

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

Hi [REDACTED] and [REDACTED]

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

Kind Regards,

[REDACTED]
Siemens Healthcare Pty Ltd
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Tel: +61 (0) 2 9491 5009

Mobile: [REDACTED]

Email: [REDACTED]

Internet: www.healthcare.siemens.com.au



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

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

Hello [REDACTED] and [REDACTED]

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

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

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

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

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

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

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

Thank you kindly for your patience throughout this process!

Kind Regards,

[Redacted signature]

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From: [Redacted]
Sent: Thu, 7 December 2017 3:50 PM

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

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

Hello [Redacted]

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

[Large redacted block]

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

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

Kind Regards,

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

Sent: Thu, 7 December 2017 3:15 PM

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

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

Hi [REDACTED]

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

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

Example:

Requested Procedure

Accession number Study UID

Report

Accession number Report Body

[REDACTED] Patient: ** Result: Normal

[REDACTED] Patient: ** Result: Normal

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

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

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

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

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

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

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

Let me know if you need any further details.

Thanks,

[Redacted] | IDIS Data Migration Analyst - UCPH Digital Solutions Program
Mobile: [Redacted] Email: [Redacted]

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

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

Regards

[Redacted] | IDIS Delivery Manager - UCPH Digital Solutions Program
Phone: 02 6174 8768 | Mobile: [Redacted] | Email: [Redacted]
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Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

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

Hello [REDACTED]

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

Kind Regards,

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From: [REDACTED] (Health) [mailto:[REDACTED]]
Sent: Thu, 30 November 2017 11:03 AM
To: [REDACTED]
Cc: [REDACTED] (Health); [REDACTED] (Health); [REDACTED] Crossley, Nick;
 Nick [REDACTED]
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Thanks [REDACTED]

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

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

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

In the report file, it will be:

Modified: 1 [REDACTED]. UID 1 Report abc

[REDACTED] UID 2 Report abc

[REDACTED] UID 3 Report abc

Thanks

[REDACTED]

██████████ | IDIS Delivery Manager - UCPH Digital Solutions Program
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Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

From: ██████████ [mailto:██████████]
Sent: Thursday, 30 November 2017 12:51 AM
To: ██████████ (Health) <██████████>
Cc: ██████████ (Health) <██████████@act.gov.au>; ██████████ (Health) <██████████@act.gov.au>; ██████████ <██████████> Crossley, Nick <Nick.Crossley@act.gov.au>; ██████████ <██████████>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Hello ██████████

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

Please find below answer to ██████████ question
FillerOrderNumber mapped as acc_itn + ord_no + seq_no, is this the same combination used as FillerOrderNumber in PACS as well?
Answer: No it is not the case on PACS. Accession number is the ID used between RIS and PACS and therefore should match. The combination was created for the purpose of the RIS extracts as Agfa expects a FillerOrderNumber.

Kind Regards,
██████████
██████████

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From: ██████████ (Health) ██████████
Sent: Wed, 29 November 2017 2:17 PM
██████████ Crossley, Nick; Nick ██████████
██████████ (Health)
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Yes, that should be OK for now.

[REDACTED] | IDIS Delivery Manager - UCPH Digital Solutions Program
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Level 10, Building 1, TCH, Garran ACT | PO Box 11, Woden ACT 2606 | www.act.gov.au

From: [REDACTED] [mailto:[REDACTED]]
Sent: Wednesday, 29 November 2017 1:58 PM
To: [REDACTED] (Health) <[REDACTED]>
Cc: [REDACTED] (Health) <[REDACTED].A@act.gov.au>; [REDACTED] <[REDACTED]>
[REDACTED].com>; Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED] <[REDACTED]>
[REDACTED] (Health) <[REDACTED]@act.gov.au>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Thank you [REDACTED]

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

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

Kind Regards,

[REDACTED]

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

[REDACTED]

[REDACTED] has done some work in this space (see below for her explanation) as part of our own investigations of the issue. While we have been working with an older copy of the database until we install the most recent copy you

provided, if you restrict your extract to before July this year then what she has provided should allow you to match the rows and replace with her data.

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

Regards

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

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

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

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

.hi [REDACTED]

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

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

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

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

Regards,

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

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

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

Hello [REDACTED]

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

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

Kind Regards,

[REDACTED]

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

Sent: Tue, 28 November 2017 4:51 PM

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

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

Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

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

Original:

[REDACTED]

Becomes:

[REDACTED]

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

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

Regards

[REDACTED]

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

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

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Tuesday, 28 November 2017 8:28 AM
To: [REDACTED] (Health) <[REDACTED]> (Health)
 <[REDACTED]@act.gov.au>
Subject: RE: PACS Extract [SEC=UNCLASSIFIED]

Hello [REDACTED] and [REDACTED]

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

Kind Regards,

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

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Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Wednesday, 24 January 2018 10:15 AM
To: [REDACTED]
Cc: [REDACTED] (Health)
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Thanks [REDACTED] I will inform the business that the system does not track provider numbers for the performing doctor, author and the validator.

Thanks,
 [REDACTED]

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Wednesday, 24 January 2018 9:01 AM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: [REDACTED] (Health) <[REDACTED]>
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Hello [REDACTED]

Currently the logic is we are mapping the 6 digit code in the document_xref table maps to the rms_dr_no in the doctor_entity table. We grab the first entry we find on the doctor_entity table that matches the reading_dr code. This may or may not be a valid provider number (related to the ones with multiple entries) for the site but will definitely be the correct doctor who signed off the exam.

Hope this helps

Kind Regards,
 [REDACTED]

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From: [REDACTED]
Sent: Tue, 23 January 2018 1:10 PM
To: [REDACTED] (Health)
Cc: [REDACTED] (Health)
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Thank you [REDACTED] I forwarded your query and examples to the team. I will advise as soon as I hear from them.

Kind Regards,

[REDACTED]

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160 Herring Road
Macquarie Park NSW 2113

[REDACTED]

Internet: www.healthcare.siemens.com.au



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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Tue, 23 January 2018 11:23 AM
To: [REDACTED]
Cc: [REDACTED] (Health)
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Hi [REDACTED]

Thanks for the response, but unfortunately the statement below from your RIS team does not answer my question. So I am going to try and reframe my question with Examples

Accession number reading_dr Performing doctor

[REDACTED]

Data from doctor_entity for rms_dr_no = [REDACTED]
ent_dr_no hosp rms_dr_no dr_addr1 dr_addr2 dr_city dr_state dr_country dr_zip

[REDACTED]

[REDACTED] ALL [REDACTED] MED IMAGING - CANBERRA HOSPITAL 77 YAMBA DRIVE GARRAN ACT AUSTRALIA 2605

[REDACTED] X ALL [REDACTED] BRINDABELLA SPEC CTR IMAGING CNR PALMER & HINDMARSH DRIVE GARRAN ACT AUSTRALIA 2605

[REDACTED] X ALL [REDACTED] CANBERRA IMAGING MARY POTTER CIRCUIT BELCONNEN ACT AUSTRALIA 2617

[REDACTED] X ALL [REDACTED] CALVARY HOSPITAL HAYDON DRIVE BRUCE ACT AUSTRALIA 2617

The mapping suggests that the performing doctor has been mapped from the document_xref.reading_dr. Reading_dr is an internal 6 digit code, how has this been translated to a 20 char provider number. The same doctor indicated by the internal code has multiple provider numbers for the different clinics/organisations, as indicated by the data from doctor_entity. So I would like some clarification on how internal numbers have been translated to provider numbers.

I hope the above example clarifies my question. Let me know if you need any further details.

Thanks,

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

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

Sent: Tuesday, 23 January 2018 9:09 AM

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

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

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Hello [REDACTED]

The team has confirmed that the 6 digit code in the document_xref table maps to the rms_dr_no in the doctor_entity table.

Please let me know if this answers your question

Kind Regards,

[REDACTED]

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 Macquarie Park NSW 2113

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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Mon, 22 January 2018 12:34 PM
To: [REDACTED]
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Thanks [REDACTED]

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Monday, 22 January 2018 12:33 PM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: [REDACTED] (Health) <[REDACTED]>
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Hello [REDACTED]

I have forwarded you query to the RIS team and will let you know as soon as I hear back from them.

Kind Regards,

[REDACTED]
 Siemens Healthcare Pty Ltd
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 Macquarie Park NSW 2113

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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Mon, 22 January 2018 11:48 AM
To: [REDACTED]
Cc: [REDACTED] (Health)
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Hi [REDACTED]

Thanks for the extracts, mapping and gap analysis.

I have been working on cleansing and mapping the doctor's data in the RIS extracts and it was good to see the mapping for the requesting and the performing doctor in the mapping recently received. The performing doctor has been mapped to document_xRef.reading_dr. This field when checked in the database has been populated with internal doctor numbers, but the RIS extract has entity provider numbers for the same (work based on the 20 day sample, haven't looked at the 20% extracts yet).

Could you please confirm the mapping for this field as this is holding me back from finalising my work?

██████████ is going through a detailed analysis of the other mapping and gap analysis and will get back to you with any further comments, but in the meanwhile, if you could get a confirmation for the performing doctor mapping, it will be greatly appreciated.

Thanks,

██████████

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

From: ██████████ [mailto:██████████]

Sent: Saturday, 20 January 2018 1:29 PM

██████████

██████████

██████████ Crossley, Nick
<Nick.Crossley@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; ██████████ (Health)

<██████████>

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Hello ██████████

Just to let you know that the 20% extracts for the exam, patient, result and service are now available on siesdm2 server in the below location

Location: /data/mnt/syspart01/synco

```
siesdm2:/data/mnt/syspart01/synco #
siesdm2:/data/mnt/syspart01/synco #
siesdm2:/data/mnt/syspart01/synco #
siesdm2:/data/mnt/syspart01/synco #
siesdm2:/data/mnt/syspart01/synco #
siesdm2:/data/mnt/syspart01/synco #
siesdm2:/data/mnt/syspart01/synco # ls
ZSEG exam.dat idoc patient.dat result.dat scans service.dat
siesdm2:/data/mnt/syspart01/synco #
```

Please note that attachments, scans and z-seg documents are still being processed and won't complete till Monday or Tuesday. Also the attachment extract won't be available till all attachment documents are completed.

***Please do not touch the ZSEG, idoc and scans folders until advised as files are still being processed. I will advise when all files are available.

I have also attached a revised version of the mapping and Gap Analysis document.

Kind Regards,

██████████

Siemens Healthcare Pty Ltd
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Macquarie Park NSW 2113

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



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From: [REDACTED]

Sent: Fri, 19 January 2018 9:42 AM

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

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Hello [REDACTED]

I have not received confirmation about the share access yet but this only implicates the attachments. I will advise if we have any access issues.

As far as the extracts are concerned, we should be on track.

@ [REDACTED] and [REDACTED] - I had a look at the attachments we provided and it appears that then non-standard or Z-segments attachments are also part of the lot....Hint see filename. Can you please check and let me know if that works for you.

Kind Regards,

[REDACTED]

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

Sent: Fri, 19 January 2018 9:16 AM

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

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Good Morning Gents.

How are we tracking with RISPACS and other items previously discussed.

Many Thanks.

Warm Regards,
ablo

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

Sent: Wednesday, 17 January 2018 5:21 PM

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

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

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Hello [REDACTED]

As explained before, these systems are handled by different teams. RIS Team does not mingle in PACS affairs and vice versa.

If files are not needed in the provided share, then I would expect the RISPACS team to clear them out. Also there is a danger that the wrong files may be deleted and therefore we want to avoid this at all cost.

Can i please ask you to liaise with the RISPACS Team and have them clear the space or provide a more suitable share.

We need these details as soon as possible.

Kind Regards,

[REDACTED]

Siemens Healthcare Pty Ltd

160 Herring Road
Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile: [REDACTED]

Email: [REDACTED]

Internet: www.healthcare.siemens.com.au



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From: [REDACTED] (Health) [mailto:[REDACTED]]
Sent: Wed, 17 January 2018 4:34 PM
To: [REDACTED]
 [REDACTED] (Health); [REDACTED] (Health); Crossley, Nick;
 [REDACTED] (Health); Barrett, Scott (Health)
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

[REDACTED]

We received the following advice from the RISPACS team on the share space for the RIS extract (apart from the attachments – they still have to provide us with the drive location for that). If you clear any older extracts from the below directory they believe that there will be enough space.

The server location listed below should have the capacity for the RIS dump and it can then be moved to the portable HD. However, Siemens will need to delete the data in the folder from the previous PACS dump to make space.

Thanks

Scot

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

Hi Scott,

If this is for another db dump from Siemens PACS – same as before I would suggest. Siemens put it in this directory on the siesdm2 Linux server: and we copied to the USB HD:

/data/mnt/syspart01/

and we copied to the USB HD via Reporting workstation here.

Chris

Chris Pearce | PACS Administrator

Please check that you can access the share and let us know so we can organise something else if there is a problem.

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Wednesday, 17 January 2018 1:48 PM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] (Health) <[REDACTED]@act.gov.au>; Crossley, Nick <Nick.Crossley@act.gov.au>
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Hello [REDACTED]

Just to let you know that the PACS 20% delivery is now available. I have also attached a mapping document for the PACS to assist your team

Data is located on : SIEOPM1\d\$\backups\PACSExtract

Please have your team analyse the files and advise of any issues.

The RIS 20% delivery will be available later this week...most likely by the 20th.

Please note that without the share we cannot complete the 20% delivery due to the sheer amount of data, Can you please advise on the status of the share?

Kind Regards,

[REDACTED]

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Internet: www.healthcare.siemens.com.au



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From: [REDACTED] (Health) [mailto:[REDACTED]@act.gov.au]
Sent: Mon, 15 January 2018 3:24 PM

[REDACTED]

(Health)

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Hi [redacted]

Thanks for the update.

Speak soon.

Warm Regards,

[redacted]

From: [redacted] [mailto:[redacted]]

Sent: Monday, 15 January 2018 3:20 PM

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

Cc: [redacted] <[redacted]> [redacted] (Health)

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

<[redacted]@act.gov.au>

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Hello [redacted]

Thank you for the update!

From our side, we are still on track to provide the data by end of week. As discussed, I am hoping that some data will be made available by the 19th and the bulk of data to be delivered by the 20th.

I will keep you posted throughout the week about any changes.

Kind Regards,

[redacted]

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Email: [redacted]

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

Sent: Mon, 15 January 2018 2:44 PM

To: [redacted]

Cc: [redacted] (Health); [redacted] (Health); [redacted] (Health)
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Good Morning Gents,

Hope you have had a nice weekend and welcome back [redacted]

Are we still on track for the 19th January?

Also, have an answer for you regarding shared location, we do have an external drive, and do have space availability and we will coordinate with you on exact location soon. Either [redacted] or I will get back to you on location path.

Many Thanks.

Warm Regards,

[redacted]

From: [redacted] [mailto:[redacted]]
Sent: Thursday, 11 January 2018 2:19 PM
o: [redacted] (Health) <[redacted]@act.gov.au>
Cc: [redacted] (Health) <[redacted]@act.gov.au>; [redacted] (Health) <[redacted]@act.gov.au>; [redacted] <[redacted]@act.gov.au>
Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Hello [redacted]

The most important delivery is the 20% by end of next week. Both [redacted] and [redacted] are happy with the current extracts. Therefore as we stand, I believe we are on track to meet the 20% delivery by the 20th Jan.

Please note that if further changes are required, this could potentially delay the delivery date.

I have provided feedback to my team in regards to the Gap Analysis document and I am hoping to have an updated version for you next week.

On the other hand, Can I please ask you for an ETA about the share location necessary for the 20% delivery? We do not want to use local resources as this could have a negative impact on the current operational systems.

Kind Regards,

[redacted]

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

Sent: Thu, 11 January 2018 1:36 PM

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18 [SEC=UNOFFICIAL]

Importance: High

Hi [REDACTED]

Hope you are going well mate. How are we tracking for next week deliverables?

Warm Regards,

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

Sent: Wednesday, 10 January 2018 3:04 PM

To: [REDACTED] (Health)

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

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

<[REDACTED]@act.gov.au>; El Biad, [REDACTED] <[REDACTED]>

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

Subject: RE: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 10/01/18

Hi All

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

MEETING NOTES:

1. RIS/PACS Test Extract

a. ME 10/01 - New RIS extracts, RIS PDF attachments, RIS scans delivered by Siemens on 09/01/18

b. **ACTION** -- Siemens to get clarification on all topics and confirm date revised extracts will be delivered.
Target -- 15th December

- i. GM 15/12 -- Clarifications are in progress between [REDACTED]. We will deliver updated extracts no later than Wednesday 20th December.
- ii. PR 15/12 -- thank you. Due to Christmas holiday, we will need to have extracts the earliest the possible by Monday 18th. As we officially shut down on Thursday, and [REDACTED] will need time to analyse, transform, digest the information and forward to AGFA and loaded on Dev by the 22nd Dec 2017.
- iii. GM 20/12 -- New extracts have been provided for both RIS and PACS on Monday 18th December
- iv. 20/12 -- Canberra team confirmed most data loaded well into the Agfa system. Canberra would like to better understand why something may not be in RIS but in PACS. [REDACTED] confirmed very difficult for [REDACTED] to explain this and Canberra should leverage knowledge of their System Administrator whom are responsible for data in and out of RIS/PACS since go-live. ACT Health to discuss variations with RIS/PACS Administrators.

- c. **ACTION** – Siemens to confirm delivery date of mapping documentation as per SoW. **Target – 15th December**
- i. GM 15/12 – Mapping document to be delivered by Wednesday 20th December.
 - ii. PR 15/12 – Excellent!
 - iii. GM 18/12 – Delivered Monday 18th December
 - iv. PR 15/12 – Excellent
 - v. PR 19/12 – Thanks for the extracts and mappings for RIS (apologies). Thank you and we look forward in seeing the csv files. Yes, everything is looking 'ok' so far, but with regards to the gap analysis it reads very light in content. Can Siemens provide us with more information on the database, quite a bit that's missing?
 - vi. GM 19/12 – Can you provide some examples of what you think is missing? I am not familiar with the front end so wondering if you could provide examples of other fields that are not being migrated to the Agfa system that may be of use? As this is a subjective exercise of what is clinically important, if you have some examples from your side that will help.
 - vii. GM 20/12 – [REDACTED] sent through feedback for Mapping File and Gap Analysis. I will feedback and request updated copies of both documents. Timing of these documents dependant on prioritisation against other deliverables.
 - viii. 20/12 – Canberra team confirm this is priority #2, and asked us to target for delivery on 8th Jan. [REDACTED] confirmed a good source of information for the gap analysis is the original document he put together at the outset of the project. [REDACTED] highlighted that leveraging the System Administrators knowledge of the front-end would be a valuable source of information for any clinically relevant data.
 - ix. ME 10/01 – Gap Analysis, DB Fields and Data Retention tool documents delivered on 10/01/2018
 - x. TP 10/01 – [REDACTED] advised that GAP Analysis DB Fields file can be used as both mapping and Gap analysis document. Require and extra Mapping column highlighting fields mapped to Agfa. PB and SS to provide further feedback.
 - xi. TP/SS 10/01 – [REDACTED] and [REDACTED] are happy with latest extracts and are confident with upcoming 20% test data upload. Do not envisage any changes to latest extracts. Advised not to include period of 01-01-2013 to 20-01-2013 in 20% delivery to avoid duplication
 - xii. ME 10/01 – Advised that we will need confirmation ASAP about extracts to get ball rolling for the 20% delivery. Advised that delivery will happen on 20/01 if no changes are required.
 - xiii. TP 10/01 – [REDACTED] advised to send deliverables as part of the 20% that are ready prior to 20/01/18
 - xiv. ME 10/01 – Advised that I will bring this up with the team but cannot promise any deliveries before 20/01/18

2. Duplicate Accession Number Issue

- a. Siemens delivered new RIS extracts containing changes to the Accession Number on the Result file on 9th January 2018
- b. [REDACTED] provided feedback on the 10/01/18 advising that change to Accession number works
- c. **ACTION** - Siemens to verify position on modifying Accession Numbers to make unique for subsequent extracts by 15th December.
 - i. GM 15/12 – Our data migration team are uncomfortable with changing the accession number. Reason being is that this is the unique number that links to the report. This number is created by the RIS and is then sent on to downstream systems (i.e. PACS, HIS) and is referred to on Radiology Report that may be with a patient. I want to find a solution for you here. Could we have a technical discussion with Agfa to try and find a path forward?

- ii. PR 15/12 – We understand why Siemens would be uncomfortable, unfortunately, this is the only approach we have in having Siemens modify accession numbers we have and we have discussed this with AGFA. The modified accession number and approach to deal with related image migration, has been discussed previously with AGFA. They are aware of the work involved. Thank You.
- iii. PB 19/12 - Also, as for the Accession numbers, with the 'script' and time/material for Siemens to make those changes, can we explore how much effort will your technical resource be able to commit as an option to make those changes? [REDACTED] and [REDACTED] will get back to you. As for the attachments, how much of a push back are we seeing, in days, weeks?
- iv. GM 19/12 – As mentioned below, I may not know until the 2nd January. I would however expect days, not weeks. I just need to understand how to prioritise the tasks, whether this tasks precedent over the Part 2 Test migration scheduled for 12th Jan.
- v. GM – 20/12 – Overnight our Data Migration resource confirmed approximately 3 additional days effort to do this change and also indicated up to 2 weeks delay in delivery of remaining items in SoW. Canberra to prioritise which tasks our Data Migration resource should focus on from 2nd January.
- vi. 20/12 – Canberra confirmed that this change is priority #3 and asked us to deliver this with the 20% test data extract requested by 19th January. Siemens confirmed this timing is fine.
- vii. ME – Closed

3. PACS Test System

- a. [REDACTED] confirmed that to create a Test PACS system, we require a VM with an oracle license. Then the back-up could be important into the VM.
- b. **ACTION** – Siemens to provide a quote to create a Test PACS VM including Professional Services and an Oracle license. Target – Wednesday 20th December
 - i. GM 20/12 – Siemens has supplied the CSV DB export of key tables from DB as interim measure. Siemens unable to provide a quotation for an oracle license for a test server. As Imaging PACS is a legacy system, Siemens no longer have an arrangement in place with Oracle we can leverage for short term use license.
 - ii. 20/12 - All agreed to park this for now and use the CSV method for PACS DB. [REDACTED] confirmed we can supply refreshed CSV's for the 5 PACS tables upon request in place of the PACS back-ups mentioned in the SoW.
- c. **ACTION** – [REDACTED] to confirm a storage location to store the attachments. Target – Wednesday 20th December
 - i. PR 15/12 – Target is for 2nd of January 2018 as the samples will be delivered by the 3rd of January 2018.
 - ii. ME 09/01 – Requested details of the share. Advised that this will be required for the 20% and final deliveries. Advised we need this ASAP
 - iii. NC 10/01 – [REDACTED] working on this

- d. ██████ requested in interim, whether an export of the tables used in the PACS migrations was possible to a CSV.
- e. **ACTION** – ██████ to confirm whether CSV exports of tables used in PACS extract is possible by 15th December.
- i. GM 15/12 – This is possible but quite a bit of work involved from our side to make happen. There would also be a limitation with Excel when opening the CSV due to size of the tables so you won't be able to work with it in Excel. The best and fastest option is to go with the oracle option. From my understanding of oracle licensing, you can install oracle and start work whilst the purchase happens in the background to move forward. Has ACT health got any arrangement in place with Oracle directly?
 - ii. PR 15/12 – ACT Health does not have an Oracle agreements in place, the csv is going to be loaded into sql server, excel will not be used to analyse, so therefore size is not an issue.
 - iii. GM 20/12 – CSV extracts provided 19/11/17.
 - iv. 20/12 – ██████ to finish loading CSV files. All looks OK so far and good solution.
- f. **ACTION** – ██████ to confirm whether CSV exports of tables used in PACS extract is possible by 15th December.
- g. ME 10/01 - Closed

4. RIS Extract Part 2 - Attachments

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

viii. ME 09/01 – Siemens delivered attachment files on the 09/01/18.

ix. PB/SS 10/01 - [REDACTED] and [REDACTED] are happy with the delivered attachments. Non-Standard PDFs are not in scope for 20% delivery but want to know when will the work start and when can they expect delivery.

5. New Test Extract request

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

I. GM 20/12 – Needs to be prioritised against the accession number change on 2) above.

II. GM 20/12 – Priority # 3, will be delivered by 19th January. Part A is priority only for 19th January. This deliverable has been prioritised over the Part B – Attachments Test Extract due for 12th January in the SoW.

d. ACTION - Siemens to confirm new timing for delivery of the Part B – Attachments Test Extract by 8th January 2018.

e. ME 10/01 - Closed

6. SDC trial

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

7. leave

- a. [REDACTED] – back on 15th Jan

8. Next meeting

- a. Wed 17th Jan

Kind Regards,

[REDACTED]

Siemens Healthcare Pty Ltd
160 Herring Road
Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile: [REDACTED]

Internet: www.healthcare.siemens.com.au



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From: [REDACTED]
Sent: Wed, 20 December 2017 3:05 PM
To: [REDACTED] (Health); Crossley, Nick; [REDACTED]
Cc: Duggan, Mark (Health); [REDACTED]
Subject: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 20/12/17

Hi All

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

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

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

As always, please let me know if any corrections.

MEETING NOTES:

1. RIS/PACS Test Extract

- a. New extract sent by Siemens 8th December

- b. [REDACTED] sent feedback 13th December
- c. [REDACTED] stepped through the questions relating to the RIS extract in her feedback
- d. [REDACTED] stepped through the questions relating to the PACS extract in her feedback
- e. **ACTION** – [REDACTED] to send sample data for the topics discussed in c) and d) above by COB 13th December.
Complete
- f. **ACTION** – Siemens to get clarification on all topics and confirm date revised extracts will be delivered.
Target – 15th December
 - i. GM 15/12 – Clarifications are *in progress between* [REDACTED] We will deliver updated extracts no later than Wednesday 20th December.
 - ii. PR 15/12 – thank you. Due to Christmas holiday, we will need to have extracts the earliest the possible by Monday 18th. As we officially shut down on Thursday, and [REDACTED] will need time to analyse, transform, digest the information and forward to AGFA and loaded on Dev by the 22nd Dec 2017.
 - iii. GM 20/12 – New extracts have been provided for both RIS and PACS on Monday 18th December
 - iv. 20/12 – Canberra team confirmed most data loaded well into the Agfa system. Canberra would like to better understand why something may not be in RIS but in PACS. [REDACTED] confirmed very difficult for Siemens to explain this and Canberra should leverage knowledge of their System Administrator whom are responsible for data in and out of RIS/PACS since go-live. ACT Health to discuss variations with RIS/PACS Administrators.
- g. **ACTION** – Siemens to confirm delivery date of mapping documentation as per SoW. Target – 15th December
 - i. GM 15/12 – Mapping document to be delivered by Wednesday 20th December.
 - ii. PR 15/12 – Excellent!
 - iii. GM 18/12 – Delivered Monday 18th December
 - iv. PR 15/12 – Excellent
 - v. PR 19/12 – Thanks for the extracts and mappings for RIS (apologies). Thank you and we look forward in seeing the csv files. Yes, everything is looking 'ok' so far, but with regards to the gap analysis it reads very light in content. Can Siemens provide us with more information on the database, quite a bit that's missing?
 - vi. GM 19/12 – Can you provide some examples of what you think is missing? I am not familiar with the front end so wondering if you could provide examples of other fields that are not being migrated to the Agfa system that may be of use? As this is a subjective exercise of what is clinically important, if you have some examples from your side that will help.
 - vii. GM 20/12 – [REDACTED] sent through feedback for Mapping File and Gap Analysis. I will feedback and request updated copies of both documents. Timing of these documents dependant on prioritisation against other deliverables.
 - viii. 20/12 – Canberra team confirm this is priority #2, and asked us to target for delivery on 8th Jan. [REDACTED] confirmed a good source of information for the gap analysis is the original document he put together at the outset of the project. [REDACTED] highlighted that leveraging the System Administrators knowledge of the front-end would be a valuable source of information for any clinically relevant data.

2. Duplicate Accession Number Issue

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

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

- i. GM 15/12 – Our data migration team are uncomfortable with changing the accession number. Reason being is that this is the unique number that links to the report. This number is created by the RIS and is then sent on to downstream systems (i.e. PACS, HIS) and is referred to on Radiology Report that may be with a patient. I want to find a solution for you here. Could we have a technical discussion with Agfa to try and find a path forward?
- ii. PR 15/12 – We understand why Siemens would be uncomfortable, unfortunately, this is the only approach we have in having Siemens modify accession numbers we have and we have discussed this with AGFA. The modified accession number and approach to deal with related image migration, has been discussed previously with AGFA. They are aware of the work involved. Thank You.
- iii. PB 19/12 - Also, as for the Accession numbers, with the 'script' and time/material for Siemens to make those changes, can we explore how much effort will your technical resource be able to commit as an option to make those changes? [REDACTED] and [REDACTED] will get back to you. As for the attachments, how much of a push back are we seeing, in days, weeks?
- iv. GM 19/12 – As mentioned below, I may not know until the 2nd January. I would however expect days, not weeks. I just need to understand how to prioritise the tasks, whether this tasks precedent over the Part 2 Test migration scheduled for 12th Jan.
- v. GM – 20/12 – Overnight our Data Migration resource confirmed approximately 3 additional days effort to do this change and also indicated up to 2 weeks delay in delivery of remaining items in SoW. Canberra to prioritise which tasks our Data Migration resource should focus on from 2nd January.
- vi. 20/12 – Canberra confirmed that this change is priority #3 and asked us to deliver this with the 20% test data extract requested by 19th January. Siemens confirmed this timing is fine.

3. PACS Test System

- a. [REDACTED] confirmed that to create a Test PACS system, we require a VM with an oracle license. Then the back-up could be important into the VM.
- b. **ACTION** – Siemens to provide a quote to create a Test PACS VM including Professional Services and an Oracle license. **Target – Wednesday 20th December**
 - i. GM 20/12 – Siemens has supplied the CSV DB export of key tables from DB as interim measure. Siemens unable to provide a quotation for an oracle license for a test server. As Imaging PACS is a legacy system, Siemens no longer have an arrangement in place with Oracle we can leverage for short term use license.
 - ii. 20/12 - All agreed to park this for now and use the CSV method for PACS DB. [REDACTED] confirmed we can supply refreshed CSV's for the 5 PACS tables upon request in place of the PACS back-ups mentioned in the SoW.
- c. **ACTION** – [REDACTED] to confirm a storage location to store the attachments. **Target – Wednesday 20th December**

- i. PR 15/12 – Target is for 2nd of January 2018 as the samples will be delivered by the 3rd of January 2018.
- d. █████ requested in interim, whether an export of the tables used in the PACS migrations was possible to a CSV.
- e. ACTION – █████ to confirm whether CSV exports of tables used in PACS extract is possible by 15th December.
 - i. GM 15/12 – This is possible but quite a bit of work involved from our side to make happen. There would also be a limitation with Excel when opening the CSV due to size of the tables so you won't be able to work with it in Excel. The best and fastest option is to go with the oracle option. From my understanding of oracle licensing, you can install oracle and start work whilst the purchase happens in the background to move forward. Has ACT health got any arrangement in place with Oracle directly?
 - ii. PR 15/12 – ACT Health does not have an Oracle agreements in place, the csv is going to be loaded into sql server, excel will not be used to analyse, so therefore size is not an issue.
 - iii. GM 20/12 – CSV extracts provided 19/11/17.
 - iv. 20/12 – █████ to finish loading CSV files. All looks OK so far and good solution.

4. RIS Extract Part 2 - Attachments

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

5. New Test Extract request

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

6. SDC trial

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

7. Xmas period leave

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

8. Next meeting

- a. Wed 10th Jan

Best regards

[REDACTED]

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

Sent: Friday, 15 December 2017 12:20 PM

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

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

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

Hi [REDACTED]

Thank you for your quick response!

I have highlighted my question in **red**.

Warm Regards,
 [REDACTED]

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

Hi All

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

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

1. RIS/PACS Test Extract

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

Duplicate Accession Number Issue

- g. [REDACTED] updated team on [REDACTED] questions from last meeting regarding transformation of accession numbers ID to make unique
- h. [REDACTED] highlighted data transformations are out of scope as per the SoW
- i. **ACTION** - Siemens to verify position on modifying Accession Numbers to make unique for subsequent extracts by 15th December.

i. GM – Our data migration team are uncomfortable with changing the accession number. Reason being is that this is the unique number that links to the report. This number is created by the RIS and is then sent on to downstream systems (i.e. PACS, HIS) and is referred to on Radiology Report that may be with a patient. I want to find a solution for you here. Could we have a technical discussion with Agfa to try and find a path forward?

PR – We understand why Siemens would be uncomfortable, unfortunately, this is the only approach we have in having Siemens modify accession numbers we have and we have discussed this with AGFA. The modified accession number and approach to deal with related image migration, has been discussed previously with AGFA. They are aware of the work involved. Thank You.

[REDACTED] to escalate to [REDACTED] if Siemens unable to make this modification as per SoW)

2. PACS Test System

- a. [REDACTED] confirmed that to create a Test PACS system, we require a VM with an oracle license. Then the back-up could be important into the VM.
 - b. **ACTION** – Siemens to provide a quote to create a Test PACS VM including Professional Services and an Oracle license. **Target – Wednesday 20th December**
 - c. **ACTION** – [REDACTED] to confirm a storage location to store the attachments. **Target – Wednesday 20th December**
- PR – Target is for 2nd of January 2018 as the samples will be delivered by the 3rd of January 2018.
- d. [REDACTED] requested in interim, whether an export of the tables used in the PACS migrations was possible to a CSV.
 - e. **ACTION** [REDACTED] to confirm whether CSV exports of tables used in PACS extract is possible by 15th December.

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

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

3. RIS Extract Part 2 - Attachments

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

4. New Test Extract request

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

Best regards

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

Sent: Wednesday, 13 December 2017 4:11 PM

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

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

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

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

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

Have a lovely day mate.

Warm Regards,

From: [REDACTED] [mailto:[REDACTED]]
 Sent: Wednesday, 13 December 2017 4:05 PM
 To: Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED] <[REDACTED]>
 [REDACTED] (Health) <[REDACTED]@act.gov.au>; [REDACTED] (Health) <[REDACTED]>
 [REDACTED] <[REDACTED]> [REDACTED] (Health)
 <[REDACTED]@act.gov.au>
 Cc: [REDACTED] (Health) <[REDACTED]@act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
 Subject: NOTES: Siemens Telecon - RIS Data Analysis - Canberra Hospital - 13/12/17

Hi All

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

1. RIS/PACS Test Extract

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

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

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

2. Duplicate Accession Number Issue

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

[REDACTED] to escalate to [REDACTED] if Siemens unable to make this modification as per SoW)

3. PACS Test System

- h. [REDACTED] confirmed an export of oracle DB to single file is possible. For this to occur the production database would need to be taken down.
- i. [REDACTED] confirmed that to create a Test PACS system, we require a VM with an oracle license. Then the back-up could be important into the VM.
- j. **ACTION** – Siemens to provide a quote to create a Test PACS VM including Professional Services and an Oracle license. Target – **Wednesday 20th December**

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

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

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

4. RIS Extract Part 2 - Attachments

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

5. New Test Extract request

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

Best regards

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

Hi [REDACTED]

Please find attached my notes from the meeting on Wednesday.

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

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

Transition-Out Activities and Documents Not In-Scope

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

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

Meeting Minutes – 6th December 2017

Attendees: [REDACTED]

1. [REDACTED] will cover [REDACTED] whilst on leave so all correspondence to include both [REDACTED] and [REDACTED]
2. RIS/PACS Test Extract
 - a. [REDACTED] updated team on progress since last week
 - i. Test extract triaged by [REDACTED] Friday last week
 - ii. Errors found in both RIS and PACS extracts
 - iii. Received new PACS extract Monday, further issues found
 - iv. Received new RIS extract Tuesday, further issues found
 - v. Expect new extracts Thursday, if all OK can send through Friday (earliest)
 - b. Team discussed accuracy of extracts being an issue, and [REDACTED] seeing firsthand what [REDACTED] was facing with earlier extracts
 - c. eg. [REDACTED] confirmed this is the most time consuming task of the process. Once test extract in place and accurate, further extracts will be easy to generate
 - d. Team acknowledged we need to ensure the extract is correct from the source, as opposed to modifying the extracts themselves to meet timelines.
 - e. [REDACTED] confirmed timeline of 12th Dec on track
 - f. [REDACTED] confirmed date of 12th Dec in SoW should have indicated a completion of the test migration as opposed to delivery of test extract
3. Duplicate Accession Number Issue
 - g. [REDACTED] asked whether Siemens can modify extract make accession numbers unique
 - h. [REDACTED] agreed to investigate
4. PACS Migration
 - i. [REDACTED] indicated SDC pilot proposal likely to proceed
 - j. Siemens will need to receive requests from the Agfa RIS to move studies in that order
 - k. SDC Pilot likely to be requested for Jan
 - l. GM to tentatively schedule resources for January
5. PACS Extract
 - m. [REDACTED] request a new single PACS database extract be produced by Siemens. [REDACTED] will investigate if possible
 - n. [REDACTED] requested a network drive
6. Timeline clarification
 - o. [REDACTED] asked for clarification of how migration activity sits on critical path of the project