end (resolving questions from eOrders).
106	18/05/2018	Data Migration	The SIS/PACS extracts from Siemens have been received late and with many errors. This has delayed test-date migration cycles and impacts the viability of a such cycle	Possibility of not completing a sketch cycle / Poor data integrity	[Redacted]	High	Yes	Reduce	Actively work with Siemens to remediate data issues promptly and give to Agfa to migrate asap	[Redacted]	Low	Open	
107	18/05/2018	Schedule	To stay on this schedule, the project may need to commence end user training while UAT is being completed	If UAT fails, there are options that can be used to provide changes, then that would require updates to T2XIM and the end user training.	Dev Aravilli	Medium	Yes	Reduce		Dev Aravilli	Low	Open	18/6 - Dev to discuss this with Sudra



Issue Identification				Issue Assessment		Proposed Action			Issue Treatment	
Issue ID	Date Logged	Impact Category		Consequence Rating	Priority Rating	Issue Assigned To	Agreed Action/s	Treatment Due Date	Current Status	Resolution Activities
L_17	01/11/2017	Governance	No known process/release management of the 4 environments (Dev, Test, Train, Prod) entry or exit criteria, with signoff.	Moderate	Routine	Dev Arsavili	Agfa and ACT Health to discuss how to document the entry and exit for process/release management of the 4 environments	asap	Resolved	<p>Email sent to project director from SS-ICT Program manager</p> <p>Release management to be discuss with AGFA to provide the project and ACT Health the assurance of quality releases.</p> <p>13/12 Pablo in conversation with [REDACTED]</p> <p>20/12 - Arranging meeting with Christina Carroll in the New Year</p> <p>9/1 - In progress due tba</p> <p>16/1 - meeting scheduled for Friday to discuss generic release schedule</p> <p>23/1 - been liaising with TP, MS, SS- now to catch up with PS</p> <p>30/1 - no update as PS has been off sick</p> <p>3/2 - Further meeting with PG to discuss</p> <p>13/2 - still ongoing</p> <p>15/3 - Need to develop entry/exit criteria. DR to chase Pablo documents, and discuss with Travis</p> <p>27/3 - New PMO process will define this, per DA</p> <p>20/5 - DSD PMO Governance have established a Change Control Board (CCB)</p>
L_18		Integration	Third party reporting - Everlight tender. This includes both the existing interface with Everlight, but also the contract negotiations for third party reporting into the future (procurement process ongoing)	Major	Priority	[REDACTED]	Need to wait for procurement to advise on the new vendor	28/11/2017	Being Actioned	<p>Been working with Executive Sponsor to ensure the project is kept up to date with regards to procurement activity</p> <p>13/12 - different Everlight at Calvary - clarification supplied to Agfa today that they can continue with Calvary whilst waiting for the tender for TCH</p> <p>20/12 - no change at this point - MS to request update from MD, TP to re-engage with Calvary</p> <p>9/1 - re-engaging with Everlight for Calvary this week. leverage of that for TCH</p> <p>16/1 - meeting today with Michael Cowey to discuss</p> <p>23/1 - Initial technical engagement with Everlight which will be ongoing</p> <p>30/1 - still ongoing</p> <p>8/2 - ongoing meetings still occurring</p> <p>13/2 - no change</p> <p>8/3 - This engagement is up and running</p> <p>27/3 - Engagement on track per TP</p> <p>3/4 - This is regarding the contract renewal for third party reporting. Decision made in a weeks time</p> <p>1/5 - Decision information not received as yet</p> <p>30/5 - Mark to advise project team of procurement results within the week</p> <p>13/6 - Mark advised this will be announced in two weeks</p>
L_30		Scope	No clarity on delivery to UCH. There are issues around eOrders and Clinical Portal, including the ability to send patient location details	Major	Priority	Dev Arsavili	Escalated to Program and Executive Sponsor	06/11/2017	Being Actioned	<p>24/11/2017 - awaiting a minute from the DG to confirm the scope of UCPH. Will discuss with SC and MD on 1 December</p> <p>13/12 - no update awaiting a minute from MD</p> <p>20/12 - awaiting Minutes from MD</p> <p>9/1 - technical discussion required to understand requirements for UCPH</p> <p>16/1 - no change</p> <p>30/1 - DA to liaise with MD</p> <p>6/3 - DA to get a final decision from Sarah Norton about the expectations of RIS-PACS function at UCH. Are there any imaging requirements for go-live?</p> <p>27/3 - DA met with Sarah Norton and she confirmed there is no dependency on the IDIS project delivery for UCH go-live.</p> <p>3/4 - DA to ask JG to follow up with Sarah Norton about the full extent of medical imaging requirements at UCH</p> <p>30/4 - Dev met with Sarah but didn't have time to go over UCH delivery plans. Dev will ask Mark if he knows the plans for IDIS at UCH</p> <p>31/5 - Dev, Scott, Jess and Mark to meet today to discuss UCH delivery requirements</p> <p>5/6 - UCH will have xray and fluoro starting in August. Jess will lead efforts to configure IDIS to meet technical requirements. The ability to maintain one IDIS login and support multiple provider numbers may prove an issue</p>

L_33	03/11/2017	Integration	No RightFax instance in non prod environments for project work.	Moderate	Routine	Nick Crossley	Need to engage with RightFax Vendor (Axient) to discuss requirements (& costs) Alternatively, Agfa may be need to provide a faxing solution.		Being Actioned	30/11 - IDIS BAISME 1 is requirements for faxing, so Axient Vendor can be engaged 8/12 - faxing requirements gathered. To discuss with SS-ICT integration week of 11/12 13/12 - NC to update! 20/12 - work in progress with Michael and Ryan Minin gathering technical requirements 9/1 - meeting planned for next week 16/1 to document specific requirements 16/1 - no update - meeting scheduled for today 23/1 - ongoing meetings weekly to determine faxing requirements 13/2 - in progress 1/3 - PO signed by CIO for Axient engagement 8/3 - Axient waiting for example from Michael Cowey 27/3 - Meeting today to discuss integration & faxing 1/04 - NO to discuss with Michael Cowey if a test instance is required 2/05 - No update 18/6 - Example messages are being sent to Axient.
L_54	16/01/2018	Resources	Demand on Clinical Portal and integration teams due to BAU and large number of concurrent projects that require time for Portal integration	Major	Priority	[REDACTED] Crossley	Project Team to stocktake all modalities and interfaces to determine the workload still to be completed. Previous correspondence re additional resources had not occurred	Override	Being Actioned	16/1/2018 - Discussions with Michael Cowey has identified a lack of resources to carry out the work and could result in a significant delay impacting critical path. (Risk raised 31 May 2017) 23/1 - SC is working with Integration team to prioritise the IDIS project 30/1 - weekly PRIP meeting is now occurring to prioritise workloads 13/2 - process now in place sufficient for project 20/5 Reopened. PRIP process now in place, though project continues to not receive allocation of time from PRIP due to Portal and Integration resources being over subscribed for work. ICT PM contacted by ICT Manager on 7/9/17 & again on 16/1/18 about this issue (later without response) Despite escalation, treatment thus far has been inadequate. This ongoing issue has caused a direct impact to project critical path and project is now delayed as a result. 30/5 - eOrders work is to be mainly completed by MKM resources. Peter O'Halloran also advised the 29/5 PCWG that IDIS and CPF projects were the two main priorities for PRIP moving forward. Tim Panoho is assisting with Clinical Portal work, MKM completing integration work packets
L_79	01/05/2018	Testing	Application level field mappings have not been defined yet and this may delay integration testing.	Moderate	Routine	Sirisha Mendapati	Since testing has to commence at the earliest, test team would do a simple field mapping and give it to business for approval. Test scripts will then be updated with this info to start testing. Risk is that we will have minimal defects and also not all field mappings will be defined by test team due to short timeframe. Project has accepted this and is logged in the risk log.		Being Actioned	1/5 - Meeting scheduled 17/5 - Can be progressed once ACTPA's interface is ready. 18/5 - Business has advised that AGFA would trigger the messages for each interface and give the field mapping to test team before commencing ACTPA's testing. However, they have failed to deliver it. 25/5 - Since testing has to commence at the earliest, test team would do a simple field mapping and give it to business for approval. Test scripts will then be updated with this info to start testing. Risk is that we will have minimal defects and also not all field mappings will be defined by test team due to short timeframe.
L_83	22/05/2018	Data Migration	To complete required MI reporting the current Siemens database will have to be maintained to have access to all relevant information. This will mean that generation of required reporting will be a joint process between two systems and this will be more time-consuming and cumbersome than previous.	Minor	Routine	[REDACTED]			Being Actioned	22/5 - Working with Agfa to ensure reporting processes are robust and will meet MI department requirements. 18/6 - Confirmed that both systems will be required and Jess is working on requirements for this.
L_84	23/05/2018	Schedule	The Xero integration specialist is soon to take maternity leave. If the Xero integration work is not given time per PRIP, then there is a risk the integration will not be completed as per schedule	Minor	Routine	Dev Arsavili	Pressure for time from PRIP process and prioritise this integration		Resolved	30/5 - PRIP time allocated for Clinical Portal team to integrate Xero. Dev aware of this resource constraint. 18/6 - Tim Panoho has completed this work for the project team and is soon to be tested by Jess and the project test team. No Agfa involvement required
L_85	13/06/2018	Resources	The project team has recently experienced some staff turnover, and without fast and effective recruiting, there could be a failure to meet testing deadlines	Moderate	Routine	Dev Arsavili			Resolved	13/6 - Dev in talks with Umme and Sirisha to have testing positions filled asap 18/6 - All testing positions have been filled
L_86	13/06/2018	Configuration	UCH will have xray and fluoro starting in August. Mark has asked IDIS to be configured so that radiologists use only one IDIS login but also support multiple provider numbers. Agfa are not confident this will be possible	Moderate	Priority	Jessica Griffiths	Agfa to liaise with international resources		Initial Identification	13/6 - Agfa to report back on feasibility
L_87	18/06/2018	Testing	Michael Cowey advised a viable idea if the project tested IDIS in both TEST1 and TEST2 environments, as TEST1 does not have all the input feeds like TEST2 does. The issue is that the IDIS TEST solution only has one trapsody, which makes moving IDIS between DEV and TEST environments difficult.	Moderate	Priority	Dev Arsavili			Initial Identification	18/6 - Dev to discuss with Agfa possible testing solutions
L_88	19/06/2018	Resources	There are a number of resources that are scheduled to complete activities that make up the critical path, but they are not directly employed by the IDIS project team (i.e. PM team needs to complete work over cutover weekend).	Moderate	Routine	Dev Arsavili	Early and clear communication of expectations leading up to go-live		Initial Identification	

DIGITAL SOLUTIONS DIVISION



UCPH Digital Solutions Program IDIS Actions Log

Date	Meeting	Agenda Item	Minute Reference	Action	Action Owner	Target Completion Date	Actual Completion Date	Progress/Comments
21/08/2017	DIAB	7	20170821-01	Will the current Siemens Accession numbers for historical data be migrated to the Agfa solution?	Jess Griffiths	21/09/2017	21/09/2017	Siemens accession numbers will not change when migrated.
20/09/2017	DIAB	4	20170920-01	Update Terms of Reference as per the minutes	[REDACTED]	04/10/2017		
21/09/2017	DIAB	4	2017921-02	MD to send an email to all DIAB committee members explaining the importance of this meeting and that attendance is necessary	Mark Duggan	05/10/2017		
21/09/2017	DIAB	6	20170921-03	All members review and endorse the IPS	All Members	04/10/2017	28/09/2017	IPS has been endorsed by DIAB members
21/09/2017	DIAB	7	20170921-04	MD to discuss the CIS interface at the Calvary meeting held on Friday 22 September	Mark Duggan	28/09/2017		Calvary meeting was postponed to Friday 29 September 2017
21/09/2017	DIAB	7	20170921-05	JG to discuss the CIS interface at the Project Control Working Group	Jess Griffiths	04/10/2017		
28/09/2017	DIAB	3	20170928-08	JG to update CMP with feedback	Jess Griffiths	05/10/2017		
28/09/2017	DIAB	3	20170928-07	JG to create a survey on change readiness to set a baseline	Jess Griffiths	12/10/2017		MS and JS emailed survey to key users
04/10/2017	PCWG	7	20171004-01	AW to investigate options to potentially reduce the schedule	[REDACTED]	18/10/2017		
04/10/2017	PCWG	7	20171004-02	Project team to look at options to reduce timeframes as well as identify any impacts and ways to mitigate risks and impacts	[REDACTED]	18/10/2017		
04/10/2017	PCWG	7	20171004-03	Add IDIS Schedule issues to program PCWG agenda before 6 October	[REDACTED]	18/10/2017		
04/10/2017	PCWG	7	20171004-04	Book out session PCWG for 17 October to further discuss options	[REDACTED]	16/10/2017		
04/10/2017	PCWG	7	20171004-05	Add to risk register the need to ensure a consistent approach to support and training. Currently both sites have their own support teams leading to inconsistencies	Jess Griffiths	16/10/2017		
18/10/2017	PCWG	5	20171018-01	MS and KN to complete work on a Highlight Report for the next meeting	[REDACTED] y & Karen Norman	31/10/2017		
18/10/2017	PCWG	6	20171018-02	Book meeting room with a monitor for next meeting	Karen Norman	31/10/2017		
18/10/2017	PCWG	6	20171018-03	Update and review the risks and issues log	Karen Norman	31/10/2017		
18/10/2017	PCWG	7	20171018-04	Business Analysts to investigate the clinical workflow	Chloe Caldwell	01/11/2017		
18/10/2017	PCWG	7	20171018-05	Project Team to acquire information on CIS	[REDACTED]	01/11/2017		
18/10/2017	PCWG	7	20171018-05	Understand technical information to put forward a data engagement paper to the ICT Executive	[REDACTED]	17/11/2017		AW to explore the possibility of CIS continuing as there will need to be further interfacing

18/10/2017	PCWG	7	20171018-07	JS & JG need to assess what change management needs to be developed in order to move from current to future state	Jess Griffiths & Jen Smith	01/11/2017		
18/10/2017	PCWG	8	20171018-08	MD to provide a list of consultants to include in the Agfa IPS	Mark Duggan	28/10/2017		
18/10/2017	PCWG	8	20171018-09	MS to provide updated Agfa IPS to members by COB	████████	18/10/2017	19/10/2017	
18/10/2017	PCWG	8	20171018-10	Members to review and provide feedback or endorse the Agfa IPS by COB 23/10/2017	All Members	23/10/2017	24/10/2017	
18/10/2017	PCWG	9	20171018-11	AW to differentiate between risks and issues in the log and add information on how decisions are being managed and the assistance required to mitigate and control	████████	27/10/2017		
18/10/2017	PCWG	9	20171018-12	NC to ensure HG is involved during technical conversations	Nick Crossley	27/10/2017		
24/10/2017	Executive Management Meeting	3	20171024-01	MS to discuss with SN to ensure she is comfortable with evidence provided for Milestone 1	████████	25/10/2017	25/10/2017	
24/10/2017	Executive Management Meeting	3	20171024-02	MS to get the Siemens Statement of work complete in order to allow Agfa to move on with the data migration	████████	30/10/2017	06/11/2017	
24/10/2017	Executive Management Meeting	3	20171024-03	TP to engage with Siemens re gaining access to PACS data	████████	30/10/2017	07/11/2017	TP encountering difficulties in engaging with Siemens to receive acceptable data. MS to call Siemens Project Manager
03/11/2017	PCWG	5	20171103-01	MS to discuss the scope with MD & SC with regards to what will be required at UCPH	████████	07/11/2017		MD confirmed that UCPH will have a screening room and workflow to map CHHS screening room
03/11/2017	PCWG	5	20171103-02	Add new agenda item at 12 once a month to discuss the Budget	Karen Norman	15/11/2017	03/11/2017	
03/11/2017	PCWG	7	20171103-04	JS & JG to liaise with Hammam re Calvary forums	Jess Griffiths/Jen Smith	15/11/2017		
03/11/2017	PCWG	8	20171103-05	SC & MD to communicate changes to schedule with POH upon his return	Sandra Cook/Mark Duggan	09/11/2017		
03/11/2017	PCWG	10	20171103-06	NC, TP and SB to ensure that the issues with data cleansing are dealt with in the Data Migration Plan	Nick Crossley, ██████████ Scott Barrett	15/11/2017		Data issues are being investigated with RISPACS team and all items will be included in the Data Migration specification. This is ongoing. Specification continually updated as issues are resolved
22/11/2017	PCWG	5	20171122-01	TP to highlight with POH and MD if Siemens slip by even a day in their deliverables and they will escalate	████████			Current action with Siemens to manage slippage. POH and MD to be copied on emails. Currently ongoing. Siemens deliver much improved but still requires close management
22/11/2017	PCWG	6	20171122-02	KN to update the risks and issues log	████████	13/12/2017		
22/11/2017	PCWG	8	20171122-03	TP to organise a meeting with POH to agree on how long ACT Health should keep the administrative environment for queries	████████	13/12/2017		Awaiting completion of Migration Gap Analysis to determine the need for access to archived database for queries
22/11/2017	PCWG	8	20171122-04	TP to liaise with NC to load converting software on a stand alone PC	████████ & Nick Crossley	01/12/2017		
22/11/2017	PCWG	10	20171122-05	MD to send out a thank you email to all those involved in prototyping	Mark Duggan	27/11/2017		
22/11/2017	PCWG	10	20171122-06	JS to send list of all prototyping participants to MD	Jen Smith	24/11/2017		
22/11/2017	PCWG	10	20171122-07	JG to arrange meeting with MD and DSB to run through the design document	Jess Griffiths	30/11/2017		
22/11/2017	PCWG	10	20171122-08	TP & NC to schedule regular technical meetings with Calvary	████████ & Nick Crossley	30/11/2017		JS/PR meeting with Calvary (HH/HG) 10/1/18. Communications occurring regularly
22/11/2017	PCWG	11	20171122-09	MS to meet with MD and SC to discuss the budget	████████	01/12/2017		
30/11/2017	CUWG	3	20171130-01	KN to update Terms of Reference and email to group for comment or endorsement by COB 6/12	Karen Norman	06/12/2017		
30/11/2017	CUWG	4	20171130-02	JS to organise a meeting with the management teams of TCH and Calvary to discuss collecting previous/current data to measure future benefits.	Jen Smith	01/01/2018		Discussions continue at the IDIS CUWG meetings. 22/5 - Mark asked that the project team revisit this work.

30/11/2017	CUWG	5	20171130-03	DSB will liaise with LB re the appointment letters to be loaded into the new Agfa solution	Dr Stuart Berry	06/12/2017		Loaded into Agfa solution and Mark agreed to close this item at 22/5 CUWG
30/11/2017	CUWG	5	20171130-04	HH will liaise with JS on who to contact with regards to training for Calvary	Jen Smith	06/12/2017		
30/11/2017	CUWG	5	20171130-05	JG to look into the possibility of a non-mandatory retrospective time field for specific modalities	Jess Griffiths	08/12/2017		Completed per JG, and she is presenting this at the MI Communication meeting
16/01/2018		6	20180116-01	POH to discuss with Peter Jeffery the resourcing for integration	Peter O'Halloran	19/01/2018		Project now using PRIP to gain access to required resources. POH of the resource constraints
16/1/2018		6	20180116-02	TP to add the image migration from Siemens to Agfa to the risk register in order to monitor moving forward	████████	19/01/2018		
16/01/2018		7	20180116-03	SC will obtain data on Clinical Portal use at TCH for HG to use in order to back up his argument on Clinical Portal use at Calvary	Sandra Cook	23/01/2018		
16/01/2018		7	20180116-04	JS to meet with HG to pass on extra information on Clinical Portal us as opposed to CIS	Jen Smith	30/01/2018		MD met with HG to pass on information
16/01/2018		8	20180116-05	Project Manager to update the PBS on a regular basis to keep track on what is being produced	Dev Arsavilli	05/02/2018		27/3 - DA unsure of what this is
16/01/2018		9	20180116-06	AW to arrange meeting with Project Manager, SC and MD to discuss upcoming update to the Agfa solution	████████	30/01/2018		Meeting held and approval received for connectivity upgrade 6.3.1
16/01/2018		10	20180116-07	HH and HG to complete a cost analysis on integrating the stand alone Cardio Ultrasound machine at Calvary with the Agfa solution	Hakkan and Hammam	30/01/2018		
16/01/2018		10	20180116-08	HH to liaise with Philips with regards to the messaging between the Cardio Ultrasound machine and the Agfa solution	Hammam Hijazi	30/01/2018		
16/01/2018		10	20180116-09	Project manager to cost with Agfa integrating another machine and also liaise with SS-ICT on how this can be achieved	Dev Arsavilli	15/02/2018		27/3 - If this is for Calvary then this has been parked for phase 2
16/01/2018		10	20180116-10	POH will explore how to fund the Cardio Ultrasound machine integration with Agfa	Peter O'Halloran	15/02/2018		
30/01/2018		4a	20180130-01	AW, DA, SC and MD to discuss how training of 2 RISPCS staff can be achieved	Dev Arsavilli, Mark Duggan, Sandra Cook, ██████████	13/02/2018		27/3 - All training dates confirmed and accepted
30/01/2018		4b	20180130-02	DA, SC and MD to discuss the different environments to decide if ACT Health should host a TEST environment post Go Live	Dev Arsavilli, Sandra Cook, Mark Duggan	13/02/2018		27/3 - DA advised that a test environment will remain after go-live
30/01/2018		7	20180130-03	DA to update on the schedule at the next meeting	Dev Arsavilli	13/02/2018		
13/02/2018	CUWG	4	20180213-01	JS to send Key User Roles and Responsibilities document to the group for feedback and/or comment by 21st February 2018	Jen Smith	21/02/2018		Document sent to group 13/2/2018. 22/5 Could find no record of this document being sent, will resend and get approval
13/02/2018	CUWG	5	20180213-02	MD to send out details of Key User Training sessions	Mark Duggan	16/02/2018		
13/02/2018	CUWG	7	20180213-03	MD and JS to consider the possibility of changing the time of the CUWG to 2-3pm if possible	Mark Duggan/Jen Smith	23/02/2018		Darcy and Mel have booked PCWG and CUWG up until June with dates agreed to by Mark.
13/02/2018	CUWG	7	20180213-04	AW to confirm that when specialists use Engage Suite they can still utilise the orthopaedic tools in Xero	████████	23/02/2018		Arthur confirmed at 22/5 CUWG that orthopods will be able to use the required tools in Xero whether they are using Clinical Portal or Engage Suite
20/02/2018	Integration Meeting	2	20180220-01	DA to discuss with Sandra Cook the scope of Orion Health RFQ.	Dev Arsavilli	21/02/2018	21/02/2018	RFQ sent to MKM, DXC and Orion 21/2/2018
20/02/2018	Integration Meeting	3	20180220-02	MC to send his review of the ISD and TP to review the document whilst on leave	Michael Cowey	21/02/2018	21/02/2018	DR has compiled TP and MC comments and redistributed the document for further review.
20/02/2018	Integration Meeting	5	20180220-03	DA to consult with ██████████ Ware and ask him for answers to questions posed last week	Dev Arsavilli	23/02/2018		AW sent this 22/2 to DA
20/02/2018	Integration Meeting	5	20180220-04	DA to discuss Agfa slow response times at Executive Management Meeting	Dev Arsavilli	23/02/2018		DA raised this at most recent Executive Management Meeting. Will be tracked
20/02/2018	Integration Meeting	5	20180220-05	DA, Sandra Cook and Kristina Carroll to discuss allocation of hours with Travis Wu	Dev Arsavilli, Sandra Cook, Kristina Carroll	28/02/2018		Ongoing discussions are taking place on this point, per DA

23/02/2018	Discussion	NA	NA	Dev to discuss with Nick Crossley and [REDACTED] about maintaining Siemens database.	Dev Arsavilli	07/08/2018		DA met with Siemens 8/3
23/02/2018	Project Team	2	20180221-01	DR to send out update Project Schedule for team to review and provide tasks and dependencies.	Dev Arsavilli	21/02/2018	21/02/2018	DR sent out schedule to project team 21/2/18
23/02/2018	Project Team	2	20180221-02	NE to organise an end-to-end system workflow demonstration for testing team.	[REDACTED]	28/02/2018		
23/02/2018	Project Team	2	20180221-03	JG to ask imaging team about DB4 billing, including amount.	Jessica Griffiths	28/02/2018		7/3 JG advised that she has been speaking to Kathryn Swift with [REDACTED] about this. [REDACTED] will include details in Integration Specification Document and will generate a quote for Dev asap
23/02/2018	Project Team	2	20180221-04	NE to consult Agfa apps team about system exposure for Andrew G and trainers	Nick [REDACTED]	28/02/2018		
23/02/2018	Project Team	2	20180221-05	JS to re-book training dates	Jen Smith	23/02/2018	23/02/2018	
23/02/2018	Project Team	3	20180221-06	DA to raise on-demand imaging issue at IDIS Executive Management Meeting	Dev Arsavilli	23/02/2018	23/02/2018	DA raised this at most recent Executive Management Meeting. Will be tracked
23/02/2018	Executive Management Meeting	6	20180223-01	Agfa to clarify that this functionality is available. In the next few weeks we need to establish the likely image retrieval times.	[REDACTED]	06/03/2018	06/03/2018	6/3 - Was raised at Exec meeting and Agfa advised this will be a functionality they can provide. They will be able to provide performance statistics once the data migration is complete and they can test it
23/02/2018	Executive Management Meeting	6	20180223-02	DA to confirm with Prathiba that she will have testers available to test this on-demand imaging retrieval function, from the SIEMENS system to the Agfa system.	Dev Arsavilli	06/03/2018		
27/02/2018	Integration Meeting	6	20180227-01	DA to discuss with Agfa how their solution will interact with MyHR, and scope how they can gain access to the MyHR TEST environment.	Dev Arsavilli	06/03/2018	02/03/2018	DA has held discussions with Agfa
06/03/2018	Integration Meeting	5	20180306-01	NC to meet with TP and prioritise IDIS integration work that SSICT is to complete; will be entered into PRIP by COB 7/3.	Nick Crossley	13/03/2018	06/03/2018	Nick C and Nick E met and discussed - all entered into PRIP
06/03/2018	Integration Meeting	6	20180306-02	TP to discuss with Nick E about what information Agfa can provide to the integration team with regards to MyHR messaging.	[REDACTED]	13/03/2018		13/3 - TP had a quick discussion with [REDACTED] E. Outside of any special information, Agfa will be able to complete all requirements. TP has asked for current Siemens is working too, will work with Scott Barrett to get this and compare to Agfa.
07/03/2018	Project Team	2	20180307-01	NC to organise Vulnerability Assessment testing and advise DA of the date	Nick Crossley	12/03/2018		
07/03/2018	Project Team	2	20180307-02	DA to send FS the Clinical Portal document that JG developed.	Dev Arsavilli	09/03/2018	11/03/2018	
07/03/2018	Project Team	2	20180307-03	NE to provide attachments documents to SS	[REDACTED]	09/03/2018	06/03/2018	Document received by SS
06/03/2018	Executive Management Meeting	3	20180306-01	AW to send through compressed training schedule options to MD for him to review and action.	[REDACTED]	13/03/2018		
06/03/2018	Executive Management Meeting	4	20180306-02	DAd to discuss training effectiveness and licencing requirements with JO and AW, and will report back next meeting.	[REDACTED]	13/03/2018		JO is putting together a formal quote
20/03/2018	Executive Management Meeting	3	20180320-01	DAd to reassess this issue and investigate the possibility of using pre-PROD for data migration testing purposes, and if this can occur without affecting any other systems.	[REDACTED]	27/03/2018		
20/03/2018	Executive Management Meeting	3	20180320-02	SC to call Orion Health tomorrow morning to ensure they have received requested messages and information to start work ASAP.	Sandra Cook	27/03/2018		SC called Orion Health on 21/3 and all required products were provided to them by COB 21/3.
20/03/2018	Executive Management Meeting	3	20180320-03	POH to discuss with MD the development of an urgent workflow list for emergency cases requiring images to be retrieved from the old Siemens system	Peter O'Halloran	27/03/2018		
20/03/2018	Executive Management Meeting	3	20180320-04	POH to talk to Peter McNiven about extra resourcing for the RISPACS team post go-live.	Peter O'Halloran	27/03/2018		

21/03/2018	Project Team	2	20180321-01	NE to confirm when third data migration cycle can take place	Nick [REDACTED]	23/03/2018	Third cycle has almost finished as of 27/3
03/04/2018	PCWG	5	20180403-01	SB to liaise with MD to confirm best times to complete data migrations per Medical Imaging department workflows.	Scott Barrett	12/04/2018	[REDACTED] and Scott B agreed on optimal number of threads used for data migration
03/04/2018	PCWG	5	20180403-02	SB and AW to further develop estimates of data migration speeds, in particular the speeds of ten threads during afterhours.	Scott Barrett	13/04/2018	
03/04/2018	PCWG	5	20180403-03	NC to organise SSiCT network monitoring during data migration to further help estimates of migration speeds	Nick Crossley	14/04/2018	
04/04/2018	Project Team	2	20180404-01	SS, DA to discuss with Scott Barrett when the next data migration cycle will take place and advise Agfa accordingly	[REDACTED]	11/04/2018	
04/04/2018	Project Team	2	20180404-02	NC to liaise with SSiCT change and release managers to understand what processes are required to allow for ACTPAS interface signoff and release into pre-PROD.	Nick Crossley	11/04/2018	
11/04/2018	Project Team	2	20180411-01	AW to advise DA if the Agfa software patch will include any changes to functionality. If so, there may be additional regression testing required	[REDACTED]	19/04/2018	
10/04/2018	Integration Meeting	2	20180410-01	TP to ask Agfa why the ORU messages are not being received by ACTH yet	[REDACTED]		
10/04/2018	Integration Meeting	2	20180410-02	TP to detail the above mentioned issue in writing for DA to escalate with [REDACTED]	[REDACTED]		
10/04/2018	Integration Meeting	2	20180410-03	TP to ask [REDACTED] for clarification on agenda items for meeting with Michael Cowey	[REDACTED]		
10/04/2018	Integration Meeting	2	20180410-04	TP to ask Srisha how much Michael Cowey time they need next week	[REDACTED]		
10/04/2018	Integration Meeting	2	20180410-05	DA to understand what jobs were logged by NC to allow for Orion Health access	Dev Arsavilli		
17/04/2018	Integration Meeting	2	20180417-01	TP to ask Calvary to send test EDIS/ACTPAS messages to confirm ports are working as intended	[REDACTED]		
17/04/2018	Integration Meeting	2	20180417-02	DA to ask [REDACTED] about expediting interface development with Agfa	Dev Arsavilli		
17/04/2018	Integration Meeting	2	20180417-03	TP to ask Jess Griffiths to send through more ORUs to Michael Cowey	[REDACTED]		
19/04/2018	Project Team	2	20180419-01	DA to confirm to MD requirement for Aimee Manziés in the project team by next week.	Dev Arsavilli		Aimee joined project team 21/5/18
19/04/2018	Project Team	2	20180419-02	JG and NE to confirm that the messaging from Agfa for preliminary reports is the same as what Siemens sends, and no further assistance from Orion Health is required.	Jess Griffiths		
19/04/2018	Project Team	2	20180419-03	DA to draft a document explaining which reports are to be uploaded to CRIS/CPF for MD to submit to the Clinical Governance Committee	Dev Arsavilli		Document sent to Mark to take Clinical Governance Committee
22/05/2018	Executive Management Meeting	3	20180522-01	DA to update this group on any schedule improvements next week after commencing the eOrders work this week.	Dev Arsavilli		
23/05/2018	Project Team	3	20180523-01	JG to set up meeting with DA and MD to discuss delivery of IDIS to UCH	Jessica Griffiths		
23/05/2018	Project Team	3	20180523-02	DA to meet with Philippa Kirkpatrick to understand IDIS requirements at UCH	Dev Arsavilli		
23/05/2018	Project Team	3	20180523-03	JG to send AW a test defect from QAComplete and the associated error message to confirm why this functionality won't work	Jessica Griffiths		
23/05/2018	Project Team	3	20180523-04	NC to confirm to AW that the Oracle client is available on the TEST workstation as early as possible	[REDACTED] Crossley		



UCPH Digital Solutions Program

IDIS Decisions Log

Decision No.	Description	Communications Stakeholder	Decision By	Target Decision Date	Progress/Comments	Date Decision Made	Decision Status	Supporting documentation
1	Accept IDIS Stage Gate 1 Outcomes. Authorise Stage 2 commencement.	PMO, UCPH Program Office	PMO	3/08/2017	Stage Gate 1 outcomes accepted. Stage 2 commencement was authorised formally by PMO.	3/08/2017	Closed	
2	Accept IDIS Stage Gate 2 Outcomes. Authorise Stage 3 commencement.	PMO, UCPH Program Office, IDIS Project Control Working Group	PMO, IDIS Project Control Working Group	29/08/2017	Stage Gate 2 outcomes accepted. Stage 3 commencement was authorised formally by PMO. Decision is pending.		Closed	
3	Include time, cost, resourcing and scope elements related to decommissioning of Siemens RIS-PACS into IDIS Project baseline. Rebaseline IDIS accordingly.	Shared Services - ICT, PMO, UCPH Program Office, IDIS Project Control Working Group	IDIS Project Control Working Group	29/08/2017	Impact assessment will complete 18/08/2018. Exception/Variation report will go to Control WG on 29/08 for consideration. Pending outcome.		Closed	
4	Cancelled DIAB	Executive Sponsor	Mark Duggan	5/09/2017		5/09/2017	Closed	IPS progress and DIAB
5	Terms Of Reference for Project Control Working Group	IDIS Project Control Working Group	IDIS Project Control Working Group	20/09/2017	TORs accepted with amendments as discussed	20/09/2017	Closed	PCWG Minutes 20/9/2017
6	Agfa Project Manager to attend the IDIS Project Control Working Group to provide the status update, risks and issues	IDIS Project Control Working Group	IDIS Project Control Working Group	20/09/2017	Discussed at the meeting and approved	20/09/2017	Closed	PCWG Minutes 20/9/2017
7	DIAB minutes approved from the 21/09 meeting	Executive Sponsor	Mark Duggan	27/09/2017	Approval of minutes	27/09/2017	Closed	Minutes - IDIS Digital Imaging Advisory Board 21st Sept
8	IPS to be endorsed by DIAB for progression to Project Control Working Group	DIAB	DIAB	28/09/2017	IPS was endorsed for progression to the IDIS Project Control Working Group	28/09/2017	Closed	Minutes - IDIS Digital Imaging Advisory Board 21st Sept
9	Decision regarding who the senior user will be for the IDIS PCWG	Executive Sponsor	Mark Duggan	9/10/2017	Bridle Player will become the newest member of the IDIS PCWG.	9/10/2017	Closed	Re IDIS PCWG Actions item 20170920-02
10	Executive Sponsor requested that as the business owner he have the sign off of the final design of the prototyping workshops	Executive Sponsor	Mark Duggan	10/10/2017	Final design of prototyping workshops to be approved by Executive Sponsor	10/10/2017	Closed	RE IDIS Project - Prototyping and Schedule
11	Final design of prototyping workshops approval	Executive Sponsor	Mark Duggan	11/10/2017	Approval of workshop design	11/10/2017	Closed	Re APPROVAL IDIS Project - Prototyping Workshops
12	IDIS Change Management Plan endorsement by IDIS Project Control Working Group	IDIS Project Control Working Group	IDIS Project Control Working Group	18/10/2017	the IDIS Change Management Plan was endorsed	18/10/2017	Closed	Minutes - IDIS PCWG 18Oct17
13	Agfa IPS to be endorsed by the IDIS Project Control Working Group	IDIS Project Control Working Group	IDIS Project Control Working Group	18/10/2017	Members to provide feedback or endorsement by COB 23/10/2017. If no reply received then document will be considered endorsed		Pending	Minutes - IDIS PCWG 18Oct18
14	IDIS Project Governance Plan was endorsed by the IDIS Project Control Working Group	IDIS Project Control Working Group	IDIS Project Control Working Group	18/10/2017	The IDIS Governance Plan was endorsed	18/10/2017	Closed	Minutes - IDIS PCWG 18Oct19
15	Decision to include Dr Dan McCormack as the Ed Clinician Rep for IDIS PCWG	Executive Sponsor	Mark Duggan	20/10/2017		20/10/2017	Closed	Clinical rep on IDIS PCWG
16	Approved IDIS PCWG 18/10 meeting minutes	Executive Sponsor	Mark Duggan	23/10/2017	Approved minutes	23/10/2017	Closed	RE Minutes - IDIS PCWG 18Oct17
17	Inclusion of more clinical staff into the IPS documentation	Executive Sponsor	Mark Duggan	23/10/2017	Inclusion of more names	23/10/2017	Closed	RE%20Final%20IPS%20report%20for%20approval.%20%20
18	Decision to utilise all email addresses contained within ACTPAS to circulate communications material for the project, and how they can access e-Learning.	Executive Sponsor	Mark Duggan	25/10/2017	Approved	25/10/2017	Closed	RE%20ACTPAS-%20TCH%20Outpatient%20clinics.xlsx%20
19	IDIS Budget to be presented to the PCWG on a monthly basis	IDIS Project Control Working Group	IDIS Project Control Working Group	3/11/2017	The Budget has been added to the end of the agenda monthly	3/11/2017	Closed	Minutes - IDIS PCWG 3Nov17
20	IDIS Schedule to be baselined	IDIS Project Control Working Group	IDIS Project Control Working Group	3/11/2017	The critical path schedule should be baselined	3/11/2017	Closed	Minutes - IDIS PCWG 3Nov18
21	Approval of the Radiologists workflow document	Executive Sponsor	Mark Duggan	6/11/2017	Approval	6/11/2017	Closed	RE ACT IDIS Radiologists Prototyping Workshops
22	Removal of Narelle Boyd from the Diagnostic Imaging user group (DIAB)	Executive Sponsor	Mark Duggan	8/11/2017	Removal of Narelle Boyd from TOR and User Group	8/11/2017	Closed	Decisions/Diagnostic Imaging User Group TOR V00.01.msg
23	Approval of minutes for the AGFA/ACT Health Executive Management meeting	Executive Sponsor	Mark Duggan	8/11/2017	Approval of minutes	9/11/2017	Closed	Re Minutes from Executive Management Meeting
24	Decision to not baseline from a change management perspective.	Executive Sponsor	Mark Duggan	13/11/2017	No change management survey will be conducted, therefore there will be no metrics for the Change Manager to assess effectiveness of the change management plan.	13/11/2017	Closed	RE IDIS Test Change Management Survey
25	Terms of Reference for Executive Management Meeting to be endorsed/approved	Executive Management Meeting	Executive Management Meeting	14/11/2017	TORs accepted with amendments as discussed	14/11/2017	Closed	Executive Management Minutes 20171114
26	Proposed Project town hall meeting cancelled. This meeting was proposed to bring together all the people who have connections to the IDIS project to discuss issues and concerns.	Executive Sponsor	Mark Duggan	14/11/2017	Cancelled meeting	14/11/2017	Closed	RE IDIS Town Hall
27	Training resource requested		Mark Duggan and Peter O'Halloran	15/11/2017	Approval to proceed with an EOI for a internal trainer.	16/11/2017	Closed	RE Training resources for
28	IDIS Stakeholder Engagement and Communications Plan to be endorsed	IDIS Project Control Working Group	IDIS Project Control Working Group	22/11/2017	The IDIS Stakeholder Engagement and Communication Plan was endorsed	22/11/2017	Closed	Minutes - IDIS PCWG 22112017
29	Agfa supporting documentation for Milestone 1 sign off	IDIS Project Control Working Group	IDIS Project Control Working Group	22/11/2017	The group endorsed the Agfa Milestone 1 supporting documentation for sign off by the Director General	22/11/2017	Closed	Minutes - IDIS PCWG 22112018
30	Sign off of all workflow documentation from the prototyping sessions is to be completed by Executive Sponsor/Business Owner	Executive Sponsor	Mark Duggan	27/11/2017	Mark Duggan to review and endorse all workflow documentation. Approving all work flows.	27/11/2017	Closed	RE IDIS Workflow Final Documentation Part 1_ 271117

31	Re-commitment engage with Everlight for Calvary workflow - agreed II and Mobile X-Ray workflow accepted. Support package will cover any changes to workflow. II and Mobile X-ray have no reports for schedule time. - agreed Room resources will only be configured in the system. Radiologist rosters will not be maintained in the system due to the constant changing nature of availability. Change to requirement accepted - agreed Coroners will follow the same workflow as the Everlight workflow - agreed however minor edit, there is no change to the current workflow. The 'more information' for vetting workflow was accepted. Jess to follow up with E-order for changes that may need to occur in that system - agreed Vetting workflow for all modalities accepted. Rad/Reg will be logged into Scheduling for this to occur - agreed Pregnancy status of 'unknown' accepted for time out - agreed All orders will need to be scheduled to populate the modality worklist. This can be a drop and drag task from the worklist to the calendar. Accepted the change to requirement (S07 - An administrator can determine which modality will be scheduled). - agreed Acknowledged the importance for all staff to use their own login for tracking and audit purposes - agreed Acknowledged the change of practice for 'no retrospective tracking' - agreed Further work needs to be completed for the DB4. Jess will document new workflows and discuss with Mark and others. - minor addition, this is a must do for AGFA Raised the need for two screens for efficient workflows. Mark to take this on board as it's not part of the project scope. - happy to support and when Jess/Jen meet with managers we can discuss Jen to interact more with resistant impacted groups such as Nuclear Med staff. Jen to spend more time drawing out issues, concerns with Nuclear Med so as they feel heard. - agreed, minor edit. Heard is good but we wont be twisting ourselves around to meet outdated workflows. Time for them to move forward.	Executive Sponsor	Mark Duggan	4/11/2017	Approved	4/11/2017	Closed	Re: Decisions from IDIS Kickstart Meeting 2/11/17
32	Cardiac US at Calvary	Executive Sponsor	Mark Duggan	29/11/2017	Waiting for prototyping workshops before a final decision is made.	29/11/2017	Pending	Cardiac Ultrasound reports at Calvary Hospital 29/11/17
33	Terms of Reference for Clinical Users Working Group	IDIS Clinical Users Working Group	IDIS Clinical Users Working Group	6/12/2017	The group endorsed the Terms of Reference for the Clinical Users Working Group out of session	6/12/2017	Closed	Minutes - IDIS Clinical User Working Group 30/12/2017
34	MD cancelled the Project Control Working Group scheduled for today	IDIS Project Control Working Group	Mark Duggan	13/12/2017	The PCWG scheduled for today was cancelled	13/12/2017	Closed	Today's PCG
35	MD postponed the IDIS Management Meeting	IDIS Management Meeting	Mark Duggan	18/12/2017	IDIS Management Meeting scheduled for today was postponed	18/12/2017	Closed	IDIS Management Update Meeting - Postpone
36	Calvary Cardio U/S machine to include in scope	Executive Sponsor	Mark Duggan	20/12/2017	Out of session paper was circulated to Executive, Mark made the decision to exclude this from the IDIS scope.	20/12/2017	Closed	RE IDIS scope for Calvary
37	Cancelled AGFA/ACT Health Executive Meeting for the 23/01/18	Executive Sponsor	Mark Duggan	22/01/2018	Cancelled meeting	22/01/2018	Closed	IDIS Executive Management Meeting - Tuesday 23rd Jan.
38	Set up of regular meetings between Sandra, Dev and Mark	Executive Sponsor	Mark Duggan	19/01/2018	Set up project management meeting	19/01/2018	Closed	Re IDIS Training resources
39	Training resource approved	Executive Sponsor	Mark Duggan & Sandra Cook	18/01/2018	Approval of Training resource	18/01/2018	Closed	Approval Re IDIS Training resources
40	Schedule meeting cancelled for 24/1/2018	Project Manager	Dev Arsavill	24/01/2018	The Project Schedule meeting with the Master Scheduler was cancelled. Meeting will progress with the Master Scheduler and the Project Manager only	24/01/2018	Closed	RE IDIS Schedule
41	ISO Codes (Country codes)	Executive Sponsor	Mark Duggan	18/01/2018	Following the standard ISO codes was approved. Any code from ACTPAS that is not a valid ISO code will display as unknown	18/01/2018	Closed	ISO Codes meeting invite
42	Accession Numbers - 1. One accession number has multiple Study_UIDs 2. Multiple accession numbers with one Study UID (accession numbers are linked in Siemens)	Executive Sponsor	Mark Duggan	18/01/2018	1. Approval was given to migrate studies with a suffix at the end of the accession number. 2. Study will be mapped to one accession number that has images in PACS.	18/01/2018	Closed	ISO Codes meeting invite
43	Doctor Master- exclude all invalid provider numbers	Executive Sponsor	Mark Duggan	18/01/2018	Approval to exclude all invalid provider numbers from base data.	18/01/2018	Closed	ISO Codes meeting invite
44	Completed exams with no report these date back to 2010 will we create a standard report saying "no report at time of migration"	Executive Sponsor	Mark Duggan	26/01/2018	18/1 Mark is waiting for Scott Barrett to provide him with data before he makes a decision.		Pending	
45	Radiologist exam catalogue- During the prototype workshops the Radiologist requested to have their own exam catalogue created for the vetting workflow.	Executive Sponsor	Mark Duggan	16/01/2018	Approval to not proceed with this task.	24/01/2018	Closed	Decision Radiologist's catalogue
46	Liaise with Contractor Central to engage a professional trainer	IDIS Project Control Working Group	IDIS Project Control Working Group	16/01/2018	Utilise Contractor Central to engage a professional trainer for the IDIS project in order to train end users	6/02/2018	Pending	IDIS PCWG Minutes 16 Jan 18
47	IDIS Quality Management Plan to be endorsed	IDIS Project Control Working Group	IDIS Project Control Working Group	16/01/2018	The Group endorsed the Quality Management Plan	16/01/2018	Closed	IDIS PCWG Minutes 16 Jan 18
48	IDIS Product Breakdown Structure	IDIS Project Control Working Group	IDIS Project Control Working Group	16/01/2018	The Group endorsed the IDIS Product Breakdown Structure however asked that it be updated on a regular basis	16/01/2018	Closed	IDIS PCWG Minutes 16 Jan 18
49	Executive Management Meeting to be postponed next week to the following week	Executive Management Meeting	Executive Management Meeting	30/01/2018	Next meeting scheduled for 13/2/2018	30/01/2018	Closed	Executive Management Meeting Minutes 30 Jan 2018
50	Terms of Reference for the Clinical User Working Group to be approved	IDIS Clinical Users Working Group	IDIS Clinical Users Working Group	13/02/2018	The Group approved the Terms of Reference for the Clinical User Working Group	13/02/2018	Closed	IDIS CUWG Minutes 13 Feb 2018
51	Decision on frequency of the Clinical Users Working Group	IDIS Clinical Users Working Group	IDIS Clinical Users Working Group	13/02/2018	The Group agreed to hold this meeting monthly until April and then fortnightly until Go Live	13/02/2018	Closed	IDIS CUWG Minutes 13 Feb 2018
52	Outpatient Medicare Billing workflow changes	Executive Sponsor	Mark Duggan	15/02/2018	Mark Duggan approved the draft version of the new process for billing Medicare outpatients.	20/02/2018	Closed	Decision Outpatient Billing Process
53	Studies with a Pending "P" status will be excluded from migration. The RIS data will be migrated but not the study.	Executive Sponsor	Jessica Griffiths	9/03/2018	An email has been sent to Mark explaining this decision. Awaiting Mark to support the decision	9/03/2018	Pending	

54	Mapping process for doctors data		Jessica Griffiths	16/03/2018	An initial extract from PROCA and Siemens' RIS has been extracted, migrated and cleansed. This cleansed data will be loaded as part of the basic data collection into AGFA's system. No further doctor cleansing activities will be performed by the Data Migration team. For every unique combination of Requesting doctor's first name and last name in the Siemens system, a doctor record will be created with a unique identifier (E.g. SD000001) with an inactive status. The migrated activity will then be associated to this inactive doctor. For every unique Performing doctor/Author/Validator internal doctor number in the Siemens system, a doctor record will be created with a unique identifier (E.g. SDNo000001) with an inactive status. The migrated activity will then be associated to this inactive doctor.	16/03/2018	Closed	
55	Order Creation Date Time in AGFA mapped from Order for Date Time in Siemens.		Jessica Griffiths	16/03/2018	Where date is unavailable, it will be defaulted as 19000101000000(YYYYMMDDHHMMSS).	16/03/2018	Closed	
56	Agfa Scheduled Study Date Time to be mapped from Siemens procedure completion date time (proc_dtime) for completed exams		Jessica Griffiths	16/03/2018	Agfa require a scheduled study date time, Siemens purge this information after a certain time period. The Siemens Completed date time (Procedure date time) will be migrated to Agfa Scheduled study date time field.	16/03/2018	Closed	
57	Per SC and MD, Agfa codes will be used for eOrders, rather than mapping to old Siemens codes.		Sandra Cook & Mark Duggan		Decision made on conference call with Orion Health project team	20/03/2018	Closed	
58	Per SC and MD, de-scope development of a 'more information required' status for eOrders as part of Orion Health work		Sandra Cook & Mark Duggan		Decision made on conference call with Orion Health project team	20/03/2018	Closed	
59	Exams that have been cancelled before completion will be migrated the following way: Siemens "Order for date time" will be mapped to Agfa's "Order creation date time" Siemens "Cancelled date time" will be mapped to Agfa's "Cancellation date time"		Jessica Griffiths		In Siemens the order date time is stored with the tracking steps which is purged after so long. For migration purposes the order for date time field is being used for the Order creation date time in Agfa. In most cases the order date time and the order for date time are the same in Siemens.	15/03/2018	Closed	
60	AGFA 'Created date time' for a result has been mapped to sign-off date time in Siemens and will be defaulted to 19000101000000 where date not available.		Jessica Griffiths		In Siemens the order date time is stored with the tracking steps which is purged after so long. For migration purposes the order for date time field is being used for the Order creation date time in Agfa. In most cases the order date time and the order for date time are the same in Siemens.	15/03/2018	Closed	
61	Siemens Interactive Documents for migration. The below is a list of interactive documents for migrations as an attachment. Interactive documents: CONV - Conferencing, Not needed SEDATE - Sedation (was used for referrers when they used to order direct into Siemens RIS), Not Needed VBLDOC - Billing info doc- needed VCONSC - Appointment confirmation, not needed VEDREV -ED Review (was never used), Not needed VFOLD Film Bag notes - needed VHOLD - Exams on hold - needed VORDER RIS order doc - needed VPROT - Protocol doc- needed VREVV - Registrar comments - needed VRTRAN View Revised transport information, not needed VSCHED Transport information, not needed VTECH Radiographer comments- needed VTRACK stop-go document - needed VWTLST waitlist doc - needed		Jessica Griffiths			16/03/2018	Closed	
62	The IDIS project will only test two modality worklists in the lead up to go-live		Mark Duggan				Closed	Decisions/Testing of two modalities - MD 200418.pdf
63	As the AGFA system keeps the interim reports I would propose: • We keep the interim reports going to Clinical Portal and then over-ride those reports with the Finals as is the current process • AGFA keeps the interim and final reports • CRIS only gets the Final reports – we cease the interim reports being sent to CRIS and have the AGFA system as the source system for that going forward. What will be interesting is what we do with the current interim reports – Siemens will not have a copy of them so they will not be in your data migration. I am assuming they are being looked at as part of the CRIS data migration but moving forward we will need to decide where the historical interim reports should be kept (AGFA or CPF).		Sandra Cook			22/04/2018	Closed	Decisions/FW IDIS - data migration discussion (SEC=UNCLASSIFIED, DLM=For-Official-Use).pdf
65	CIO advised the IDIS Project Manager that the eOrders/Clinical Portal integration work was to be completed by Internal ACT Health resources rather than procuring Orion Health services.		Peter O'Halloran			27/04/2018	Closed	
66	IDIS' PRIP request for time with Clinical Portal and Integration resources was declined and the required workshops cannot take place until week of 14 May 19 at the earliest. This will push back the project schedule		Sandra Cook			03/05/2018	Closed	

	paper was presented to him, Mark agreed to migrate these MRNs as they are, and then lodge a BAU task with the ACTPAS team post go-live to have these incorrect MRNs fixed.						
68	There are 161 incorrectly merged MRNs in the Siemens RIS that do not have a corresponding record in ACTPAS. After a paper was presented to him, Mark agreed to migrate the MRNs as they are, as the process to fix them would be resource and time intensive. The risk remediation would not be worth the cost.	Mark Duggan			17/05/2018	Closed	Decisions\MD decision to migrate RIS MRNs that are not in ACTPAS.pdf
69	With the 15,000 exception numbers that cannot be remediated by Sunitha, Mark has advised the project team to migrate them as is and not complete partial remediation activities	Mark Duggan			07/06/2018	Closed	Decisions\Exception number remediation.pdf
70	Approval to progress adoption of DICOM to USB functionality in IDIS to allow for decommissioning of the DICOM to CD/DVD burners that are currently in use.	Mark Duggan			07/06/2018	Closed	Decisions\DICOM USB adoption approval.pdf
71	Endorsement of the key user roles and responsibilities document for CUWG circulation	Mark Duggan			07/06/2018	Closed	Decisions\Key user roles and responsibilities document endorsement.pdf

Size	Table	Field	Text	Comments	ACT Health Feedback	Agfa Migration File/Field	FollowUp / Additional Service_Request and Requested_Procedure files. Also used for RequestedProcedureId and ScheduledProcedureStepId fields in Requested_Procedure file.
integer	[activity]	[acc_itn]		unique exam identifier internal key; unique patient identifier		FillerOrderNumber, AccessionNumber	
integer	[activity]	[pat_itn]			what folder information related to an activity		
integer	[activity]	[folder_itn]		internal key; unique folder identifier internal key; unique sub folder identifier	Folder jacket name, location, move information, comments, creation date		
integer	[activity]	[sub_folder_itn]		folder volume number	Not required		
integer	[activity]	[folder_vol_no]		sub folder volume number	Not required		
integer	[activity]	[sub_folder_vol_no]		date/time exam was completed	Not required		
smalldatetime	[activity]	[proc_dtime]		facility code of exam		ScheduledStudyDateTime	Requested_Procedure
	6 [activity]	[hosp]	CAL,TCH			HospitalId	Service_Request
	1 [activity]	[lock_ind]	Y/N	exam lock indicator	what is a lock indicator for an activity? Used during film interpretation so multiple radiologists don't try to read the same exam simultaneously		
					what does this mean, the time at which the order was created?? The date/time the exam is supposed to start, not the date/time of the data entry		Service_request. we understand this field is also mapped to Requested_Procedure.ScheduledStudyDateTime. That is correct, depending on if we have a value, if not, it is valued to 1900/01/01. We can use the proc_dtime from above as indicated instead, and that will always be valued.
smalldatetime	[activity]	[ord_for_dtime]		order for date/time		OrderCreationDateTime	
	20 [activity]	[for_ord_no]		foreign order number			
	20 [activity]	[par_ord_no]		No data			
	15 [activity]	[frgn_seq_no_val]	ORDERS, CORDERS		What do these values mean? These values are coming from the interface		
	4 [activity_conference]	[acc_itn]		unique exam identifier			
	1 [activity_conference]	[demo_prepared]		No data			
	250 [activity_conference]	[demo_comments]		free text comments			
	84 [activity_conference]	[demo_keywords]		No data			
	4 [activity_conference]	[demo_id]	0				
	1 [activity_conference]	[demo_flag]	Y				
	84 [activity_conference]	[demo_key_insans]		No data			
	4 [activity_info]	[acc_itn]		unique exam identifier			
	12 [activity_info]	[pt_adm_no]		admission number			
	1 [activity_info]	[spcl_flag]	0,1,4,P,S	special case flag	what are the possible special cases This is a free text field Does this identify the activities used for teaching purposes, do we need this info to be passed on to AGFA Only 3 rows with any value for this field		
	1 [activity_info]	[teaching_flag]		teaching flag			
	3 [activity_info]	[pt_class]	0,I,E,etc	patient class			
	3 [activity_info]	[sub_dept]		sub department			
	4 [activity_info]	[lmp_dtime]		LMP date/time	whats this? Last menstrual period		
	1 [activity_info]	[pregnant]	Y/N/U URGENT, ROUTINE, TODAY				
	8 [activity_info]	[priority]		priority table		OrderPriority	Service_Request
	6 [activity_info]	[dr_no]		ordering doctor number	Not required		
	32 [activity_info]	[dr_last]		ordering doctor fields	Not required		
	32 [activity_info]	[dr_first]		"	Not required		
	32 [activity_info]	[dr_middle]		"	Not required		
	16 [activity_info]	[dr_title]		"	Not required		
	16 [activity_info]	[dr_prefix]		"	Not required		
	16 [activity_info]	[dr_suffix]		"	Not required		
	40 [activity_info]	[reason1]		free text reason		ClinicalInfo	Service_Request
	40 [activity_info]	[reason2]		free text reason		ClinicalInfo	Service_Request
	60 [activity_info]	[ord_comments1]		free text order comments		ClinicalInfo	Service_Request
	60 [activity_info]	[ord_comments2]		free text order comments		ClinicalInfo	Service_Request

integer	[activity_info]	[num_repeat_films]		number of repeat films	what is this? If study was repeated due to bad image quality, number of films that were used		
	12 [activity_info]	[uf_1]		Timeout	what is this? These are free text fields valued during patient tracking. The RIS build team will need to identify their exact purpose		
	12 [activity_info]	[uf_2]		Image Count	what is this? See above. Need to ask the client on what they use this for.		
	12 [activity_info]	[uf_3]		Timeout / Consent	what is this? See above		
	12 [activity_info]	[uf_4]		No data			
	12 [activity_info]	[uf_5]		No data			
	6 [activity_info]	[proc_loc_cd]		location table, exam room mnemonic		ExamRoom	Requested_Procedure
	6 [activity_info]	[ord_by_init]		ordering user initials	Not required		
	6 [activity_info]	[tech_init]		tech initials	Not required		
	6 [activity_info]	[alt_tech_init]		"	Not required		
	6 [activity_info]	[alt_tech_init_2]		"	Not required		
	2 [activity_info]	[pt_type]		patient type	Not required		
	1 [activity_info]	[no_change_ind]			Not required		
					whats this, is this used to pull out information about a prev visit?		
					Only 5000 rows have this valued, and when it is valued it matches the activity.proc_dtime field so this information isn't relevant		
smalldatetime	[activity_info]	[last_exam_dtime]		last exam date/time	Not required		
integer	[activity_info]	[last_exam_itn]		accession of latest exam	Not required		
	12 [activity_info]	[prev_med_rec_no]		zero filled, 12 digits	Not required		
smalldatetime	[activity_info]	[chng_med_rec_dtime]		date/time mrn was changed	Not required		
					checkout table, any significance?		
	1 [activity_info]	[check_out_flag]	Y/N	exam film checked out key into check_out table	Maps over check_out.checkout_itn for film and folder check out history		
integer	[activity_info]	[chkout_itn_1]		(checkout_itn)	Not required		
integer	[activity_info]	[chkout_itn_2]		"	Not required		
integer	[activity_info]	[chkout_itn_3]		"	Not required		
integer	[activity_info]	[chkout_itn_4]		"	Not required		
integer	[activity_info]	[chkout_itn_5]		"	Not required		
					films brought from other sources, are such films captured in the migration?		
					These are assigned an accession number when they are entered so should be included as part of any exam data migration		
integer	[activity_info]	[outside_itn]		outside film add, outside_film table			
	1 [activity_info]	[ptm_override]		No data			
						PerformingDepartmentId (Requested_Procedure), RequestingDepartmentId (Service_Request)	Requested_Procedure, Service_Request
	3 [activity_info]	[dept]		department, dept.dept			
	4 [activity_info]	[proc_no]		procedure number, item.dept and item.proc_no		ProcedureCode	Requested_Procedure
	1 [activity_info]	[proc_lr]	L/R/B	laterality	not captured in agfa		
	70 [activity_info]	[prc_cmt_1]		free text comments		ClinicalInfo	Service_Request
	70 [activity_info]	[prc_cmt_2]		free text comments		ClinicalInfo	Service_Request
	80 [activity_info]	[proc_reason]		free text procedure reason		ReasonForStudy	Requested_Procedure
smalldatetime	[activity_info]	[cnci_dtime]					
					user initials who cancelled exam		
	6 [activity_info]	[cnci_by_init]		cancel code, reason table		StudyStatus	Requested_Procedure
	2 [activity_info]	[cnci_cd]		reason table description	not captured in agfa		
	40 [activity_info]	[cnci_reason]		internal key; unique visit identifier	Not required		
	4 [activity_info]	[visit_itn]					
			90001, 90002, etc 001, 002, etc	order number, 90001+	Not required		
	5 [activity_info]	[ord_no]					
	3 [activity_info]	[seq_no]		sequence number	Not required		
	60 [activity_info]	[diag1]		diagnosis	not captured in agfa		
	60 [activity_info]	[diag2]		diagnosis			
	2 [activity_info]	[prof_bill_flag]		No data			
	6 [activity_info]	[prof_bill_init]		No data			

	4 [activity_info]	[prof_bill_dtime]		No data		
	2 [activity_info]	[tech_bill_flag]		No data		
	6 [activity_info]	[tech_bill_init]		No data		
	4 [activity_info]	[tech_bill_dtime]		No data		
	70 [activity_info]	[bill_cmnt1]		No data		
	70 [activity_info]	[bill_cmnt2]		No data		
	5 [activity_info]	[cpt_code]		CPT code		What do CPT values mean? See visit tab for details
	2 [activity_info]	[cpt_modf1]		CPT modifier		What is this, what happens if the value is Y or N This flag is set to Y when a cpt_modifier is sent across the interface.
	1 [activity_info]	[interface_flag1]	Y			
	2 [activity_info]	[cpt_modf2]		No data		
	1 [activity_info]	[interface_flag2]		No data		
	2 [activity_info]	[cpt_modf3]		No data		
	1 [activity_info]	[interface_flag3]		No data		
	16 [activity_info]	[user_fld1]		No data		
	16 [activity_info]	[user_fld2]		No data		
	16 [activity_info]	[user_fld3]		No data		
	2 [activity_info]	[cpt_release]	04			
	6 [activity_info]	[pt_ns]		Nurse station		Not required
	6 [activity_info]	[pt_rm_bed]		patient room/bed		Not required
	6 [activity_info]	[response_dr_1]		zero filled, 6 digits		Not required
	3 [activity_info]	[clinic]		No data		Not required
smalldatetime	[activity_info]	[pt_adm_dtime]		admission date/time		Not required
	12 [activity_info]	[hosp_svc]		hospital service code		Not required
	6 [activity_info]	[atn_dr_no]		attending doctor fields		Not required
	32 [activity_info]	[atn_dr_last]		"		Not required
smalldatetime	[activity_info]	[atn_dr_first]		"		Not required
	6 [activity_info]	[pt_dsch_dtime]		discharge date/time		Not required
smalldatetime	[activity_info]	[held_by_dr]		zero filled, 6 digits		Not required
	80 [activity_info]	[held_dtime]		date time result was held		Not required
		[held_comments]		free text comments		Not required
	20 [activity_info]	[ord_ent_dr_no]		ordering doctor entity number, doctor_entity.ent_dr_no	RequestingPhysicianID	Service_Request
	6 [activity_info]	[ord_ent_dr_hosp]		ordering doctor entity hosp, doctor_entity.hosp		Not required
	20 [activity_info]	[atn_ent_dr_no]		attending doctor entity number, doctor_entity.ent_dr_no		Not required
	6 [activity_info]	[atn_ent_dr_hosp]		attending doctor entity hosp, doctor_entity.hosp		Not required
	6 [activity_info]	[rev_by_init]		user initials		Not required
	1 [activity_info]	[major_chg]		No data		
smalldatetime	12 [activity_info]	[lock_study_tp_context]		exam lock fields		what are lock fields? See activity.lock_ind
	[activity_info]	[lock_study_dtime]		"		Not required
	1 [activity_info]	[lock_study sts]		"		Not required
	6 [activity_info]	[lock_study_function]		"		Not required
	1 [activity_info]	[demo_flag_unused]				Not required
	1 [activity_info]	[critical_flag]	Y/N	critical finding flag		what is the flag for? Used to identify cases where immediate followup is required (ie stroke)
	1 [activity_info]	[general_flag]	Y/N			Not required
	16 [activity_info]	[subspecialty]		No data		Not required
integer	[activity_info]	[link_acc_tn]		linked exam accession number		Not required
	6 [activity_info]	[link_init]		linked by initials		Not required
smalldatetime	[activity_info]	[link_dtime]		linked date/time		Not required
	32 [activity_info]	[pt_adm_no_assign_auth_cd]	CAL,TCH,S WF			Not required
	64 [activity_info]	[pt_adm_no_ext]		admission number, leading zeroes removed		Not required
	1 [activity_info]	[pt_adm_no_chk_digit]		No data		Not required
	8 [activity_info]	[billing_status]	CODED, INPROG			not captured in agfa.

	6 [activity_info]	[code_init]		coding initials	what code?
smalldatetime	[activity_info]	[code_dtime]		coding date/time	CPT code, cross reference the cpt_visit table
smalldatetime	[activity_info]	[billed_dtime]		No data	
16 [activity_info]	[billing_usercode_1]			No data	
1 [activity_info]	[pacs_exam]		Y/N		
60 [activity_info]	[ord_diag]			order level diagnosis	
32 [activity_info]	[crm_status]			No data	
4 [activity_info]	[crm_msg_dtime]			No data	
104 [activity_info]	[crm_notif_doc]			No data	
1 [activity_info]	[demo_prepared]			No data	
250 [activity_info]	[demo_comments]			No data	
84 [activity_info]	[demo_keywords]			No data	
4 [activity_info]	[demo_id]			No data	
84 [activity_info]	[demo_key_insens]			No data	
80 [activity_info]	[swf_workstation_id]			reading workstation ID	
80 [activity_info]	[foreign_workstation_id]			No data	
	4 [activity_protocol]	[acc_itn]		unique exam identifier	
	6 [activity_protocol]	[device_mne]		No data	
	4 [activity_protocol]	[protocol_code]	179656,179		
	6 [activity_protocol]	[user_init]	657	ris_protocol table	
	10 [activity_protocol]	[action]		protocol entered by user	
	4 [activity_protocol]	[prot_dtime]		initials	
	1 [activity_protocol]	[prot_status]		No data	
	4 [activity_protocol]	[not_used]	A,N,S	protocol entered date/time	
	16 [activity_protocol]	[prot_descp]		No data	
	1 [activity_protocol]	[prot_descp_modified]	Protocol is complete		
	1 [activity_protocol]	[current_prot]	Y/N		
integer	[activity_protocol]	[activity_protocol_itn]		unique identifier for protocol entry	
integer	[activity_result]	[acc_itn]		unique exam identifier	
integer	[activity_result]	[document_itn]		unique result document identifier	
	1 [activity_result]	[norm_used]	Y/N	normal used	
	1 [activity_result]	[trunc_flag]	Y/N	Impression text truncated flag	
	80 [activity_result]	[rsit_line_1]		Impression text line 1	
	80 [activity_result]	[rsit_line_2]		Impression text line 2	
	80 [activity_result]	[rsit_line_3]		Impression text line 3	
	80 [activity_result]	[rsit_line_4]		Impression text line 4	
	80 [activity_result]	[rsit_line_5]		Impression text line 5	
	80 [activity_result]	[rsit_line_6]		Impression text line 6	
	2 [activity_result]	[acr_1_proc]		No data	
	4 [activity_result]	[acr_1_anat]		No data	
	5 [activity_result]	[acr_1_path]		No data	
	2 [activity_result]	[acr_2_proc]		No data	
	4 [activity_result]	[acr_2_anat]		No data	
	5 [activity_result]	[acr_2_path]		No data	
	2 [activity_result]	[acr_3_proc]		No data	
	4 [activity_result]	[acr_3_anat]		No data	
	5 [activity_result]	[acr_3_path]		No data	
	2 [activity_result]	[acr_4_proc]		No data	
	4 [activity_result]	[acr_4_anat]		No data	
	5 [activity_result]	[acr_4_path]		No data	
integer	[activity_result]	[addendum_no]			
	60 [activity_result]	[acr_comments]		No data	
	12 [activity_result]	[result_source]	VOICE / SLR		what is this? Was result transcribed in RIS or from a voice to text server?
integer	[activity_result]	[sdk_report_itn]		internal key to dictation wav file on voice server	

There appear to be approx. 55,000 occurrences of the itn '6212585'. Can this be explained?
Possibly a software defect or bad values from a data import. Suggest follow up with support

OK

integer	[activity_result]	[result_itn]		internal key to result_text table for readable result report / data mining			
integer	[activity_specialist]	[acc_itn]		unique exam identifier	Not required		
smalldatetime	[activity_specialist]	[spc_dtime]		specialist entered date/time	Not required		
6	[activity_specialist]	[spc_init]		specialist entered by initials	Not required		
1	[activity_specialist]	[spc_type]	D/S		Not required		
6	[activity_specialist]	[dr_no]		leading zeroes to 6 digits	Not required		
integer	[activity_specialist]	[specialist_itn]		No data	Not required		
64	[activity_study]	[study_uid]		study UID		StudyInstanceUID	Requested_Procedure
integer	[activity_study]	[acc_itn]		unique exam identifier			
24	[activity_study]	[ims_study_id]		No data			
1	[activity_study]	[study_sts_code]	C/P		what do they mean? C=Confirmed, P= Preliminary		
smalldatetime	[activity_study]	[confirm_dtime]		confirm date/time			
smalldatetime	[activity_study]	[purge_dtime]		purged date/time			
1	[activity_study]	[new_images_warning]	Y/N		what is this? Additional images were added to this exam that were not initially available, sent via PACS interface		
integer	[activity_usr_flds]	[acc_itn]		unique exam identifier			
6	[activity_usr_flds]	[type]		Interactive Document data and other sources	Please provide list of allowable types. Are they restricted to a specific set? There are no specific types, it can be any 6 character string defined within the interface documents		
smalldatetime	[activity_usr_flds]	[date_1]		"			
smalldatetime	[activity_usr_flds]	[date_2]		"			
80	[activity_usr_flds]	[usr_fid_1]		"	To be converted to Special attachments? Not all, only those that we have information for. The customer wrote the documents and logic and they would be the best to ask on what those fields are and mean.		Converted to ZSEG pdf where data present
80	[activity_usr_flds]	[usr_fid_2]		"			
80	[activity_usr_flds]	[usr_fid_3]		"			
80	[activity_usr_flds]	[usr_fid_4]		"			
255	[activity_usr_flds]	[usr_fid_5]		"			
255	[activity_usr_flds]	[usr_fid_6]		"			
255	[activity_usr_flds]	[usr_fid_7]		"			
255	[activity_usr_flds]	[usr_fid_8]		"			
255	[activity_usr_flds]	[usr_fid_9]		"			
255	[activity_usr_flds]	[usr_fid_10]		"			
integer	[document_xref]	[document_itn]		internal key; unique result document identifier			
smalldatetime	[document_xref]	[read_dtime]		date/time exam was read			
6	[document_xref]	[reading_dr]		reading radiologist, zero filled 6 digits		PerformingPhysicianID/AuthorID	Requested_Procedure, Report
smalldatetime	[document_xref]	[trans_dtime]		transcription date/time		TranscriptionistID	Report
6	[document_xref]	[trans_code]		transcription initials		CreatedDateTime	Report report is using the correct field to use, we had expected it to be 'result_text.result_dtime'. No, the result_text table entries are created after the fact, the true values come from the document_xref table. Would 'read_dtime' be a more accurate value for 'Created'? Resolved.
smalldatetime	[document_xref]	[sgnoff_dtime]		exam signed date/time		status	Report
1	[document_xref]	[sgnoff_flag]	A,P,S,H,X	Available, Prelim, Signed, Held, Redo		ValidatorID	Report
6	[document_xref]	[sgnoff_dr_1]		attending signing doctor; zero filled 6 digits			
smalldatetime	[document_xref]	[sgnoff_1_dtime]		attending signoff date/time			
6	[document_xref]	[sgnoff_dr_2]		resident signing doctor, zero filled 6 digits			
smalldatetime	[document_xref]	[sgnoff_2_dtime]		resident signoff date/time			
6	[document_xref]	[respons_dr_1]		reviewing doctor 1, zero filled 6 digits			
6	[document_xref]	[respons_dr_2]		reviewing doctor 2, zero filled 6 digits			

	1 [document_xref]	[addendum_flag]	Y/N		what is an addendum in this context? Report was modified after being finalized
smalldatetime	[document_xref]	[addendum_dtime]		date/time result was added	
	6 [document_xref]	[addendum_by]		initials of adding user	
integer	[document_xref]	[prev_addendum]		internal key; points to document_idn of original result	
smalldatetime	6 [document_xref]	[editing_dr_1]		editing doctor number, zero filled 6 digits	
	[document_xref]	[dr_edit_dtime_1]		edit date/time	
smalldatetime	6 [document_xref]	[editing_dr_2]		editing doctor number, zero filled 6 digits	
	[document_xref]	[dr_edit_dtime_2]		edit date/time	
smalldatetime	6 [document_xref]	[editing_dr_3]		editing doctor number, zero filled 6 digits	
	[document_xref]	[dr_edit_dtime_3]		edit date/time	
	1 [document_xref]	[document_flag]	S,A	Short-Term, Archive (arch_doc table)	what is this? Result exists in word processing (wp_document table) vs long term archive (arch_doc table)
	4 [document_xref]	[arch_db_no]	1	archive database number	
integer	[document_xref]	[pat_idn]		internal key; unique patient identifier	
smalldatetime	[document_xref]	[last_edit_dtime]		date/time of last edit	
smalldatetime	6 [document_xref]	[held_by_dr]		result held by doctor, zero filled 6 digits	
	[document_xref]	[held_dtime]		date/time result was held	
	80 [document_xref]	[held_comments]		hold comments	
	1 [document_xref]	[impression_optional]	Y/N		what is this? Result can be entered without providing an impression / synopsis

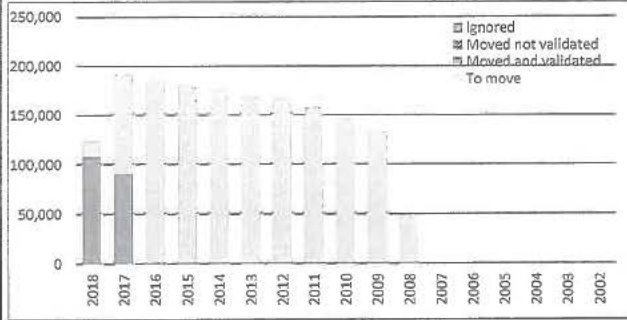
Note that Addends need to be added to the main report according to the Agfa specification. Is this being done? Or is the Addendum included in the original Siemens report record, not an additional record? Confirmed as all in final record

AUS - ACT - Migration status

template version: 5

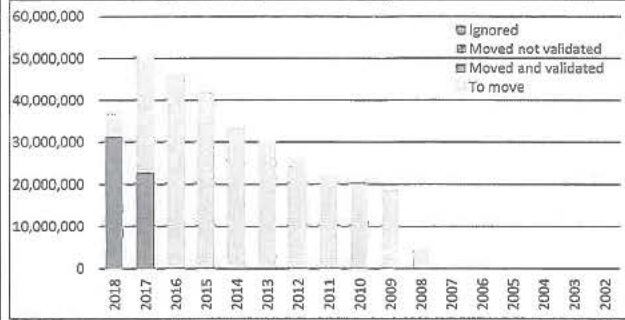
Moved / Validated studies, grouped by study year

Total studies:	1,667,803	
Total studies moved, not validated:	0	0.00%
Total studies moved and validated:	196,883	11.80%
Total studies to migrate:	1,470,920	88.17%
Total studies ignored:	377	0.02%



Moved / Validated images, grouped by study year

Total images:	328,610,012	
Total images moved, not validated:	0	0.00%
Total images moved and validated:	53,981,217	16.43%
Total images to migrate:	274,628,795	83.56%
Total images ignored:	53,333	0.02%



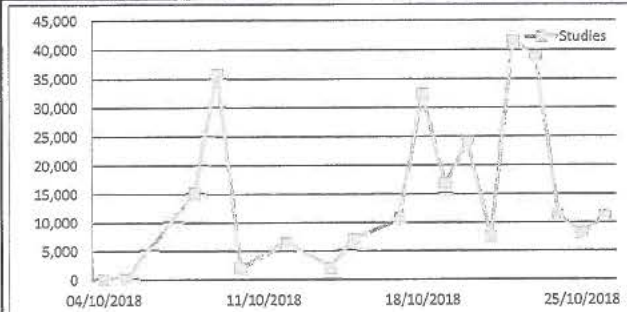
Time estimation parameters

Average migration speed:	0.39 studies/sec
	122.83 images/sec
Migration window per day:	24 hours
	86400 seconds
Months needed before go-live:	24 months

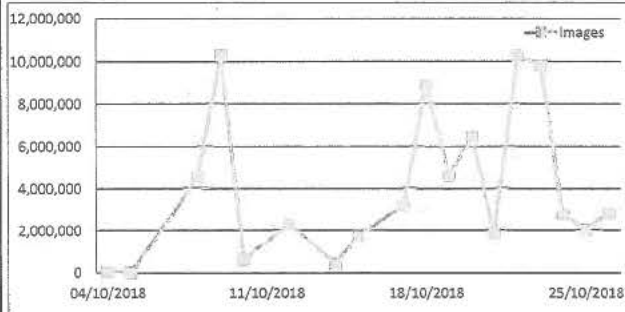
Remaining Time Estimation (Total migration)

Remaining (based on study average):	43.30 days	(=25/05/2019)
	6.19 weeks	
	1.44 months	
Remaining (based on image average):	25.87 days	(=07/05/2019)
	3.70 weeks	
	0.86 months	

Moved studies, grouped by migration day



Moved images, grouped by migration day



Total moved studies/images, grouped by migration hour

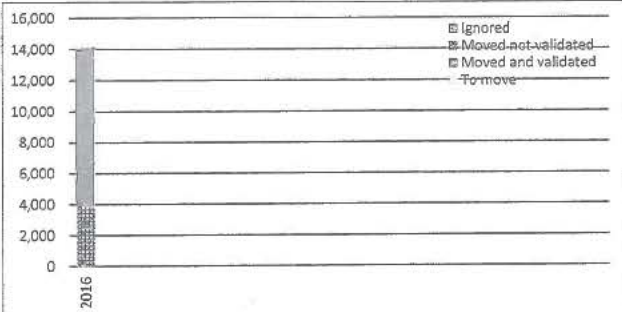


AUS - ACT - Migration status

template version: 25

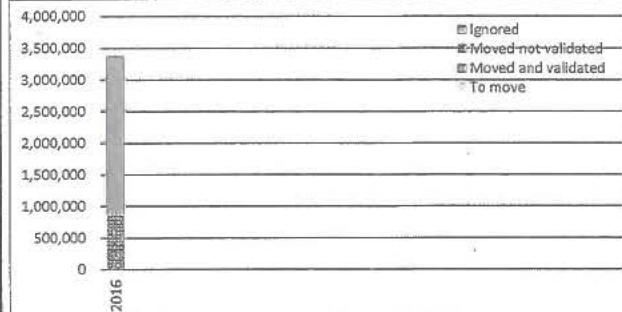
Moved / Validated studies, grouped by study year

Total studies:	13,998	
Total studies moved, not validated:	3,894	27.82%
Total studies moved and validated:	10,046	71.77%
Total studies to migrate:	49	0.35%
Total studies ignored:	9	0.06%



Moved / Validated images, grouped by study year

Total images:	3,394,017	
Total images moved, not validated:	868,888	25.60%
Total images moved and validated:	2,493,204	73.46%
Total images to migrate:	31,802	0.94%
Total images ignored:	123	0.00%



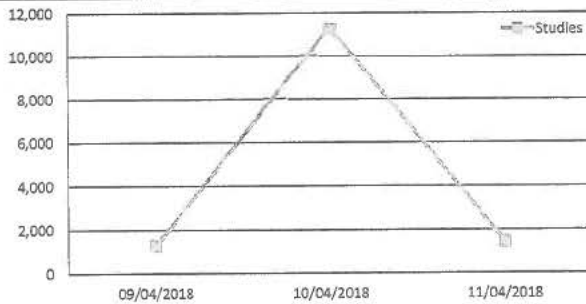
Time estimation parameters

Average migration speed:	0.07 studies/sec 22.64 images/sec
Migration window per day:	24 hours 86400 seconds
Months needed before go-live:	24 months

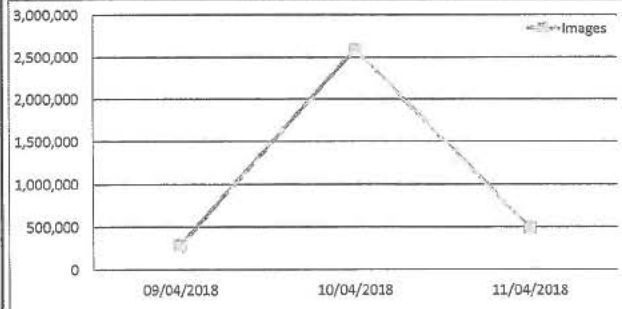
Remaining Time Estimation (Total migration)

Remaining (based on study average):	0.01 days (=12/04/2019)
	0.00 weeks
	0.00 months
Remaining (based on image average):	0.02 days (=12/04/2019)
	0.00 weeks
	0.00 months

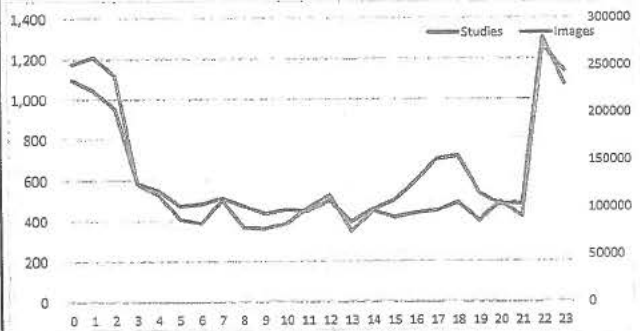
Moved studies, grouped by migration day



Moved images, grouped by migration day



Total moved studies/images, grouped by migration hour

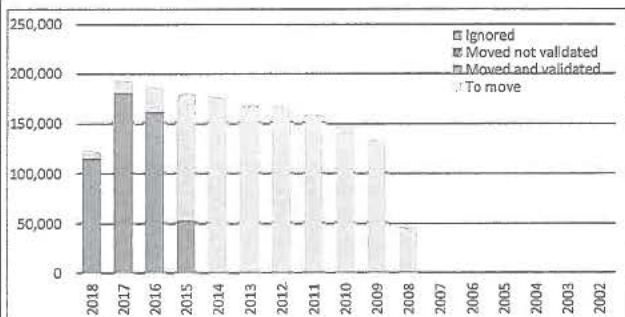


AUS - ACT - Migration status

template version: 2.5

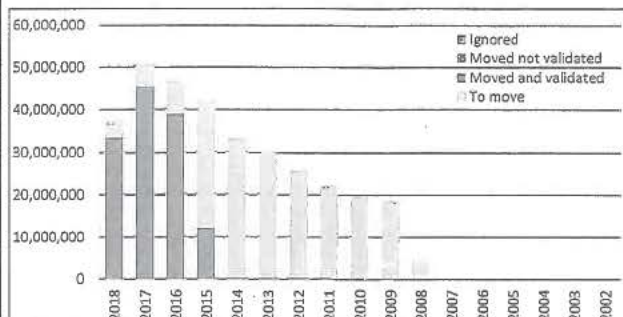
Moved / Validated studies, grouped by study year

Total studies:	1,667,793	
Total studies moved, not validated:	34	0.00%
Total studies moved and validated:	507,283	30.42%
Total studies to migrate:	1,159,659	69.53%
Total studies ignored:	777	0.05%



Moved / Validated images, grouped by study year

Total images:	328,596,200	
Total images moved, not validated:	20,196	0.01%
Total images moved and validated:	129,331,817	39.36%
Total images to migrate:	199,165,556	60.61%
Total images ignored:	78,631	0.02%



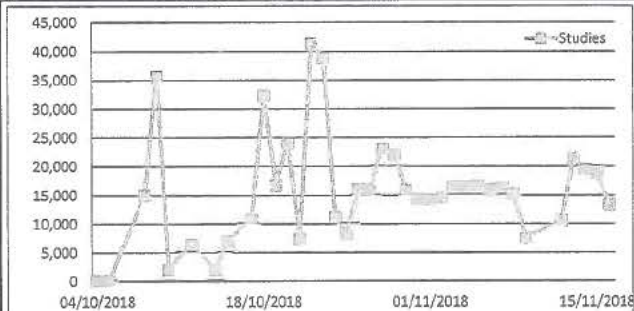
Time estimation parameters

Average migration speed:	0.17 studies/sec
	41.56 images/sec
Migration window per day:	24 hours
	86400 seconds
Months needed before go-live:	24 months

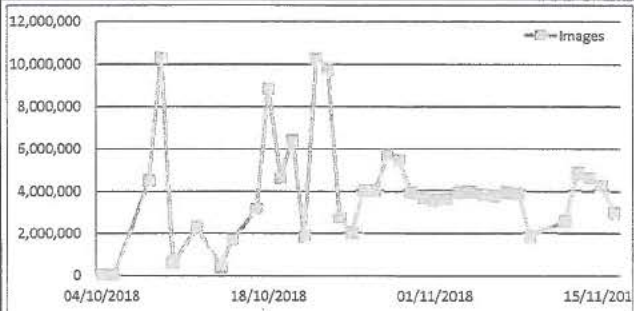
Remaining Time Estimation (Total migration)

Remaining (based on study average):	80.29 days	(=01/07/2019)
	11.47 weeks	
	2.68 months	
Remaining (based on image average):	55.47 days	(=06/06/2019)
	7.92 weeks	
	1.85 months	

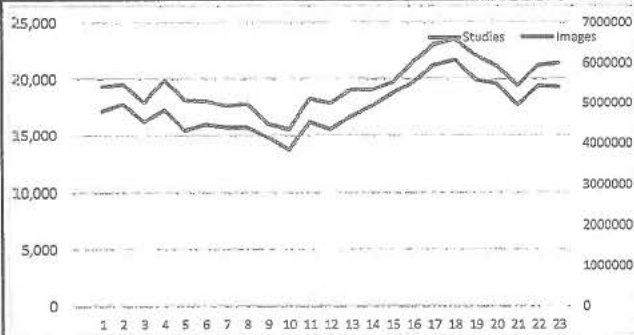
Moved studies, grouped by migration day



Moved images, grouped by migration day



Total moved studies/images, grouped by migration hour



AUS - ACT - Migration status (Details)

STUDY COUNTS PER YEAR (100% Migration)							IMAGE COUNT PER YEAR (Total migration)								
Year	Total	Moved not Validated	Moved and Validated	Ignored	To move	% validated for Year	Year	Total	Moved not Validated	Moved and Validated	Ignored	To move	% validated for Year		
2018	122,069	0	134,490	23	7,558	7.558	93.83%	2018	36,787,648	0	33,207,888	2,798	3,678,073	3,678,073	50.27%
2017	191,772	3	179,463	40	12,266	12,269	93.60%	2017	50,385,796	3,950	45,278,866	41	5,103,999	5,108,889	89.87%
2016	194,975	3	181,001	27	21,841	23,847	87.50%	2016	46,466,663	3,071	38,847,908	2,548	7,613,076	7,615,147	83.62%
2015	178,708	26	32,159	184	135,400	126,476	79.23%	2015	41,654,467	13,175	11,975,183	1,798	29,697,557	26,570,733	28.76%
2014	175,474	0	30	132	175,312	175,312	100%	2014	33,100,020	0	2,608	49,118	33,054,294	33,054,294	0.01%
2013	167,477	0	33	72	167,372	167,372	100%	2013	30,272,027	0	3,048	8,797	30,263,282	30,263,282	0.01%
2012	165,895	0	38	357	165,430	165,430	100%	2012	25,830,750	0	5,265	12,429	25,812,966	25,812,966	0.02%
2011	157,973	0	28	82	157,803	157,803	100%	2011	22,057,623	0	2,399	7,093	22,048,331	22,048,331	0.01%
2010	145,153	0	28	9	145,116	145,116	100%	2010	19,599,756	0	3,914	994	19,595,448	19,595,448	0.02%
2009	131,215	0	23	20	131,172	131,172	100%	2009	18,365,688	0	4,625	3,331	18,357,712	18,357,712	0.03%
2008	40,562	0	1	2	40,559	40,559	100%	2008	4,267,484	0	1	400	4,267,083	4,267,083	0.00%
2007	110	0	0	0	110	110	100%	2007	10,989	0	0	0	10,989	10,989	0.00%
2006	63	0	0	0	63	63	100%	2006	4,826	0	0	0	4,826	4,826	0.00%
2005	25	0	0	0	25	25	100%	2005	80	0	0	0	80	80	0.00%
2004	14	0	0	1	13	13	100%	2004	40	0	0	4	36	36	0.00%
2003	13	0	0	0	13	13	100%	2003	42	0	0	0	42	42	0.00%
2002	5	0	0	0	5	5	100%	2002	23	0	0	0	23	23	0.00%
Total:	1,667,893	54	507,283	777	1,159,689	1,159,753	94.49%	Total:	328,610,012	10,196	129,351,617	79,631	199,165,566	199,165,752	99.37%

DETAILED PERFORMANCE ANALYSIS						
Year	Start Date	End Date	Count	Count	Count	Count
12	08/10/2018 18:36	08/10/2018 18:36	2,391	1,031,437	5620	0.53
13	17/10/2018 18:34	16/11/2018 18:55	433,593	107,764,406	2593278	0.17

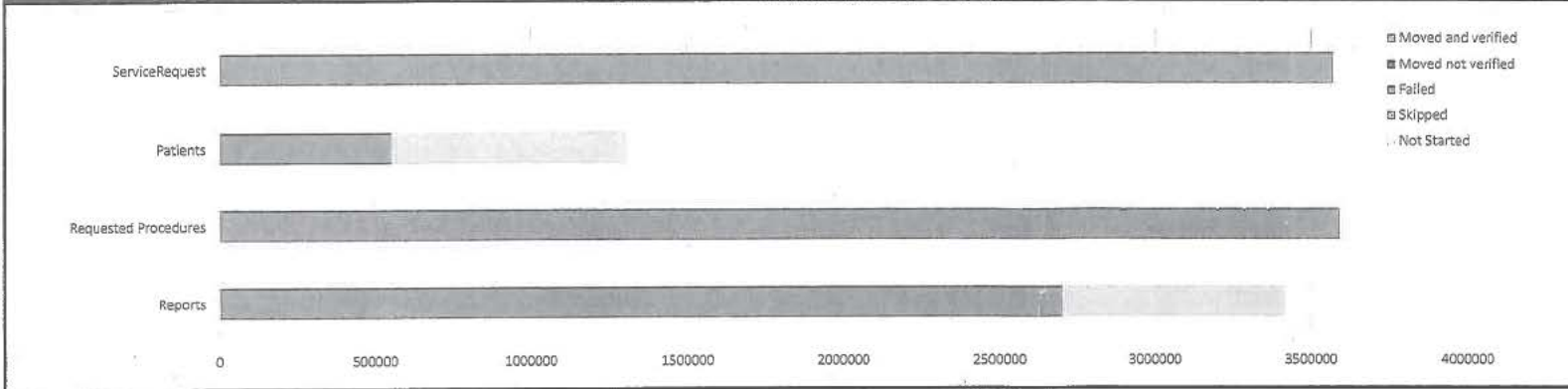
Day	Images	Images	RECS
04/10/2018	1	99	Migration test
05/10/2018	49	3,581	Migration test
08/10/2018	14,966	4,508,888	
09/10/2018	35,656	16,291,129	
10/10/2018	1,893	377,117	
12/10/2018	6,319	3,259,842	
14/10/2018	1,884	433,798	
15/10/2018	6,888	1,730,431	
17/10/2018	19,798	2,154,279	
18/10/2018	32,253	8,850,402	
19/10/2018	16,791	4,605,444	
20/10/2018	24,021	6,405,385	
21/10/2018	7,354	1,857,019	
22/10/2018	41,338	10,236,078	
23/10/2018	18,941	3,754,631	
24/10/2018	11,190	2,783,088	
25/10/2018	8,052	1,992,041	
26/10/2018	15,793	3,976,650	
27/10/2018	19,798	4,002,696	
28/10/2018	22,897	5,728,017	
29/10/2018	21,798	5,433,427	
30/10/2018	15,777	3,803,726	
31/10/2018	14,104	3,658,416	
01/11/2018	14,085	3,556,423	
02/11/2018	14,489	3,607,036	
04/11/2018	16,316	3,914,996	
04/11/2018	16,276	3,858,136	
05/11/2018	16,582	3,834,484	
06/11/2018	15,790	3,753,358	
07/11/2018	16,181	3,910,024	
08/11/2018	15,051	3,838,929	
09/11/2018	7,419	1,945,071	
12/11/2018	15,549	3,959,179	
13/11/2018	22,228	4,940,764	
14/11/2018	19,457	4,800,511	
15/11/2018	18,735	4,268,158	
16/11/2018	13,261	2,977,483	

Day	Images	Images
1	19,376	480,539
2	29,597	498,126
3	17,932	454,177
4	19,939	463,766
5	18,148	432,939
6	18,050	447,548
7	17,632	440,338
8	17,861	440,915
9	15,992	434,429
10	15,553	3,852,246
11	18,366	4,590,995
12	17,835	4,106,997
13	19,039	4,577,632
14	18,097	4,592,099
15	19,794	5,121,516
16	21,525	5,524,840
17	23,097	5,855,240
18	23,542	6,080,238
19	22,124	5,991,810
20	21,194	5,488,045
21	19,448	4,849,741
22	21,270	5,423,590
23	21,425	5,413,784

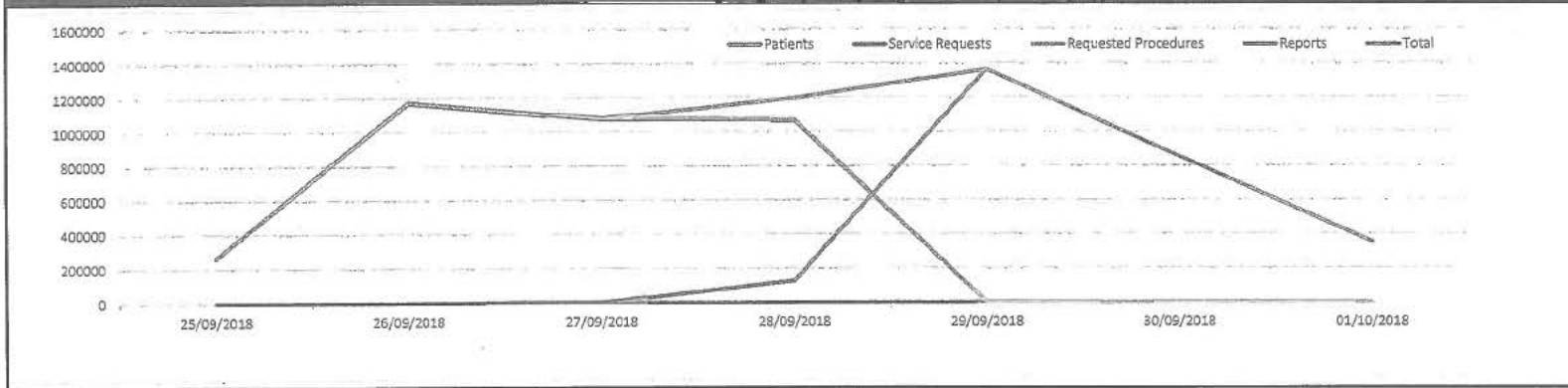
AUS - ACT - HL7 Migration status

template version: 2.0

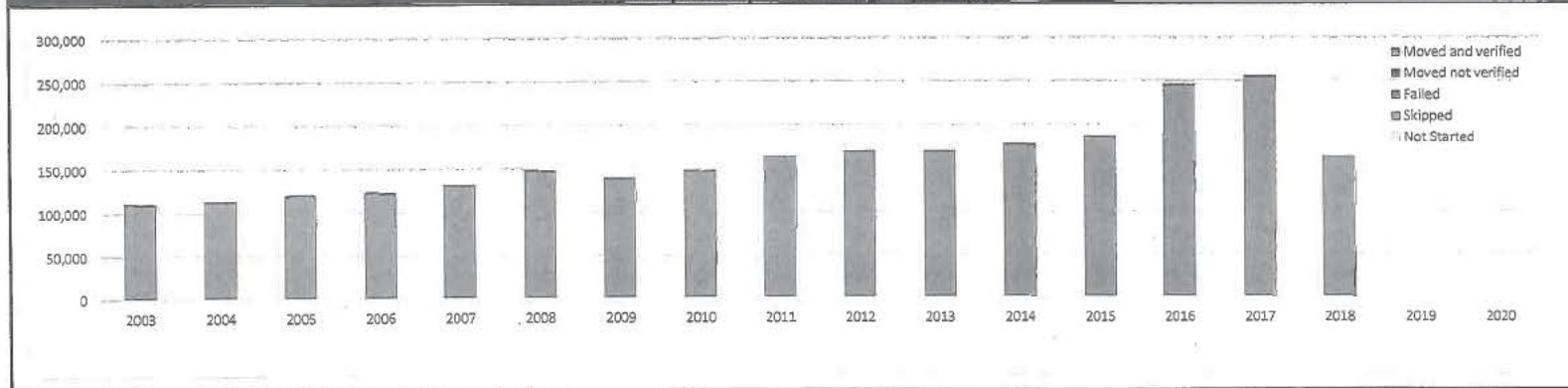
Moved / Validated messages, grouped by type



Moved / Validated messages, grouped by migration day and by type



Moved requested procedures, grouped by year



AUS - ACT - HL7 Migration status (Details)

MESSAGES migrated, grouped per TYPE						
Type	Moved and verified	Moved not verified	Failed	Skipped	Not Started	% verified
Reports	2701666	0	276	0	710,627	79.17%
Requested Procedures	3592388	0	0	0	0	100.00%
Patients	550986	0	0	0	752,879	42.26%
ServiceRequest	3572934	0	0	0	0	100.00%
Total	6825586	0	276	0	1463506	82.34%

REQUESTED PROCEDURES migrated, grouped per YEAR						
YEAR	Moved and verified	Moved not verified	Failed	Skipped	Not Started	% verified
2003	111,581	0	0	0	0	100.00%
2004	113,821	0	0	0	0	100.00%
2005	120,742	0	0	0	0	100.00%
2006	123,731	0	0	0	0	100.00%
2007	132,234	0	0	0	0	100.00%
2008	148,749	0	0	0	0	100.00%
2009	139,588	0	0	0	0	100.00%
2010	148,249	0	0	0	0	100.00%
2011	164,457	0	0	0	0	100.00%
2012	170,229	0	0	0	0	100.00%
2013	170,337	0	0	0	0	100.00%
2014	178,143	0	0	0	0	100.00%
2015	186,774	0	0	0	0	100.00%
2016	246,606	0	0	0	0	100.00%
2017	255,815	0	0	0	0	100.00%
2018	163,543	0	0	0	0	100.00%
2019	169	0	0	0	0	100.00%
2020	21	0	0	0	0	100.00%

MESSAGES migrated PER DAY, grouped per TYPE					
Day	Patients	Service Requests	Requested Procedures	Reports	Total
25/09/2018	604	264533	266055	0	266659
26/09/2018	612	1172084	1177330	0	1177942
27/09/2018	676	1069049	1076719	0	1077395
28/09/2018	533	1067268	1072284	128243	1201060
29/09/2018	0	0	0	1366939	1366939
30/09/2018	0	0	0	853520	853520
01/10/2018	0	0	0	352548	352548

Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Monday, 13 November 2017 12:59 PM
To: Duggan, Mark (Health)
Cc: Cook, Sandra (Health); O'Halloran, Peter (Health)
Subject: Siemens transition out issues [SEC=UNCLASSIFIED]

Thanks Mark,

We are still trying to resolve the following:

- **RIS Test Extract** from Siemens – First and only extract supplied in early October. Have asked for additional extracts, Siemens say they have resource constraints and will try to provide. At the 1st November meeting Siemens agreed to provide by the following week, Wed 8th did not happen. An email received on Friday has now agreed to early this week. The reason again was lack of resources.
- **Questions to Siemens regarding data sources and quality** – these questions were raised with Siemens the replies were not comprehensive enough. We have asked multiple times however the answers are still not satisfactory.
- **PACS dump file OPTIONS** - no solution yet to import the data into SQL Server, we are also waiting for some dump file related details from Siemens to decide on the most suitable option. The **test PACS extract** from Siemens also seems to be dependent on this, as Siemens do not want to use their production environment for the test extracts. PACS test extract was first asked for on the 13th of Oct.
- **PACS SoW** – still with Siemens for quote. They are quoting 2 options for PACS migration. Quote was due last Wednesday 8th.

What the project have done:

- The project team hold a phone conference call every Wednesday afternoon with Siemens, to discuss data migration.
- RIS SoW completed
- PACS SoW with Siemens for quote, was due last Wednesday 8th.
- Raised a 20 day PO, have not received any claim to date against that PO.
- Held a face-to-face meeting with [REDACTED] and [REDACTED] on the 6th October.

Siemens say the main reason there are delays is due to lack of resources. Even though ACT Health have a purchase order and a current contract with them, they are blaming the fact there is no SoW and hence they cannot adequately plan their resourcing. Majority of the staff are in Germany and the US.

I hope this provides you with a summary of what we need and the challenges.

Any questions happy to assist

Kind regards,

[REDACTED]

[REDACTED] | Project Director - Integrated Diagnostic Imaging Solution Project
 Phone: 02 6174 8729 | [REDACTED] | [REDACTED]@act.gov.au
 Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
 Building 1, Lv 10 Canberra Hospital, Garran ACT | PO Box 11, WODEN ACT 2606 | www.act.gov.au

From: Duggan, Mark (Health)
Sent: Monday, 13 November 2017 12:17 PM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>

Cc: Cook, Sandra (Health) <Sandra.Cook@act.gov.au>; O'Halloran, Peter (Health) <Peter.O'Halloran@act.gov.au>
Subject: RE: UCPH Digital Solutions Program - IDIS Project SoW Siemens PACs transition Out [SEC=UNCLASSIFIED]

Hi Sandra,

Following on from stand up this morning what is it that you are waiting on from Siemens and how overdue is it? I will follow up ASAP with the senior exce.

Thanks,

Mark Duggan
 Ag Manager
 Medical Imaging
 Canberra Hospital & Health Services
mark.duggan@act.gov.au
 Phone: 6174 7254
 Mobile: [REDACTED]

From: [REDACTED] (Health)
Sent: Friday, 10 November 2017 5:31 PM
To: [REDACTED] <[REDACTED]>
Cc: Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED] (Health) <[REDACTED]> Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Cook, Sandra (Health) <Sandra.Cook@act.gov.au>
Subject: RE: UCPH Digital Solutions Program - IDIS Project SoW Siemens PACs transition Out [SEC=UNCLASSIFIED]

Great news,

Thank you for your reply.

[REDACTED] | Project Director - Integrated Diagnostic Imaging Solution Project
 Phone: 02 6174 8729 | [REDACTED] <[REDACTED]@act.gov.au>
 Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
 Building 1, Lv 10 Canberra Hospital, Garran ACT | PO Box 11, WODEN ACT 2606 | www.act.gov.au

From: [REDACTED] [mailto:[REDACTED]]
Sent: Friday, 10 November 2017 4:37 PM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED] (Health) <[REDACTED]> Duggan, Mark (Health) <Mark.Duggan@act.gov.au>; Cook, Sandra (Health) <Sandra.Cook@act.gov.au>
Subject: RE: UCPH Digital Solutions Program - IDIS Project SoW Siemens PACs transition Out [SEC=UNCLASSIFIED]

Hi [REDACTED]

In the meeting on Wednesday, I confirmed with [REDACTED] the next test extract will be delivered next week. The period we will be extracting is January 1st 2009 – January 20th 2009 which covers some data pre and post SLR implementation which should be a good data set.

As you know I am keen to get the SoW agreed with dates so I can lock down resources ahead of time so to avoid any delay. I apologize this current request couldn't be delivered earlier than next week.

I have however also requested a PACS extract for the same period. This should help I think get the most value out of your next test.

I also have 2 quotes coming next week for the 2 data migration options for PACS.

I will be in touch early next week.

Best regards

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

Sent: Friday, 10 November 2017 2:54 PM

To: [REDACTED]

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

Subject: RE: UCPH Digital Solutions Program - IDIS Project SoW Siemens PACs transition Out [SEC=UNCLASSIFIED]

Importance: High

Hello [REDACTED]

We are also waiting on another RIS extract? This was requested last Friday and again Wednesday just gone. The team were told it was a resourcing issue?

I am rather concerned that the requests of my team are not being managed in a timely manner, and this is now causing delays for the IDIS project.

As mentioned below - ACT Health raised a purchase order as requested to avoid these issues. I also have not received any invoices for work conducted thus far?

If there are issues, can you please contact me to discuss?

Kind regards,

[REDACTED] | Project Director - Integrated Diagnostic Imaging Solution Project

Phone: 02 6174 8729 | [REDACTED] | E-Mail : [REDACTED]@act.gov.au

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

Building 1, Lv 10 Canberra Hospital, Garran ACT | PO Box 11, WODEN ACT 2606 | www.act.gov.au

From: [REDACTED] (Health)

Sent: Friday, 10 November 2017 2:46 PM

To: [REDACTED]

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

Subject: RE: UCPH Digital Solutions Program - IDIS Project SoW Siemens PACs transition Out [SEC=UNCLASSIFIED]

Importance: High

Hello [REDACTED]

Upon reviewing further and the challenges we now encounter for PACS migration. I would like both options quoted please?

The team can then review both and make a more informed decision.

I am also aware of request made by my team for smaller PACS extracts? Can you please explain why this has not happened? Is there a resourcing issue? Or are you waiting for the SOW? I was under the impression that the reason we raised the 20 days purchase order was to ensure that this work wasn't delayed.

Could you please reply at your earliest convenience as this is now causing delays for the project?

Kind regards,

██████████ | Project Director - Integrated Diagnostic Imaging Solution Project

Phone: 02 6174 8729 | ██████████ ██████████ [act.gov.au](mailto:██████████@act.gov.au)

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Building 1, Lv 10 Canberra Hospital, Garran ACT | PO Box 11, WODEN ACT 2606 | www.act.gov.au

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

Sent: Tuesday, 7 November 2017 9:51 PM

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

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

Subject: RE: UCPH Digital Solutions Program - IDIS Project SoW Siemens PACs transition Out [SEC=UNCLASSIFIED]

Hi ██████████

I sent you an email on Friday regarding the PACS migration SOW. We have two options. I can provide a quote provide once you have considered the options and let me know the way to go.

Best regards

██████████ ██████████

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

Sent: Tuesday, 7 November 2017 10:08 AM

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

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

Subject: UCPH Digital Solutions Program - IDIS Project SoW Siemens PACs transition Out [SEC=UNCLASSIFIED]

Importance: High

Hello ██████████

I am hoping all is well with the PACs SoW, and we are on schedule to receive the quote back tomorrow on Wed 7th November?

I have reviewed the RIS SoW and this is currently going through to the delegate for approval.

If you have any questions or concern please contact myself, ██████████ or ██████████

Kind regards,

██████████

██████████ | Project Director - Integrated Diagnostic Imaging Solution Project

Phone: 02 6174 8729 | ██████████ ██████████ [act.gov.au](mailto:██████████@act.gov.au)

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Building 1, Lv 10 Canberra Hospital, Garran ACT | PO Box 11, WODEN ACT 2606 | www.act.gov.au

From: ██████████ ██████████ (Health)

Sent: Tuesday, 31 October 2017 12:07 PM

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

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

Subject: RE: UCPH Digital Solutions Program - SoW Siemens RIS transition Out v0.05 [SEC=UNCLASSIFIED]

Importance: High

Hello ██████████

I am hoping all is well with the RIS SoW, and we are on schedule to receive the quote back tomorrow on Wed 1st November?

The PACS SoW is currently being reviewed by the Executive Sponsor and Program Manager hopefully this should be sent to you later today.

If you have any questions or concern please contact myself, [REDACTED] or [REDACTED]

Kind regards,

[REDACTED]

[REDACTED] [REDACTED] | Project Director - Integrated Diagnostic Imaging Solution Project

Phone: 02 6174 8729 | [REDACTED] | E-Mail : [REDACTED]@act.gov.au

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

Building 1, Lv 10 Canberra Hospital, Garran ACT | PO Box 11, WODEN ACT 2606 | www.act.gov.au

From: [REDACTED] (Health)

Sent: Wednesday, 25 October 2017 5:35 PM

To: [REDACTED]

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

Subject: UCPH Digital Solutions Program - SoW Siemens RIS transition Out v0.05 [SEC=UNCLASSIFIED]

Importance: High

Good Afternoon [REDACTED]

Please find attached the statement of work (SoW) for the Siemens RIS transition out.

Can you please provide a quote as discussed against this SoW. Could I please have the quote back within 5 business days?

Once the quote is received we can adjust the current purchase order.

Also, if you would like to send through an invoice for the work conducted to date, I can progress payment.

Thank you in advance,

[REDACTED]

[REDACTED] [REDACTED] | Project Director - Integrated Diagnostic Imaging Solution Project

Phone: 02 6174 8729 | [REDACTED] | E-Mail : [REDACTED]@act.gov.au

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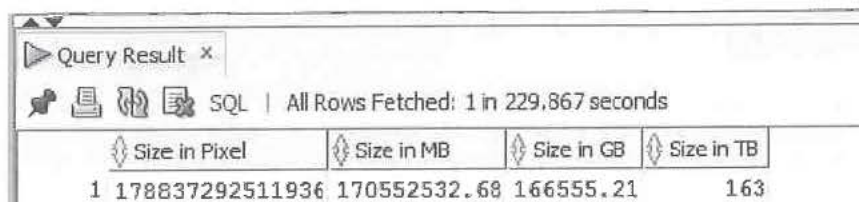
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Heland, Rebecca (Health)

From: Barrett, Scott (Health)
Sent: Monday, 13 November 2017 10:51 AM
To: [REDACTED] (Health)
Subject: RE: Patient data cleansing [SEC=UNCLASSIFIED]

Hi [REDACTED]

Please see below



	Size in Pixel	Size in MB	Size in GB	Size in TB
1	178837292511936	170552532.68	166555.21	163

Thanks

Scott

Scott Barrett | Manager

Direct Phone: 02 6174 8039 | Direct Email: scott.barrett@act.gov.au

Diagnostic Imaging Systems | Diagnostic & Medication Systems Hub | Phone: 02 6174 8750 | Email: DSD.DIS@act.gov.au

Technology Operations Branch | Digital Solutions Division | Health Directorate | ACT Government

Level 10, Building 1, Canberra Hospital, Garran ACT | GPO Box 825, Canberra City ACT 2601 | act.gov.au

From: [REDACTED] (Health)
Sent: Friday, 10 November 2017 2:54 PM
To: Barrett, Scott (Health) <Scott.Barrett@act.gov.au>
Subject: RE: Patient data cleansing [SEC=UNCLASSIFIED]

Thanks Scott,

One other quick question. Are you able to check the size of the current Oracle PACS database? (xxGBytes) Not sure if that's something you have access to.

[REDACTED]

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

Phone: [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: Barrett, Scott (Health)
Sent: Friday, 10 November 2017 8:50 AM
To: [REDACTED] (Health) <[REDACTED]>
Subject: RE: Patient data cleansing [SEC=UNCLASSIFIED]

Hi [REDACTED]

No problem. We only have one more Prototype workshop after today on Tuesday so feel free to put some time in my calendar and I'll bring on of my team along.

Thanks

Scott

Scott Barrett | Manager

Direct Phone: 02 6174 8039 | Direct Email: scott.barrett@act.gov.au

Diagnostic Imaging Systems | Diagnostic & Medication Systems Hub | Phone: 02 6174 8750 | Email: DSD.DIS@act.gov.au

Technology Operations Branch | Digital Solutions Division | Health Directorate | ACT Government

Level 10, Building 1, Canberra Hospital, Garran ACT | GPO Box 825, Canberra City ACT 2601 | act.gov.au

From: [REDACTED] (Health)

Sent: Thursday, 9 November 2017 12:52 PM

To: Barrett, Scott (Health) <Scott.Barrett@act.gov.au>

Subject: FW: Patient data cleansing [SEC=UNCLASSIFIED]

Scott,

Can we spend a bit of time with you and/or a team member to try and get some traction on how to handle some patient issues for migration – see below? Not big issues in themselves but we do need some assistance working out what we need to do.

Thanks

[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: Thursday, 9 November 2017 10:40 AM

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

Subject: Patient data cleansing [SEC=UNCLASSIFIED]

[REDACTED]
Patient data cleansing questions are as follows

Patient records where hosp is CALMRG or TCHMRG, are those mrns still valid, do they need to be migrated, how do the mrns link to the current mrns after the merge?

Mrns mapped to multiple pat_itns, how can this be cleansed?

Pat_itns mapped to multiple mrns, how can this be cleansed?

These are the top questions to be answered and then we have got the details in the document.

Regards,

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

Email: [REDACTED]@act.gov.au

Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Friday, 10 November 2017 6:22 PM
To: [REDACTED] (Health)
Cc: Duggan, Mark (Health); Crossley, Nick; Cook, Sandra (Health); [REDACTED] (Health)
Subject: Re: PACs Migration issue [SEC=UNCLASSIFIED]

Hi [REDACTED]

I'll give you a call Monday to discuss further your request.

Regarding the Oracle PACS Migration issue you mention. Agfa understands this issue to be that the Siemens PACS DB that has been recently provided is an Oracle DB. There are issues accessing the data due to license and Oracle skill constraints within the ACTH project team.

Prior to our scheduled migration meeting yesterday afternoon [REDACTED] did inform us by email that Siemens have proposed an alternative approach for DICOM migration that differs from that required by Agfa. As this proposal was provided just prior to the meeting there was only some brief discussion at the time. Since our meeting I have received some comments from our Migration team on the Siemens proposal. The feedback below is provided mainly from [REDACTED] the migration specialist assigned to our project.

Agfa do not agree that the "Option 2: Smart Data Conversion (SDC) Migration - RECOMMENDED" is the best approach for ACTH. Agfa does not have any details on the specifics of the proposal and would question Siemens experience with migrations to the [REDACTED] Enterprise Imaging System.

Could you advise if Option 1 is the Agfa requested option and if Siemens can still provide this? [REDACTED] is currently working on another project in Europe where Siemens have provided these extracts so we understand there is no technical reason why these cannot be provided as requested.

Migration team Feedback.....

Why it is better for Agfa to execute the migration

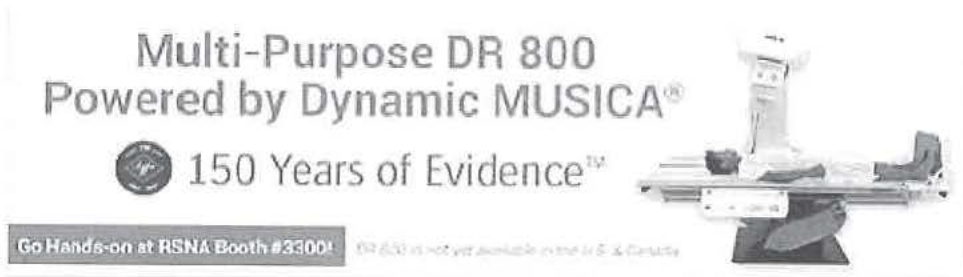
- First of all, Siemens has no real experience with running a migration towards EI that we are aware of. Our previous product (Impax) is nothing like EI, so Agfa is the only group that has the needed knowledge for this migration.
- For any migration to EI we spend a lot of time preparing the HL7 data, because we know that matching DICOM studies to a correct order in EI is very important. For that reason we run validations on all the HL7 extracts that we received and run validations after the HL7 migration to be sure that everything is 100% correct.
- As soon as we switch to the DICOM migration we will again run a large amount of validations before we execute the migration, including the following:
 - Checking if all the data can be safely migrated to EI applying all the logic that we know EI will use to verify and match up DICOM and HL7 data.
 - Crosschecking all data in the DICOM extract against the EI database to identify if orders are missing in EI and taking actions with the customer to decide what to do. (For example, pre-fix specific fields to mark them)
 - Applying mappings on the EI system to correct data like the Assigning Authority, ...
 - In some cases (and this may be 1 of them) we need to apply 'DICOM tag morphing' to all the DICOM images to update the DICOM header with new/corrected data. As we now see that the data in the HL7 migration is getting updated (the accession numbers that are not unique) we need to have a way to have this 'updated data' in the DICOM header before sending it into EI. We have the needed data available to do this in the HL7 migration database of AMT.
- All of the checks above, make sure that the data quality that we have after the migration in EI is perfect or the customer has at least had the change to choose if he want the 'less quality data' in EI (and even then with or without updates to the problem data).
-

- Any 3rd party migration will not be able to perform the migration in a way we execute them and we will end up with problematic data in a new system that we have to support and eventually we always end up spending time to fix the data (if possible at all).

Kind Regards,

T +61 3 9756 4308 | F +61 2 9647 2742 | M [REDACTED]

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



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

From: [REDACTED] <[REDACTED]@act.gov.au>
 To: [REDACTED]
 Cc: "Duggan, Mark (Health)" <Mark.Duggan@act.gov.au>, "Cook, Sandra (Health)" <Sandra.Cook@act.gov.au>, [REDACTED] (Health)" <[REDACTED]>, "Crossley, Nick" <Nick.Crossley@act.gov.au>
 Date: 10/11/2017 16:37
 Subject: PACs Migration issue [SEC=UNCLASSIFIED]

Hello [REDACTED]

On last night's phone call for Migration, the Oracle/PACS migration issue was raised.

I need to resolve this issue ASAP as it is now causing delays for my team.

Are there any solutions or options that AGFA could provide to resolve this issue for ACT Health?

I am aware that Siemens can migrate directly into flat files however this doesn't allow my team to conduct testing to ensure the quality of that data. I am also aware that AGFA will not accept responsibility for the quality of the images that migrate directly from Siemens.

Could you please contact me on Monday to discuss further?

Thank you in advance

[REDACTED] | Project Director - Integrated Diagnostic Imaging Solution Project
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Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Monday, 6 November 2017 3:25 PM
To: IDIS; Cook, Sandra (Health); O'Halloran, Peter (Health); Duggan, Mark (Health); [REDACTED]
[REDACTED] (Health); [REDACTED] Norman, Karen (Health);
[REDACTED]
Subject: Luck, Surangani (Health)
Attachments: IDIS Executive Management Meeting – Meeting 2 [SEC=UNCLASSIFIED]
Combined papers for Executive Management Meeting - 7 November 2017.pdf

Hello all,

Please find attached the agenda for tomorrows IDIS Executive Management Meeting @ 4:30pm

Also attached are the previous meeting minutes for your review.

Regards,

[REDACTED]

[REDACTED] | Project Director - Integrated Diagnostic Imaging Solution Project

Phone: 02 6174 8729 | [REDACTED] | E-Mail : [REDACTED]@act.gov.au

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