

Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Tuesday, 20 March 2018 12:36 PM
To: [REDACTED]
Cc: Arsavilli, Dev; [REDACTED] (Health); [REDACTED]
Subject: RE: RIS PACS Extract for the 3rd test cycle [SEC=UNCLASSIFIED]

Hi [REDACTED]

Yes, I confirm that the details provided below are valid for the 3rd test cycle load.

The peak and off-peak times remain the same as for the previous cycles,

Peak hours - 5:00 am to 10:00pm

Off peak hours - 10:00pm to 5:00am

Thanks,

[REDACTED]

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Tuesday, 20 March 2018 12:25 PM
To: [REDACTED] (Health) <[REDACTED]@act.gov.au>
Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]@act.gov.au>; [REDACTED] (Health) <[REDACTED]@act.gov.au>
Subject: Re: RIS PACS Extract for the 3rd test cycle [SEC=UNCLASSIFIED]

Hi [REDACTED]

We are working on a solution to increase the cache size and will soon be ready to restart migration activities.

Can you confirm the approach below still is desired and what are the actual peak and off-peak times?

Kind Regards,

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

[REDACTED] Australia Pty Ltd. Unit 18, 52 Holker St, Silverwater NSW 2128 Australia
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<http://blog.agfahealthcare.com>

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

To: [REDACTED] AGFA@AGFA
 Cc: [REDACTED] AGFA, [REDACTED] (Health)" <[REDACTED]@act.gov.au> "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>
 Date: 06/03/2018 16:16
 Subject: RIS PACS Extract for the 3rd test cycle [SEC=UNCLASSIFIED]

Hi [REDACTED]

If the provided data loads successfully tonight, then the DICOM Migration can be configured as follows
 DICOM Migration to start Wednesday, 7th Mar, 10:00am (our time)

Threads to run during the peak hours – 5
Threads to run during the off-peak hours – 10

Thanks,

[Redacted]

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

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Heland, Rebecca (Health)

From: Duggan, Mark (Health)
Sent: Friday, 16 March 2018 7:35 AM
To: Cook, Sandra (Health); O'Halloran, Peter (Health)
Subject: FW: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]
Attachments: ACT Health Project - Migrations (as PDF).pdf

FYI

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

From: Arsavilli, Dev
Sent: Friday, 16 March 2018 1:25 AM
To: [REDACTED] <[REDACTED]>
Cc: [REDACTED] <[REDACTED]> [REDACTED] <[REDACTED]> [REDACTED] <[REDACTED]>
 <[REDACTED]> Griffiths, Jessica (Health) <Jessica.Griffiths@act.gov.au>; Barrett, Scott (Health) <Scott.Barrett@act.gov.au>; Duggan, Mark (Health) <Mark.Duggan@act.gov.au>
Subject: RE: TEST environment- Options to move forward. [SEC=UNCLASSIFIED]

Hi [REDACTED]

Thank you for taking time to review this issue and responding in detail.

My summary:

It is a very simple and general expectation of ACT Health that we have a TEST environment that is fit for purpose. Here we have a TEST environment that is not fit for testing within the scope.

I do not agree with the reasoning that this approach was not made clear:

I have reviewed this with the Project Team and asked them to look in to all initial discussions.

From the available minutes etc, this testing approach was being discussed in September/October 2017.

Agfa team were part of these discussions.

Please see attached; one of the items mentioned in this minute talks about subset of data migration testing being sufficient for ACT Health. It also mentions that as big as 10% of DB will be provided to Agfa for migration at one instance.

Q1. Why was this issue not identified/thought/raised earlier?

Q2. Why have we discovered this in the middle of testing after the fact that the disk was full?

It seems like the environment was not actively monitored. Are there any monitoring measures in place currently? If we are not monitoring disk space are we monitoring other issues?

Nowhere in the BRS have we mentioned that we will accept Agfa's global best practice.

Please see below:

S16	Compliance	Comply with the standards for hardware and software listed in the ACT reference manual.	
S17	Compliance	Comply with the ACT Health change management process.	

S12	Architecture	Complies with the ACT Government ICT Data Centre requirements.	
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Agree that this approach of 20% of migration was not documented in the BRS as we normally consider 100% data migration in TEST as a standard. Imagine scoping of TEST environments for just 1.5% of data migration. If this is the best practice I am really concerned.

I see the requirement in BRS mentioning Data Migration.

CC12	Installation	Data migration from the existing RIS-PACS to the new RIS-PACS should be included in the solution offered.	
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Q3. Was Agfa unaware of the size of the database to be migrated from existing RIS-PACS to the new RIS-PACS?

I agree that there is no mention of environments in this requirement,

Q4. Does that mean data migration happens directly in Production environment?

Q5. Why was only production environment scoped for data migration when our environment description mentions TEST as well?

CC1	Environment	The system will operate in the environments: <ul style="list-style-type: none"> • Dev • Test • Pre Prod / Training; and • Prod 	
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This clearly explains that we test any changes before migrate to Production.

It is a standard practice if there is a data migration involved, the storage space in TEST and PROD be configured at similar capacity. In some instances we configure non-replicated storage in test for testing purposes but with matching disk capacity.

PR2	Storage	Provide enough short term storage to house a minimum of 3 years data.	Current date minus 3 years plus capacity to store pre-fetched historical (archived) images.
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Q6. How did Agfa see similar requirements for PROD env only?

Q7. Was 'testing' for data migration not scoped at all?

We are really concerned that testing of data migration was not considered.

This should have been checked as part of milestone 1 completion.

I am also concerned that there is a reference to SoW and a Pre-Prod testing approach. Currently I am not able to view the SoW but would like to read it myself. If this statement is correct, then we have agreed on a poor quality criteria.

Coming to the options proposed:

Option 1: not suitable

- a. This option proposes different approach for TEST and PROD and this is not considerable
- b. This option may delete images before completion of testing

Option 3: not suitable

- a. Testing in Pre-PROD is simply not acceptable and doesn't comply with ACT Change Management Processes
- b. We need migrated data in TEST for System and Integration (SIT) Testing and BI (reporting) testing.
- c. This will make SIT and BI testing invalid in TEST

Option 2: not suitable fully, but we can accept this approach temporally to continue with data migration cycle 3 and 4 but for cycle 5 would require more than 2TB.

1. This approach requires clean-up of the data for each cycle to run.
 - a. Our preferred approach for this option would be to keep migrated RIS data in place with each cycle and just remove images to create space for next cycle.

- b. I believe this is not possible
 - c. However, to continue with data migration testing this approach can be used. I have confirmation from the Testing Team this will not cause any issues for their testing plan
2. This approach will not ensure that we have sufficient RIS data for BI testing in TEST

Q8. Why we were not proposed an option to use the Production disk temporarily in the similar manner to Option 2 (Option 2 proposed porting of 1TB from a different environment)

- a. This will be our most preferred approach to resolve this issue.
- b. This will ensure sufficient temp storage for testing in TEST

PR3	Storage	The storage solution is scalable and upgradeable.	
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- c. This will give good approximate times for PRE-PROD data migration
- d. This approach will help us do bigger chunks of data migration as planned before.
- e. If production uses replicated storage – using a small portion of the replicated storage is an advantage
- f. As we are not using the PROD environment, temporary usage of the disc adds value
- g. **Q8. Is there a significant reason preventing Agfa do not want to take this approach**
- h. The project team would like to discuss further at any time.

Kind Regards,

Dev

--
Dev Arsavilli | Project Manager

Phone: 02 6174 8729 | Mobile: [REDACTED] | Email: Dev.Arsavilli@act.gov.au

Future Capability and Governance Branch | Digital Solutions Division | Health Directorate | ACT Government

2-6 Bowes Street, Phillip ACT | GPO Box 825, Canberra ACT 2601 | act.gov.au

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

Sent: Wednesday, 14 March 2018 7:40 PM

To: Duggan, Mark (Health) <Mark.Duggan@act.gov.au>

Cc: Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; [REDACTED] <[REDACTED]> [REDACTED] <[REDACTED]>

Subject: TEST environment- Options to move forward.

Hi Mark

I have reviewed the issue, notes in email trail below, and both [REDACTED] have gone through the relevant project and commercial documentation.

I am not able to find any reference to the requirement to provision a TEST environment suitable to specifically support the migration testing strategy and approach that is currently being undertaken by ACT Health. In addition, I am not able to locate where there may be stated *any* requirements or direction articulated to Agfa in advance so as one would reasonable expect us to assess and provision an environment that supports this particular testing approach.

In the course of my internal discussions with the AGFA teams last night and this morning, it would appear we certainly have not been previously exposed to migration testing in this context and which required us to provision an environment to meet your particular needs. By no means is it a reflection of the testing quality and efficacy being undertaken, but it certainly would be viewed as atypical from our perspective. As such, it was never planned for or considered. Our EI TEST environment, as [REDACTED] has articulate below, has been provisioned in line with our global best practice. Our design specifications of course are to support testing of our applications, and were never intended for supporting this type of migration testing. Although we inadvertently seemed to have gone down this path a ways with you in good faith.

So going forward, we can propose three options for consideration:

1. As [REDACTED] email from 09 March, we can turn on automatic purging of the data within the TEST storage cache. I understand this may have some impact on the testing approach and [REDACTED] can work through this with Dev and the migration teams.
2. We believe we can relatively easily assign 1TB of cache from one of the other environments temporarily. Although this will immediately allow you to progress the testing of DICOM throughput which has recently been stopped, I don't believe 2TB will be near sufficient to achieve the 20% of migrated data being sent to TEST. Essentially this too will fill up eventually.
3. ACT Health to change the testing approach to one which involves migrated data being testing in Pre-PROD. I know Dev has expressed some concerns about this approach (and we would be happy to discuss with him further what risks he sees here). I believe this was an approach that was perhaps suggested in the SoW documents in any case, but understand if that changes to approach may be valid through the course of any project.

Once you have reviewed these options, please let us know how you may wish to proceed. Of course if you need an out of session meeting to discuss, we can organise.

Kind Regards,

[REDACTED]
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Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Wednesday, 14 March 2018 2:20 PM
To: [REDACTED] (Health)
Subject: Status report details [SEC=UNCLASSIFIED]

Hi [REDACTED]
 Data migration status details for last week.

Current state

Data migration testing on hold due to disk space issue in dev/test environment.
 Working on improving data quality (cleansing patient data).
 Working on finalising the specifications for bulk and delta extracts for Siemens.

Overall Status

Data migration testing on hold
 Unable to proceed DICOM migration testing, unable to analyse optimal number of threads that can be used for DICOM migration, performance and load testing on hold too.
 Patient data cleansing progressing well, communicating with PMI and the business

Activities achieved this period

- Extraction process for cancelled exams, pending/linked studies finalised.
- Patient data cleansing is progressing, communicating with PMI and with the business to get issues sorted.

Activities planned next period

- Procedure code transforms based on the updated base data collection
- Review the attachments specifications received from AGFA. Finalise customised attachments mapping and attachment type transforms
- Finalise optional columns for PACS extracts
- Work on RIS record creation for DICOM based studies

Activities not completed this period

- Test data for cycle 3 not loaded due to disk space issue.
- Patient data cleansing in RIS not complete, waiting for responses from the PMI team and from the business
- Merged data list could not be produced, this task is dependent on the patient data cleansing task, waiting for a response from PMI.
- Data Migration Schedule sub task dates have not been finalised, working on some outstanding issues that may affect the dates.

Thanks,
 [REDACTED]

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

Heland, Rebecca (Health)

From: [REDACTED] [REDACTED] (Health)
Sent: Wednesday, 14 March 2018 1:24 PM
To: [REDACTED] [REDACTED] (Health)
Subject: RE: Siemens telecon today [SEC=UNCLASSIFIED]

Thanks [REDACTED]

I think I should be alright to do it myself for today.

I had a discussion with Dev yesterday about the schedule and what needs to be communicated to Siemens, I will be letting them know that we are working towards finalising the details around customised attachments, optional columns for PACS and the details around the bulk and delta extract.

It will only be [REDACTED] on the call today as [REDACTED] will be away, so I wouldn't be discussing any technical details anyway. Let me know if you had anything else that needed to be discussed.

So if Nick starts the Web-ex at the right time, I should be alright.

Thanks,

[REDACTED]

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

From: [REDACTED] [REDACTED] (Health)
Sent: Wednesday, 14 March 2018 1:08 PM
To: [REDACTED] [REDACTED] (Health) <[REDACTED]@act.gov.au>
Subject: [REDACTED] telecon today [SEC=UNCLASSIFIED]

[REDACTED]

Nick and I might not be finished here in time for this. If not, I'll make sure that he starts the Webex so you can all access it. I'm fairly sure that you have all the input anyway if we are not in on it.

[REDACTED]

[REDACTED] [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

Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Thursday, 8 March 2018 5:48 PM
To: [REDACTED] (Health); Crossley, Nick; [REDACTED] (Health); [REDACTED]
[REDACTED] Griffiths, Jessica (Health)
Cc: [REDACTED]
Subject: ACT Health Project - Migration Meeting 01/03/2018
Attachments: ACT Health Project - Migration M (as PDF).pdf; Testing approach V1.docx

Last week's meeting notes

Kind Regards,

[REDACTED]
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<http://blog.agfahealthcare.com>



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Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Thursday, 8 March 2018 12:27 PM
To: [REDACTED] (Health)
Subject: FW: IDIS Configured Attachment Types [SEC=UNCLASSIFIED]
Attachments: ACT_DATAMIGRATION_ATTACHMENT_MAPPINGS.xlsx

FYI.

Regards,
[REDACTED]

From: [REDACTED] [mailto:[REDACTED]]
Sent: Thursday, 8 March 2018 12:19 PM
To: [REDACTED] <[REDACTED]>
Cc: [REDACTED] <[REDACTED]> Dev.Arsavilli@act.gov.au; [REDACTED]
[REDACTED]

Subject: IDIS Configured Attachment Types

Hi [REDACTED]

Here is a list of all the attachment types configured in the system. I have identified those that are at the Service Request level which would apply to all exams and those at the Requested Procedure which would only apply to the specific exam only:

Kind Regards,

[REDACTED]
[REDACTED]
T +61 3 9756 4645 | F +61 7 3356 6683 | M [REDACTED]

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Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Thursday, 8 March 2018 11:28 AM
To: Barrett, Scott (Health)
Cc: Arsavilli, Dev; [REDACTED] Crossley, Nick; [REDACTED] (Health); [REDACTED]
Subject: RE: PACS Image Migration Test Planning [SEC=UNCLASSIFIED]
Attachments: Agfa_page_OnCall_for_Migrations.pdf

Hi Scott,

Please see attach document from Tom outlining the process to follow now if the migration needs to be stopped after hours.

Kind Regards,

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

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<http://blog.agfahealthcare.com>



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From: "Barrett, Scott (Health)" <Scott.Barrett@act.gov.au>
 To: [REDACTED] (Health) <[REDACTED]>
 Cc: [REDACTED] NAWVR/AGFA@AGFA, "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED] AWGEJ/AGFA@AGFA, "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>
 Date: 19/02/2018 09:06
 Subject: RE: PACS Image Migration Test Planning [SEC=UNCLASSIFIED]

Hi All,

I'm aware [REDACTED] is now on leave but I thought it best to formally respond.

I'm happy with everything outlined below and agree with the suggested approach. From my perspective, the only thing I would

like to also see is the establishment of a formal process for how we will request a pause or temporary stop of the migration in the event of intolerable performance degradation. I believe this is particularly relevant for weekends and out of hours when the normal lines of communication may not be available.

I have already advised Mark of the high level plan for this work and he is happy to communicate to the MI staff when we have agreed on proposed dates and times.

Thanks

Scott

Scott Barrett | Manager

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

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

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

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From: [REDACTED] (Health)

Sent: Wednesday, 14 February 2018 5:05 PM

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

Cc: [REDACTED]/NAWVR/AGFA <[REDACTED]> Crossley, Nick <Nick.Crossley@act.gov.au>; [REDACTED]

[REDACTED]/AWGEJ/AGFA <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>

Subject: PACS Image Migration Test Planning [SEC=UNCLASSIFIED]

Scott,

As discussed yesterday, a possible approach to the next round of image migration that ensures that we can get meaningful data on the likely throughput reachable while maintaining a manageable impact on the current Production system might be as follows:

- Initiate process with a single thread during business hours and monitor resource impact.
- Increment thread count while continuing to monitor until load becomes too heavy. At this point scale back to 'safe' number of threads.
- After standard business hours, again increase threads and monitor impact. Aim to reach an optimum number of threads that can be maintained overnight.

There should be sufficient warnings to staff that they may notice some performance degradation, but that it will be managed. Additionally, Siemens support must be notified ahead of time so they are aware and can possibly assist with the performance monitoring.

We would look to repeat the test process a few times to confirm the optimal settings for the Production image load, noting that the whole process would be monitored and that Agfa will be able to adjust threads at any time to ensure that there are no unmanageable adverse effects. We also need to be aware that the process is managed by Agfa in Belgium so we will need to carefully align the ramp-up/ramp-down times with them.

I would like us to work on the above to produce a firm proposal for Mark Duggan's approval.

[REDACTED]

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

Phone: 02 6174 8768 | Mobile: [REDACTED] | Email: [REDACTED]

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Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Tuesday, 6 March 2018 4:16 PM
To: [REDACTED]
Cc: [REDACTED] (Health); Arsavilli, Dev
Subject: RIS PACS Extract for the 3rd test cycle [SEC=UNCLASSIFIED]

Hi [REDACTED]

If the provided data loads successfully tonight, then the DICOM Migration can be configured as follows
DICOM Migration to start Wednesday, 7th Mar, 10:00am (our time)
Threads to run during the peak hours – 5
Threads to run during the off-peak hours – 10

Thanks,

[REDACTED]

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

Heland, Rebecca (Health)

From: [REDACTED] (Health)
Sent: Monday, 5 March 2018 4:28 PM
To: Arsavilli, Dev
Cc: [REDACTED] (Health)
Subject: Extracts for AGFA(3rd test cycle) [SEC=UNCLASSIFIED]

Hi Dev,

Extract is at the following location:

Q:\COMMON\Projects\IM&IT\UCPH Digital Solutions Program\Integrated Diagnostic Imaging Solution\Data Migration\Extracts for AGFA\

As discussed with Scott,

If data loads successfully tonight, then the DICOM Migration should be configured as follows

DICOM Migration to start Tuesday, 6th Mar, 10:00am (our time)

Threads to run during the peak hours – 5

Threads to run during the off-peak hours – 10

Thanks,

[REDACTED]

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

Heland, Rebecca (Health)

From: Barrett, Scott (Health)
Sent: Monday, 5 March 2018 11:39 AM
To: Pearce, Christopher (Health)
Cc: [REDACTED] (Health); [REDACTED] (Health)
Subject: FW: iDocs and Scans samples [SEC=UNCLASSIFIED]

Hi Chris,

See attached.

Thanks

Scott

Scott Barrett | Manager

Direct Phone: 02 6174 8039 | Direct Email: scott.barrett@act.gov.au
 Diagnostic Imaging Systems | Diagnostic & Medication Systems Hub | Phone: 02 6174 8750 | Email: DSD.DIS@act.gov.au
 Technology Operations Branch | Digital Solutions Division | Health Directorate | ACT Government
 Level 10, Building 1, Canberra Hospital, Garran ACT | GPO Box 825, Canberra City ACT 2601 | act.gov.au

From: [REDACTED] (Health)
Sent: Monday, 5 March 2018 11:38 AM
To: Barrett, Scott (Health) <Scott.Barrett@act.gov.au>
Cc: [REDACTED] (Health) <[REDACTED]>
Subject: FW: iDocs and Scans samples [SEC=UNCLASSIFIED]

Hi Scott,

Can we please have the following files (details in the email below) downloaded to our hard drive?

I will come around to your desk with the hard drive.

Thanks,

[REDACTED]

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

From: [REDACTED] [mailto:[REDACTED]]
Sent: Monday, 5 March 2018 10:04 AM
To: [REDACTED] (Health) <[\[REDACTED@act.gov.au](mailto:[REDACTED@act.gov.au)>
Subject: iDocs and Scans samples

Hello [REDACTED]

A new set of Scans and iDocs have been generated.

The folders are scans and idocs and the team has separated the attachments for this one into 2 separate files.

Files are available on siesdm2 server in the below location

Location: /data/mnt/syspart01/syngo

```
attachment.dat          exam_sch.dat          pa
attachment SCAN.dat    idoc                  re
doctors.rpt            idoc attachment.dat  so
exam.dat                patient.dat           se
(r) [RTS-AP PRD] /extract>
```

Kind Regards,

Siemens Healthcare Pty Ltd

160 Herring Road
Macquarie Park NSW 2113

Tel: +61 (0) 2 9491 5009

Mobile: [REDACTED]

Email: [REDACTED]

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Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Thursday, 1 March 2018 2:03 AM
To: [REDACTED]
Cc: [REDACTED] (Health); [REDACTED] [REDACTED] [REDACTED] Arsavilli, Dev; Puthussery, Jay (Health); Crossley, Nick; [REDACTED] [REDACTED] (Health); [REDACTED] [REDACTED]
Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi,

I have imported these files and the validation succeeded for all records.

- The ORM migration has been completed (Performance: +/- 2,5 messages per second)
- The ORU migration is running (Performance: +/- 4 messages per seconds)
- The DICOM migration for studies that don't need an accnr update is running (+/- 16 hours for this batch, probably a lot more for the studies that need an update)

Everything looks the same as in the previous batch, but I do have a remark about 4 studies:

The studies (listed below) don't seem to have a different PID between the DICOM and the HL7 extract. Can someone have a look at this ? (These are excluded from the migration at the moment)

DICOM extract

Study UID AccNr PID Issuer

[REDACTED]

HL7 extract

[REDACTED]

Kind Regards,

[REDACTED]
 [REDACTED]
 T [REDACTED]

[REDACTED] NV,
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From: [REDACTED] AWGEJ/AGFA
To: [REDACTED] AXKQB/AGFA/AGFA
Cc: [REDACTED] (Health)" <[REDACTED]@act.gov.au>@AGFASMT, [REDACTED] [REDACTED] AXRKB/AGFA/AGFA, [REDACTED] /NAWVR/AGFA/AGFA, "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>, "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>, "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED] [REDACTED] (Health)" <[REDACTED]>

Date: 28/02/2018 10:31
 Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi [REDACTED]

[REDACTED] has provided updated files for the patients/doctors. I have updated these in the same folder and given them the name "RIS_doctors_updated.txt" and "RIS_patients_updated.txt"

Kind Regards,

[REDACTED]
 T +61 3 9756 4645 | F +61 7 3356 6683 | [REDACTED]

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From: [REDACTED]
 To: [REDACTED] (Health) <[REDACTED]@act.gov.au>@AGFASMTTP
 Cc: [REDACTED]@AGFA, [REDACTED]@AGFA, "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>, "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>, [REDACTED]@AGFA, "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED] (Health) <[REDACTED]@AGFA>
 Date: 27/02/2018 04:32 PM
 Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi [REDACTED]

For any extracts, we like to receive the full list on any iteration.

Our tools always check if a patient/physician/order/report is already present in EI and will not send the message to EI. If needed, it will even read the patient and physician data from EI, to avoid overwriting old data (from the extracts) with new data that could potentially be in EI because of an active ADT/MFN feed.

Kind Regards,

[REDACTED]
 T [REDACTED]
 Agfa HealthCare NV, [REDACTED]

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From: [REDACTED] <[REDACTED]@act.gov.au>
 To: [REDACTED] AXKQB/AGFA@AGFA, [REDACTED] AWGEJ/AGFA@AGFA
 Cc: [REDACTED] AXRKB/AGFA@AGFA, [REDACTED] NAWVR/AGFA@AGFA, "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>, "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>, "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED] (Health)" <[REDACTED]>
 Date: 27/02/2018 02:26
 Subject: RE: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi [REDACTED]

I deliberately excluded the patients which had been loaded as part of the 1st test cycle to avoid duplicates in the system.

Let me know if you would prefer the full list and you could then filter the existing patient records on your end.

I am not sure if the physician's base data has been loaded into the system yet, the missing physicians could be from the base data collection.

Again any physician loaded as part of the previous load was excluded. Let me know if you prefer a full list.

Thanks,

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

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

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

Sent: Monday, 26 February 2018 10:50 PM

To: [REDACTED] <[REDACTED]>

Cc: [REDACTED] <[REDACTED]>, [REDACTED] <[REDACTED]> Arsavilli, Dev <Dev.Arsavilli@act.gov.au>; Puthussery, Jay (Health) <Jay.Puthussery@act.gov.au>; Crossley, Nick <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]> (Health) <[REDACTED]@act.gov.au>; [REDACTED] <[REDACTED]> (Health) <[REDACTED]>

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

Kind Regards,

[REDACTED] | [REDACTED]
 [REDACTED]
 T [REDACTED]

[REDACTED] NV, [REDACTED]

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From: [REDACTED] AWGEJ/AGFA
To: [REDACTED] AXKQB/AGFA@AGFA
Cc: [REDACTED] NAWVR/AGFA@AGFA, [REDACTED] AXRKB/AGFA@AGFA, "Arsavilli, Dev"
<Dev.Arsavilli@act.gov.au>, "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>,
"Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED] (Health)"
<[REDACTED]@act.gov.au>, [REDACTED] (Health)" <[REDACTED]>
Date: 26/02/2018 12:19
Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi [REDACTED]

Can you provide a list of the patient and doctor ID's that are missing and I will follow this up tomorrow.

Sent from my iPhone

On 26 Feb 2018, at 10:17 pm, [REDACTED] wrote:

Hi [REDACTED]

I have imported the HL7 extracts into AMT, but we are missing a lot of patients and physicians in this batch of extracts. Even if I add the data from the previous extracts we seem to be missing physicians.

Can someone have a look at this and create new (full) patient and doctor extracts for this set of extracts ?

Kind Regards,

[REDACTED]
[REDACTED]
T [REDACTED]

[REDACTED] NV, [REDACTED]
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<http://blog.agfahealthcare.com>

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26/02/2018 11:11:34---Hi [REDACTED] Thanks for the feedback. If you are happy with the completion of the first batch, the sec

From: [REDACTED] AWGEJ/AGFA
 To: [REDACTED] AXKQB/AGFA@AGFA
 Cc: [REDACTED] NAWVR/AGFA@AGFA, [REDACTED] AXRKB/AGFA@AGFA, "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>, "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>, "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED] (Health)" <[REDACTED]@act.gov.au>, [REDACTED] (Health)" <[REDACTED]>
 Date: 26/02/2018 11:11
 Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi [REDACTED]

Thanks for the feedback. If you are happy with the completion of the first batch, the second batches data is located on the migration in the following location:

F:\ACT_DATA\20180223\RIS_PACS_Extract_23Feb2018\

Can we look at processing this second batch?

Kind Regards,

[REDACTED] | [REDACTED]
 [REDACTED] | [REDACTED]
 T +61 3 9756 4645 | F +61 7 3356 6683 | [REDACTED]

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<0.12BA.jpeg>

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26/02/2018 07:23:56 PM---Hi All, DICOM migration status The test DICOM migration completed on Saturday. The migration status

From: [REDACTED] AXKQB/AGFA
 To: [REDACTED] NAWVR/AGFA@AGFA
 Cc: [REDACTED] AXRKB/AGFA@AGFA, "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>, "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>, [REDACTED] AWGEJ/AGFA@AGFA, "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED] (Health)" <[REDACTED]@act.gov.au>, [REDACTED] (Health)" <[REDACTED]>
 <[REDACTED] AXKQB/AGFA@AGFA

To: [REDACTED]/NAWVR/AGFA@AGFA
 Cc: [REDACTED]/AXRKB/AGFA@AGFA, "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>, "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>, [REDACTED]
 [REDACTED]/AWGEJ/AGFA@AGFA, "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED]
 [REDACTED] (Health)" <[REDACTED]@act.gov.au>, [REDACTED] (Health)"
 <[REDACTED]@act.gov.au>, [REDACTED] AXKQB/AGFA@AGFA

Date: 23/02/2018 07:45

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

Hi All,

- **DICOM migration status**

The migration of the studies that need an accession number update is still running and is expected take another 44 hours without interruptions. These studies are slower because they all have large amounts of images.

[attachment "[AUS - ACT] DICOM Migration Status.xlsx" deleted by [REDACTED]
 [REDACTED] AXKQB/AGFA]

- **Migration performance**

With the limited amount of threads that are allowed to be used, we will need to make a decision on what to do with these test batches (use more threads or make the test sets smaller).

Also, we still have not performed any performance tests, so at this point we have no idea of what performance is possible for the production migration. These test batches seem like the perfect time to execute tests with higher thread counts.

By default we start with 5 threads and go up to 15 or 20 threads to find the point where the performance stops increasing with more threads. Then we pick a thread count 2 to 5 threads less than that number.

(Depending on the time frame the customer has to complete the migration)

- **Studies migrated during peak and off-peak hours**

The provided excel file contains an overview of the migration including the amount of studies / images that have been migrated per hour. The chart on the first tab, is build from data on the second tab in the file.

In total we have migrated:

- 6228 studies / 819.223 images between 22h00 and 05h00
- 966 studies / 345.037 images between 05h00 and 22h00

<0.A86E.gif> <1.2482.gif>

Kind Regards,

[REDACTED]
[REDACTED]
T [REDACTED]

[REDACTED] NV, [REDACTED]
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<http://blog.agfahealthcare.com>

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[REDACTED] 23/02/2018 01:20:35---Hi [REDACTED]

From: [REDACTED] NAWVR/AGFA
To: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>
Cc: [REDACTED] AXRKB/AGFA@AGFA, [REDACTED] AWGEJ/AGFA@AGFA, "Crossley, Nick"
<Nick.Crossley@act.gov.au>, "[REDACTED] (Health)" <[REDACTED]>
"Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>, [REDACTED] AXKQB/AGFA@AGFA,
"[REDACTED] (Health)" <[REDACTED]@act.gov.au>
Date: 23/02/2018 01:20
Subject: RE: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi Dev,

This was requested already on our migration call last night.

[REDACTED] will look into how we can provide this information.

Sent from IBM Verse

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

From: "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>
To: [REDACTED]
Cc: [REDACTED] <[REDACTED]>, [REDACTED] <[REDACTED]>, [REDACTED] <[REDACTED]>
"Crossley, Nick" <Nick.Crossley@act.gov.au>, "[REDACTED] (Health)" <[REDACTED]>
"[REDACTED] (Health)" <[REDACTED]>, "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>, [REDACTED]
[REDACTED] <[REDACTED]>, "[REDACTED] (Health)" <[REDACTED]@act.gov.au>
Date: Fri, 23 Feb 2018 10:09
Subject: RE: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi [REDACTED]

Could we get some stats on what was migrated this week during peak hours and off-peak hours? This will help us to go to Scott's team to determine the next batch.

Kind Regards,

Dev

--

Dev Arsavilli | Project Manager

Phone: 02 6174 8729 | Mobile [REDACTED] | Email: Dev.Arsavilli@act.gov.au

Future Capability and Governance Branch | Digital Solutions Division | Health Directorate | ACT Government

2-6 Bowes Street, Phillip ACT | GPO Box 825, Canberra ACT 2601 | act.gov.au

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

Sent: Thursday, 22 February 2018 7:49 PM

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

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

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

Hi All,

An update on yesterdays status email.

HL7 migration

- The 17 orders with 0 byte attachments have now been migrated without the 0 byte attachment.
Correct attachments are still migrated towards EI and the linked reports also migrated.

DICOM migration

- 6791 studies with a full match (StudyUID + PID + AccNr) have been migrated towards EI
 - 29 studies failed validation because the number of images in EI is less then in the extracts (expected to be the 'soft delete' issue)
- 15 studies without HL7 data have not been migrated
- 1214 studies that need an accession number update are currently being migrated
- Performance status (as requested during the status meeting)

To do

- [REDACTED] Once the (FMG) migration is finished, provide a list with failed studies and/or validation errors.

Kind Regards,

[REDACTED] | [REDACTED]
[REDACTED]
T [REDACTED]

[REDACTED] NV, [REDACTED]
<http://www.agfahealthcare.com>
<http://blog.agfahealthcare.com>

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From: "[REDACTED] (Health)" <[REDACTED]@act.gov.au>
To: [REDACTED] AXKQB/AGFA@AGFA, [REDACTED] AWGEJ/AGFA@AGFA
Cc: [REDACTED] AXRKB/AGFA@AGFA, [REDACTED] NAWVR/AGFA@AGFA, "Crossley, Nick"
<Nick.Crossley@act.gov.au>, [REDACTED] (Health)" <[REDACTED]> "Arsavilli,
Dev" <Dev.Arsavilli@act.gov.au>
Date: 22/02/2018 05:06
Subject: RE: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi [REDACTED]
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,
[REDACTED]

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

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

From: ██████████ [mailto:██████████]

Sent: Wednesday, 21 February 2018 9:52 PM

To: ██████████ <██████████>

Cc: ██████████ <██████████> ██████████ <██████████> Crossley, Nick

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

(Health) <██████████> ██████████ <██████████>

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 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 EI and fails the complete order during the validation.

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

This morning we already updated our 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:

<2.42C6.gif>

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)

- o 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 ?
- o 17 studies have an order that was not migrated to EI because of the attachment problem mentioned above
- o 15 studies have a study uid that is not in the HL7 extracts
([REDACTED] ...)

<3.21EC.gif>

- The migration for the batch 'MATCH_STUDYUID+PID+ACCNR' was started (with the amount of threads as agreed)

To do

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

Kind Regards,

[REDACTED] | [REDACTED]
[REDACTED] tion
T [REDACTED]

[REDACTED] NV, [REDACTED]
<http://www.agfahealthcare.com>
<http://blog.agfahealthcare.com>

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From: [REDACTED] AWGEJ/AGFA
To: [REDACTED] AXKQB/AGFA@AGFA
Cc: [REDACTED] AXRKB/AGFA@AGFA, [REDACTED] NAWVR/AGFA@AGFA, "Crossley, Nick"
<Nick.Crossley@act.gov.au>, "[REDACTED] (Health) @AGFASMTTP"
<[\[REDACTED\]@act.gov.au](mailto:[REDACTED]@act.gov.au)>, "[REDACTED] (Health)" <[REDACTED]>
Date: 21/02/2018 07:56
Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi [REDACTED]

I spoke with [REDACTED] 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 serve 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? Is this how the PACS studies with an altered accession number was to be handled?

Kind Regards,

[REDACTED] | [REDACTED]
 [REDACTED] | [REDACTED]
 T +61 3 9756 4645 | F +61 7 3356 6683 | M + [REDACTED]

<http://www.agfahealthcare.com>

<http://blog.agfahealthcare.com>

<3.4288.jpeg>

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From: [REDACTED] AXKQB/AGFA
 To: [REDACTED] AWGEJ/AGFA@AGFA
 Cc: [REDACTED] AXRKB/AGFA@AGFA, [REDACTED] NAWVR/AGFA@AGFA, "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED] (Health) @AGFASMTP"
 <[REDACTED]@act.gov.au>, [REDACTED] (Health)" <[REDACTED]>
 [REDACTED] AXKQB/AGFA@AGFA
 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: [REDACTED])
- 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,

[REDACTED] | [REDACTED]
 [REDACTED]
 T [REDACTED]

[REDACTED] NV, [REDACTED]
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<http://blog.agfahealthcare.com>

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 To: [REDACTED] AXKQB/AGFA@AGFA
 Cc: [REDACTED] AXRKB/AGFA@AGFA, [REDACTED] NAWVR/AGFA@AGFA, "Crossley, Nick"
 <Nick.Crossley@act.gov.au>, "[REDACTED] (Health) @AGFASMTP"
 <[REDACTED]@act.gov.au>, "[REDACTED] (Health)" <[REDACTED]>
 Date: 20/02/2018 12:39
 Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi [REDACTED]

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

[attachment "RIS_MISSING_DOCTORS.txt" deleted by [REDACTED] AXKQB/AGFA]

Kind Regards,

[REDACTED] | [REDACTED]
[REDACTED] | [REDACTED]
T +61 3 9756 4645 | F +61 7 3356 6683 | M + [REDACTED]

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

<6.4402.jpeg>

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From: [REDACTED] AXKQB/AGFA
To: [REDACTED] AWGEJ/AGFA@AGFA
Cc: [REDACTED] AXRKB/AGFA@AGFA, [REDACTED] NAWVR/AGFA@AGFA, "Crossley, Nick" <Nick.Crossley@act.gov.au>, '[REDACTED] (Health) @AGFASMTTP' <[REDACTED]@act.gov.au>, '[REDACTED] (Health)' <[REDACTED]>
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 [REDACTED] AWGEJ/AGFA]

Kind Regards,

[REDACTED] | [REDACTED]
T [REDACTED]
[REDACTED] NV, [REDACTED]

<http://www.agfahealthcare.com>

<http://blog.agfahealthcare.com>

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BE20375104592856 | ING Belgium NV, B-1000 Brussels

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From: [REDACTED] AWGEJ/AGFA
To: [REDACTED] AXKQB/AGFA@AGFA
Cc: "[REDACTED] (Health) @AGFASMTP" <[REDACTED]@act.gov.au>, [REDACTED]
[REDACTED] AXRKB/AGFA@AGFA, [REDACTED] NAWVR/AGFA@AGFA, "Crossley, Nick"
<Nick.Crossley@act.gov.au>, [REDACTED] (Health)" <[REDACTED]>
Date: 20/02/2018 10:55
Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi [REDACTED]

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

Sent from my iPhone

On 20 Feb 2018, at 8:14 pm, [REDACTED] <[REDACTED]> 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: 4574812J,0227762B,0271098J,409984AW,0271098J)
- 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,

██████████ | ██████████
 ██████████
 T ██████████

██████████ NV, ██████████
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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

From: ██████████ AXKQB/AGFA
 To: "██████████ (Health)" <██████████@act.gov.au>@AGFASMT
 Cc: ██████████ AXRKB/AGFA@AGFA, ██████████ NAWVR/AGFA@AGFA, ██████████
 ██████████ AWGEJ/AGFA@AGFA, "Crossley, Nick" <Nick.Crossley@act.gov.au>, ██████████
 ██████████ (Health)" <██████████@act.gov.au>@AGFA
 Date: 19/02/2018 09:11
 Subject: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

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,

██████████ | ██████████
 ██████████
 T ██████████

██████████ NV, ██████████

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

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

To: ██████████ AXKQB/AGFA@AGFA

Cc: ██████████ AXRKB/AGFA@AGFA, ██████████ NAWVR/AGFA@AGFA, ██████████
 ██████████ AWGEJ/AGFA@AGFA, "Crossley, Nick" <Nick.Crossley@act.gov.au>, ██████████
 ██████████ (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 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

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

From: ██████████ [mailto:██████████]

Sent: Tuesday, 6 February 2018 7:59 PM

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

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

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

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>

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,

[REDACTED]
[REDACTED]
T [REDACTED]

[REDACTED] NV, [REDACTED]
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From: "[REDACTED] (Health)" <[REDACTED]@act.gov.au>

To: [REDACTED] AXKQB/AGFA@AGFA

Cc: "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED] AWGEJ/AGFA@AGFA,

[REDACTED] AXRKB/AGFA@AGFA, [REDACTED] (Health)" <[REDACTED]>

[REDACTED] NAWVR/AGFA@AGFA

Date: 05/02/2018 23:52

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

Hi [REDACTED]

Below are the details for the sample set of studies :

- XA multi frame

[REDACTED] => 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.

[REDACTED] 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):

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

[REDACTED] 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:

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

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

[REDACTED] 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,

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

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

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

Sent: Tuesday, 30 January 2018 3:35 PM

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

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

[REDACTED] <[REDACTED]> [REDACTED] <[REDACTED]>

<[REDACTED]>

Subject: ACTH IDIS Project > Migration Analysis Feedback

Hi [REDACTED]

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

[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:
 - 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 just incorrect.
 - 28 studies don't have any images in EI

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
 - [REDACTED] AMT => 2 EI => 1 (1 frame)
 - [REDACTED] AMT => 5 EI => 4 (220 frames)
- Partial migrated (AMT + EI image count for reference):
 - [REDACTED] AMT => 6 EI => 5
 - [REDACTED] AMT => 4 EI => 2
- Not visible in EI:
 - [REDACTED] AMT => 2 EI => null
 - [REDACTED] AMT => 2 EI => null
 - [REDACTED] AMT => 337 EI => null

Kind Regards,

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

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Heland, Rebecca (Health)

From: [REDACTED] <[REDACTED]>
Sent: Thursday, 1 March 2018 9:49 AM
To: [REDACTED] (Health); Crossley, Nick; [REDACTED] (Health); [REDACTED]
Cc: Arsavilli, Dev; [REDACTED]
Subject: ACT Health Project - Migration Meeting 22/02/2018
Attachments: ACT Health Project - Migration M (as PDF).pdf

Kind Regards,

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

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[REDACTED] "Arsavilli, Dev"
 <Dev.Arsavilli@act.gov.au>, "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>,
 "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED] (Health)"
 <[REDACTED]@act.gov.au>, [REDACTED] (Health)" <[REDACTED]>

Date: 26/02/2018 12:19

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

Hi [REDACTED]

Can you provide a list of the patient and doctor ID's that are missing and I will follow this up tomorrow.

Sent from my iPhone

On 26 Feb 2018, at 10:17 pm, [REDACTED] <[REDACTED]> wrote:

Hi [REDACTED]

I have imported the HL7 extracts into AMT, but we are missing a lot of patients and physicians in this batch of extracts. Even if I add the data from the previous extracts we seem to be missing physicians.

Can someone have a look at this and create new (full) patient and doctor extracts for this set of extracts ?

Kind Regards,

[REDACTED]
 [REDACTED]
 T [REDACTED]

[REDACTED] NV, [REDACTED]
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<http://blog.agfahealthcare.com>

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26/02/2018 11:11:34---Hi [REDACTED] Thanks for the feedback. If you are happy with the completion of the first batch, the sec

From: [REDACTED]
 To: [REDACTED]
 Cc: [REDACTED], "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>, "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>, "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED] (Health)" <[REDACTED]@act.gov.au>, [REDACTED] (Health)" <[REDACTED]>
 Date: 26/02/2018 11:11
 Subject: Re: [AUS - ACT] IDIS Project > Migration Analysis Feedback [SEC=UNCLASSIFIED]

Hi [REDACTED]

Thanks for the feedback. If you are happy with the completion of the first batch, the second batches data is located on the migration in the following location:

F:\ACT_DATA\20180223\RIS_PACS_Extract_23Feb2018\

Can we look at processing this second batch?

Kind Regards,

[REDACTED]
 [REDACTED]
 T +61 3 9756 4645 | F +61 7 3356 6683 | M + [REDACTED]

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<0.12BA.jpeg>

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26/02/2018 07:23:56 PM---Hi All, DICOM migration status The test DICOM migration completed on Saturday. The migration status

From: [REDACTED]
 To: [REDACTED]
 Cc: [REDACTED], "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>, "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>, [REDACTED], [REDACTED], "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED]

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

<[REDACTED]>

Date: 26/02/2018 07:23 PM

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

Hi All,

- DICOM migration status

The test DICOM migration completed on Saturday. The migration status file is attached below to give a basic idea of the performance that was measured.

We didn't receive any migration errors while moving the data towards EI, but we do have 43 studies that fail validation. As discussed before, this is probably all linked to an incorrect number of images in the extracts linked to the soft-deletion on Siemens side.

- Performance

[attachment "[AUS - ACT] DICOM Migration Status.xlsx" deleted by [REDACTED]

[REDACTED]AWGEJ/AGFA]

- Failed validation

Attached you can find the list of the studies that have failed validation. This list can be used to verify if the reason for the failure is really the amount of objects that is wrong due to the soft-delete count.

[attachment "[AUS - ACT] DICOM Migration - Validation failed list - v1.xlsx" deleted by [REDACTED]

[REDACTED]AWGEJ/AGFA]

Kind Regards,

[REDACTED] | [REDACTED]
[REDACTED] | [REDACTED]

T [REDACTED]

[REDACTED] NV, [REDACTED]

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[REDACTED] 23/02/2018 07:45:56---Hi All, DICOM migration status The migration of the studies that need an accession number update is

From: [REDACTED]
 To: [REDACTED]
 Cc: [REDACTED] "Arsavilli, Dev" <Dev.Arsavilli@act.gov.au>, "Puthussery, Jay (Health)" <Jay.Puthussery@act.gov.au>, [REDACTED], [REDACTED], "Crossley, Nick" <Nick.Crossley@act.gov.au>, [REDACTED], [REDACTED] (Health)" <[REDACTED]@act.gov.au>, [REDACTED] (Health)" <[REDACTED]>

Date: 23/02/2018 07:45

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

Hi All,

- **DICOM migration status**

The migration of the studies that need an accession number update is still running and is expected take another 44 hours without interruptions. These studies are slower because they all have large amounts of images.

[attachment "[AUS - ACT] DICOM Migration Status.xlsx" deleted by [REDACTED] AXKQB/AGFA]

- **Migration performance**

With the limited amount of threads that are allowed to be used, we will need to make a decision on what to do with these test batches (use more threads or make the test sets smaller).

Also, we still have not performed any performance tests, so at this point we have no idea of what performance is possible for the production migration. These test batches seem like the perfect time to execute tests with higher thread counts.

By default we start with 5 threads and go up to 15 or 20 threads to find the point where the performance stops increasing with more threads. Then we pick a thread count 2 to 5 threads less than that number.

(Depending on the time frame the customer has to complete the migration)

- **Studies migrated during peak and off-peak hours**

The provided excel file contains an overview of the migration including the amount of studies / images that have been migrated per hour. The chart on the first tab, is build from data on the second tab in the file.

In total we have migrated:

- 6228 studies / 819.223 images between 22h00 and 05h00
- 966 studies / 345.037 images between 05h00 and 22h00