

DIGITAL SOLUTIONS DIVISION

Integrated Diagnostic Imaging Solution (IDIS) Agenda IDIS Executive Management Meeting Number 2

4:30 PM – 5:15 PM, Tuesday 7th November 2017

Venue: Bowes Street Room 2.04 and WebEx

Item	Agenda Item	Name	Papers
1	Welcome	Chair	
2	Attendance & Apologies	Chair	
3	Minutes from previous meeting	Chair	✓
4	Open action items	Chair	
4	Update on the progress of Milestone 1	██████████ Agfa Project Manager	
5	Schedule update	██████████ IDIS Project Director and ██████████ Agfa Project Manager	
6	Update on prototyping workshops	██████████ Agfa Project Manager	
7	Any other business	All	
8	Meeting Close	Chair	

Next meeting will be Tuesday 14th November 2017

Contract Milestones and Deliverables	% Tracking	Date Due
A. Phase 1 – Design and implementation		
A1. Milestone 1. Establishing the Environments	99%	31/10/2017
Document: Implementation Planning Study Report (Milestone 1)	100%	
(1) Procure, deliver and install Hardware as required by the Territory		
(2) Do all things necessary and incidental to establish and install the Environments in Table 1 as infrastructure for the Solution, including:		
(2.a) Solution platform design		
(2.b) installation and configuration of Hardware		
(2.c) establish and installation of the environments in Table 1 such that:		
(i) the Environments have the minimum disaster recovery and backup, including a Virtual Private Network for remote delivery and support		
(ii) all Environments except Production are capable of being		

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reconfigured and repurposed		
A2. Milestone 2. Detailed Design, Planning, Development and User Acceptance Testing (UAT)		
Documentation		
Document: Solution design (Milestone 2)	100%	1/12/2017
Document: Detailed Technical Design (Milestone 2)	75%	14/11/2017
Document: Application and Workflow Design (Milestone 2)	10%	1/12/2017
Document: Capacity management plan (Milestone 2)	0%	24/11/2017
Document: Data Migration Plan (Milestone 2)	30%	24/11/2017
Document: Detailed Training plan (Milestone 2)	80%	24/11/2017
Document: Disaster recovery and backup plan (Milestone 2)	0%	9/2/2018
Document: Functional Specifications (Milestone 2)	0%	24/11/2017
Document: Implementation and Delivery plan (Milestone 2)	90%	24/11/2017
Document: Integrations specifications (Milestone 2)	20%	8/12/2017
Document: Project Schedule (Milestone 2)	95%	24/11/2017
Document: Solution Design document (Milestone 2)	100%	1/12/2017
Document: Critical Incident Management Plan (Milestone 2)	0%	29/3/2018
Document: Operational Model (Milestone 2)	0%	29/3/2018
A2.1 IPS & Solution Development		
Upon successful completion of Milestone 1, the contractor must:		
(1) Deliver a detailed technical design for the System and complete all the required project planning for successful implementation of the Solution. To do so, the contractor must, at a minimum:		
(a) conduct an implementation planning study (IPS) and document the outcomes in the IPS Report for approval by the Territory, including a functional specification and business process technical analysis to confirm that the Solution meets the mutually agreed requirements in Attachment B, and to finalise the Solution architecture in accordance with the Project Plan		
(b) Having regard to the work undertaken so far in Milestone 1 and this Milestone 2, prepare the Solution Design, Application and Workflow Design, and the following plans:		
(i) Final detailed Implementation and Delivery Plan, which provides detailed methodology and framework for the successful delivery and Transition ("Go-Live") of the System, and defines the approach, dependencies, constraints, and a resourced schedule to identify all resources required at each point in time		
(ii) Project Schedule, which provides the work break down structure details of tasks, responsibilities, dependencies and timeframes, reaching the agreed Go-Live date within Quarter 1 2018		
(iii) Data Migration Plan in accordance with Appendix 3		
(iv) Capacity Management Plan in accordance with Appendix 7		
(v) Draft Transition Plan, which will describe the details of transition Services in Item A.2.4(2) of this Schedule 2	0%	29/3/2018
(vi) Detailed Training Plan in accordance with Appendix 4		
(vii) Test Plan	30%	3/4/2018
Decision Point		
A2.2 Configuration, reporting and system integration		
Upon Successful completion of Milestone 2.1, and subject to the Territory's notification of a decision to continue the Contract, the Contractor must develop the Solution. To do so, the Contractor must, at a minimum, develop, test and deliver		
(1) configurations and customisations to the System in accordance with the Project Plan and consistent with the requirements in the Business Requirements Specifications in Attachment B		
(2) integrations with the Existing System in accordance with the Project Plan and consistent with the requirements in the Business Requirements Specifications in Attachment B, with documented integration specifications for each		

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integration path		
(3) reporting capabilities for the System		
(4) data migration tools		
(5) having regard to the work undertaken so far in Milestone 1, and this Milestone 2, prepare the Disaster Recovery, Backup and Availability Plan in accordance with Appendix 8		
Decision Point		

Attendance / Apologies

Name	Role		✓, Ap, or ✗
Peter O'Halloran	POH	Chief Information Officer - Chair	
Mark Duggan	MD	Ag Manager, Medical Imaging, Executive Sponsor	
Sandra Cook	SC	Director, Future Capability & Governance	
██████	█	Project Director, Integrated Diagnostic Imaging Solution (IDIS) Project	
██████████	█	Agfa Health Care National Sales Manager	
██████ ██████	█	Agfa Health Care Service Manager Oceania	
████ ██████	█	Agfa Health Care Managing Director Oceania	
████ ██████	█	Agfa Health Care Project Manager	
Surangani (Suri) Luck	SL	Contract Manager, Digital Solutions Division	
Secretariat			
Karen Norman	KN	IDIS Project - Project Coordinator	

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Integrated Diagnostic Imaging Solution (IDIS) Agenda IDIS Executive Management Meeting Number 1

4:30 PM – 5:00PM, Tuesday 24th October 2017

Venue: Bowes Street Room 2.04 and WebEx

Item	Agenda Item	Name	Papers
2	Attendance & Apologies	Chair	
3	Payment Milestones v Project Milestones	Sarah Norton	
4	Payment Milestone 2	Sarah Norton	
5	Any other business	All	
6	Meeting Close	Chair	

Next meeting will be Tuesday 31st October 2017 @ 4.30pm

Contract Milestones and Deliverables	% Tracking	Date Due
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(ii) all Environments except Production are capable of being reconfigured and repurposed		
A2. Milestone 2. Detailed Design, Planning, Development and User Acceptance Testing (UAT)		
Documentation		
Document: Solution design (Milestone 2)	100%	1/12/2017
Document: Detailed Technical Design (Milestone 2)	75%	14/11/2017
Document: Application and Workflow Design (Milestone 2)	10%	1/12/2017
Document: Capacity management plan (Milestone 2)	0%	24/11/2017
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Document: Integrations specifications (Milestone 2)	20%	8/12/2017
Document: Project Schedule (Milestone 2)	95%	24/11/2017

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Document: Solution Design document (Milestone 2)	100%	1/12/2017
Document: Critical Incident Management Plan (Milestone 2)	0%	29/3/2018
Document: Operational Model (Milestone 2)	0%	29/3/2018
A2.1 IPS & Solution Development		
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(1) Deliver a detailed technical design for the System and complete all the required project planning for successful implementation of the Solution. To do so, the contractor must, at a minimum:		
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Decision Point		

Attendance / Apologies

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Name	Role		✓, Ap, or *
Mark Duggan	MD	Ag Manager, Medical Imaging, Executive Sponsor - Chair	✓
Peter O'Halloran	POH	Chief Information Officer	✓
Sandra Cook	SC	Director, Future Capability & Governance	✓
Sarah Norton	SN	Program Manager, UCPH Digital Solutions Program	✓
██████	██	Project Director, Integrated Diagnostic Imaging Solution (IDIS) Project	✓
██████████	██	Agfa Health Care National Sales Manager	✓
██████ ██████	██	Agfa Health Care Service Manager Oceania	✓
████ ██████	██	Agfa Health Care Managing Director Oceania	✓
██████ ██████	██	Agfa Health Care Project Manager	✓
Surangani (Suri) Luck	SL	Contract Manager, Digital Solutions Division	✓
Secretariat			
Karen Norman	KN	IDIS Project - Project Coordinator	✓

2. Payment Milestones v Project Milestones

SN talked about clarity around the difference between payment and project milestones

- In the contract Milestone 1 is concerned with the establishment of environments with Milestone 2 concerned with delivery of documents
- Milestone 2 is particularly large and therefore it is broken down into four parts

3. Payment Milestone 2

Discussion:

- MS updated the group on the Agfa IPS which had been a little delayed however the contract states this is a component of both Milestone 1 and Milestone 2
- MS confirmed that the Agfa IPS is in the final stages of being approved and can be closed as delivered.
- AW is seeking clarification on the delivery dates required for document deliverables in the Agfa project plan from ACT Health. He requested definitions of how ACT Health would like the documents to look
- MS has had discussions with Prathiba Sankararaj and Kerri McGufficke from the Portfolio Management Office re their expectations for the documentation requiring sign off.
- SN asked how we are tracking for data migration plan. AW confirmed that it is in draft form at this point awaiting information from Siemens
- MS advised that the Statement of Work for Siemens is in draft form and that they have been delivering some of the data for the RIS side. We are waiting for data for PACS.

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- POH asked how we are tracking with the drops of work. MS advised that the first drop has been completed and we are now working through the tasks for complete visibility
- MS advised that [REDACTED] [REDACTED] has been contacting Siemens on a regular basis to chase up the PACS data. He has not been successful as yet but is still working on it.
- The Statement of Work has broken the data down into packets in order to make the Milestones. SN advised that the Program is more concerned with the activities than the documentation delivery.
- DA is reasonably comfortable at this stage that Agfa are on track
- POH confirmed there are no problems at this moment based on conversations he has had.
- SN is concerned about the start of Milestone 2. She requested that it is started before end of Milestone 1.
- AW confirmed that Agfa are working on deliverables in Milestone 2.1 already.

ACTION: 20171024-01	MS to discuss with SN to ensure she is comfortable with the evidence provided.
ACTION: 20171024-02	MS to get the Siemens Statement of Work complete in order to allow Agfa to move on with the data migration.
ACTION: 20171024-03	[REDACTED] [REDACTED] will engage with Siemens re gaining access to PACS data

4. Any other business

Nil

5. Meeting close 4:51 pm

- The meeting was closed at 4:51pm

Integrated Diagnostic Imaging Solution (IDIS) Project Control Working Group Minutes

12:00 PM – 1:00PM, Wednesday 18th October 2017

ACTH-TCH-Bldg23-Conf Room 1.02

1. Acknowledgement of Country

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

2. Attendance/Apologies

Name	Role		✓, Ap, or *
Co-Chair: Peter O'Halloran	POH	Senior Responsible Officer Chief Information Officer	AP
Co-Chair: Mark Duggan	MD	Executive Sponsor Manager, Medical Imaging	✓
Narelle Boyd	ND	Executive Director, Critical Care	AP
Dr Stuart Berry	DSB	Clinical Director, Medical Imaging, CHHS/CH	*
Scott Barrett	SB	RIS-PACS Manager	*
Sarah Norton	SN	Program Manager, UCPH Digital Solutions Program	✓
Kristina Carroll	KC	Program Manager, Shared Services	Ap
Hakan Gultekin	HG	CH ICT Manager	✓
Hammam Hijazi	HH	Director of Medical Imaging - Calvary	Ap
Kristine Linder	KL	Proxy - Deputy Director Medical Imaging(CT/Xray) - Calvary	✓
██████	██	Project Director, Integrated Diagnostic Imaging Solution (IDIS) Project	✓
Jessica Griffiths	JG	IDIS Project Stream Lead - Change and Training	Ap

Chloe Caldwell	CC	IDIS Project Stream Lead – Business Analysis	<i>Ap</i>
Sandra Cook	SC	Director, Future Capability and Governance – Digital Solutions Division	✓
Bridie Player	BP	Radiographer	✓
Jen Smith	JS	IDIS Change Manager	✓
██████	████	Agfa Project Manager	✓
Secretariat			
Karen Norman	KN	IDIS Project - Project Coordinator	✓

3. Minutes from previous meeting

The minutes were accepted unanimously as a true record of the previous meeting.

4. Open Action Items

20170920-02: Narelle Boyd is identified as a senior user and MD also invited Bridie Player was also invited to join the group as another senior user.

ACTION:	SN and SC to catch up with Narelle Boyd
ACTION:	Item closed

20171004-01&02: MS and AW are continuing to work on baselining the schedule and will report back at the next meeting.

ACTION:	Item to remain open for review at next group meeting
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5. Project Highlight Report

MS gave a verbal report as The Project Highlight report is a work in progress s

- The project works on a two week sprint cycle to monitor tasks and issues. Sprint 1 was completed on 17 October with Sprint 2 covering the coming two weeks.
- Sprint 1 saw the completion of the set up of IDIS Governance, system admin training, infrastructure hardware installation, initiation of project proposal, data collection commencement for Agfa, and commencement of data migration and integration in conjunction with Siemens.
- Gaps in the IDIS Project team were identified and Karen Norman, Project Coordinator and Jen Smith, Change Manger were brought in to assist. ██████ Dojcinovski joined the team to assist with sprint setting and also BA duties. A Clinical Change Manager will also be joining the team in the next few weeks.
- Goals for this sprint are to baseline the schedule and budget at the next meeting, identify users who require training, completion of project milestone 1 and delivery of first prototyping session.

ACTION:	MS & KN work on completing the Highlight Report for the next meeting.
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6. Risks & Issue Report

MS presented the Risks and Issues Log.

- The risk and issues log is currently being updated by KN.
- The group is required to assist with mitigating and resolving key risks and issues and the Program is working with the consultant partner on how to report on and support the project team day to day.
- The schedule is impacting a large number of risks and issues highlighting the urgency to baseline the schedule.
- As the log is so large (61 risks) MD asked that a meeting room with a monitor be sourced for the next meeting.
- MD stressed that conversations held within the group should go no further to avoid "corridor talk".

ACTION:	KN to book meeting room with a monitor
ACTION:	KN to update and review the risk and issues log

7. *Clinical Information Systems Interface*

MS presented JG's paper in her absence.

- The IDIS Project is seeking a decision from the group to turn off the Clinical Information System.
- SC could see no issue with doing so as the reading/viewing of medical imaging is available from multiple other platforms.
- KL confirmed that Calvary use CIS for pathology but this should not be an issue.
- Change management will be required to identify and assist staff who currently use CIS to view medical imaging.

ACTION:	Business Analysts to investigate the clinical workflow - CC
ACTION:	Project team to acquire information on CIS - MS
ACTION:	Understand technical information to put forward a data engagement paper to the ICT Executive – MS
ACTION:	JS and JG need to assess what change management needs to be developed in order to move from current to future state.

8. *Project Documentation*

a. *IDIS Change Management Plan*

MS presented the Change Management Plan which has been reviewed and endorsed by the Clinical User Group (formerly DIAB).

- The document has been updated to include more Calvary specific change management.
- This is a living document and can be updated and reviewed after being baselined.

DECISION:	Change Management Plan ENDORSED
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b. *Agfa IPS*

MS present the document to the group which was presented to the Clinical User Group with the focus on two key sections which they have reviewed and endorsed.

- MS passed on their feedback around integration to AW and the document has been updated to reflect the changes.

- MD passed on feedback he had received from consultants that they were not included in the key stakeholders in the document.
- MD will provide a list to AW to update the table at the beginning of the document.
- SC noted that many of the dates within the document had passed and suggested that actual dates be removed in favour of length of time.

ACTION:	MD to provide a list of consultants to be included in the document to AW
ACTION:	MS to provide updated document to members by COB 18 October
ACTION:	All members to review and provide feedback or endorse the document by COB 23 October
DECISION:	If no reply received by COB 23 October the Agfa IPS will be considered endorsed

c. Governance Plan

MS presented the project Governance Plan.

- SN would like to include a section on contract management to reflect the new reporting stream being implemented between ACT Health and Agfa.

DECISION:	Governance Plan was endorsed subject to adding the contract management information to the document.
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9. Agfa Update

AW presented an update.

- Staging has been installed and software loaded.
- Agfa are confident of achieving milestone 1 this sprint.
- Two application specialists have been preparing for workshops, established the prototyping environment on Agfa server, working with Siemens on migration analysis and Agfa AMT Migration tool has been set up.
- Initial analysis is complete.
- Clarification around the timescale was sought and barring any issues arising the migration will take 22 days with RIS being first and then PACS which is larger and therefore will take longer.
- Technical documentation is being completed this week re data migration analysis extracts, installation and super user training.
- SN – confirmed that the Development environment belongs to Agfa now.
- Awaiting confirmation from SS-ICT around network conceptual design and working with [REDACTED] [REDACTED] on integration of what and when.
- HG requested that attention is taken on how Calvary access RIS-PACS and to ensure that everything is not TCH specific.

ACTION:	AW to differentiate between risks and issues in the log and add more information on how decisions are being managed and the assistance required to mitigate and control
ACTION:	NC to ensure HG is involved during technical conversations

10. Other business

JS pointed out that the venue of the next meeting would be changed to Calvary Hospital.

11. Meeting Close

Meeting closed at 1:07pm

Next meeting 1 November: time and venue to be confirmed

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Integrated Diagnostic Imaging Solution (IDIS) Project Control Working Group – Action and Decision Register

Decision no.	Decision By	Date decision made	Decision details	Communication required	Progress to	Progress/Comments	Outcome
1	IDIS PCWG	20/09/17	TORs are accepted and endorsed once the amendment are made as discussed	Endorsed	n/a		
2	IDIS PCWG	20/09/17	Agfa PM to attend the IDIS Project Control Working Group towards the end of meeting (last 15mins) to provide the status update, risks and issues.	To Agfa PM	n/a		
3	IDIS PCWG	18/10/17	IDIS Change Management Plan accepted and endorsed	Endorsed			
4	IDIS PCWG	18/10/17	If no reply received from members by COB 23 October then the Agfa IPS will be considered Endorsed				
5	IDIS PCWG	18/10/17	IDIS Governance Plan accepted and endorsed subject to amendments discussed	Endorsed			

Integrated Diagnostic Imaging Solution (IDIS) Project Control Working Group – Action and Decision Register

Date	Agenda Item	Action Item number	Action	Action Owner	Target Completion date	Actual completion date	Progress/Comments	Action status
04/10/17	7	20171004-01	AW has some options that he can raise to potential reduce schedule. He will analysis these more closely and raise with the project.	[REDACTED]	13/10/17			Open
04/10/17	7	20171004-02	Project will look at options to reduce timeframe as well as identify any impacts and ways to mitigate risks and impacts.	[REDACTED]	13/10/17		Meeting held on the 10/10 with all project team Meeting held 13/10 to present to Executive sponsor and SRO. Project will present the schedule at the next PCWG 18/10 for baselining.	Open
18/10/2017	4	20171018-01	Discussion with Narelle Boyd around being a senior user representative	Jess Griffiths/Jen Smith	03/11/17		Change Managers have scheduled a meeting with Narelle and Sandra Cook 26/10/17	Open
18/10/2017	5	20171018-02	Complete and finalise Project Highlight Report for PCWG	[REDACTED] Karen Norman	27/10/17		Completed – need to update the time line when baselined	CLOSED
18/10/2017	6	20171018-03	Review and update the IDIS Risk and issues log	Karen Norman	27/10/17		26/10/17 Risk and Issue workshop is scheduled with the Executive Sponsor to review and provide mitigation strategies for the project.	Open
18/10/2017	7	20171018-04	Business Analysts to investigate clinical workflow to assist in turning off the CIS	Chloe Caldwell	03/11/17	25/10/17	25/10/17 BA has investigated and there is no change to workflow (process) users will log into another application i.e. clinical portal. Which is the preferred ACT Health access portal.	CLOSED
18/10/2017	7	20171018-05	IDIS Project team to acquire information on CIS	Jess Griffiths	03/11/17		25/10/17 Contact has been made with the SYSADMIN - Mark Woodward to enquire as to the number of users and whether the Siemens functionality can be reported upon.	Open

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							The technical team will meet with Calvary to explore CIS requirements and the effect turning this off for Calvary.	
18/10/2017	7	20171018-06	Understand technical information to put forward a data engagement paper to the ICT Executive	Jess Griffiths/Michelle [REDACTED]	03/11/17		25/10/17 ICT Committee Template populated, research and meetings set up with Calvary to explore the impacts of turning Calvary CIS access off.	Open
18/10/2017	8	20171018-07	Provide updated Agfa IPS to the members for feedback and endorsement	[REDACTED]	18/10/2017	22/10/17	New version 2.5	CLOSED
18/10/2017	8	20171018-08	Members to review and endorse Agfa IPS	All members	23/10/2017		Endorsed version 2.5	CLOSED
18/10/2017	9	20171018-09	Differentiate between risks and issues within the Agfa log with more information on how to manage and mitigate	[REDACTED]	27/10/2017			Open
18/10/2017	9	20171018-10	Ensure that Hakan Gultekin is included in all technical discussions for the Calvary perspective	Nick Crossley			25/10/17 The technical team will meet with Calvary	Open

Integrated Diagnostic Imaging Solution (IDIS) Project Control Working Group Agenda

10-11am, Friday 3rd November 2017

ACTH-TCH-B24-MR2(L1-20s)

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

Item #	Topic	Purpose	Name	Papers
1	Acknowledgement of Country		Chair	
2	Attendance and apologies	Note	Chair	
3	Minutes from previous meeting	Approve	Chair	✓
4	Open Action Items	Update	Chair	✓
5	Project Highlight Report	Update	██████ IDIS Project Director	✓
6	Risks & Issues Report	Tabled	██████ IDIS Project Director	✓
7	Presentation: IDIS Change and Communications	Update	Jess Griffiths & Jen Smith, Change and Training Stream	
8	Project Documentation	Update	██████ IDIS Project Director	
9	Agfa status update	Discuss	██████ Agfa Project Manager	✓
10	Other Business	Discuss	All	
11	Meeting Close		Chair	

Next Meeting: 9-10am, Wednesday 15 November 2017 - Meeting room ACTH-TCH-B24-MR2(L1-20s)

Attendance / Apologies

Name	Role		✓, Ap, or ✗
Mark Duggan	MD	Executive Sponsor, Manager, Medical Imaging - Chair	
Peter O'Halloran	POH	Chief Information Officer	Ap
Sandra Cook	SC	Director, Future Capability and Governance	
Dr Stuart Berry	DSB	Clinical Director, Medical Imaging, CHHS/CH	
Scott Barrett	SB	RIS-PACS Manager	
Dan McCormack	DM	ED Staff Specialist	
Sarah Norton	SN	Program Manager, UCPH Digital Solutions Program	
Kristina Carroll	KC	Program Manager, Shared Services	
Hakan Gultekin	HG	CH ICT Manager	
Hammam Hijazi	HH	Director of Medical Imaging - Calvary	
■■■■ ■■■■	■■■	Project Director, Integrated Diagnostic Imaging Solution (IDIS) Project	
Jessica Griffiths	JG	IDIS Project - Change and Training	
Jen Smith	JS	IDIS Project – Change Manager	
Chloe Caldwell	CC	IDIS Project– Business Analysis	
■■■■ ■■■■	■■■	Agfa Project Manager	
Secretariat			
Karen Norman	CC	IDIS Project - Project Coordinator	

Heland, Rebecca (Health)

From: [REDACTED] [REDACTED] (Health)
Sent: Wednesday, 1 November 2017 6:21 PM
To: IDIS; Duggan, Mark (Health); O'Halloran, Peter (Health); Berry, Stuart (Health); [REDACTED] [REDACTED] (Health); Barrett, Scott (Health); Hammam Hijazi (Calvary); Norton, Sarah (Health); Hakan Gultekin (Calvary); Smith, Jen (Health); Griffiths, Jessica (Health); McCormack, [REDACTED] (Health); Norman, Karen (Health); Caldwell, Chloe (Health); Carroll, Kristina; Cook, Sandra (Health); [REDACTED] [REDACTED] (Health); Crossley, Nick; ACTH-TCH-B24-MR2 (L1-20s); [REDACTED] [REDACTED] Player, Bridie (Health)
Subject: IDIS Project Control Work Group - Meeting 4 [SEC=UNCLASSIFIED]
Attachments: Combined_031117_IDISPCWG.pdf
Importance: High

Evening all,

Please find attached the combined papers for IDIS Project Control Working Group scheduled for this Friday 03/11 @ 10-11am Building 24 Room 2.

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

Integrated Diagnostic Imaging Solution (IDIS) Project Control Working Group Agenda

10-11am, Friday 3rd November 2017

ACTH-TCH-B24-MR2(L1-20s)

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Item #	Topic	Purpose	Name	Papers
1	Acknowledgement of Country		Chair	
2	Attendance and apologies	Note	Chair	
3	Minutes from previous meeting	Approve	Chair	✓
4	Open Action items	Update	Chair	✓
5	Project Highlight Report	Update	██████ IDIS Project Director	✓
6	Risks & Issues Report	Tabled	██████ IDIS Project Director	✓
7	Presentation: IDIS Change and Communications	Update	Jess Griffiths & Jen Smith, Change and Training Stream	
8	Project Documentation	Update	██████ IDIS Project Director	
9	Agfa status update	Discuss	██████ Agfa Project Manager	✓
10	Other Business	Discuss	All	
11	Meeting Close		Chair	

Next Meeting: 9-10am, Wednesday 15 November 2017 - Meeting room ACTH-TCH-B24-MR2(L1-20s)

Attendance / Apologies

Name	Role		✓, Ap, or *
Mark Duggan	MD	Executive Sponsor, Manager, Medical Imaging - Chair	
Peter O'Halloran	POH	Chief Information Officer	Ap
Sandra Cook	SC	Director, Future Capability and Governance	
Dr Stuart Berry	DSB	Clinical Director, Medical Imaging, CHHS/CH	
Scott Barrett	SB	RIS-PACS Manager	
Dan McCormack	DM	ED Staff Specialist	
Sarah Norton	SN	Program Manager, UCPH Digital Solutions Program	
Kristina Carroll	KC	Program Manager, Shared Services	
Hakan Gultekin	HG	CH ICT Manager	
Hammam Hijazi	HH	Director of Medical Imaging - Calvary	
Bridie Player	BP	Radiographer	
■■■■ ■■■■	■■	Project Director, Integrated Diagnostic Imaging Solution (IDIS) Project	
Jessica Griffiths	JG	IDIS Project - Change and Training	
Jen Smith	JS	IDIS Project – Change Manager	
Chloe Caldwell	CC	IDIS Project– Business Analysis	
■■■■ ■■■■	■■	Agfa Project Manager	
Secretariat			
Karen Norman	CC	IDIS Project - Project Coordinator	

Integrated Diagnostic Imaging Solution (IDIS) Project Control Working Group Minutes

12:00 PM – 1:00PM, Wednesday 18th October 2017

ACTH-TCH-Bldg23-Conf Room 1.02

1. Acknowledgement of Country

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

2. Attendance/Apologies

Name	Role		✓, Ap, or *
Co-Chair: Peter O'Halloran	POH	Senior Responsible Officer Chief Information Officer	AP
Co-Chair: Mark Duggan	MD	Executive Sponsor Manager, Medical Imaging	✓
Narelle Boyd	ND	Executive Director, Critical Care	AP
Dr Stuart Berry	DSB	Clinical Director, Medical Imaging, CHHS/CH	*
Scott Barrett	SB	RIS-PACS Manager	*
Sarah Norton	SN	Program Manager, UCPH Digital Solutions Program	✓
Kristina Carroll	KC	Program Manager, Shared Services	Ap
Hakan Gultekin	HG	CH ICT Manager	✓
Hammam Hijazi	HH	Director of Medical Imaging - Calvary	Ap
Kristine Linder	KL	Proxy - Deputy Director Medical Imaging(CT/Xray) - Calvary	✓
██████	██	Project Director, Integrated Diagnostic Imaging Solution (IDIS) Project	✓
Jessica Griffiths	JG	IDIS Project Stream Lead - Change and Training	Ap

Chloe Caldwell	CC	IDIS Project Stream Lead – Business Analysis	Ap
Sandra Cook	SC	Director, Future Capability and Governance – Digital Solutions Division	✓
Bridie Player	BP	Radiographer	✓
Jen Smith	JS	IDIS Change Manager	✓
██████	████	Agfa Project Manager	✓
Secretariat			
Karen Norman	KN	IDIS Project - Project Coordinator	✓

3. Minutes from previous meeting

The minutes were accepted unanimously as a true record of the previous meeting.

4. Open Action Items

20170920-02: Narelle Boyd is identified as a senior user and MD also invited Bridie Player was also invited to join the group as another senior user.

ACTION:	SN and SC to catch up with Narelle Boyd
ACTION:	Item closed

20171004-01&02: MS and AW are continuing to work on baselining the schedule and will report back at the next meeting.

ACTION:	Item to remain open for review at next group meeting
----------------	--

5. Project Highlight Report

MS gave a verbal report as The Project Highlight report is a work in progress s

- The project works on a two week sprint cycle to monitor tasks and issues. Sprint 1 was completed on 17 October with Sprint 2 covering the coming two weeks.
- Sprint 1 saw the completion of the set up of IDIS Governance, system admin training, infrastructure hardware installation, initiation of project proposal, data collection commencement for Agfa, and commencement of data migration and integration in conjunction with Siemens.
- Gaps in the IDIS Project team were identified and Karen Norman, Project Coordinator and Jen Smith, Change Manger were brought in to assist. ██████ Dojcinovski joined the team to assist with sprint setting and also BA duties. A Clinical Change Manager will also be joining the team in the next few weeks.
- Goals for this sprint are to baseline the schedule and budget at the next meeting, identify users who require training, completion of project milestone 1 and delivery of first prototyping session.

ACTION:	MS & KN work on completing the Highlight Report for the next meeting.
----------------	---

6. Risks & Issue Report

MS presented the Risks and Issues Log.

- The risk and issues log is currently being updated by KN.
- The group is required to assist with mitigating and resolving key risks and issues and the Program is working with the consultant partner on how to report on and support the project team day to day.
- The schedule is impacting a large number of risks and issues highlighting the urgency to baseline the schedule.
- As the log is so large (61 risks) MD asked that a meeting room with a monitor be sourced for the next meeting.
- MD stressed that conversations held within the group should go no further to avoid "corridor talk".

ACTION:	KN to book meeting room with a monitor
ACTION:	KN to update and review the risk and issues log

7. *Clinical Information Systems Interface*

MS presented JG's paper in her absence.

- The IDIS Project is seeking a decision from the group to turn off the Clinical Information System.
- SC could see no issue with doing so as the reading/viewing of medical imaging is available from multiple other platforms.
- KL confirmed that Calvary use CIS for pathology but this should not be an issue.
- Change management will be required to identify and assist staff who currently use CIS to view medical imaging.

ACTION:	Business Analysts to investigate the clinical workflow - CC
ACTION:	Project team to acquire information on CIS - MS
ACTION:	Understand technical information to put forward a data engagement paper to the ICT Executive – MS
ACTION:	JS and JG need to assess what change management needs to be developed in order to move from current to future state.

8. *Project Documentation*

a. *IDIS Change Management Plan*

MS presented the Change Management Plan which has been reviewed and endorsed by the Clinical User Group (formerly DIAB).

- The document has been updated to include more Calvary specific change management.
- This is a living document and can be updated and reviewed after being baselined.

DECISION:	Change Management Plan ENDORSED
------------------	--

b. *Agfa IPS*

MS present the document to the group which was presented to the Clinical User Group with the focus on two key sections which they have reviewed and endorsed.

- MS passed on their feedback around integration to AW and the document has been updated to reflect the changes.

- MD passed on feedback he had received from consultants that they were not included in the key stakeholders in the document.
- MD will provide a list to AW to update the table at the beginning of the document.
- SC noted that many of the dates within the document had passed and suggested that actual dates be removed in favour of length of time.

ACTION:	MD to provide a list of consultants to be included in the document to AW
ACTION:	MS to provide updated document to members by COB 18 October
ACTION:	All members to review and provide feedback or endorse the document by COB 23 October
DECISION:	If no reply received by COB 23 October the Agfa IPS will be considered endorsed

c. Governance Plan

MS presented the project Governance Plan.

- SN would like to include a section on contract management to reflect the new reporting stream being implemented between ACT Health and Agfa.

DECISION:	Governance Plan was endorsed subject to adding the contract management information to the document.
------------------	---

9. Agfa Update

AW presented an update.

- Staging has been installed and software loaded.
- Agfa are confident of achieving milestone 1 this sprint.
- Two application specialists have been preparing for workshops, established the prototyping environment on Agfa server, working with Siemens on migration analysis and Agfa AMT Migration tool has been set up.
- Initial analysis is complete.
- Clarification around the timescale was sought and barring any issues arising the migration will take 22 days with RIS being first and then PACS which is larger and therefore will take longer.
- Technical documentation is being completed this week re data migration analysis extracts, installation and super user training.
- SN – confirmed that the Development environment belongs to Agfa now.
- Awaiting confirmation from SS-ICT around network conceptual design and working with [REDACTED] [REDACTED] on integration of what and when.
- HG requested that attention is taken on how Calvary access RIS-PACS and to ensure that everything is not TCH specific.

ACTION:	AW to differentiate between risks and issues in the log and add more information on how decisions are being managed and the assistance required to mitigate and control
ACTION:	NC to ensure HG is involved during technical conversations

10. Other business

JS pointed out that the venue of the next meeting would be changed to Calvary Hospital.

11. Meeting Close

Meeting closed at 1:07pm

Next meeting 1 November: time and venue to be confirmed

DIGITAL SOLUTIONS DIVISION



Integrated Diagnostic Imaging Solution (IDIS) Project Control Working Group – Action and Decision Register

Decision no.	Decision By	Date decision made	Decision details	Communication required	Progress to	Progress/Comments	Outcome
1	IDIS PCWG	20/09/17	TORs are accepted and endorsed once the amendment are made as discussed	Endorsed	n/a		
2	IDIS PCWG	20/09/17	Agfa PM to attend the IDIS Project Control Working Group towards the end of meeting (last 15mins) to provide the status update, risks and issues.	To Agfa PM	n/a		
3	IDIS PCWG	18/10/17	IDIS Change Management Plan accepted and endorsed	Endorsed			
4	IDIS PCWG	18/10/17	If no reply received from members by COB 23 October then the Agfa IPS will be considered Endorsed				
5	IDIS PCWG	18/10/17	IDIS Governance Plan accepted and endorsed subject to amendments discussed	Endorsed			

Integrated Diagnostic Imaging Solution (IDIS) Project Control Working Group – Action and Decision Register

Date	Agenda Item	Action item number	Action	Action Owner	Target Completion date	Actual completion date	Progress/Comments	Action status
04/10/17	7	20171004-01	AW has some options that he can raise to potential reduce schedule. He will analysis these more closely and raise with the project.	████████	13/10/17			Open
04/10/17	7	20171004-02	Project will look at options to reduce timeframe as well as identify any impacts and ways to mitigate risks and impacts.	████████	13/10/17		Meeting held on the 10/10 with all project team Meeting held 13/10 to present to Executive sponsor and SRO. Project will present the schedule at the next PCWG 18/10 for baselining.	Open
18/10/2017	4	20171018-01	Discussion with Narelle Boyd around being a senior user representative	Jess Griffiths/Jen Smith	03/11/17		Change Managers have scheduled a meeting with Narelle and Sandra Cook 26/10/17	Open
18/10/2017	5	20171018-02	Complete and finalise Project Highlight Report for PCWG	████████ Karen Norman	27/10/17		Completed – need to update the time line when baselined	CLOSED
18/10/2017	6	20171018-03	Review and update the IDIS Risk and Issues log	Karen Norman	27/10/17		26/10/17 Risk and Issue workshop is scheduled with the Executive Sponsor to review and provide mitigation strategies for the project.	Open
18/10/2017	7	20171018-04	Business Analysts to investigate clinical workflow to assist in turning off the CIS	Chloe Caldwell	03/11/17	25/10/17	25/10/17 BA has investigated and there is no change to workflow (process) users will log into another application i.e. clinical portal. Which is the preferred ACT Health access portal.	CLOSED
18/10/2017	7	20171018-05	IDIS Project team to acquire information on CIS	Jess Griffiths	03/11/17		25/10/17 Contact has been made with the SYSADMIN - Mark Woodward to enquire as to the number of users and whether the Siemens functionality can be reported upon.	Open

DIGITAL SOLUTIONS DIVISION



							The technical team will meet with Calvary to explore CIS requirements and the effect turning this off for Calvary.	
18/10/2017	7	20171018-06	Understand technical information to put forward a data engagement paper to the ICT Executive	Jess Griffiths, [REDACTED]	03/11/17		25/10/17 ICT Committee Template populated, research and meetings set up with Calvary to explore the impacts of turning Calvary CIS access off.	Open
18/10/2017	8	20171018-07	Provide updated Agfa IPS to the members for feedback and endorsement	[REDACTED]	18/10/2017	22/10/17	New version 2.5	CLOSED
18/10/2017	8	20171018-08	Members to review and endorse Agfa IPS	All members	23/10/2017		Endorsed version 2.5	CLOSED
18/10/2017	9	20171018-09	Differentiate between risks and issues within the Agfa log with more information on how to manage and mitigate	[REDACTED]	27/10/2017			Open
18/10/2017	9	20171018-10	Ensure that Hakan Gultekin is included in all technical discussions for the Calvary perspective	Nick Crossley			25/10/17 The technical team will meet with Calvary	Open

Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Tuesday, 28 November 2017 11:18 AM
To: Crossley, Nick; [REDACTED]
 [REDACTED]
 [REDACTED]
Cc: Duggan, Mark (Health)
Subject: RE: Invitation to WebEx meeting: Siemens /Agfa Data Migration telecon [SEC=UNCLASSIFIED]

Hello all,

Can we please ensure that the focus remains on finding a resolution for this PACs image migration. I am expecting the statement of work for the PACs image migration today, so we can make an informed decision.

Thank you all in advance

[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: Thursday, 23 November 2017 7:08 PM
To: Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
Cc: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Subject: RE: Invitation to WebEx meeting: Siemens /Agfa Data Migration telecon [SEC=UNCLASSIFIED]
Importance: High

Hello all,

Thank you to all for meeting up to discuss the PACs migration between Siemens and AGFA.

A few actions items:

- 1) Siemens to provide the locations of current Siemens to AGFA migrations using the SDC tool, by *COB Friday 24/11 via [REDACTED] COMPLETED*
- 2) AGFA will then explore this activity and report back through [REDACTED] by *COB Tuesday 28/11.*
- 3) Performance testing of the SDC - [REDACTED] to investigate how this could be done, *COB Wednesday 29/11.*

Questions raised;

- 1) How can requests (By AGFA) to Siemens through the SDC, be met? What needs to be pulled and how? Ensuring quality is maintained?
- 2) How can we ensure that the production PACS will not be effected in any way?
- 3) How could we conduct a trial using the SDC proposed?

4) How much "faster" is the SDC, while still maintaining quality?

Can I please request that this is treated with urgency and that a resolution is found quickly? If needed we can reconvene next week?

As always happy to discuss.

Regards,

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

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

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-----Original Appointment-----

From: Crossley, Nick

Sent: Friday, 17 November 2017 11:28 AM

To: Crossley, Nick; ██████████

Subject: FW: Invitation to WebEx meeting: Siemens /Agfa Data Migration telecon

When: Thursday, 23 November 2017 6:00 PM-7:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: WebEx Online

Hi All

As discussed with both Siemens and Agfa stakeholders this week. This meeting is to assist ACT Health in determining the most appropriate data migration process.

I have include all parties that have been included in both telecons this week.

Regards

Nick Crossley

Project Manager MAIPM, CPPM | Shared Services ICT Health

Phone: +61 2 6207 8919 | Mob ██████████

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

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

-----Original Appointment-----

From: Nick Crossley via Cisco WebEx [<mailto:nick.crossley@act.gov.au>]

Sent: Friday, 17 November 2017 11:09 AM

To: Nick Crossley via Cisco WebEx

Subject: Invitation to WebEx meeting: Siemens /Agfa Data Migration telecon

When: Thursday, 23 November 2017 6:00 PM-7:00 PM Australia Eastern.

Where: WebEx Online

Hi Nick Crossley,

Nick Crossley is inviting you to this WebEx meeting:

Siemens /Agfa Data Migration telecon

Host: Nick Crossley

When it's time, join the meeting from here:

Join the meeting

When: Thursday, 23 November 2017, 6:00 pm (1 hr), Australia Eastern Daylight Time (Sydney, GMT+11:00).

Access Information

Meeting Number:

992 893 565

Password:

(This meeting does not require a password.)

Audio Connection

74720 (Internal (ACT Government))

02 62074720 (National)

+612 62074720 (International)

Access Code:

992 893 565

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Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Tuesday, 28 November 2017 12:44 PM
To: [REDACTED] (Health); Crossley, Nick; [REDACTED] (Health); [REDACTED] (Health)
Cc: [REDACTED] Duggan, Mark (Health)
Subject: New RIS Back-up

Hi All

We have created a new back-up of the RIS production database as requested.

This has been stored on the E:/extract_backup folder on your SQL server. This can be used to refresh you Test VM.

Please let me know how you go.

Best regards

[REDACTED]

[REDACTED]

Siemens Healthcare Pty Ltd (Australia)

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Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Friday, 24 November 2017 1:02 PM
To: Griffiths, Jessica (Health)
Cc: [REDACTED] (Health); [REDACTED] (Health)
Subject: RE: Copy of AHEI Data Collection ACT Part1_ACTH v9.7_CAL_OS COMBINEDFINAL_JG.xlsx [SEC=UNCLASSIFIED]

Thanks Jess!!

Is this the final copy that I can use for my data migration?

There are 4 different sheets with exam codes, ALL, CAL, TCH and NM, has the TCH, CAL and NM been merged to ALL, which ones should I be using?

Also, the NM codes are not yet mapped to the Siemens codes, any chance that can be done (I can look in the backend too, to check if I can match any).

Thanks,

[REDACTED]

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

From: Griffiths, Jessica (Health)
Sent: Friday, 24 November 2017 12:45 PM

To: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Subject: Copy of AHEI Data Collection ACT Part1_ACTH v9.7_CAL_OS COMBINEDFINAL_JG.xlsx

Hi All,

I have updated the resource group name to be proper case, fixed up inconsistencies for UMICMR and PET Injection. I have created an MBS number of 9999 for all non-billable exams e.g. coroner cases, research etc.

I am finalising the MBS list and will add a new tab to the data and send through shortly.

Thanks,

Jess

Jess Griffiths | RIS Admin Project Officer – Integrated Diagnostic Imaging Solution Project

Phone: (02) 61748730 | Email: Jessica.Griffiths@act.gov.au

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

Canberra Hospital, Garran ACT | PO Box 11, Woden ACT 2606 | act.gov.au

Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Monday, 20 November 2017 2:52 PM
To: [REDACTED] (Health); Crossley, Nick; [REDACTED] (Health); [REDACTED]
Subject: ACT Health Project - Migration Meeting 16/11/2017
Attachments: ACT Health Project - Migration M (as PDF).pdf

Kind Regards,

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

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



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Heland, Rebecca (Health)

From: [REDACTED]
Sent: Monday, 20 November 2017 2:41 PM
To: Griffiths, Jessica (Health)
Cc: [REDACTED]
Subject: Re: Base data collection
Attachments: AHEI Data Collection ACT Part1_ACTH v9.4_RESOURCE_GROUP_REVIEWED.xlsx

Hi Jess;

I reviewed the resource group spreadsheet and updated based on outcomes of current configuration. Can you please review and validate. Can you please also update the Resource tab to reflect the correct resource group.

Please call me if you have any questions,

Kind Regards,

[REDACTED]
 T +61 0457836549 | M + [REDACTED]

[REDACTED] Australia Pty Ltd. 15 Dalmore Drv, Scoresby VIC 3179 Australia
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<http://blog.agfahealthcare.com>

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From: "Griffiths, Jessica (Health)" <Jessica.Griffiths@act.gov.au>
 To: [REDACTED] (Health) <[REDACTED]@act.gov.au>
 Cc: [REDACTED]
 11/2017 11:45 AM
 Subject: Base data collection

Hi all,

Please see attached the most up to date data collection.

[REDACTED] can you please check the order types? I am happy to have a chat this afternoon.

Please note I have not touched the physicians table as I would like to discuss at tomorrows meeting.

██████████ please see the Exam Setup spreadsheet I have answered questions and fixed the base data.

Please let me know if you have any questions.

Thanks,
Jess

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

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-----[attachment "AHEI Data Collection ACT Part1_ACTH v9.4.xlsx" deleted by ██████████] [attachment "AHEI Data Collection ACT Part1_ACTH v9.4.xlsx" deleted by ██████████]

Heland, Rebecca (Health)

From: Norman, Karen (Health)
Sent: Friday, 17 November 2017 11:58 AM
To: [REDACTED] [REDACTED] (Health)
Subject: Migration Tool for PCWG [SEC=UNCLASSIFIED]
Attachments: Agenda Item 7c - Data Migration Tool.doc

Hi [REDACTED]

I have put your description into a paper for the group however can you elaborate a little on the background and what the implications are if we don't do it!!

Thanks

K

Karen Norman | Project Officer - UCPH Digital Solutions Program
Phone: 02 6174 8764 | Mobile: [REDACTED] | Email: karen.norman@act.gov.au
Future Capability & Governance | Digital Solutions Division | Health Directorate | ACT Government
Level 2, 2-6 Bowes Street, Phillip ACT 2606 | GPO Box 825, Canberra ACT 2601 | act.gov.au

Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Thursday, 16 November 2017 3:29 PM
To: [REDACTED] (Health)
Subject: FW: Oracle Dump to SQL Server [SEC=UNCLASSIFIED]

[REDACTED]



A DIMENSION DATA COMPANY

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From: [REDACTED] (Health) [mailto:[REDACTED]act.gov.au]
Sent: Friday, 10 November 2017 11:32 AM
To: [REDACTED] <[REDACTED]>
Subject: Oracle Dump to SQL Server [SEC=UNCLASSIFIED]

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

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

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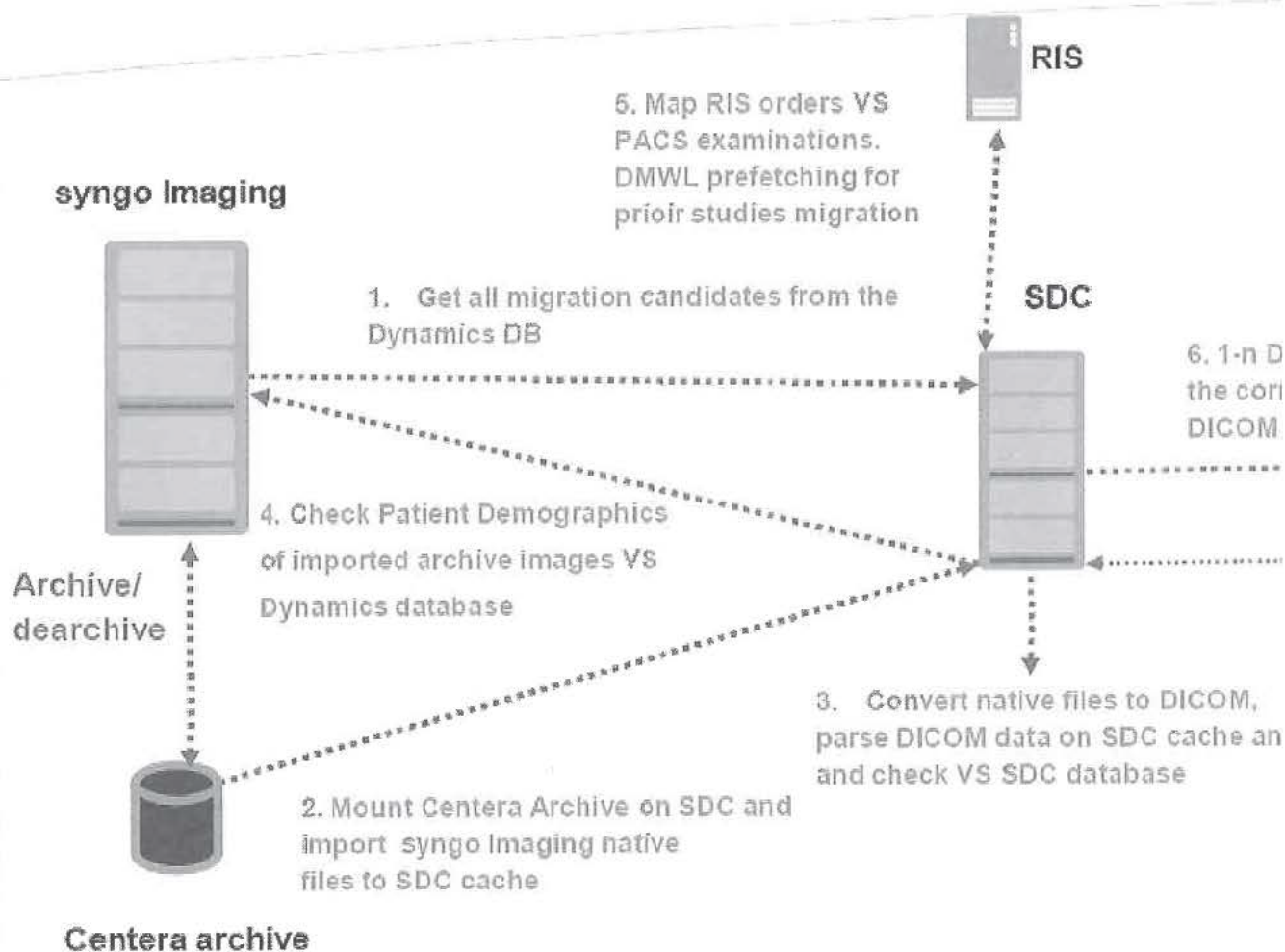
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Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Wednesday, 15 November 2017 6:32 PM
To: [REDACTED]
Cc: [REDACTED] (Health); [REDACTED] (Health)
Subject: Data Migration PACS images - Diagram [SEC=UNCLASSIFIED]

Importance: High

SDC data workflow for Canberra



Can we discuss this diagram?

Can we get the Belgium on the conference call tomorrow afternoon? The meeting that we have scheduled?

████████

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

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

Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Friday, 10 November 2017 7:42 PM
To: [REDACTED] (Health)
Cc: [REDACTED] (Health)
Subject: Re: Data migration blockers [SEC=UNCLASSIFIED]

Thank you!

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On Fri, Nov 10, 2017 at 3:17 PM +1100, "[REDACTED] (Health)" <[REDACTED]@act.gov.au> wrote:

Hi [REDACTED]

These are our major blockers for Data migration and cleansing:

Base data not yet finalised – The business processes will dictate what needs to be collected as part of the base data, I think it's up to Jess and AGFA to finalise the business processes and the data collection accordingly.

Unless the base data is finalised, data cannot be loaded into EI, the test extracts that I have been working on have passed AGFA's validation processes, but cannot be loaded into EI until the base data is finalised.

RIS Test Extract from Siemens has been long overdue, we don't have anything in writing to confirm the dates by when the test extracts will be provided. We have also asked for source to destination mappings with the test extracts, again no dates have been agreed on.

The very first test extract from Siemens was provided in early October, which was passed on to AGFA and a number of issues were identified in that extract. We have been asking for a cleaner and bigger extract since then, but have been pushed back as they were still waiting for the SOW to be finalised.

On the 1st of November the extract was agreed to be delivered the following week, but has now again been pushed to next week (reason: not enough resources).

Questions raised with Siemens regarding the data sources and data quality. The answers have not been of much help, for most of it the indication is to wait for the test extracts to figure out our own answers. We have gone back to them multiple times, the answers are still not satisfactory and to the point.

PACS dump file, 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.

Regards,

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Migration Strategy

Australia – ACT Health

HQ Professional Services
23/10/2017
Version 4.0



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1. Purpose and scope

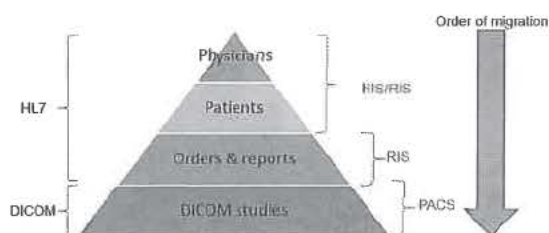
This document describes the strategy that will be used to migrate the patient, order and report data (HL7) and the imaging data (DICOM) from the different legacy source Siemens systems at ACT Health towards the new [REDACTED] Enterprise Imaging Solution (AHEI).

Scope

The scope of this migration strategy consists of the migration of 2 main datasets: the legacy HL7 data residing in the Siemens RIS system(s) and the legacy DICOM data hosted by the Siemens PACS system(s).

Data sources

Depending on the type of data to be migrated, data will need to be extracted from different systems and may need to be updated with queries from other systems...



When migrating data into Agfa systems, it is best to follow the above shown data hierarchy and migrate the data in that order.

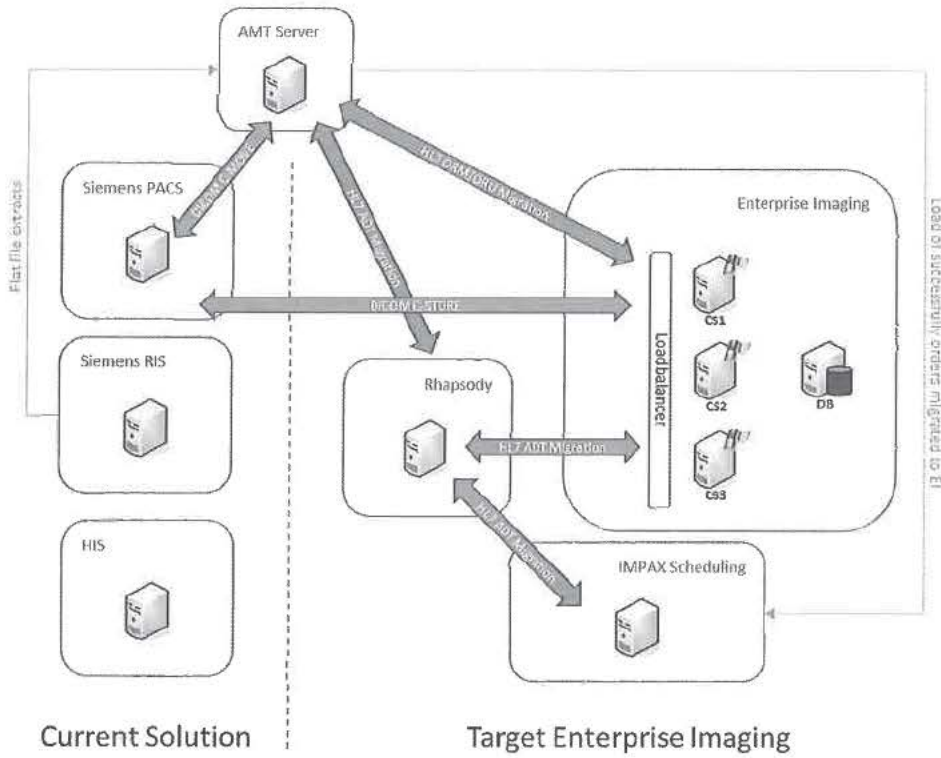
The table below provides estimates of the amount of data to be migrated per source system.

Source	Physicians	Patients	Orders	Reports	Scanned Documents	DICOM Studies
Siemens RIS	5.500	1.500.000	3.100.000	3.000.000	-	-
Siemens PACS	-	-	-	-	-	1.900.000

(Listed numbers are high level estimates)

Commented [PT(1)]: We will obtain current counts and update if necessary.

Solution overview



2. Data Migration strategies

This chapter gives a more in depth view on the different data migration strategies being put to use for this project. In the next chapter, the strategies being outlined here will be combined together in a plan.

HL7 Migration

The HL7 migration is performed by making use of the Agfa AMT Server.

Flat file exports for the legacy HL7 data are taken from the RIS system by Siemens and ACT Health and prepared by AGFA for bulk data migration into Enterprise Imaging and IMPAX Scheduling.

The flat file export format is defined in the following document: *HL7 Data Migration CSV Layout.pdf*
Agfa will import the exported flat file data into the Agfa AMT server's database and analyze for data consistency.

After analysis, AGFA will provide a report and exception lists to ACT Health for review.

Typical issues can be:

- Duplicate or empty PatientID (duplicate = same ID and different name)
- Duplicate or empty Accession numbers
- Duplicate or empty StudyUID

Commented [PT(2)]: This will occur. Can Agfa please include a suggestion for resolving this issue that maintains referential integrity throughout the migrated data.

AGFA will provide suggestions to fix above listed issues.

For example, but not limited to:

- Exclude bad data from migration scope
- Prefix accession numbers
- Suggest cleanup of data in source system

Commented [PT(3)]: This will occur – believed to be for migrated procedure information for Détente system. Can Agfa please include a suggestion for resolving this issue.

ACT Health shall agree with the suggestions or fix the data in the source system.

This process is an iterative process where the same exercise needs to be repeated as needed.

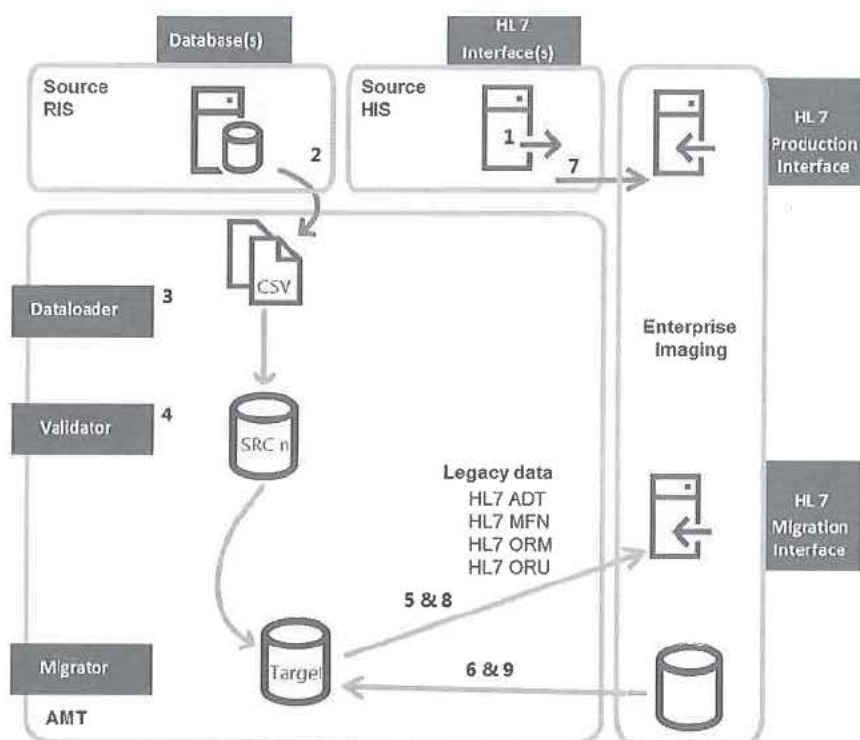
When the data is deemed correct, it is ready for migration. During the ADT migration, the AMT server will generate the needed HL7 ADT messages for the imported patient data and send them to the Enterprise Imaging and IMPAX Scheduling target systems. During the ORM/ORU migration, the AMT server will generate the HL7 message and send them to the Enterprise Imaging system only.

The Enterprise Imaging system will process these messages through its normal production interfaces and populate its database with the information.

Prerequisites

- The Siemens RIS is able to provide the data in the needed formats
- The bulk HL7 legacy data export and import procedures are defined and tested
- The HL7 ADT feed towards AGFA is configured and able to buffer the messages during the ADT migration

High level procedure



1. The ADT interface towards Enterprise Imaging starts buffering all ADT messages.
2. The full patient extract is created and the physician/order/report data up until the cut-off date/time is exported into flat files, which are placed on a file share on the AMT server.
3. The flat file data is imported into a 'temp' database on the AMT server.
4. The data is analyzed for consistency.
An analysis report is provided to the customer and an agreement is made on the migration scope.
This is typically done during testing phase, during actual production migration no surprises should occur.
5. The legacy patient data is migrated by generating ADT messages and transmitting them to the Enterprise Imaging system.

Commented [PT(4)]: There has been discussion about loading a full ACTPAS patient extract. Is this in addition to the patient ADT messages, and is it done first? If this is expected can it please be included in this plan.

6. The data migration is validated automatically by the migration tool by comparing the AMT database and Enterprise Imaging database after each message.
7. The buffered ADT messages are released.
8. The remaining legacy data is migrated by generating MFN/ORM/ORU messages and transmitting them to the Enterprise Imaging system.
9. The data migration is validated automatically by the migration tool by comparing the AMT database and Enterprise imaging data after each message.
10. Steps 8 and 9 are repeated multiple times using new extracts from the Siemens RIS system, bringing the cut-off data closer to the go-live with each iteration.

When these steps are performed successfully, the [REDACTED] systems will be running in sync with the production RIS/HIS system.

DICOM Push migration

The DICOM Push migration is performed by making use of the Agfa AMT Server.

Flat file exports for the legacy DICOM meta data are taken from the PACS system by ACT Health and prepared by AGFA for bulk data migration into Enterprise Imaging.

The flat file export format is defined in the following document: *DICOM Data Migration CSV Layout.docx*
Agfa will import the exported flat file data into the Agfa AMT server's database and analyze for data consistency.

After analysis, AGFA will provide a report and exception lists to ACT Health for review.

Typical issues can be:

- Duplicate or empty PatientID (duplicate = same ID and different name)
- Duplicate or empty Accession numbers
- Duplicate or empty StudyUID

AGFA will provide suggestions to fix above listed issues.

For example, but not limited to:

- Exclude bad data from migration scope
- Prefix accession numbers
- Suggest cleanup of data in source system

ACT Health shall agree with the suggestions or fix the data in the source system.

This process is an iterative process where the same exercise needs to be repeated as needed.

When the data is deemed correct, it is ready for migration. The AMT server will use C-MOVE requests the move of the DICOM data from the legacy PACS to the [REDACTED] Enterprise Imaging target system.

The Enterprise Imaging system will process these messages through the migration port (2360) to prevent unnecessary tasks creation by the configured Workflow Rules.

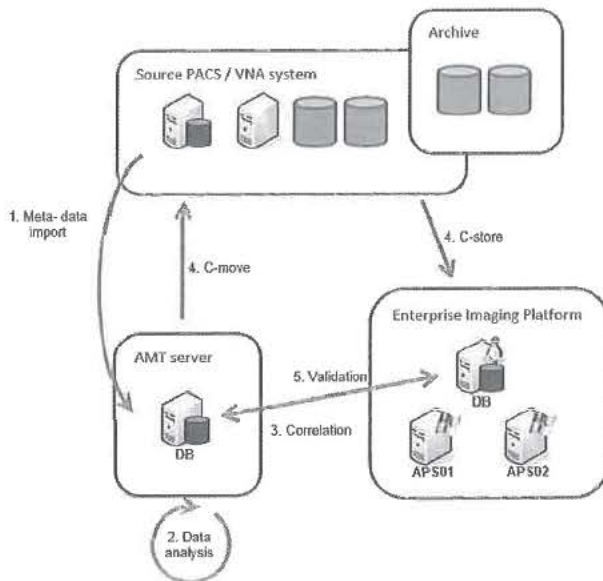
Commented [PT(5)]: As previously mentioned, both these will occur and we need a suggested solution.

Commented [PT(6)]: We will need the full technical requirements from Agfa for this connection so that ACT Health can work with Siemens and SSICT to set up and test it.

Prerequisites

- The HL7 data migration is completed successfully
- The Siemens PACS is able to provide the data in the needed formats
- Enterprise Imaging is configured and tested
- The bulk DICOM legacy data export and import procedures are defined and tested

High Level Procedure



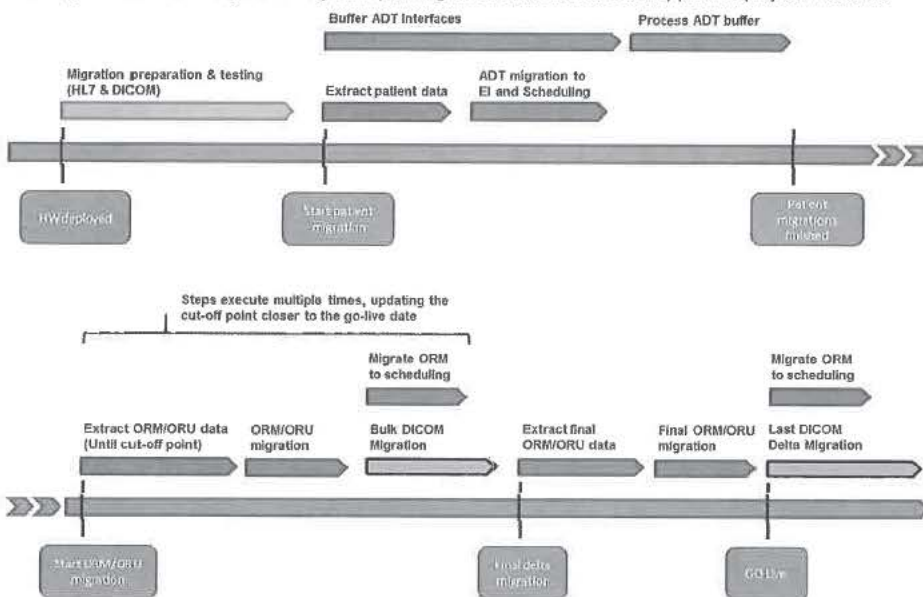
1. **Import** study level meta-data from source system using flat files in AMT database
2. **Analyze** meta-data for consistency.
Provide analysis report to customer and agree on migration scope
3. **Correlate** DICOM data and already migrated RIS data in EI
4. **Migrate** in scope data through DICOM C-move and C-store
5. **Validate** data migration by comparing AMT database and E.I. database.
Provide validation report.

3. Migration plan

The total migration project will consist of the following migration phases/milestones:

1. Migration preparation and testing phase for both HL7 and DICOM migrations
 - a. Test HL7 migration
 - b. Test DICOM migration
2. HL7 Patient (ADT) migration
3. HL7 order/report (ORM/ORU) + DICOM migrations
4. GO LIVE milestone
5. Final delta HL7 order/report (ORM/ORU) + DICOM migration

The diagram below shows a possible migration planning which can fit into the already planned project milestones.



1. Migration preparation and testing phase

During this phase, the HL7 and DICOM migrations are tested. Testing will occur in cooperation with the customer and/or 3rd party vendor.

Migration procedures are agreed upon and documented so that they can be reused for the real migrations in production:

- Data migration meeting is held with the customer and/or 3rd party vendor to ensure we talk about the same fields, decide on what is required and what is optional, etc.
- Small test files (small date range) are exported in the Agfa requested layout.
- Agfa treats the files to check the migration syntax. Usually it takes a couple of iterations before having a complete set of clear files.
- Once the files are technically OK, the customer can check the source and target (test) system to compare the data.
- The customer will sign off on the correctness of the data.

2. HL7 patient (ADT) migration

We need to migrate all patients towards Enterprise Imaging and IMPAX Scheduling.

To make sure we do not lose any data during the migration process, the HL7 ADT interface from the customers HIS towards the AGFA systems needs to be configured and tested before we start.

The following steps make up this phase:

- A full patient extract is created and the ADT interface starts to buffer all messages at the same time
- The AMT server is used to migrate all patient data to Enterprise Imaging and IMPAX Scheduling
- Once completed, the buffered ADT messages are released and process

From this point onwards, the Enterprise Imaging and IMPAX Scheduling systems are in sync with the patient data in the HIS system. The AGFA systems are considered live from this point.

3. HL7 order/report (ORM/ORU) migrations + DICOM migrations

Before this migration phase, an initial cut-off date for the created extracts will be decided on with the customer. Data until that date will need to be extracted from the Siemens RIS and Siemens PACS and will be imported in AMT for migration. All RIS and PACS data from before this cut-off date should stay static in the legacy systems.

For example, if we decide to extract all data until 31/12/2016, all the orders, report and images from before this date should not be changed in any way.

The following steps make up this phase:

- An extract is created from the Siemens RIS that includes all needed data until the cut-off date
- An extract is created from the Siemens PACS that includes all needed data until the cut-off date
- The AMT server is used to migrate all ORM/ORU data to Enterprise Imaging
- Once completed:
 - The AMT server is used to migrate all DICOM data to Enterprise Imaging for the studies associated with the migrated orders
 - All migrated orders are taken from the AMT server and transferred to IMPAX Scheduling

These steps will be repeated multiple times, each time bringing the cut-off date closer to the actual go-live date. A decision will need to be made with the customer what period of DICOM studies is required before the go-live. (For example, 2-year worth of images needs to be migrated before go-live)

Commented [PT(7)]: Can this be started/stopped as required? We would need to give the later DICOM images priority when we do each delta upload to bring the systems up-to-date.

Commented [PT(8)]: This decision was made some time ago. 24 months is the required outcome.

4. Go-live milestone

The new systems can be taken into production once the required period of studies have been migrated towards Enterprise Imaging and IMPAX Scheduling.

5. Final delta HL7 order/report (ORM/ORU) + DICOM migration

The Siemens RIS and Siemens PACS systems are considered static at this point. A final extract from these systems is created and imported in the AMT tools. Once the final HL7 is completed, the DICOM migration will be monitored until all studies have been migrated towards Enterprise Imaging.

