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http://www.agfahealthcare.com/maildisclaimer  "Health"08/02/2018 04:29:04Hi Is The PatientID for the Study in RIS
"Crossley, Nick" < <u>Nick.Crossley@act.gov.au</u> >, '  (Health)" <  Date: 08/02/2018 04:29  Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]
Hi The PatientID for the Study in RIS is The PatientID for the same study in PACS is It looks like the PatientID for this patient was merged from to the same study in RIS, but not in PACS and hence the difference I will discuss this with the business to understand how a merge works and also analyse the data for such mismatches.  I will get back to you with more details and we can then work out a solution for such studies.
Thanks,
IDIS Data Migration Analyst - UCPH Digital Solutions Program   Email:   act.gov.au    Email:   mailto:   mailto:   act.gov.au
To: (Health) < act.gov.au > (Cc: Crossley, Nick < Nick.Crossley@act.gov.au >; (Health) < act.gov.au >

Hi,

After checking the 'Not visible in El' studies that the images are indeed in El (as the migration tools reported).

The problem is that they don't match up with the HL7 order with the same Study UID and EI has created a

'DICOM based' order with it's of Study UID.

<0.276E.gif>

HL7 extract:

<0.58B6.gif>

DICOM extract:

<0.6264.gif>

Would it be possible to check the Siemens system for this StudyUID and check what the Patient ID is ?

Maybe this patient is merged or updated somewhere during our process?

Kind Regards,



NV,

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Cc: "Crossley, Nick" < Nick. Crossley@act.gov.au>,

Date: 05/02/2018 23:52

Subject: RE: ACTH IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Below are the details for the sample set of studies :
XA multi frame
=> 2 El => 1 (1 frame) - 1 image and 1 Exam Protocol sent from modality – not DICOM image. Stored but can't be viewed in Siemens PACS.  AMT => 5 El => 4 (220 frames) - 4 images and 1 Exam Protocol sent from modality  This will be discussed with Siemens, to identify the exam protocols and exclude them from the count of images for a Study
<ul> <li>Partial migrated (AMT + El image count for reference):</li> </ul>
AMT => 6 EI => 5 - Only 5 images exist for this Study UID not 6  AMT => 4 EI => 2 - Only 2 images exist
for this Study UID not 4 This will also be discussed with Siemens, to identify the mismatch between the number indicated by the database and the actual number of images
Not visible in EI:
this Study UID  AMT => 2 EI => null - 2 images exist for  AMT => 2 EI => null - 2 images exist for
this Study UID  AMT => 337 EI => null - 337 images exist for this Study UID  Could you please look into these, the images do exist for these studies?
Let me know if you need any further details.  Regards,
IDIS Data Migration Analyst - UCPH Digital Solutions Program  Mobile : act.gov.au
From: [mailto]  Sent: Tuesday, 30 January 2018 3:35 PM  To: (Health) < act.gov.au >; Crossley, Nick < Nick.Crossley@act.gov.au >;  Cc: (Health) < act.gov.au >; Crossley, Nick < Nick.Crossley@act.gov.au >;  Subject: ACTH IDIS Project > Migration Analysis Feedback
Hi
Please see feedback below from following the analysis of the studies migrated so far. Could you please perform the checks as requested below and provide feedback to

[KD] - I took a closer look at the migrated studies with this as result:

- We know that the HL7 <> DICOM crosscheck didn't work as expected and we have some studies in the EI DEV that didn't have a migrated order in EI. This crosscheck will be tested on the 20% extract
- In total we had 7871 studies that had to be moved and 166 that had been marked as 'IGNORE' because of the issue with duplicate StudyUIDs (discussed on last call)
  - We had no failed moves (so all studies from Siemens at least moved something to EI)
  - 7825 studies have been migrated successfully and are validated (same amount of images for each StudyUID)
  - 46 studies have been migrated, but don't validate correctly (no error codes during migration received).

We have 3 types of problems:

just incorrect.

- 5 XA studies don't validate because they are multiframe. In the extract we have the amount of instances as 'DICOM objects'. We always seem to get 1 object less from Siemens, but they are multiframe in EI, so hard to match up. Need to know correct amount in Siemens to be sure.
- 13 studies have images in EI, but the amount doesn't match up with the extracts.
   These are 'partial migrated', but maybe the number of images in the extract is
- 28 studies don't have any images in El

Could you ask the customer to check the actual amount of objects and/or images for these random

studies from the 46 studies that don't validate:

XA multiframe

 AMT => 2 EI => 1 (1 frame)
 AMT => 5 EI => 4 (220 frames)

 Partial migrated (AMT + EI image count for reference):

 AMT => 6 EI => 5
 AMT => 4 EI => 2

 Not visible in EI:

 AMT => 2 EI => null
 AMT => 337 EI => null

 AMT => 337 EI => null

Kind Regards,



Australia Pty Ltd. Unit 18, 52 Holker St, Silverwater NSW 2128
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# Heland, Rebecca (Health)

From: Sent: To: Subject:	Duggan, Mark (Health) Sunday, 25 February 2018 6:57 PM Cook, Sandra (Health); O'Halloran, Peter (Health) Retrieval of images not migrated
Dear Peter and Sandra,	
live. Concerns may not be the	pressed concerns regarding the retrieval of images not migrated once we go ne correct term (up until now) but enquiringly as to how this will be at if any latency issues will be experienced by consultants.
was being vague and nonco	g I raised the issue again as I was starting to hear noises that mmittal when the issue was posed. At the project meeting the AGFA away) again did not instil me with confidence so I had it added as an acutive meeting with AGFA.
issue has not been flagged by admin team could manually any clarity on a technical solution I provided an example later is on the CT table and it solution do in this scenario? expects a technical solution months now. My understand that a prior study was needed.	If the PACS data migrated has not begun it is now clear to me this as a priority. Proposed as one option that the PACS retrieve the images needed for exams booked and could not provide lution. I pointed out that a manual process was never in the discussion usiness. While setting out clearly the expectation that this was not an e of why this wont workpatient arrives at ED at 2am and 10 mins they need prior images from 23 months ago. What does I left the AGFA team with a clear expectation that ACT Health as we have been expecting one to be flagged by them for about 5 ling is that some sort of script would be run where on the occasion and we had a patient scheduled the images would be available and solution where we needed images on demand.
and he also did not ag	ra and I agreed that I would call given our concern. I spoke with tree with the proposed solution from and will speak with the needed and come back to us with a technical solution.
	e a formal letter to AGFA outlining the concern and requesting

I feel that we need to prepare a formal letter to AGFA outlining the concern and requesting information on a proposed solution with options provided (if needed) and a timeline of when this technical solution will be available for analysis by ACT Health, i would think that a technical solution can be designed and then tested when the data is available. Are AGFA really telling us they have never experienced this issue anywhere else? This will be one issue where they wriggle out of what they are contractually responsible for.

What upsets me most is that I had flagged this as an issue over 5 months ago and yet the previous project team seem to have had no discussions with AGFA.

Given the questions I am being asked I can assure you this issue is bigger that delays with data migration and clinical portal because if we go live with a manual process or significant delays in having images available the outcome wont be positive for any of us.

Happy to discuss.

Thanks,

Mark.

Mark Duggan Acting Manager Medical Imaging Mobile:

Sent from my iPad

# Heland, Rebecca (Health)

From: (Health)

Sent: Thursday, 22 February 2018 3:06 PM

To: Cc: Crossley, Nick; (Health); Arsavilli, Dev

Subject: RE: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi

Thanks for the updates.

Responding to my action items from below

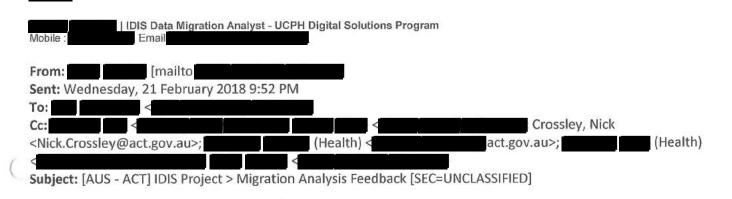
The 15 records in the DICOM extract do not have any entries in the RIS extract. These are the Studies that we have been discussing about. The given options were to migrate them as DICOM based images or create a corresponding RIS record for the same.

I have raised this question with the business and haven't had a decision yet. Could we migrate these studies as DICOM based images for this test cycle?

The blank/empty scanned documents can be ignored, I have asked Siemens to exclude them from the extract for the subsequent loads.

Could the orders be migrated ignoring the attachments for now?

#### Thanks,



**HL7** migration

Hi All,

- Duplicate accession numbers
  - agree, the correct numbers and all situations are now also mentioned below.
- Test migration summary

the ORM migration to scheduling can be tested / executed based on the data in the AMT database

The HL7 test migration has completed (MFN/ADT/ORM/ORU) with an exception on 17 requested procedures. The reason for this is a problem in the attachments. For +/- 84 attachments referenced in our current extract the

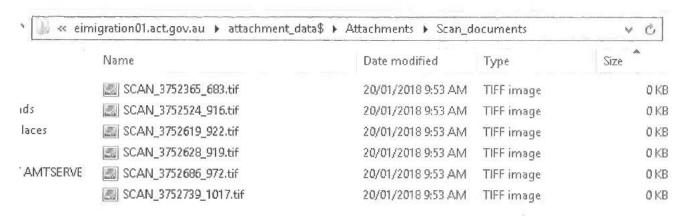
filesize is 0 bytes and not a valid tiff file (see screenshot). This is not accepted by El and failes the complete order during the valdiation.

Is their a way to exclude these files? Or, maybe they are an incorrect extract and they shouldn't be empty?

This morning we already updated out tool to detect this before sending the message to EI, but we still need to mark the orders as failed at the end of the migration, because we couldn't migrate everything that was provided

to us in the extracts.

Examples can easily be found on the share, we have 1050 files like this at the moment:



#### **DICOM** migration

- The crosscheck against the orders in EI was executed and the studies have been marked for migration depending on their match with the orders in EI.
  - 6774 studies have a full match (StudyUID + PID + AccNr)
  - 1214 studies have an accession number with .01/.02 in the HL7 extract.
     @All => In this case the accession number from the HL7 extracts needs to be used to update the DICOM headers, correct?
  - 17 studies have an order that was not migrated to EI because of the attachment problem mentioned above
  - 15 studies have a study uid that is not in the HL7 extracts



 The migration for the batch 'MATCH\_STUDYUID+PID+ACCNR' was started (with the amount of threads as agreed)

#### To do

- After currrent batch) Configure FlexMedGate (FMG) to update the accession numbers as agreed +
  execute the batch 'MATCH\_STUDYUID+PID-ACCNR'
- (e) Check why 15 records in DICOM extract don't have an entry in HL7 extracts
- ? / Siemens ?) Have a look at the '0 bytes' attachments, extract problem or really something to ignore ?

Kind Regards,



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"Crossley, Nick" < Nick. Crossley@act.gov.au >,

Date: 21/02/2018 07:56
Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

I spoke with today and the 84 duplicate accession number is expected. It was agreed that the accession numbers in the PACS file would not be re-sequenced and would be left as is in the PACS. This would server as a way to determine those PACS studies that would need to be sent through FlexMedGate to have the DICOM tags updated to the new re-sequenced accession number? It this how the PACS studies with an altered accession number was to

Kind Regards,

he handled?

Hi

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"Crossley, Nick" < Nick.Crossley@act.gov.au >,

Date: 21/02/2018 12:26 AM
Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

So ... you guys aren't sleeping a lot :) ?

The extra file has been imported and the validation problems are solved now.

#### Executed steps after this:

- The ADT migration was executed and completed towards Scheduling & EI (over Rhapsody)
- The ORM migration was executed and completed towards EI
- The ORU migration was started (and should be finished way before the time you read this)
- · The imported DICOM data was validated
  - 84 records have an accession number that is used on multiple records (These are ignored)
     (Examples)
- The HL7 <> DICOM crosscheck was updated and tested

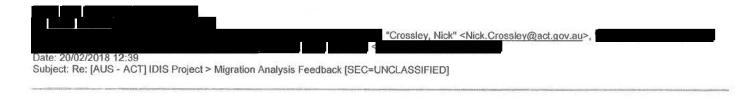
#### What still needs to be done (tomorrow):

- Check failures on order migration (18 failed messages, this has a high change of being a bug in our validation)
- Execute the HL7 <> DICOM crosscheck once the HL7 migration is completed
- Execute the DICOM migration for the studies with an order in EI (that have validated)

### Kind Regards,



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Hi

Here is a doctors file containing the missing doctors. Please process using this also.

[attachment "RIS\_MISSING\_DOCTORS.txt" deleted by

Kind Regards,

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"Crossley, Nick" < <u>Nick.Crossley@act.gov.au</u> >,
Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]
Hi,
This is the full list
[attachment "Missing_Physicians.txt" deleted by
Kind Regards,
T STATE OF THE STA
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"Crossley, Nick" < Nick.Crossley@act.gov.au >, "

Date: 20/02/2018 10:55

Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi

Can you provide a list of all the missing doctor codes?

Sent from my iPhone

On 20 Feb 2018, at 8:14 pm, wrote:

Hi All,

I have been working with the HL7 extracts set with the new RIS\_service.txt file.

Import / validation results:

- Physicians: All good
- Patients: All good
- Service Request: +/- 4000 records have a 'Requesting Physician ID' that is not in the Physician extract (examples:
- Request Proc: Ok, failed records are linked to failed service requests
- Reports: Ok, failed records are linked to failed service requests

To continue we will need an updated physician file that contains the missing data.

Kind Regards,



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19/02/2018 09:11:40---Hi All, I have been working on the HL7 test migration, but I have not been able to finish the test m



Hi All,

I have been working on the HL7 test migration, but I have not been able to finish the test migration. The following steps have been executed:

- Removing all data from the EI DEV cluster (database and caches)
- Removing all data from the migration server database (HL7 and DICOM schema's)
- Import / validation of the HL7 extracts
  - Here I noticed the problem that was reported by in another email.
     Basically the HL7 service request file is a copy of the DICOM 'study' file.

Kind Regards,



DICOM extract:

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(Health)"08/02/2018 04:29:04Hi The PatientID for the Study in RIS is 220480.
AGFA, "Crossley, Nick"  < Nick. Crossley@act.gov.au>, ' Date: 08/02/2018 04:29 Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]
The PatientID for the Study in RIS is The PatientID for the same study in PACS is It looks like the PatientID for this patient was merged from to the mappened successfully in RIS, but not in PACS and hence the difference I will discuss this with the business to understand how a merge works and also analyse the data for such mismatches.
I will get back to you with more details and we can then work out a solution for such studies.
Thanks,
Mobile : act.gov.au
From: [mailto: Sent: Tuesday, 6 February 2018 7:59 PM  To: (Health) < act.gov.au > Cc: <
Hi,
After checking the 'Not visible in EI' studies that the images are indeed in EI (as the migration tools reported).  The problem is that they don't match up with the HL7 order with the same Study UID and EI has created a 'DICOM based' order with it's of Study UID.
<0.276E.gif> HL7 extract:
<0.58B6.gif>

<0.6264.gif>

Would it be possible to check the Siemens system for this StudyUID and check what the Patient ID is ?

Maybe this patient is merged or updated somewhere during our process?

Kind Regards,



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Cc: "Crossley, Nick" < Nick.Crossley@act.gov.au >,

Date: 05/02/2018 23:52

Subject: RE: ACTH IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi

Below are the details for the sample set of studies :

XA multi frame

Exam Protocol sent from modality – not DICOM image. Stored but can't be viewed in Siemens PACS.

AMT => 5 EI => 4 (220 frames) - 4 images

and 1 Exam Protocol sent from modality

This will be discussed with Siemens, to identify the exam protocols and exclude them from the count of images for a Study

Partial migrated (AMT + EI image count for reference):

for this Study UID not 6

AMT => 6 EI => 5 - Only 5 images exist

AMT => 4 EI => 2 - Only 2 images exist

for this Study UID not 4

This will also be discussed with Siemens, to identify the mismatch between the number indicated by the database and the actual number of images

Not visible in EI:

this Study UID

AMT => 2 EI => null - 2 images exist for

AMT => 2 EI => null - 2 images exist for

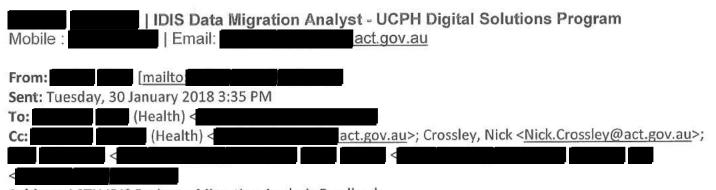
this Study UID

AMT => 337 EI => null - 337 images exist

for this Study UID

Could you please look into these, the images do exist for these studies? Let me know if you need any further details.

legards,



Subject: ACTH IDIS Project > Migration Analysis Feedback

Hi

Please see feedback below from following the analysis of the studies migrated so far. Could you please perform the checks as requested below and provide feedback to

[KD] - I took a closer look at the migrated studies with this as result:

- We know that the HL7 <> DICOM crosscheck didn't work as expected and we have some studies in the EI DEV that didn't have a migrated order in EI. This crosscheck will be tested on the 20% extract
- In total we had 7871 studies that had to be moved and 166 that had been marked as 'IGNORE' because of the issue with duplicate StudyUIDs (discussed on last call)
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  - 46 studies have been migrated, but don't validate correctly (no error codes during migration received).

We have 3 types of problems:

5 XA studies don't validate because they are multiframe. In the extract we have the amount of instances as 'DICOM objects'. We always seem to get 1 object less from

Siemens, but they are multiframe in EI, so hard to match up. Need to know correct amount in Siemens to be sure.

- 13 studies have images in EI, but the amount doesn't match up with the
  - These are 'partial migrated', but maybe the number of images in the extract is just incorrect.
- 28 studies don't have any images in El

Could you ask the customer to check the actual amount of objects and/or images for these random studies from the 46 studies that don't validate:



Kind Regards,



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# Heland, Rebecca (Health)

From: Sent:

Thursday, 22 February 2018 1:09 AM

To:

Cc:

Crossley, Nick;

(Health)

Subject:

Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

HI All.

From the data processed by AMT. I have:

- 1. Loaded all the ADT send to EI into Scheduling. There were no errors
- 2. Have started the loading fo the AMT data into Scheduling and no errors. This is a slow process so it I hope that is should be finished by your morning tomorrow. NOTE: the issue with multiple attachments is not fixed yet so you will only see the last attachment on the appointment in Scheduling. The purpose of this test is to be sure that the flow into cheduling form AMT data is working as expected

Any issue then please let me know.

Kind Regards,



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"Crossley, Nick" < Nick. Crossley@act.gov.au>,

Date: 21/02/2018 11:51

Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi All,

#### **HL7** migration

Duplicate accession numbers

I agree, the correct numbers and all situations are now also mentioned below.

Test migration summary

the ORM migration to scheduling can be tested / executed based on the data in the AMT

The HL7 test migration has completed (MFN/ADT/ORM/ORU) with an exception on 17 requested procedures. The reason for this is a problem in the attachments. For +/- 84 attachments referenced in our current extract

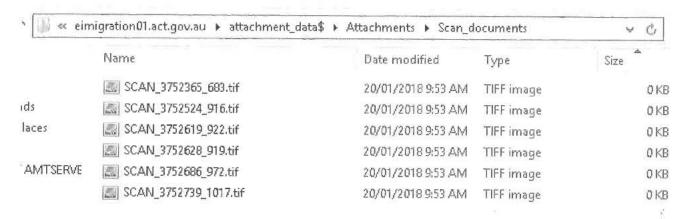
filesize is 0 bytes and not a valid tiff file (see screenshot). This is not accepted by El and failes the complete order during the valdiation.

Is their a way to exclude these files? Or, maybe they are an incorrect extract and they shouldn't be empty?

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to us in the extracts.

Examples can easily be found on the share, we have 1050 files like this at the moment:



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    @AII => In this case the accession number from the HL7 extracts needs to be used to update the DICOM headers, correct?
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 The migration for the batch 'MATCH\_STUDYUID+PID+ACCNR' was started (with the amount of threads as agreed)

#### To do

- After currrent batch) Configure FlexMedGate (FMG) to update the accession numbers as agreed +
  execute the batch 'MATCH\_STUDYUID+PID-ACCNR'
- ?) Check why 15 records in DICOM extract don't have an entry in HL7 extracts
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Kind Regards,



NV, http://www.agfahealthcare.com http://blog.aqfahealthcare.com

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"Crossley, Nick" <Nick.Crossley@act.gov.au>,

Date: 21/02/2018 07:56
Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi

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Kind Regards,

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"Crossley, Nick" <Nick.Crossley@act.gov.au>,

Date: 21/02/2018 12:26 AM

Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

The extra file has been imported and the validation problems are solved now.

#### Executed steps after this:

- The ADT migration was executed and completed towards Scheduling & EI (over Rhapsody)
- The ORM migration was executed and completed towards EI
- The ORU migration was started (and should be finished way before the time you read this)
- The imported DICOM data was validated
  - 84 records have an accession number that is used on multiple records (These are ignored)
     (Examples:
- The HL7 <> DICOM crosscheck was updated and tested

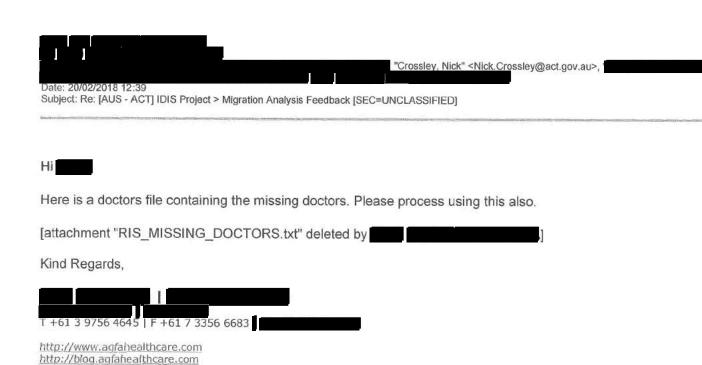
#### What still needs to be done (tomorrow):

- Check failures on order migration (18 failed messages, this has a high change of being a bug in our validation)
- Execute the HL7 <> DICOM crosscheck once the HL7 migration is completed
- Execute the DICOM migration for the studies with an order in EI (that have validated)

#### Kind Regards,



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"Crossley, Nick" <nick.crossley@act.gov.au>,</nick.crossley@act.gov.au>
ate: 20/02/2018 08:03 PM  subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]
Hi,
This is the full list
[attachment "Missing_Physicians.txt" deleted by
Kind Regards,
http://www.agfahealthcare.com http://blog.agfahealthcare.com
R.O.: Septestraat 27, B-2640 Mortsel, Belgium   RLE Antwerp   VAT BE 0403.003.524   IBAN Operational Account BE81363012356224   IBAN Customer Account BE20375104592856   ING Belgium NV, B-1000 Brussels Click on link to read important disclaimer: <a href="http://www.aqfahealthcare.com/maildisclaimer">http://www.aqfahealthcare.com/maildisclaimer</a>
"Crossley, Nick" <nick.crossley@act.gov.au>, "Least (Health)" &lt; act.gov.au&gt; act.gov.au&gt; act.gov.au&gt; Subject: Re: [AUS - ACT] IDIS Project &gt; Migration Analysis Feedback [SEC=UNCLASSIFIED]</nick.crossley@act.gov.au>

Can you provide a list of all the missing doctor codes?

On 20 Feb 2018, at 8:14 pm, wrote:

Hi All,

I have been working with the HL7 extracts set with the new RIS\_service.txt file.

Import / validation results:

- Physicians: All good
- Patients: All good
- Service Request: +/- 4000 records have a 'Requesting Physician ID' that is not in the Physician extract (examples:
- Request Proc: Ok, failed records are linked to failed service requests
- Reports: Ok, failed records are linked to failed service requests

To continue we will need an updated physician file that contains the missing data.

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19/02/2018 09:11:40---Hi All, I have been working on the HL7 test migration, but I have not been able to finish the test m



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Kind Regards,



http://www.	com
http://blog.ad	fahealthcare.com

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(Health)" ---08/02/2018 04:29:04---Hi The PatientID for the Study in RIS is 220480.

\(\frac{\text{Nick.Crossley@act.gov.au}}{\text{Date: 08/02/2018 04:29}}\) (Health)" \(\frac{\text{Date: 08/02/2018 04:29}}{\text{Date: 08/02/2018 04:29}}\)

Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi

The PatientID for the Study in RIS is

The PatientID for the same study in PACS is

It looks like the PatientID for this patient was merged from to The merge seems to have happened successfully in RIS, but not in PACS and hence the difference

I will discuss this with the business to understand how a merge works and also analyse the data for such mismatches.

I will get back to you with more details and we can then work out a solution for such studies.

Thanks,

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

From: [mailto]
Sent: Tuesday, 6 February 2018 7:59 PM

Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi,

After checking the 'Not visible in El' studies that the images are indeed in El (as the migration tools reported).

The problem is that they don't match up with the HL7 order with the same Study UID and EI has created a

'DICOM based' order with it's of Study UID.

<0.276E.gif>

HL7 extract:

<0.58B6.gif>

DICOM extract:

<0.6264.gif>

Would it be possible to check the Siemens system for this StudyUID and check what the Patient ID is ?

Maybe this patient is merged or updated somewhere during our process?

Kind Regards,



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

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http://www.agfahealthcare.com/maildisclaimer

Cc: "Crossley, Nick" < Nick. Crossley@act.gov.au >,

Date: 05/02/2018 23:52

Subject: RE: ACTH IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi

Below are the details for the sample set of studies :

XA multi frame

Exam Protocol sent from modality – not DICOM image. Stored but can't be viewed in Siemens PACS.

AMT => 2 EI => 1 (1 frame) - 1 image and 1

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AMT => 5 EI => 4 (220 frames) - 4 images

and 1 Exam Protocol sent from modality

This will be discussed with Siemens, to identify the exam protocols and exclude them from the count of images for a Study

Partial migrated (AMT + EI image count for reference):

for this Study UID not 6

AMT => 6 EI => 5 - Only 5 images exist

AMT => 4 EI => 2 - Only 2 images exist

for this Study UID not 4

This will also be discussed with Siemens, to identify the mismatch between the number indicated by the database and the actual number of images

Not visible in EI:

this Study UID

AMT => 2 EI => null - 2 images exist for

AMT => 2 EI => null - 2 images exist for

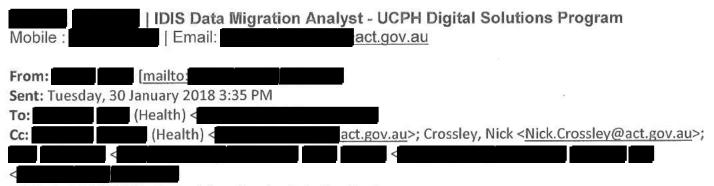
this Study UID

AMT => 337 EI => null - 337 images exist

for this Study UID

Could you please look into these, the images do exist for these studies? Let me know if you need any further details.

egards,



Subject: ACTH IDIS Project > Migration Analysis Feedback

Hi

Please see feedback below from following the analysis of the studies migrated so far. Could you please perform the checks as requested below and provide feedback to

[KD] - I took a closer look at the migrated studies with this as result:

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Could you ask the customer to check the actual amount of objects and/or images for these random

studies from the 46 studies that don't validate:



Kind Regards,



Australia Pty Ltd. Unit 18, 52 Holker St, Silverwater NSW 2128

Australia

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# Heland, Rebecca (Health) From: Griffiths, Jessica (Health) Sent: Wednesday, 21 February 2018 7:41 AM To: (Health) Cc: (Health); Arsavilli, Dev Subject: RE: Data Migration [SEC=UNCLASSIFIED] Hi Sorry I spoke with after I sent this email I know understand that the below highlighted priorities came from the data migration document and are HL7 standard messages the brackets are what will display in Agfa. I have made some changes below. Order Priority mapping, please confirm Siemens order priority URGENT 'T' -- Time critical(high) FODAY 'A' -- ASAP(high) ROUTINE 'R' -- Routine(low) - Normal XREADBIL 'S' -- Stat (Normal) - Low XREADONL 'S' -- Stat (Normal)- Low WAITLIST 'C' -- Callback (Low) NULL 'C' -- Callback (Low) 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 From: Griffiths, Jessica (Health) Sent: Tuesday, 20 February 2018 5:42 PM (Health) < Arsavilli, Dev <Dev.Arsavilli@act.gov.au> Subject: RE: Data Migration [SEC=UNCLASSIFIED] My apologies for the delayed response. Please see my responses below.

Jess Griffiths | RIS

Thanks,

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

From: (Health)

Sent: Tuesday, 6 February 2018 2:45 PM

To: Griffiths, Jessica (Health) < Jessica. Griffiths@act.gov.au>

Cc: Arsavilli, Dev < Dev.Arsavilli@act.gov.au > Subject: Data Migration [SEC=UNCLASSIFIED]

Hi Jess.

Here is what was discussed in today's meeting, just putting it down in an email, so we can keep track of where we are with each of the items.

Performing doctor, author, and validator – I have attached a copy with all internal doctor numbers and names for you/your team to map them to valid Provider numbers. – [Jess] Alice has completed this spreadsheet and sent back to you.

#### Requesting doctor -

Provider numbers will be migrated where a match can be found, doctor names will not be considered, as this will require a lot of manual checking and validating. (a list of provider numbers with mismatching names has been attached, these examples are from the 20% data)

Where Provider numbers do not exist or where Provider numbers cannot be matched, inactive doctor records will be created as 'SD' + 6 char internal doctor number, again names will not be matched on as the process involves manual work (a list of internal doctor numbers with mismatching names has been attached, these examples are from the 20% data). [Jess] Alice has been through this spreadsheet and sent it back to you.

Also discussed, raising a task for ACTPAS to update doctor's data that has been corrected as part of the base data collection. [Jess] will raise the job this week.

Completed/Cancelled exams in the Siemens RIS system have the following dates stored ord\_for\_dtime and proc\_dtime(Sample Accession numbers and dates attached). AGFA's migration expects OrderCreationdtime and ScheduledStudydtime. Please confirm mapping.

Working with Siemens to identify the dates available for ordered and scheduled exams. [Jess] sorry talking about completed/cancelled exams or ordered and scheduled?

ResultCreationdtime will be extracted from sign-off dtime, where results are in a preliminary state ResultCreationdtime will be NULL. [Jess] Yes this is correct.

Order Priority mapping, please confirm [Jess] where did these priorities come from? I cannot see the below highlighted priorities in Agfa

Siemens order priority

URGENT 'T' -- Time critical(high)

TODAY 'A' - ASAP(high)

ROUTINE 'R' -- Routine(low)

XREADBIL 'S' -- Stat (Normal)

XREADONL 'S' -- Stat (Normal)

WAITLIST 'C' -- Callback (Low)

NULL 'C' -- Callback (Low)

Exam room — resource mapping for exams that have been scheduled but not yet performed. How can the Siemens exam rooms be mapped to AGFA resources? [Jess] I think this needs to discussed, I am of the understanding that scheduled exams will not be migrated?

2

Jess, I think I have covered off all the points discussed at the meeting today, feel free to add to the list if I have missed something.

Let me know if you need anything from me.

Thanks,

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

(Health);

# Heland, Rebecca (Health)

From:

Sent:

Wednesday, 21 February 2018 5:56 PM

To:

Cc:

(Health)

Subject:

Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Crossley, Nick;

Hi

I spoke with today and the 84 duplicate accession number is expected. It was agreed that the accession numbers in the PACS file would not be re-sequenced and would be left as is in the PACS. This would server as a way to determine those PACS studies that would need to be sent through FlexMedGate to have the DICOM tags updated to the new re-sequenced accession number? It this how the PACS studies with an altered accession number was to be handled?

Kind Regards,

T +61 3 9756 4645 | F +61 7 3356 6683 | M +61 409 932 687

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"Crossley, Nick" <Nick.Crossley@act.gov.au>,

Date: 21/02/2018 12:26 AM

Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

So ... you guys aren't sleeping a lot :) ?

The extra file has been imported and the validation problems are solved now.

Executed steps after this:

• The ADT migration was executed and completed towards Scheduling & El (over Rhapsody)

- The ORM migration was executed and completed towards El
- The ORU migration was started (and should be finished way before the time you read this)
- The imported DICOM data was validated
  - 84 records have an accession number that is used on multiple records (These are ignored)
     (Examples:
- The HL7 <> DICOM crosscheck was updated and tested

# What still needs to be done (tomorrow):

- Check failures on order migration (18 failed messages, this has a high change of being a bug in our validation)
- Execute the HL7 <> DICOM crosscheck once the HL7 migration is completed
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t t		"Crossley, Nick" <nick.crossley@act.gov.au>, '</nick.crossley@act.gov.au>
Date: 20/02/2018 08:03 PM ubject: Re: [AUS - ACT] IDIS Pro	oject > Migration Analysis Feedback [SEC	=UNCLASSIFIED]
	DOMESTIC CONTROL OF STREET, CO. STREET, CO	
Hi,		
This is the full list		
[attachment "Missing_Phy	/sicians.txt" deleted by	AWGEJ/AGFA]
Kind Regards,		
T		
Agfa HealthCare NV, http://www.agfahealthcare.co http://blog.agfahealthcare.com		
R O : Sentestraat 27 R-2640	Mortsel, Belgium   RLE Antwerp   Vi	AT BE 0403.003.524   IBAN Operational Account BE81363012356224

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"Crossley, Nick" <Nick.Crossley@act.gov.au>,
Date: 20/02/2018 10:55
Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi

Can you provide a list of all the missing doctor codes?

Sent from my iPhone

On 20 Feb 2018, at 8:14 pm, wrote:

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Import / validation results:

- Physicians: All good
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(Health)"08/02/2018 04:29:04Hi The PatientID for the Study in RIS is
"Crossley, Nick" <nick.crossley@act.gov.au>, " (Health)" &lt; Date: 08/02/2018 04:29 Subject: [AUS - ACT] IDIS Project &gt; Migration Analysis Feedback [SEC=UNCLASSIFIED]</nick.crossley@act.gov.au>
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From: "	(Health)" <	act.gov.au>	
To:		- 60 Futuriot 50 a	8
Cc: "Crossley, Nick	" < Nick. Crossley@act.gov.a	au>,	

Date: 05/02/2018 23:52

Subject: RE: ACTH IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi

Below are the details for the sample set of studies:

XA multi frame

Exam Protocol sent from modality – not DICOM image. Stored but can't be viewed in Siemens PACS.

AMT => 2 EI => 1 (1 frame) - 1 image and 1

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Partial migrated (AMT + EI image count for reference):

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AMT => 6 EI => 5 - Only 5 images exist

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for this Study UID not 4

This will also be discussed with Siemens, to identify the mismatch between the number indicated by the database and the actual number of images

Not visible in El:

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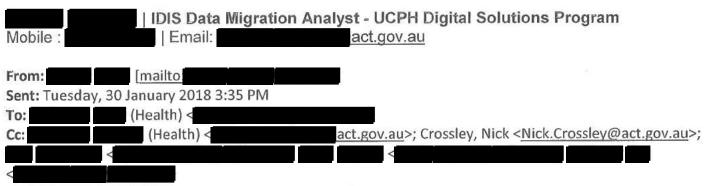
AMT => 2 EI => null - 2 images exist for this Study UID

AMT => 337 EI => null - 337 images exist

for this Study UID

Could you please look into these, the images do exist for these studies? Let me know if you need any further details.

Regards,



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[KD] - I took a closer look at the migrated studies with this as result:

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Siemens, but they are multiframe in EI, so hard to match up. Need to know correct amount in Siemens to be sure.

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Could you ask the customer to check the actual amount of objects and/or images for these random

studies from the 46 studies that don't validate:

XA multiframe

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Not visible in El:

AMT => 2 EI => null
AMT => 2 EI => null
AMT => 337 EI => null

Kind Regards,



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Australia

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# Heland, Rebecca (Health)

From: Sent: <

Wednesday, 21 February 2018 1:26 PM

To: Cc: (Health)

Subject:

RE: PACS Image migration [SEC=UNCLASSIFIED]

Ok Thanks I will provide the feedback to the PACS team.

I cannot promise about an extract by end of the week but will try.

Kind Regards,

Niemens Healthcare Pty Ltd 160 Herring Road Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile:

Email:

Internet: www.healthcare.siemens.com.au



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

Sent: Wed, 21 February 2018 1:03 PM

Cc: (Health)

Subject: RE: PACS Image migration [SEC=UNCLASSIFIED]

Hi

To:

The below scenarios have been discussed with the business and we would like to exclude the CSni records from our PACS flies. We also want the NumberofSeries and NumberofImages count in the study file to exclude the CSni counts.

Also the soft deleted ones are not to be migrated, so we would like the Studies to have the counts mapped to the number of visible studies only.

Could the above changes be implemented and can I please have an updated PACS extract for the Year 2017. Could you please communicate with your team and let me know by when can this be available.

We have planned test cycles with data being loaded every Friday, I would like this correction to be available for the next cycle, please let me know if it's possible to deliver by then.

Thanks,

IDIS Data Migration Analyst - UCPH Digital Solutions Program   Email:   act.gov.au
Sent: Tuesday, 13 February 2018 10:11 AM  To: (Health) < act.gov.au >  Cc: (Health) < script (Health)
Hello
I received feedback around this and will require your input as to how you want to proceed.
Syngo Imaging knows two image/SOP counts. Number of visible instances(SOPs) and Number of (total) instances(SOPs).
Before generating new extracts, can you please advise us on how to handle the two image/SOP counts? Shall we supply the new PACS extract with one of the two image/SOP counts or shall we add the column "Number of visible instances" to the extract as well for comparison to the Number of (total)instances already supplied?
<ul> <li>XA multi frame contains images with SOP class CSni (non image) – this will be transferred but will not be visible in syngo Imaging</li> </ul>
XA multi frame
AMT => 2 EI => 1 (1 frame) - 1 image and 1 Exam Protocol sent from modality – not DICOM image. Stored but can't be viewed in Siemens PACS.
1 images SOPclass: XAi and 1 CSni
XA multi frame
AMT => 5 EI => 4 (220 frames) - 4 images and 1 Examprotocol sent from modality
4 images SOPclass: XAi and 1 CSni

• Partial migrated (AMT + El image count for reference) – syngo Imaging distinguishes between visible and invisible SOPs. Invisible SOPs are SOPs that have been "logically deleted" in syngo Imaging. These SOPs are still present, but are not visible to the user in the viewer. These "soft deleted" SOPs can be made visible

again by users with dedicated grants. The image counts of the supplied DB extracts are based on the total image count, including the invisible SOPs.

Partial migrated (AMT + El image count for reference):

AMT => 6 EI => 5 - Only 5 images exist for this Study UID not 6

#### One Image is Soft-deleted



EI => 2 - Only 2 images exist for this Study

## Two images are soft-deleted



Kind Regards,

UID not 4

Siemens Healthcare Pty Ltd 160 Herring Road Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile: Email:

Internet: www.healthcare.siemens.com.au



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From: (Health) [mailto act.gov.au]  Sent: Tue, 6 February 2018 3:21 PM  To: (Health)  Cc: (Health)  Subject: RE: PACS Image migration [SEC=UNCLASSIFIED]
The number indicated by AMT is the value from the PACS database, the number indicated by EI is the actual number of images that have migrated for that study into AGFA's system (EI).  Our RISPACS team have confirmed that the images in EI are the actual number of images in the Siemens store.  We are now trying to analyse why the metadata in the database does not match the actual number of images in the store.
Though the migration is successful as number of images in the store is equal to number of images in AGFA's EI, the migration looks incomplete, as the metadata in the PACS database does not match up. I hope this clarifies my query.
Thanks,    IDIS Data Migration Analyst - UCPH Digital Solutions Program  Mobile : Email: Email: act.gov.au
From: [mailto]  Sent: Tuesday, 6 February 2018 1:33 PM  To: [mailto]  (Health) < [mailto]  Cc: [mailto]  (Health) < [mailto]  Subject: RE: PACS Image migration [SEC=UNCLASSIFIED]
Hello
It is possible that the non-viewable images on the Siemens PACS may in fact be viewable on the Agfa PACS. Where does the EI value come from, is this from the PACS front UI?

Kind Regards,



Siemens Healthcare Pty Ltd 160 Herring Road Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009 Mobile:





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From:	(Health) [mailto	act.gov.au]
Sent: Tue, 6 Feb	ruary 2018 10:12 AM	
To:		
Cc:	(Health)	
Subject: PACS In	nage migration [SEC=UNCLAS	SIFIED]

Hi

We have been testing AGFA's image migration process and below are a few sample studies which have not migrated as expected.

We had our RISPACS team analyse the Studies for us and their comments have been included in green.

XA multi frame



The metadata for the studies in the PACS database (indicated by the number against AMT) does not match the actual number of image stored in PACS (indicated by EI). As indicated by the RISPACS team, the reason being an exam protocol, can an exam protocol be differentiated from an actual image in the PACS database, if yes can they be excluded from the count of images for a Study and can they be excluded from the image extract?

Partial migrated (AMT + EI image count for reference):



The metadata for the studies in the PACS database (indicated by the number against AMT) does not match the actual number of image stored in PACS (indicated by EI). Can this mismatch be analysed?

Let me know if you need any further details?

Thanks,



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(Health);

# Heland, Rebecca (Health)

From:

Sent:

Tuesday, 20 February 2018 10:40 PM

To:

Cc:

(Health)

Subject:

Attachments:

Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Crossley, Nick;

RIS MISSING DOCTORS.txt

Hi

Here is a doctors file containing the missing doctors. Please process using this also.

Kind Regards,



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



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

Date: 20/02/2018 08:03 PM

Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi,

This is the full list

[attachment "Missing\_Physicians.txt" deleted by

"Crossley, Nick" < Nick. Crossley@act.gov.au>,

Kind Regards,



R.O.: Septestraat 27, B-2640 Mortsel, Belgium | RLE Antwerp | VAT BE 0403.003.524 | IBAN Operational Account BE81363012356224 | IBAN Customer Account BE20375104592856 | ING Belgium NV, B-1000 Brussels

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Can you provide a list of all the missing doctor codes?

Sent from my iPhone

On 20 Feb 2018, at 8:14 pm, wrote:

Hi All,

I have been working with the HL7 extracts set with the new RIS\_service.txt file.

Import / validation results:

- Physicians: All good
- Patients: All good

http://blog.agfahealthcare.com

- Service Request: +/- 4000 records have a 'Requesting Physician ID' that is not in the Physician extract (examples
- Request Proc: Ok, failed records are linked to failed service regeusts
- Reports: Ok, failed records are linked to failed service requests

To continue we will need an updated physician file that contains the missing data.

Kind Regards,



R.O.: Septestraat 27, B-2640 Mortsel, Belgium | RLE Antwerp | VAT BE 0403.003.524 | IBAN Operational Account BE81363012356224 | IBAN Customer Account BE20375104592856 | ING Belgium NV, B-1000 Brussels

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19/02/2018 09:11:40---Hi All, I have been working on the HL7 test migration, but I have not been able to finish the test m